

# CONFLICT MANAGEMENT STYLES AND EMPLOYEE PERFORMANCE IN UNIVERSITY OF BENIN TEACHING HOSPITAL

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## Abstract

*The resolution of conflicts can be challenging due to the behaviour of the individuals involved. This study explores the impact of conflict management styles on employee performance at the University of Benin Teaching Hospital (UBTH). Survey research design was used. The population of the study consisted of all employees of UBTH. A sample of 183 was taken. Data were collected from the sampled 185 employees through structured questionnaires which were analysed using mean, standard deviation, correlation and multiple regression analyses. The findings indicate that the avoidance ( $\beta = 0.359$ ,  $p = 0.000$ ) conflict management style had the most significant positive influence on employee performance, followed by accommodating (ACCM,  $\beta = 0.150$ ,  $p = 0.006$ ) and compromising (COMP,  $\beta = 0.176$ ,  $p = 0.003$ ) styles. In contrast, collaborating and competitive styles did not show a significant impact. The study concludes that the conflict management style greatly impact employee performance. Since the avoidance style was found to have the most significant positive impact, it is recommended that hospital management should recognise that, in certain situations, avoiding direct confrontation can be an effective strategy. However, this approach should be employed selectively to prevent the escalation of unresolved conflicts.*

**Keywords:** Avoidance Strategy, Conflict Management, Employee Performance, Hospital, Workplace Harmony,

## Introduction

Hospitals, like other organisations, comprise various stakeholders such as the board of directors, management, medical and non-medical staff, and professional unions. In the pursuit of institutional objectives and goals, conflicts of interest may arise among these groups (Akenbor & Nwaeke, 2012). Robbins (1999) defines conflict as "a process that begins when one party perceives that another party has negatively affected something that the first party cares about." Conflict represents a struggle or contest between individuals with opposing needs, ideas, beliefs, values, or goals. According to Algert and Watson (2002), conflict may escalate and result in unproductive outcomes, or it can be effectively managed to enhance performance.

Johnnie and Nwasike (2002) identified several sources of workplace conflict, including human aggression, competition for limited resources, value and interest disparities, role antagonism, power struggles, unclear responsibilities, organisational change, poor work environment, denial of identity and basic human needs, social class divisions, task interdependence, and competitive reward systems. Regardless of its origins, it is essential for organisations, including hospitals, to develop effective conflict management strategies to prevent disputes from escalating into destructive confrontations and instead transform them into opportunities for improved efficiency and performance (Akenbor & Nwaeke, 2012).

The resolution of conflicts can be challenging due to the behaviour of the individuals involved. Thomas and Kilmann (1974) identified five conflict management styles that influence organisational effectiveness. These include the collaborating style, where both parties work together to achieve mutual goals; the competing style, which follows a win-lose approach where one party asserts dominance without cooperation; the avoiding style, where the conflict is simply ignored; the accommodating style, where one party prioritises the other's interests at their own expense; and the compromising style, which entails mutual concessions, resulting in a lose-lose scenario where neither party fully attains their objectives. This study aims to assess the impact of these conflict management styles on the organisational performance of hospitals.

### **Statement of the Research Problem**

Scholars have explored various conflict management styles and strategies, employing diverse conceptual frameworks to examine preferred approaches and their impact on organisational outcomes. Over time, conflict management has evolved into a well-established academic discipline, with numerous studies disseminated in journals, conference proceedings, books, and other academic publications (Amason, 1996; Blake, 1964; Deutsch, 1973). The body of research on conflict management has expanded significantly, offering valuable insights for both academia and practitioners (Ma et al., 2008).

Several studies in Nigeria have examined conflict management in different contexts. For example, research has been conducted on factors influencing conflicts between corporate organisations and their host communities (Amego, 1998), industrial conflicts in workplaces (Osamusali, 1997), conflict management in recruitment and selection processes (Akinmayowa, 2012), and conflict resolution in corporate organisations (Kazeem, 2012). Additionally,

Edwinah (2012) investigated conflict management as a strategy for national development, focusing on the Niger Delta region. However, to the best of our knowledge, limited research has specifically explored the impact of conflict management styles on the performance of health workers in Nigeria's public sector. This study seeks to address this gap by examining the impact of conflict management styles on the employee performance a teaching hospital. Specifically, the study seeks to;

- i. Examine the impact of collaborating style of conflict management on the employee performance in University of Benin Teaching Hospital (UBTH).
- ii. Ascertain the impact of competitive style of conflict management on the employee performance in University of Benin Teaching Hospital (UBTH).
- iii. Investigate the impact of avoidance style of conflict management on the employee performance in University of Benin Teaching Hospital (UBTH).
- iv. Determine the impact of accommodating style of conflict management on the employee performance in University of Benin Teaching Hospital (UBTH).; and
- v. Examine the impact of compromising style of conflict management on the employee performance in University of Benin Teaching Hospital (UBTH).

