

Socio-demographic variables influencing work-related conflicts and roles performance among nurses in a tertiary hospital in south-south Nigeria

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Abstract: *Background: Work-related Conflicts (WRCs) are very common among nurses and un-resolved, persistent conflicts may be counter-productive and give rise to poor roles performance. It is often important to discern not only the external factors influencing conflicts but also the personal variables that may contribute to WRCs among nurses. This study aimed to assess the influence of WRCs on independent and dependent roles performance among nurses of different gender, age, professional qualifications and ranks in a tertiary hospital in South—South Nigeria.*

Method: *The study involved a cross-sectional descriptive design and a proportionate stratified random sampling technique of balloting to select 242 (40%) of the nurses from different ranks in the hospital. Due procedures were carried out to meet ethical considerations. Instrument for data collection was structured and validated self-administered questionnaire. Descriptive data were analyzed using frequency counts and percentages while the four hypotheses were tested either with Independent t-test or One-way Analysis of Variance determined at level of significance 0.05.*

Results: *Results showed that the influence of WRCs on the performance of independent roles were age dependent ($P=0.025$) and all the correlation coefficient (-.034; -.144; -.100) were negative. This means that the influence of WRCs on the performance of independent roles diminishes with increasing age. Similarly, professional qualifications significantly influenced performance of independent roles ($P=.035<0.05$) with Registered-Midwives (RM) showing highest perception of conflicts (Mean=4.2) followed by those with RN/RM certificates (Mean=41.1) while the least affected were those with M.Sc. (Mean=35.4) and B.Sc./B.N.Sc. (Mean=37.7).*

Conclusion and recommendations: *Influence of WRCs on performance of independent roles by the nurses diminishes with increasing age and higher levels of education at the university level. Recommendations included appropriate representation of younger nurses at the various committees within the institution to enhance their inputs in the affairs related to their welfare and encouraging more nurses to acquire the professional nursing degrees from the university to enhance their critical thinking capacity and abilities to cope with independent roles performance.*

Keywords: Conflicts; dependent-roles; independent roles; nurses; Work-related;

I. INTRODUCTION

Conflicts exist in every organization and to a certain extent indicate a healthy exchange of ideas and creativity. [1] it is opined that nurses work with many other professionals including administrators, nursing colleagues, physicians; other Para-medical staff as well as patients and their relatives and this makes conflicts at the workplace very common. Un-resolved, persistent conflicts may be counter-productive and can give rise to poor roles performance and unhealthy relationships. It is often important to discern not only the external factors associated with conflicts in nurses' work environment but also the personal variables that may contribute to work-related conflicts among nurses. In so doing, adequate professional counseling or training can be directed at addressing identified problems.

Additionally, focus on nurses' personal attributes that may enhance conflict situations is important since it is believed that one can control response to conflicts but not the outcome [2]. According to Toolkit, successful conflict resolution depends on two factors:

- i. Acknowledging, listening and productively using the differences in people, and
- ii. Developing a personal approach for dealing effectively with difficult people.

These two factors may be influenced by individuals' socio-demographic variables such as gender, age, professional qualifications and professional ranks. With reference to gender differences within the workplace, [3] opined that managers must remain mindful of the varying characteristics of men and women. According to Scott, gender differences in the workplace typically stem from social factors, which influence the behaviours of men and women. In her assertion also, some organizations welcome gender diversity and encourage the inclusion of both sexes when making work or professional decisions and offering promotional opportunities. Other

organizations discourage gender inclusion and promote bias in the workplace [3].

In its description, gender differences involve both physical and emotional factors, which are essentially the characteristics that influence males and females' behaviours in the work-place. The influences are thought to be associated with psychological factors such as upbringing or physical factors such as an employee's capability to perform duties [3].

With reference to gender perception, men and women experience differences in perception in the workplace. It is also asserted [4] that an employee's gender can illustrate differences in perception related to organizational structure, problem-solving style and view of work-related conflict. The authors also suggested that gender perception may be associated with differences in individual working styles. In the authors' assertion, women perceive that individual work styles should be collaborative where everyone works as part of a whole. Men on the other hand perceive that work should be completed independently without the assistance of others. Furthermore, women also tend to be more supportive managers, whereas men are more direct [4].

