MANAGING INTERPERSONAL RELATIONSHIP FOR QUALITY SERVICE: A PANACEA FOR CONFLICT MANAGEMENT IN TERTIARY HEALTHCARE INSTITUTIONS IN NIGERIA

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Abstract

Medical doctors traditionally head healthcare institutions especially in the developing countries. Recently, there has been increased agitation by other healthcare professionals contesting this practice, and this has come with an avalanche of challenges. In addition, there are complex employee features such as; the reoccurring frictions among healthcare professionals over headship in hospitals, while poor interpersonal relationships which has led to inter-professional conflicts, coupled with other corporate welfare packages which have further compounded issues and worsened these agitations. This situation has led to interdisciplinary conflicts amongst the healthcare professionals. Hence, the study examined the relationship between interpersonal relationship and service quality in Tertiary Healthcare Institutions in Nigeria. A sample size of 294 respondents was selected using a stratified random sampling technique from a population of 1,120 members of staff in the University of Ilorin Teaching Hospital. The study used closed ended questionnaire to elicit information from the sampled population. The responses from questionnaire were analysed usingcorrelation analysis. The results revealed that correlation coefficients of 0.163, 0.351, 0.049 and 0.448 respectively. The study concluded that positive relationship exists between interpersonal relationship and service quality. The study therefore recommended that healthcare professionals should improve their interpersonal relationships which will lead to increased service quality to patients in the hospitals, as the relationships that exists amongst them will enhance efficient service delivery to patients.

Keywords: Conflict Management, Interpersonal Relationship, Service Delivery, Service Quality, Performance.

Introduction

With the permanent nature of conflict in work-relations, organisations constantly develop the appropriate methods of managing conflict to achieve set-standards and goals. It has been established that the Nigerian organisations have for a long time been concerned with the effect of conflict management on organisational performance in the country (Obasan, 2011). In addition, the Nigeria environment has witnessed various industrial

conflicts which are usually labour related arising from disagreements on poor infrastructure and welfare; hence the Nigerian health sector is not left out of its own industrial related conflicts (Omisore, Adesoji & Abioye-Kuteyi, 2017).
The provision of quality services in healthcare institutions is at the front burner because patients and other hospital users are becoming more aware of their right to quality healthcare. Many health sector stakeholders, government agencies and institutions including the healthcare patients and other service providers are now emphasizing the delivery of quality service.
Service quality promotes customer satisfaction, stimulates customers' repurchase intentions, and provides mechanisms for feedback to healthcare professionals and policy makers. (Nadir & Hussain, 2005). Customer satisfaction on the other hand is a catalyst for boosting profitability, market share, return on investment and customer retention (Barsky & Labagh, 1992; Halstead & Page, 1992). Delivering high-quality service to customers is the key strategy to surviving in today's competitive service industries such as healthcare, telecommunication, banking and finance (Aydin &Yuldirim, 2012).

Diversity in workforce brings about inter-personal differences and is a major source of conflict which also dovetails into inter-professional misunderstandings amongst professionals in the healthcare industry. In addition, differences of cultures, backgrounds and education brings about different behaviours and attitudes and these become sources of conflict in the hospitals. The study is aware that organisations and groups are made-up of various kinds of individuals who all act in different ways, having varying levels of emotions and diversity in thoughts. The mix of all individuals within the organisation and their interactions is what can be another potential source of conflicts.

However, for medical team that is consist of professionals such as doctors, nurses, pharmacists, medical laboratory scientists and technologists whose work is mutually supportive and interdependent to deliver on their professional mandate, hospital managers must strive to make sure that conflict of any form, be it inter-professional or inter-personal is relegated to the background for efficient staff performance and subsequent quality service delivery to patients. The members of the medical and health team have to interact extensively resulting in learning, success and development of patient-oriented system to avoid conflict in all its ramifications (Ogbonnaya, Ogbonnaya & Adeoye, 2007),

Relationships between doctors and other health professionals have increasingly being viewed as chaotic, problematic and characterized by disputes and oppositions. This has been proposed to occur as a result of self-reliant and independent nature of doctors traditionally that emphasizes or that is based on expertise, autonomy, and responsibility more than independence, deliberation and dialogue. Conflicts in the workplace have resulted in better understanding of issues and leads to effective team work if properly managed.