## **Literature Review**

This section discusses the concept of employee performance, conflict and conflict resolution. It also reviews related theories to support the study.

### **Concept of Employee Performance**

Employee performance in hospitals reflects the ability of healthcare workers to achieve institutional goals through their contributions. It is a combination of individual skills, competencies, and motivation, which are utilised effectively and efficiently to enhance healthcare service delivery. Employee performance encompasses all work-related behaviours expected from hospital staff. It includes behaviours and activities that align with the hospital's mission and objectives, with an evaluative aspect that assesses their effectiveness.

Employee performance in hospitals is a broad concept and has been a subject of discourse among scholars from various disciplines, often used interchangeably with productivity, efficiency, effectiveness, and quality of care (Cooke, 2000). Performance is measured through both quantitative and qualitative indicators that provide insight into the extent to which healthcare

employees achieve their objectives and contribute to patient care and institutional success. Kamande and Gachunga (2013) asserted that performance is related to the extent to which an employee successfully accomplishes assigned tasks and how these accomplishments contribute to the overall effectiveness of the hospital.

Azreen (2011) posited that employee performance is a function of capacity (ability, health, intelligence, education, etc.), willingness (motivation, job satisfaction, status, etc.), and opportunity to perform (availability of medical tools, equipment, working conditions, teamwork, and leadership support, etc.). Chinowsky (2008) also argued that performance depends on a combination of ability and motivation. Rose, Abdullah, and Ismad (2010) highlighted that to enhance hospital performance and quality of healthcare delivery, hospitals must understand the relationship between their internal human resources (including employee performance), competitive advantage, and overall institutional effectiveness.

### **Concept of Conflict and Conflict Management**

Conflict within hospital settings is characterised by an incompatibility of goals or values among individuals or groups, often accompanied by attempts to exert control over one another (Fisher, 1990, cited in Kazeem, 2012). Anderson and Pearson (1999) define conflict as low-intensity deviant behaviour with an ambiguous intent to harm, violating workplace norms of mutual respect. In the hospital environment, such conflicts may manifest through behaviours such as making demeaning remarks about colleagues, interrupting discussions during patient care meetings, undermining professional credibility in the presence of others, or displaying dismissive attitudes towards colleagues' expertise (Cortina et al., 2001).

A key characteristic of conflict is its relative position on the continuum of interpersonal mistreatment. It is generally lower in intensity compared to more severe workplace behaviours such as aggression, bullying, abusive supervision, petty tyranny, and harassment. However, the subtler nature of workplace conflict may render it less noticeable to hospital administrators and healthcare professionals, making it easier to overlook (Vickers, 2006). Despite its seemingly mild nature, conflict in healthcare settings should not be dismissed as trivial, as unresolved tensions can escalate into more serious forms of workplace mistreatment, potentially affecting staff morale and patient care outcomes. Anderson and Pearson (1999) opined that

unaddressed conflict can intensify over time, ultimately leading to coercive and even violent behaviours within the organisation.

Effective conflict management is essential for maintaining a productive and harmonious hospital work environment. This involves the long-term management of intractable conflicts, even in cases where resolution may not be immediately attainable (Edwinah, 2012). Conflict management entails identifying and addressing disputes in a fair, pragmatic, and constructive manner to prevent escalation and mitigate negative impacts on both healthcare professionals and patients.

Several factors may contribute to conflict within hospital settings. Havenga (2002) identifies potential sources of conflict at the organisational level, including competition over limited resources, affirmative action policies, workload distribution, the introduction of new management practices, and cultural or racial differences. Recognising and addressing these underlying causes is crucial in fostering a collaborative work environment and ensuring the delivery of high-quality patient care.