Thus, misunderstanding between genders can cause conflict within the workplace. Men and women may perceive information differently, which can lead to feelings of exclusion or allegations of harassment. On the other hand, [5], it was shown that role conflict at work was not influenced by the respondents' gender or age but on their educational qualifications. This may be so because those who are less educated may feel dissatisfied with their levels of job placement. Thus nurses who are more qualified or educated may feel they are not appropriately remunerated or rewarded with benefits that are commensurate with their levels of education.

With reference to age and work-related conflicts, a related literature by Lasebikan and Oyetunde [6] showed that the incidence of occupational stress-related burnout was high and factors such as age and hierarchy of the nurse were associated with burnout. It can therefore be argued that burnout can be closely linked or associated with work-related conflicts.

Similarly, nurses' hierarchy is associated with their professional ranks. The relationship between nurses' hierarchy or professional ranks and work-related conflicts can be clearer when viewed from the perspective put forward that personality clashes between nurse leaders and subordinates was one of the sources of work-related conflicts among nurses [1].

Closely connected to professional ranks and work-related conflicts is the 'power conflict'. It was therefore asserted that power conflict occurs when each party wishes to maintain or maximize the amount of influence that it exerts in the relationship and the social setting such as in a decision-making process [2].

In some normal circumstances, it should therefore be argued that as individuals advance in age or as they move higher on the ladder of professional ranks, they may be able to gather more experiences that can help them to cope with conflict situations. On the other hand, being advanced in age and professional ranks may rather increase expectations of being accorded more recognition and benefits, and where these are in limited supplies, various forms of conflicts including value conflicts, power conflict, economic conflict and inter-personal conflicts may occur. The aforementioned argument can also apply with the nurses' professional qualifications.

Thus a review of literature on variables that can add to the territorial conflicts in hospitals points to the influence of specialization and professional hierarchy. However, it remains unclear if those variables can moderate the influence of work-related conflict on nurses' roles performance as the case is with gender, in line with the argument by Scott [3].

A closer study of the target population is necessary for a clearer understanding especially when viewed in the context that nursing profession comprises mostly of female workers as nurses and they work in close proximity with other healthcare professionals who in most cases are predominantly males.

Furthermore, a related study was conducted [7] to compare occupational stress among nurses with different academic qualifications and age. The authors found and concluded that non-university graduate nurses perceived hazards at work-place and shift-work as statistically significantly more stressful than nurses with university degree. Additionally, older age of respondents was found to be among the predictors statistically significantly related with low work ability following stressors.

These findings point to the importance of taking individual differences into consideration when planning to prevent or manage work-related conflict. This argument is very important because of the involvement of many stake-holders in the hospital working environment, many with conflicting perspectives and agenda. Since sustained and a high level of work-related conflict can be counter-productive, efforts should be made at all times to resolve conflicts before they graduate to crisis situation. Conflict resolution therefore requires not only identifying the sources external to nurses but also identifying nurses' personal attributes that have potentials to increase work-related conflicts. Studies identified in literature had investigated external sources of conflicts among practicing nurses but without focus on how their personal characteristics may influence work-related conflicts.

The aim of this study was therefore to assess: the influence of work-related conflicts on independent and dependent roles performance among nurses of different gender, age, professional qualifications and professional ranks.

Four Null hypotheses were tested as follows:

- i. Work-related conflict and its influence on performance of independent and dependent roles will not be significantly different among nurses of different gender;
- ii. The influence of work-related conflicts on the performance of independent and dependent roles will not depend significantly on the age of respondents;
- iii. Work-related conflict and its influence on performance of independent and dependent roles will not be significantly different among nurses of different professional qualifications;
- iv. The influence of work-related conflicts on the performance of independent and dependent roles will not depend significantly on the professional ranks of respondents.

II. METHOD

Study design

A cross sectional descriptive design was used for this study.