It is against this backdrop that this study seeks to examine the impact of interpersonal relationship as a proxy of conflict management dynamics and service quality in the Tertiary Healthcare Institutions in Nigeria.

Literature Review

Good Interpersonal relationship such as friendship play a crucial role in the attainment of quality and efficient service delivery to patients in hospitals as medical and healthcare workers need to first see themselves as humans before being professional colleagues. Their relationships outside the work environment dovetail into inter-professional relationship which may make or mar service delivery to hospital users.

Conceptual Clarification

Implications of Conflict on Patient and Healthcare Workers

Salary, leadership management and government inability to implement agreements were common causes of healthcare workers' strikes in Nigeria. Johnson (2009) cites an example of a worst-case scenario due to conflict where an intensive care nurse alerted the attending doctor when a patient suffered post-operative complications. The doctor verbally abused the nurse because of an unresolved dispute and refused to come to the intensive care unit (ICU) to assess the patient's condition. Later, when the patient's condition showed no signs of improvement, the nurse went back to the doctor, and this time around the doctor became more infuriated and even more verbally abused the nurse once again. Then the nurse declined to call the doctor a third time until the patient was beginning to hemorrhage internally and at this point, the patient was immediately returned to the theatre for another surgery, where the patient eventually expired. This classic example showed the negative consequences of conflict within the medical team which is loss of innocent lives. When conflict continues

unabated the employee becomes stressed. Interpersonal conflict has been noted as one of the major causes of health workers' stress (Rowe & Sherlock, 2005). Various researches shows that stressed people have less ability to focus, memory lapses, slow healing and diminished nutritional uptake (Forte, 1997). Stress can produce psychomatic illness such as stoma ache, headache, depression and anxiety which are all impediments to improved staff performance which leads to efficient service delivery to patients.

2.2 Interpersonal relationship

Conflict is one of the countless challenges common to many organisations, the health sector inclusive. The potential for conflict or rivalry to arise in this setting is significantly higher because of multifaceted and regular interactions among health workers. The World Health Organisation described health workers as all people engaged in actions whose primary intent is to enhance health; they include doctors, nurses, pharmacists, laboratory technicians and technologists, medical laboratory scientists, community health workers, management, and support workers. Healthcare workers are primarily concerned with the well-being of the patient, but organisational hierarchy, specialization, and multiplicity of skills have created rivalry and power struggle among various groups of health professionals over the control and leadership of the work process. To worsen the situation, different health-professional associations act as interest groups to influence government policy in favour of their members, not minding the implication to other professional groups and the health sector in general.

Unhealthy relationships amongst healthcare professionals are hazardous to patients, health workers themselves, and the health system in general which could lead to inter-professional rivalry (IPR) that triggers counterproductive behaviour (Kessler, Bruursema, Rodopman, & Spector, 2013). Several studies have shown that conflict or rivalry in the health sector disrupts intra- and inter-sectorial collaborations, and causes or aggravates stress including emotional exhaustion for workers. In addition, it reduces the commitment of workers to the health service and encourages selfish behaviour which ultimately results in mistreatment or non-treatment of patients, the aforementioned are however the ultimate adverse effect of IPR. Incessant strike actions arising from IPR is currently the order of the day in Nigeria's health sector and this is unacceptable and unethical as it comes with a lot of negative effects to the general populace. According to Ekwoaba (2016) Nigeria experienced minimum of eight major industrial actions orchestrated by health workers between the years 2013 and 2015. IPR among health

workers has been very intense, deep rooted, and unparalleled with quality of health-care delivery adversely affected. The Presidential Committee of Experts on Inter-Professional Relationships in the public health sector headed by Alhaji Mahmud Yayale Ahmed identified approximately 50 contentious issues dividing health-sector workers(''Jonathan receives Yayale Ahmed committee report'', 2014, paragraph 2) and a considerable number of them were explored in this study. The most profound rivalry appears to be between doctors on one hand and other health workers on the other hand. There are many contentious issues between them; paramount is the headship in the health sector.