### **Conflict Management Styles**

Thomas and Kilmann (1974) identify five distinct conflict management styles, each with implications for healthcare settings, particularly within hospitals where effective conflict resolution is critical for patient care, staff cohesion, and organisational efficiency. These styles are discussed as follows:

**Collaborative Style:** This approach involves actively engaging with all parties involved to achieve mutually beneficial outcomes. It seeks to move beyond a win-lose paradigm by fostering a win-win resolution through cooperation and shared problem-solving. Within a hospital setting, collaboration is particularly valuable in addressing complex challenges, such as interdisciplinary disagreements over patient care plans or policy implementation. It may require reframing the issue to accommodate diverse perspectives, thereby fostering innovative solutions. However, the collaborative approach demands a high level of trust among stakeholders and can be time-intensive, as reaching consensus necessitates significant effort and negotiation.

**Competitive Style:** This conflict management approach prioritises individual objectives over cooperation, often leading to a win-lose outcome. It involves assertive action to achieve one's goals, sometimes at the expense of others. In a hospital environment, this style may be appropriate in emergency situations

where swift and decisive decision-making is necessary, such as during life-threatening medical interventions. It is most effective when time constraints prevent prolonged discussions, and when those involved acknowledge and accept the necessity of a unilateral approach. However, excessive reliance on competition can undermine teamwork and long-term professional relationships.

**Avoidance Style:** This strategy entails refraining from engaging in conflict, neither assisting others in achieving their objectives nor assertively pursuing one's own. In hospital settings, avoidance may be effective in situations where the conflict is trivial, where resolution efforts would be disproportionately costly, or where engaging in the conflict is unlikely to yield favourable outcomes. Additionally, avoidance can serve as a temporary measure when emotions are heightened, providing space for de-escalation before addressing the issue. Nevertheless, relying excessively on avoidance is generally unsustainable, as unresolved conflicts may escalate over time and adversely impact both staff morale and patient care.

**Accommodative Style:** This approach involves prioritising the needs and interests of the other party over one's own, often at personal or organisational expense. In a hospital context, accommodation may be appropriate when one party possesses superior expertise or a more effective solution, such as deferring to a senior specialist's judgement in complex medical cases. It may also be employed to preserve long-term professional relationships or maintain harmony within a multidisciplinary team. However, habitual accommodation can lead to suboptimal decision-making if it consistently undermines one's professional judgement or institutional objectives.

**Compromising Style:** Compromise entails a balanced approach in which both parties make concessions, resulting in a resolution that partially satisfies each side but does not fully achieve either party's desired outcome. Within hospitals, compromise may be a pragmatic solution in cases where both sides hold equally important but conflicting priorities, such as budget allocation for different departments. It can also serve as a temporary resolution while a more comprehensive, long-term strategy is developed. However, excessive reliance on compromise can lead to suboptimal outcomes if it becomes a default strategy, particularly in cases where collaboration could yield a more effective solution.

## Theoretical Review

This study is anchored on Contingency Theory. The theory posits that no single conflict management style is universally superior. Instead, the effectiveness of a strategy is contingent on various factors such as the specific situation, the organisational culture, and the individuals involved. In the context of hospital systems, this theory is particularly relevant given the multifaceted nature of conflicts in healthcare settings. Hospitals are complex environments characterised by diverse teams, hierarchical structures, and high-stakes decision-making processes. The dynamic interplay of these factors often leads to conflict, and the way these conflicts are managed can significantly influence employee performance and the quality of patient care.

Conflict in hospitals can arise in various forms. These include interpersonal disagreements among staff to more systemic issues involving resource allocation or differing professional perspectives on patient care. The hierarchical nature of hospital structures can sometimes exacerbate conflicts, particularly when decisions are perceived as top-down or when there is a lack of clear communication between different levels of staff. Moreover, interdisciplinary collaboration, while essential for patient care, can also generate tension, as medical, nursing, and administrative staff may have differing views, priorities, and professional cultures. The high-pressure environment inherent in healthcare, particularly in emergency and critical care settings, could intensify the potential for conflict.

The Contingency Theory provides valuable insight into how hospitals can address such conflicts by adopting different management strategies based on the nature of the conflict and the parties involved. For instance, when conflicts arise in team settings, such as disagreements between nurses and doctors regarding patient care decisions, a collaborative approach may be most effective. Collaboration encourages open communication, shared decision-making, and problem-solving, which can lead to creative solutions that benefit both staff and patients. In contrast, in situations where quick, decisive action is required—such as during a medical emergency—a more competitive approach may be necessary. In these instances, the urgency of the situation leaves little room for prolonged discussion, and an assertive, directive style of conflict management may be the most appropriate. Similarly, the accommodating style may be useful in circumstances where a staff member defers to a more experienced colleague or when maintaining harmonious relationships is crucial for future collaboration. By applying the most suitable

conflict management strategy for each unique scenario, hospital leaders and staff can improve outcomes both for employees and patients.