Population

The target population covered a total of five hundred and eighty-five (585) nurses in six wards/units/sections of the hospital.

Sample and sampling technique

Proportionate stratified random sampling method of balloting with replacement was carried out to select two hundred and forty-two (242) nurses of different ranks, representing 40% of the target population from the six sections of the hospital. To do this, a list of nominal roll of all the nurses of different ranks in the wards and units was obtained from the Nursing Administration Department of the hospital. From this list, a number representing 40% from each of the ranks was selected. This was done through the assistance of three trained research assistants who drew the 'yes' or 'no' folded papers from containers for each nurse within each rank. The first group of nurses who had 'yes' picked against their names were selected until the pre-determined number from each rank was selected. Where it was difficult to access a subject (who was on leave or absent for a period), balloting was again done on the remaining folded papers until the pre-determined number from each rank was obtained. There was no limitation on the inclusion criterion. This sampling technique gave all the nurses equal opportunity of being selected to avoid selection bias.

Ethical approval

Written proposal of the study and a letter of application for approval for the study were forwarded through the Director of Nursing Services to the hospital Ethical Committee. Following the committee's approval, the subjects selected for the study were also duly informed and their informed consents obtained. No information was included in the questionnaire that could be used to identify the respondents. They were informed of their rights to decline participation if they so wished. Following these explanations, they willingly participated in the study and completed the questionnaire accordingly.

Instrument for data collection

A 50 – item work-related conflict and role performance self-evaluation questionnaire constructed by the researchers, in line with the study objectives as identified through literature review. The questionnaire had three sections. Section A had seven (7) items to provide socio-demographic data of respondents; section B had sixteen (16) items meant to provide data on the influence of work-related conflict on the performance of nurses' independent roles while section C had eight (8) items to elicit data on the influence of work-related conflict on the performance of nurses' dependent roles. Apart from the section on socio-demographic data of respondents, the other items were built on Likert Scale with responses ranging from "strongly agree" to "agree", "disagree" and "strongly disagree". The instrument had a content validity index (CVI) of .89. The internal consistency was measured with Cronbach Alpha for the two sub-scales with results recorded as .87 for influence of work-related conflict on the performance of independent roles and .94 for influence of work-related conflict on the performance of nurses' dependent roles.

Data collection

With the help of three trained research assistants, data were collected on a face-to-face interaction with the respondents in their wards/units. The completed questionnaire, which could be completed within three – five minutes were retrieved immediately on the spot or on the same day after the period of their break. This method of data collection ensured hundred percent return rates. The duration of data collection was a period of two weeks.

Data analysis

The data obtained from the study were organized to bring about the results of the socio-demographic information of respondents as well as those of the study objectives. Scoring were done such that for positive and correct statements, responses of strongly agree were awarded four points; agree- three points; disagree – two points and strongly disagree – one point. The scorings were reversed for negatively worded items. The scores

were computed separately for each sub-scale and the resulting data were analyzed using Statistical Package for the Social Sciences (SPSS) Version 18. Analysis of the socio-demographic data of respondents involved the descriptive statistics of frequency and percentages while the hypotheses were tested with either the independent t-test or One-way Analysis of Variance (ANOVA) with the level of significance determined at .05 level.

III. RESULTS

Socio-demographic characteristics of respondents

The socio-demographic data presented in Table 1 shows that 237 (98%) of the respondents were females and 5 (2%) were males. Their age range recorded in years' show that majority 93 (38%) were 25 – 35 years. With professional ranks, majority, 69 (29%) were Nursing officer II and for professional qualification, majority, 189 (78%) were registered nurse/registered midwives; 45 (19%) had B.Sc./B.N.Sc. (Including first degrees in various fields), while 8 (3%) had M.Sc. in various post-graduate areas although working as nurses in the clinical sectors.