However, relationships amongst workers in hospitals are not cordial and suspect due to lack of trust and suspicion among them. Nurses, Pharmacists, Laboratory scientists and other healthcare professionals do not usually trust the judgments of Doctors as they are perceived to be arrogant and unrepentant. These workers do not see themselves as partners in progress in the service to humanity as this in turn adversely affect service delivery which put innocent patients at the receiving end of their rivalries and unhealthy competitions.

Interpersonal relationships at workplace serve a critical role in the development and maintenance of trust and positive feelings in an organisation. Although the quality of interpersonal relationships alone is not enough to increase workers' productivity, it can significantly contribute to it. An effective supervisor needs to abstain from showing favoritism; make difficult, sometimes unpopular decisions; show concern for subordinates without appearing to pry; and avoid misusing supervisorial power. In fulfilling responsibilities, supervisors need to strike the right note in their interpersonal relationship with workers. New supervisors, especially those who have moved up through the ranks, are often counseled to keep a healthy distance from workers. Supervisors must be approachable and friendly, yet fair and firm. A good sense of humour also helps.

Concept of Service Quality

Quality is a major concern of every organisation and consumer because it represents a measure of value that consumers get for their money, time, and effort, and because it has direct impact on the short and long-term survival of an organisation. In fact quality has come to be recognized as a strategic tool for attaining operational efficiency and improved business performance (Babakus & Boller, 1992).

Several authors have lent their voices to the definition of quality; Perreault, Walkey, Jennings and Fischer (2009) define quality as "a product's ability to satisfy a customer's needs or requirements." Crosby, Evans and Cowles (1990), defines quality as 'conformance to requirements 'which include 'fitness for use', or 'one that satisfies the customer' The Japanese see it as implying 'zero defects' in the firm's offerings. However, one definition that seems to capture the whole essence of quality, and which is most favoured and relied upon is that given by Kotler (1997) as he opines that "quality is the totality of features and characteristics of a product or service that bear on its ability to satisfy stated or implied needs." He goes on to state that "this is a customer-centered definition of quality." A firm will be deemed to have delivered quality service whenever its products or services meet or exceed customers' needs most of the time, which leads to total quality which is the key to value creation and customer satisfaction. In fact, it was further captured that marketers who don't learn the language of quality improvement, manufacturing, and operations will become as obsolete as buggy whips. The days of functional marketing are gone. We can no longer afford to think of ourselves as market researchers, advertising people, direct marketers, strategists-we have to think of ourselves as customer satisfiers-customer advocates focused on whole process.

Leading service providers see quality as a strategic tool in which by delivering excellent quality products, these companies receive benefits including increased growth through improved customer retention and increased customer acquisition. Service quality as a concept has aroused considerable interest and debate in the research literature because of the difficulties in both defining and measuring it with no overall consensus emerging on either (Wisniewski, 2001).

Consequently, continuous monitoring and evaluation of patients' views is necessary for quality improvement purposes and to provide mechanisms for feedback to healthcare professionals and policy makers. It is now pertinent for government who are the owners of most tertiary healthcare institutions to adopt practical measures and invest in hospitals to provide quality and affordable healthcare.

Dimensions of Service Quality

To measure service quality, Parasuraman, Zeithaml and Berr (1988);Gronroos (1984), identified the dimensions of service quality. These were identified through extensive focus groups and refined through statistical analysis of a

pilot instrument. The SERVQUAL-model is the result of a multi-year research by parasuraman, Zeithami and Berry. In 1985 they published a conceptual model for service quality (Parasuraman, 1985) in which they presented 10 dimensions of service quality. These 10 dimensions were access, communication, competence, courtesy, credibility, reliability, responsiveness, security, tangibles and understanding knowing the customer. These dimensions were identified by conducting 12 focus group interviews with service customers and in-depth interviews with executives of four nationality recognized service firms in retail, banking, credit card services, securities brokerage and product repair and maintenance. The investigation was executed in the south-west part of the United State.