## **Methodology**

This study employed a survey research design, which is particularly appropriate for examining non-observable phenomena such as employees' perceptions, attitudes, and behaviours. The survey method allows for the collection of a broad range of data from a diverse population, making it possible to generalize the findings to a wider context. This design facilitates the efficient assessment of conflict management strategies and their impact on employee performance at the University of Benin Teaching Hospital (UBTH). The target population for this study consists of all employees at UBTH across various departments and roles. A sample size of 200 employees was selected through a random sampling technique and questionnaire administered to them. However, following data collection, 185 responses were found to be valid and usable for analysis. Convenience sampling, a non-probability method, was employed to select participants from various levels in the hospital. This sampling technique was chosen for its practicality, as it allowed for the easy access of respondents who were available and willing to participate in the study.

The data for this study were collected from primary sources. Specifically, data were gathered from the staff at UBTH regarding their perceptions of conflict management practices in the organisation. The primary data were collected through the administration of a structured questionnaire designed to capture various aspects of conflict management and its influence on employee performance. The study utilized a structured questionnaire as the primary data collection instrument. The questionnaire included closed-ended questions, requiring participants to select from a fixed set of response options, providing quantitative data for analysis. The questionnaire was divided into two sections. The first section gathered demographic information such as gender, age, marital status, educational qualification, and length of service while the second section contained items adapted from Thomas and Kilmann's (1974) Conflict Management Styles questionnaire and employee performance using a 5-point Likert scale, ranging from "Strongly Disagree" to "Strongly Agree." The validity of the questionnaire was ensured through expert evaluation by HRM practitioners who assessed the relevance and clarity of each item in measuring the intended constructs. Feedback from them was incorporated to improve the instrument's quality. Reliability was assessed using Cronbach's Alpha method, with scores for the key variables ranging from



0.765 to 0.913, indicating high reliability for the instrument and supporting its use for data collection.

Data analysis was conducted using both descriptive and inferential statistical techniques. Descriptive statistics, such as frequency tables, simple percentages, and mean scores, were used to summarize and present the data. Hypotheses were tested using Kendall's tau-b correlation coefficient analysis to examine the relationship between conflict management styles and employee performance. Data were analyzed using Statistical Package for Social Sciences (SPSS) version 22.

## Results and Discussions

Table 1: Mean and standard deviation of research variables

Variables	Mean	Std Dev
Collaborating Style (COLL)	3.97	0.903
Competitive Style (COMT)	4.14	0.759
Avoidance Style (AVDN)	4.01	0.960
Accommodating Style (ACCM)	4.02	0.933
Compromising Style (COMP)	3.96	0.897
Employee Performance (PERF)	4.04	0.725

The results indicate that all five conflict management styles are actively used in the organisation, with the Competitive Style (Mean = 4.14) being the most prevalent and Compromising Style (Mean = 3.96) the least. The Avoidance Style (Std Dev = 0.960) shows the highest variability, suggesting differing employee tendencies in using this approach, while Employee Performance (Mean = 4.04, Std Dev = 0.725) is rated consistently high with minimal variation. Overall, the findings suggest that employees perceive their performance positively, and while all conflict management styles are utilised, there is a preference for competitive and accommodating approaches.

Table 2: Correlation coefficient

	PERF	COLL	COMT	AVDN	ACC M	COM P
Employee Performance (PERF)	1					

Collaborating Style (COLL)		.641*	1				
Competitive Style (COMT)		.584*	.685**	1			
Avoiding Style (AVDN)		.505*	.659**	.567**	1		
Accommodating Style (ACCM)		.625*	.527**	.582**	.471**	1	
Compromising Style (COMP)		.337*	.229**	.683**	.378**	.209**	1

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Table 2 indicates that all conflict management styles have a positive relationship with employee performance (PERF), with the collaborating style (COLL) showing the strongest correlation at 0.641. The accommodating (0.625) and competitive (0.584) styles also show strong positive correlations, indicating that both flexibility and assertiveness contribute to employee effectiveness. The compromising style (0.337) has the weakest correlation. All the relationships are significant at 5%.