Ho1: To find out if work-related conflict and its' influence on performance of independent and dependent roles is gender-dependent, Independent t-test was carried out. **A summary of the results is given in Table 2.**

From Table 2, all the P-values (.160; .470 and .694) associated with computed t-values (-1.41, .723 & .394) respectively are greater than the chosen level of significance (.05). In each case, the null hypothesis was not rejected. This means that:

- I. The influence of WRC on the performance of independent roles is not gender dependent, though males are more influenced by WRC (40.2) than females (37.69).
- II. There is no significant gender-based difference in the influence of WRC on the performance of dependent roles, though males are more influenced by WRC (18.2) than females (17.44).

Ho2: To study the influence of age on WRC and the performance of independent and dependent roles, Simple Linear Regression Analysis was done with age as predictor and WRC and its' influence on the performance of independent and dependent roles as dependent variables. **Table 3 is a summary of the results.**

From Table 3, the correlation between age and WRC is -.034, WRC influence of independent role performance is -.144 and WRC on dependent role performance is -.100. From the R-Squared values, age of nurse accounts for about 0.1% of the total variation in the influence of WRC on performance of independent roles and 1% (one percent of the variation in the influence of WRC on performance

of dependent roles). When these R-Squared values were tested for significance, only the regression of the influence of WRC on the performance of independent roles was significant [$F(1,240)=5.059, P=.025$]. This means that the influence of WRC on the performance of independent roles depends significantly on age. All the correlation coefficients (-.034, -.144 and -.100) are negative. This means that the influence of WRC on the performance of independent roles among nurses diminishes with increasing age. **The prediction model parameters for the dependent variables with age are given in Table 4.**

From Table 4, the regression constant contributed significantly in all the models ($P<.05$) but age contributed significantly to the prediction of the influence of WRC on the performance of independent roles only.

Ho3: To test for the significance of the influence of professional qualification on WRC and the performance of independent and dependent roles, One-way ANOVA was repeated but with professional qualification as factor. **The results are summarized in Table 5.**

From Table 5, and in terms of the influence of WRC on the performance of independent roles by professional qualifications, registered midwives were highest (44.17) followed by those with RN/RM certificates (41.13) while the least affected were those with M.Sc. (35.38) and B.Sc. B.N.Sc. with mean=37.65. For the influence of WRC on the performance of dependent roles, holders of RN and RM (double qualified) were the most affected (17.84) followed by those with Registered Midwife certificate (17.67) while the least affected are those with B.Sc./B.N.Sc. degrees with mean = 15.87.

The result of the F-ratio test showed that in case of the influence of WRC on the performance of independent roles by professional qualification, the P – value (.035) associated with the computed F-value (2.637) is less than the chosen level of significance (.05). Consequently, the null hypothesis was rejected in favour of what should be the alternative. This means that the influence of WRC on the performance of independent roles depends on the professional qualifications of the nurses.

The multiple pair-wise comparison tests was done using LSD test. **The results are given in Table 6.**

From Table 6, significant mean differences were observed between B.Sc./B.N.Sc. and double qualified (RN/RM) certificate holders (2.641), B.Sc./B.N.Sc and RM (8.789), and between B.Sc./B.N.Sc. and Master's degrees holders (5.747) since in each of these pairs, their P-values (.040, .008 & .049 respectively) are less than .05. This means in terms of the influence of professional qualifications on work-related conflict and the performance of independent roles, we can rank them as follows:

B.Sc/B.N.Sc. > M.Sc. > RN > RM > RN/RM.

In the ANOVA of the influence of WRC on performance of dependent roles by professional

qualifications, the P-value (.237) associated with the computed F-value (1.393) is greater than .05. As a consequence, the null hypothesis was not rejected. This means that the performance of dependent roles does not depend on their professional qualifications. No pair-wise test was carried out because the main effect was not significant.