The next phase was the refinement of the SERVQUAL model. The previous 10 dimensions from the 1985 conceptual model were operationalised in 97 items. The data were collected from a survey based on these items of a shopping mall sample in five businesses (appliance repair and maintenance, retail, banking, long distance telephone, securities brokerage and credit card services). Each business sample contained 40 recent users of that particular service). Each business sample contained 40 recent users of that particular service. The analysis of these data resulted in a reduction to 34 items scale, a second survey was conducted: a shopping mall.The data from the second survey were analysed and another reduction to five dimensions was identified. These five dimensions are: 'Reliability' which is the ability to perform a promised service dependably and accurately, 'Responsiveness' which is a willingness to help customers and to provide support services and 'Assurance' which is the knowledge and courtesy of employees and their ability to inspire trust and confidence. Other dimensions are 'Empathy' which is about caring and individualized attention a firm provides its customers and lastly 'Tangibles' which is the physical facilities, equipment, and appearance of personnel.

However, in relation to healthcare institution, patients generally have high expectations as regards hospital-service. They expect healthcare professionals, other hospital staff and the hospital environment to be attractive in terms of modern medical equipment, hospital attractiveness, staff appearance and other supporting facilities. Also, relating to the reliability dimension of service quality the patients conceived an ideal hospital to be one where staff solve patients' problems, provides timely services and do not incur medical errors that could worsen their health situation or eventually lead to loss of live.

Also, with increasing competition between public and private hospitals coupled with the National health insurance scheme (NHIS) which most state governments have domesticated in their various states, it has become more important than ever for healthcare institution managers and administrators to have a deeper and accurate understanding of patients' service-quality perceptions and expectations that are derivable from the SERVQUAL model and its dimensions.

Theoretical Review

Systems theory

Kartz and Kahn (1966) propounded the systems theory and approach, this theory sees organisation as a system with many subsystems, components or parts working independently but interrelated to achieve the objectives of the organisation. This system was developed and promoted based on the premise that employees in work places are confronted with several and differing needs and had to be motivated differently through inducements and benefits to meet their desires. Systems theory is a method of analyzing that goes beyond looking at individual behaviour and goals, instead focuses on the patterns of interaction between individuals as a part of a whole organisation. Systems theory also focuses on the roles that individuals play within an organisation. Solutions may need to involve systemic changes as opposed to individual ones.

A system is an interrelated and interdependent set of elements functioning as a whole. It is an open system that interacts with its environment. It is composed of inputs from the environment (material or human resources), transformation processes of inputs to finished goods {technological and managerial processes), outputs of those finished goods into the environment (products or services), and feedback (reactions from the environment). Subsystems are systems within a broader system. Interdependent subsystems (such as production, finance, and human resources) work toward synergy in an attempt to accomplish an organisational goal that could not otherwise be accomplished by a single subsystem. Systems develop synergy. This is a condition in which the combined and coordinated actions of the parts of a system achieve more than all the parts could have achieved acting independently. Entropy is the process that leads to decline.

This theory sees an organisation as an embodiment of unit, i.e. a system in which if any part of the system derails, the other not working as stipulated in

line with interest, aims or objectives. It will make the system to be faulty and there is bound to be problem in the system. Similarly when the workers and the management are at cross-end, the system would malfunction. Hence conflict would be triggered and various agitation(s) would arise and until when it is resolved (Mitroffal, 2013). System theory views the organisations as a group of inter-related parts with a common and single purpose, with each part or component influencing the others. The age long tradition between production department and marketing department must therefore be disregarded because units, divisions or departments are interrelated and must be treated as such. Therefore, there is the need to harmonize the objectives of individuals with the objectives of the entire firm in order to achieve corporate goals and objectives.

As organisations are complex dynamic goal-oriented processes, the systems framework is fundamental to the understanding of organisational theory. A systematic view on organisations is trans-disciplinary and integrative: it transcends the perspectives of individual disciplines, integrating them on the basis of a common 'code' or more specifically on the basis of the formal approach to an organisation. The approach is primarily founded on interrelationships and is based on a humanistic extension of the natural sciences.