Table 3: Relationship between conflict management styles and employee performance

Independent Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.100	0.168	-	6.558	0.000
COLL	-0.012	0.056	-0.015	-0.214	0.831
COMT	0.061	0.057	0.064	1.069	0.286
AVDN	0.359	0.051	0.475	7.053	0.000
ACCM	0.150	0.054	0.193	2.792	0.006
COMP	0.176	0.059	0.217	3.002	0.003
R <sup>2</sup> =0.710; Adj R <sup>2</sup> =0.702; F-Statistic = 87.595; F-Statistic (Prob) = 0.000; Durbin-Watson = 1.619; Number of Observation = 185 Dependent Variable: Employee Performance					

Table 3 indicates that conflict management styles collectively explain 71% ( $R^2 = 0.710$ ) of the variance in employee performance which shows a strong model fit. Among the independent variables, the avoidance style (AVDN) has the most significant positive impact ( $\beta = 0.359$ ,  $p = 0.000$ ), suggesting that strategic avoidance may enhance employee performance in certain situations. The accommodating (ACCM,  $\beta = 0.150$ ,  $p = 0.006$ ) and compromising (COMP,  $\beta =$

0.176,  $p = 0.003$ ) styles also positively influence performance, though to a lesser extent. However, the collaborating (COLL,  $p = 0.831$ ) and competitive (COMT,  $p = 0.286$ ) styles do not significantly impact employee performance, implying that cooperation and assertiveness alone may not directly drive better outcomes in the workplace.

## Discussion of Findings

The research findings provided critical insights into the relationship between conflict management styles and employee performance. The model's high explanatory power ( $R^2 = 0.710$ ) suggests that conflict management styles are strong predictors of employee performance. This outcome aligns with previous supporting studies that highlight the importance of effective conflict resolution in workplace productivity (Caputo, Kargina & Pellegrini, 2023; Hussein, Ibrahim & Ismael, 2022). Among the styles examined, the avoidance style (AVDN) demonstrates the most significant positive impact ( $\beta = 0.359$ ,  $p = 0.000$ ), suggesting that in certain contexts, avoiding direct confrontation may lead to better performance outcomes. This finding supports previous research indicating that strategic avoidance can be beneficial in highly hierarchical or collectivist work environments where conflict escalation could disrupt organisational harmony (Adham, 2023).

Additionally, the accommodating (ACCM,  $\beta = 0.150$ ,  $p = 0.006$ ) and compromising (COMP,  $\beta = 0.176$ ,  $p = 0.003$ ) styles exhibit a moderate positive effect on performance. This suggests that employees who are willing to yield to others' needs or seek middle-ground solutions may foster a more cooperative and less confrontational workplace, which can contribute to improved efficiency and team cohesion (Caputo et al., 2023). However, the collaborating (COLL,  $p = 0.831$ ) and competitive (COMT,  $p = 0.286$ ) styles do not significantly impact performance. The lack of significance for collaboration challenges conventional wisdom that teamwork and cooperation are always beneficial, possibly indicating that collaboration without clear structure or leadership may not translate into higher performance (Adham, 2023). Likewise, the insignificance of competition suggests that assertiveness alone may not drive productivity unless coupled with other supportive factors such as clear organisational goals and reward structures.

## Conclusion and Recommendations

This study examined the impact of conflict management styles on employee performance in the University of Benin Teaching Hospital (UBTH). The findings

indicate that different conflict management styles have varying effects on employee performance. Among the styles analysed, the avoidance style demonstrated the most significant positive influence, suggesting that strategic avoidance may enhance performance by reducing workplace tensions and fostering a more stable environment. Additionally, the accommodating and compromising styles also had positive effects, though to a lesser extent, indicating that flexibility and mutual agreement contribute to improved employee outcomes. However, the collaborating and competitive styles did not show a significant impact on employee performance, implying that cooperation and assertiveness alone may not necessarily drive better workplace outcomes in this context.

Based on the study's findings, the following recommendations are proposed:

- i. Since the avoidance style was found to have the most significant positive impact, hospital management should recognise that, in certain situations, avoiding direct confrontation can be an effective strategy. However, this approach should be employed selectively to prevent the escalation of unresolved conflicts.
- ii. Given the positive influence of these styles, managers should encourage employees to adopt accommodating and compromising strategies when appropriate. Training programmes on conflict resolution should emphasise the importance of flexibility and negotiation in achieving optimal workplace harmony.
- iii. Despite the general assumption that collaboration leads to better performance, this study found no significant impact. Therefore, UBTH should assess how collaborative efforts are structured and whether existing team dynamics and leadership practices support effective collaboration.
- iv. Since conflict management effectiveness depends on organisational context, UBTH should develop a framework that integrates various styles based on departmental needs and specific job roles to enhance overall performance.

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