Ho4: Concerning whether professional ranks of nurses contributed to the influence of WRC on the performance of nurses' independent and dependent roles, One-way ANOVA, with professional ranks as factors; and the influence of WRC on the performance of independent and dependent roles as dependent variables. **A summary of the results is given in Table 7.**

From Table 7, there were no serious differences due to professional ranks, since the range in the mean values is small (39.10 – 32.57 for independent roles and 18.46 –

15.33 for dependent roles). In terms of the influence of WRC on independent roles, those in the rank of NO II are the most affected (Mean = 39.10) followed by ACNO (38.65) while the least affected are PNO (32.57). In terms of the influence of WRC on performance of dependent roles, NO II are still the most affected (18.46) followed by CNO (17.70) while the least affected are the assistant directors of nursing (15.33). In the ANOVA, P-value associated with the computed F-values (.267 and .180) are greater than the chosen level of significance (.05). Consequently, the null hypotheses of no significant influence of professional ranks on the performance of independent and dependent roles were retained. This means that the influence of WRC on the performance of both independent and dependent roles is not significantly dependent on the professional ranks of the nurses. No pair-wise comparisons were therefore made.

Table 1: Socio-Demographic Data of Respondents (n=242)

Variables	Frequency	Percentage
Gender:		
Males	5	2
Females	237	98
Total	242	100
Age in years:		
25 – 35	93	38
36 - 45	69	29
46 - 55	74	31
56 - 60	6	2
Total	242	100
Prof. Ranks:		
Nursing Officers 1 (NO 1)	44	18
Nursing Officers 11 (NO 11)	69	29
Senior Nursing Officers (SNO)	29	12
Principal Nursing Officers (PNO)	7	3
Asst. Chief Nursing Officer (ACNO)	23	10
Chief Nursing Officers (CNO)	67	28
Assistant Directors (AD)	3	1
Total	242	100
Prof. qualification:		
Registered Nurses (RN)	26	11
Reg. Midwives (RM)	6	2
Reg. Nurses/ Reg. Midwives (RN/RM)	157	65
B.Sc./B.N.Sc.	45	19
M.Sc.	8	3
Total	242	100

Table 2: Independent t-test for gender influence

Variables	Males (5)		Females (237)		T - value	P –value
	Mean	SD	Mean	SD		
Work-Related Conflict (WRC)	49.80	10.47	54.69	7.63	-1.41	.160
WRC on independent Roles	40.20	8.67	37.69	7.65	.723	.470
WRC on dependent roles	18.20	4.87	17.44	4.27	.394	.694

Table 3: Regression of WRC and its' influence on independent and dependent roles according to age of respondents.

Statistics	Age	WRC	WRC and independent roles	WRC and dependent roles		
Mean	40.02	54.59	37.74	17.45		
Std. deviation	9.36	7.70	7.66	4.27		
R	-	.034	.144	.100		
R-Squared	-	.001	.021	.010		
Adjusted. R-Squared	-	.003	.017	.006		
Variables	Source	SS	Df	MS	F	P
WRC	Regression	16.780	1	16.780	.282	.596

	Error	14273.720	240	59.474		
	Total	14290.500	241			
WRC on independent roles	Regression	292.198	1	292.198	5.059*	.025
	Error	13861.917	240	57.758		
	Total	14154.116	241			
WRC on dependent roles	Regression	44.078	1	44.078	2.429	.120
	Error	4355.922	240	18.150		
	Total	4400.000	241			

*Significant at .05 level, P<.05

Table 4: Prediction parameters of WRC and its influence on performance of roles with age

Dependent variable	predictors	Non-standardized Coefficient		Standardized Coefficient, Beta	T	P
		B	Std. Error			
WRC	Constant	55.72	2.182	-.034	25.54*	.000
	Age	-.028	.053		-.531	.596
WRC on Independent Roles	Constant	42.454	2.150	-.144	19.743*	.000
	Age	-.118	.052		-2.249*	.025
WRC on dependent roles	Constant	19.284	1.205	-.100	15.998*	.000
	Age	-.046	.029		-1.558	.120

*Significant at .05 level. P<.05.