System theory was however criticized by Lillianfeld (1978) as the ideology of the planner and the bureaucrat, but also identifies the system theory's fatal flaw in its lack of utility. The system approach does not work well enough to stands on its own merits. Hughes and Hughes (2000), and others have also argued that the system theory fellout of favour because it didn't work well enough, especially in the case of solving the problems of some cities in the 1960s.

Also, in the early 70s, a renowned sociologist Hoos (1972) criticized system theory and approach extensively, especially its role in planning, management and government. Hoos faulted system theory for it promiscuous use of quantitative models, that is, for using tools that might not be appropriate for the current issue. Hence, by the 1970s, it was clear that the system theory were not, in general very effective in organizing work either in research or in other institutions.

Looking at the subsystems of the health care systems is not autonomous and as such cannot be competitive. A participative health care with empowered

patients and hospitals as providers is important to efficient service delivery and resolution of conflicts.

The study therefore adopted the system theory which sees the hospital as a system with many sub systems which should work together in order to promote industrial harmony and nip conflict in the bud, hence delivering efficient service to patients. The reason for the adoption of systems theory over the other two theories is largely because one section, unit or department in a hospital cannot function effectively without relying on the input from others and this kind relationship among units and departments promotes unity which helps in reducing suspicion that might lead to conflict that could hinder performance and decrease quality of service to patients in the long run. Hence this explains the appropriateness of systems theory for the study as all variables are inter-dependent and inter-related.

Empirical Review

There are many reasons as evident in various works of previous researchers that are related to interpersonal relationship and service quality in organisations.

In a study conducted by Ogbonnaya, Ogbonnaya and Adeoye (2007) in their study on the perception of health professionals on causes of inter-professional conflicts in a tertiary health institution in Abakaliki, southeast Nigeria. The objective of the study is to assess the health profession's perception of factors responsible for conflict. A cross-sectional descriptive survey among six health professions was carried out for the study. The result revealed that differential salary scale between the doctors and other health workers, physician intimidation and discrimination of other professions, inordinate ambition of the other professions to lead the health team, and envy of doctors by other professions was the main factor perceived that cause inter-professional conflict among health workers. It concluded that differential salary between the doctors and other health professionals is the main perceived factor to cause inter-professional conflict. The study recommended that government and all health professions should accept, and maintain the relativity in salary differential between doctors and other health professionals.

In another study conducted by Omisore, Adesoji, and Abioye-Kuteyi (2017) on Inter-professional rivalry in Nigeria health sector: A comparison of doctors and other health workers' views at a secondary care centre'. The objective of

the study is to examine inter-professional rivalry (IPR) between doctors and other health workers and their understanding of its effects. The study used a descriptive cross-sectional method involving 120 health workers. It concluded that IPR has reached unprecedented levels in Nigeria. However, its adverse effects have not been duly recognized, especially by non-doctors. It recommended that there is an urgent need for education of health workers on the area of specifying the roles, functions, and ethical responsibilities of the various healthcare professionals so that needless confrontations would be avoided.

In the work of Oleribe, Udofia, Oladipo, Ishola and Taylor-Robbinson (2018) where the documented physicians' views on healthcare workers initiated strike action in Nigeria were examined. The methodology of their study is cross-sectional and descriptive approach using a self-administered pre-tested structured questionnaire. The study concluded that poor staff welfare, salary, leadership and government inability to implement agreements were common causes of healthcare workers' strikes. The study therefore recommended that the federal government respects agreements made with the management of healthcare institutions, implement the national health act and ensures that only leaders or managers who are formally trained are appointed to lead healthcare institutions.

Goff (2018) conducted a study on intra-professional conflict among registered nurses in hospital nursing: A phenomenological study of horizontal violence and bullying. The objective of the study is to explore the lived experiences of registered nurses who experienced horizontal violence and bullying. The study adopted qualitative technique using transcendental phenomenology approach. Data was collected through informal conversations with each participants using open-ended structured interview Purposive sampling approach was used to identify six registered nurses who worked in hospitals and left their jobs due to conflict related to horizontal violence and bullying. The study revealed that all participants described feelings of isolation and frustration due to a lack of support from their fellow registered nurses and administration, including nurse managers, supervisors and hospital administrators. The study therefore recommended that hospitals should develop education modules and training materials on horizontal violence and bullying to educate all workers including RNs, and provide a safe work environment where RNs must be encouraged to report incidents of horizontal violence and bullying without fear of retaliation.