Table 5: ANOVA of the influence of WRC on the performance of independent and dependent roles by professional qualification

Dependent Variable	Professional Qualification	N	Mean	SD	Std. Error	
WRC on independent roles	RN	26	38.02	7.04	1.38	
	RM	6	44.17	7.68	1.14	
	RN/RM	157	41.13	7.65	.61	
	B.Sc./B.N.Sc.	45	37.65	6.98	2.47	
	M.Sc.	8	35.38	6.85	2.8	
	Total		242	39.27	7.66	.49
WRC on dependent roles	RN	26	17.13	4.34	.85	
	RM	6	17.67	4.68	1.91	
	RN/RM	157	17.84	4.40	.35	
	B.Sc./B.N.Sc.	45	15.87	3.94	.59	
	M.Sc.	8	17.09	1.64	.58	
	Total		242	17.45	4.27	.27
Dependent Variable	Source of Variation	SS	Df	MS	F	P
WRC on Independent Roles	Prof. qualification	603.003	4	150.751	2.637*	.035
	Error	13551.113	237	57.178		
	Total	14154.116	241			
WRC on dependent roles	Prof. qualification	101.090	4	25.272	1.393	.237
	Error	4298.910	237	18.139		
	Total	4400.000	241			

*Significant at .05 level, P<.05.

Table 6: Least Significant Difference (LSD) Pair-wise multiple comparison tests.

Professional qualification	RN	RM	RN/RM	B.Sc./B.N.Sc.	M.Sc.
RN	-	-6.51	-3.65	2.276	-3.471
RM	.058	-	6.148	8.789*	3.042
RN/RM	.820	.052	-	2.641*	-3.105
B.Sc./B.N.Sc.	.223	.008	.040	-	5.747*
M.Sc.	.257	.457	.258	.049	-

Table 7: ANOVA of influence of WRC on performance of independent and dependent roles by professional ranks

Variables	Ranks	Mean	n	SD	Std. Error	
WRC on independent roles	Nursing officer (NO) I	38.23	44	8.00	1.21	
	Nursing officer II	39.10	69	7.63	.92	
	Senior Nursing officer	36.41	29	7.92	1.47	
	Principal Nursing officer	32.57	7	4.58	1.73	
	Assist Chief NO	38.65	23	7.36	1.53	
	Chief Nursing officer	36.88	67	7.63	.93	
	Assistant Director	36.67	3	5.86	3.38	
	Total		37.74	242	7.66	.49
WRC on dependent roles	Nursing officer (NO) I	16.64	44	4.13	.62	
	Nursing officer II	18.46	69	4.35	.52	
	Senior Nursing officer	16.97	29	4.16	.77	
	Principal Nursing officer	17.43	7	4.72	1.78	
	Assist Chief NO	16.17	23	4.11	.86	
	Chief Nursing officer	17.70	67	4.26	.52	
	Assistant Director	15.33	3	3.79	2.18	
	Total		17.45	242	4.27	.27
Dependent variable	Source	SS	df	MS	F	P
WRC on independent roles	Prof. rank	448.421	6	74.737	1.281	.267
	Error	13705.695	235	58.322		
	Total	14154.116	241			
WRC on dependent roles	Prof. ranks	161.978	6	26.996	1.497	.180
	Error	4238.022	235	18.034		
	Total	4400.000	241			

IV. DISCUSSION

This study aimed to investigate the influence of work-related conflicts on the performance of independent and dependent roles among nurses with different gender, age, professional qualifications and professional ranks. Five specific objectives and four null hypotheses guided the study which provided the results that are discussed here.

Influence of gender on performance of independent and dependent roles.

The result of this study showed no statistically significant influence of gender on performance of both the independent and dependent roles. This finding is at variance with the argument by Scott [3] who described gender differences to involve both physical and emotional factors that influence males and female's behaviours in the workplace. According to the author, [3] men and women experience differences in perception in the workplace. While women perceive that individual work styles should be collaborative where everyone works as part of a whole, men on the other hand perceive that work should be completed independently without the assistance of others. Furthermore, women also tend to be more supportive managers whereas men are more direct [4].

On the other hand, the findings of this study in which there is no statistically significant influence of work-related conflicts on performance of independent and

dependent roles among males and females respondents is in line with the conclusions [5] that roles conflict at work was not influenced by the respondents' gender or age but on their educational qualifications. This result obtained from this study may therefore be directly as a result of the influence of the respondents' education which influences their actions rather than their gender.

Influence of age and work-related conflicts on performance of independent and dependent roles.