Methodology

This study used cross-sectional survey which enabled the study to collect and analyse quantitative data chosen to test the relationship between both constructs.

The adoption of survey method allows the use of primary sources of information and equally allows the researcher to interact with the respondents on the field by way of interview and administration of questionnaire. Therefore, the study adopted quantitative approach for data collection as this provides better data and deeper understanding of the variables under study rather than adopting a unilateral approach to data collection alone. Correlation analysis was used for quantitative data analysis, while population of the study was 1,120 and the study area was University of Ilorin Teaching Hospital Ilorin, Kwara State, Nigeria. The study adopted the use of stratified random sampling techniques to ensure representativeness across the various departments in the University of Ilorin teaching hospital.
It was necessary and more realistic to determine a sample size to make it less tasking. Therefore, the study determined the sample size by adopting the Taro formula. The reason for choosing the Taro formula is because it is concerned with the application of normal approximation of 95% confidence level and 5% error tolerance. The formula is given as follows;

$$n = \frac{N}{1+\alpha^2 N}$$

Where, n = sample size, N = population, α = level of significance/error tolerance.
Therefore, substituting the number below;
N = Total population = 1,120
n=xx, α = 0.05

Unilorin Teaching Hospital

$$n = \frac{1,120}{1+(0.05)2\ 1,120} = 294$$

Therefore, the study arrived at a sample size of 294 based on the calculation above.

Data Presentation and Discussion of Findings

Hypothesis : There is no significant relationship between interpersonal relationship and service quality in the Nigerian health sector.

Coefficient of correlation

Correlations						
		Service Quality	Professional Relationships	Interpersonal Competence	Friendship	Interpersonal Relationship
Service Quality	Pearson Correlation	1	.163**	.351**	.049	.048
	Sig. (2-tailed)		.002	.000	.355	.364
	N	294	294	294	294	294
Professional Relationships	Pearson Correlation	.163**	1	.057	.138**	-.031
	Sig. (2-tailed)	.002		.287	.010	.565
	N	294	294	294	294	294
Interpersonal Competence	Pearson Correlation	.351**	.057	1	.164**	.000
	Sig. (2-tailed)	.000	.287		.002	.993
	N	294	294	294	294	294
Friendship	Pearson Correlation	.049	.138**	.164**	1	.424**
	Sig. (2-tailed)	.355	.010	.002		.000
	N	294	294	294	294	294
Interpersonal Relationship	Pearson Correlation	.048	-.031	.000	.424**	1
	Sig. (2-tailed)	.364	.565	.993	.000	
	N	294	294	294	294	294
**. Correlation is significant at the 0.01 level (2-tailed).						

Source: Output from SPSS (2020)

The table above describes the relationship between proxies of Interpersonal Relationship (Professional Relationships, Interpersonal Competence and Friendship, and service quality in the Nigerian health sector. The correlation (r) results revealed that all explanatory variables have positive relationship with service quality in Tertiary Healthcare Institutions in Nigeria. The correlation coefficients of Professional Relationships, Interpersonal Competence, Friendship and Interpersonal Relationship are 0.163, 0.351, 0.049 and 0.048 respectively. All variables are statistically significant as their probability values are less than the level of significance (0.00). All Null Hypotheses were rejected which shows that there is positive relationship between interpersonal relationship and service quality in Tertiary Healthcare Institutions in Nigeria.

Conclusion and Recommendations

The study examined the relationship between interpersonal relationship and service quality in tertiary healthcare institutions in Nigeria, as the study showed that a positive relationship exists between the two and all other variables. It was revealed that cordial and harmonious relationship amongst

professionals in tertiary healthcare institutions should be encouraged so as for patients and other stakeholders in the system to get better quality service.

i. The study therefore recommended that healthcare professionals should improve their interpersonal relationships which will lead to increased service quality to patients in the hospitals.
ii. Also, the relationship that exists amongst these healthcare professionals will enhance service quality to patients who are the reason they are being employed in the first place.

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