Findings from this study showed that the influence of work-related conflicts on the performance of independent roles depends significantly on age of the respondents. The correlation coefficient was -.034, meaning that the influence of work-related conflicts on the performance of independent roles among the nurses diminished with increasing age of the respondents. The prediction model also showed that the regression constant contributed significantly in all the models (p<.05) but age contributed significantly to the prediction of the influence of WRC on the performance of independent roles only. This finding is therefore at variance with the result presented by other authors [5] where age of respondents influenced role conflict. Conversely, this result is a confirmation of the observation in a similar study which showed that factors

such as age and hierarchy of the nurses were associated with burn-out [6].

As it is observed from this study, work-related conflicts decrease with increasing age. This result may therefore have direct bearing on maturity at work and probably respect that may be accorded to individuals due to their advancement in age. This argument calls for a better understanding of relationships and mutual respect of individuals at all times irrespective of their levels so as to motivate them for quality services. This argument is also very crucial when viewed from the perspective put forward by many authors [1] that personality clashes between nurse leaders and subordinates in this study population were one of the sources of work-related conflicts.

Influence of work-related conflicts on the performance of independent and dependent roles among nurses with different professional qualifications.

With this result, the influence of WRC on the performance of independent roles depends on the professional qualifications of nurses. Those with the single qualification of midwife certificate had the highest perception of work-related conflict followed by those with RN/RM certificates while the least affected were those with M.Sc. and B.Sc./B.N.Sc. This finding is not surprising since it can be argued that university education provides individuals with a more liberal education to promote critical thinking ability for performance of independent roles especially in a tertiary institution as involved in this study. It was also asserted [5] that those who are less educated, apart from not having adequate academic exposure may feel dissatisfied with their levels of job placement and can also lack confidence that guides performance of independent roles. Also based on the fact that other health professionals in the health sector are university graduates, the idea of competing with others may intimidate their very existence and performance.

Influence of WRC on performance of independent and dependent roles among nurses with different ranks

Findings from this study showed no statistically significant influence of WRC on performance of independent and dependent roles among nurses with different professional ranks. The argument for clarifying this finding can be made when the relationship between professional rank alone is viewed from the perspective of being the source of WRC and not on influence of performance of independent and dependent roles.

In some normal circumstances, it should be argued that as individuals move higher on the ladder of professional ranks, they may be able to gather more experiences that can help them to cope with conflict situations. On the other hand, being advanced in professional ranks may rather increase expectations of being accorded more recognition and benefits and where these are in limited

supplies such as when such expectations are not accompanied with higher levels of education, various forms of conflicts including value conflicts, power conflicts, economic conflict and inter-personal conflicts may occur. In this perspective, professional ranks when standing alone act more as a source of conflict rather than influence on performance of roles.

V. CONCLUSION AND RECOMMENDATIONS

Conclusion

Results from this study showed:

- i. No statistically significant influence of WRC on performance of independent and dependent roles among male and female nurses
- ii. Statistically significant influence of WRC on performance of independent roles among nurses of different age. As the age of nurses increases, the influence of WRC on performance of independent roles diminishes.
- iii. Statistically significant influence of WRC on performance of independent roles among nurses with different levels of professional qualifications. Those with university education were least affected with WRC in the performance of independent roles.

Recommendations

- i. Issues that may fuel conflict especially among younger nurses should often be addressed especially if they are to give in their best. There is need for them to have representatives in the institution's committee so as to have a voice on issues that concern them at the workplace. In most instances, when committees to discuss on institutions' affairs are formulated, the young ones are often left out with preference for senior personnel or officers. When this happens, the younger age group may not have their needs identified and handled as should be expected.
- ii. The importance of liberal university education cannot be over-emphasized in the development of critical thinking among nurses and the development of independent roles performance.

More nurses should be encouraged to acquire higher professional education in the university so as to assist them especially in the performance of independent roles. It is already a known fact that university education prepares nurse professionals as system designers who should be able to carry out more of independent/inter-dependent roles.

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Conflicts of Interest Disclosure

We declare that there is no competing interest.

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