

Health Professionals' Perception of Self-Interest Against Corporate-Interest in Conflict Prevention in Selected Public Hospitals in Bayelsa State, Nigeria

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Abstract: Background: *In Nigeria, the need for government employees to place corporate interest above self-interest is codified. This is evident in the 1999 Constitution of the country in its Article 1 in the Fifth Schedule – Code of Conduct for Public Officers. Indications however exist where employees disregard this provision in their official conduct. Aim: To assess health professionals' perception of self-interest against corporate interest in conflict prevention in public hospitals in Bayelsa State, and the Nigerian healthcare system in general. Methods: The study was a cross-sectional total population survey of 918 respondents involving quantitative and qualitative methods. The respondents were nurses, physiotherapists, pharmacists, optometrists and dieticians, medical laboratory scientists and doctors drawn from four major public hospitals in Bayelsa State. The instruments for data collection were FGDs and structured questionnaire developed by the researchers and validated by three experts in Healthcare Administration and Management. A coefficient of reliability at 0.86 from Cronbach alpha was reported. Descriptive statistics and analysis of variance were used to establish the degree of association of respondents' perception. Tests were generally significant at $p < 0.05$ with a confidence level of 95%. Results: The mean age was $34.8 \pm (1.21)$. There were more females (60%) than males (40%); more married respondents (54.9%) than Singles (43.2%) in the study. Majority across groups (82.37 ± 6.97) believed that placing corporate interest before self-interest prevents conflict in public hospitals. There was no significant difference in perception across groups ($p > 0.05$). Analysis of FGDs supported the findings.*

Keywords: *Equity, discipline, corporate interest, subordination, deviance, managerial style.*

INTRODUCTION:

The 1999 Constitution of the Federal Republic of Nigeria (CFRN)¹ is explicit on the need for employees to subordinate their individual interest. In Article 1 in its Fifth Schedule – Code of Conduct for Public Officers, it is stated that “a public officer shall not put himself in a position where his personal interest conflicts with his duties and responsibilities”¹.

In Nigeria, the standard hours of work run from 8.00am to 4.00pm daily for public service employees with the exclusion of Saturdays, Sundays and public holidays, except those whose nature of work determines that they run shift and call duties². Benefit of hindsight has shown that some employees in the public service sacrifice official hours for personal interest.

Despite the importance of the principle of subordinating individual interest to corporate interest for goal stability and attainment, employees overlook it due to ignorance, selfishness, laziness, carelessness and emotional pleasure and these attitudes have proved to be very harmful to the enterprise³.

There is always a conscious behavior to subordinate official interest to personal interest when there is a conflict of interest because such behavior take place automatically⁴. Research has shown that arbitrarily, employees could band up to pursue their personal interests against the interest of the organization. It is thus important that mechanisms that will ensure employees' interest give way to the interest of the organization has become are instituted⁵. It is thus necessary to remove predisposing factors which instigate self-interest over corporate interest⁴.

In the Nigerian healthcare system, using Bayelsa State as an example, conflict of interest in favour of self-interest has been noticed. This phenomenon has led to crises and industrial disharmony among health professionals in the past.

OBJECTIVE OF THE STUDY:

To assess health professionals' perception of self-interest against corporate interest in conflict prevention in public hospitals in Bayelsa State, and the Nigerian healthcare system in general.

METHODS:**Study design:**

The study was a cross-sectional survey of purposive total population. It analyzed health professionals' perceptions on self-interest against corporate interest on conflict prevention.

Study population:

A total of 918 respondents comprising doctors, nurses, medical laboratory scientists, physiotherapists, pharmacists, optometrists and dieticians and were drawn from four major public hospitals in Bayelsa State.

Study instrument:

The instruments were focus group discussion and structured questionnaire validated by three experts in healthcare management and policy. Cronbach alpha formula was applied to establish validity with a coefficient value of 0.86 reported. Section A of the questionnaire elicited data on the demographic characteristics of respondents while Section B sought information on the research objectives. A four-point rating scale of agree, strongly agree, disagree and strongly disagree was adopted. 91.3% returned rate for the questionnaire was recorded.

Procedure for data collection:

The questionnaires were coded from 001 to 918. A check-list was prepared. Completed and retrieved questionnaires

were ticked on the check-list. Respondents were informed of the questionnaires coding, as well as the checklist so that they attached more importance by responding to them. Data collection process lasted three months. Focus group discussions were organized and qualitative data collected.

Data analysis:

Raw data were entered into a spread-sheet for extraction and transferred to SPSS Version 20.0 for cross-sectional analysis. The demographic characteristics were analyzed with descriptive statistics. For ease of multivariate analysis, data from the research objectives section of the questionnaire were collapsed into 'agreed responses' and 'disagreed responses'. Values were expressed in percentages; Mean Scores \pm SD were reported. ANOVA Tests were conducted to determine if there was any statistical significant difference in health workers' perception of the phenomenon studied, based on their profession. A probability value of less than 0.05 was taken as significant.

Ethical consideration:

The researchers obtained ethical approvals from the Management of the various hospitals used in the study. This ensured credibility of data collected. Written informed consents for participation were obtained voluntarily from respondents and their identities were kept confidential for every piece of information or data that they supplied during the course of the research.

RESULTS:**Table 1:** Demographic characteristics of respondents

Categories	Frequencies & percentages per cadre				Total frequency/ percentage
	Doctors	Nurses	Med. Lab. Scientist	Others	
SEX:					
Male	156(64.5)	119(25.4)	33(55.0)	24(40.7)	332(40.0)
Female	86(35.5)	349(74.6)	27(45.0)	35(59.3)	497(60.0)
AGE:					
18 – 26	29(12.0)	65(13.9)	6(10.0)	7(11.9)	107(12.9)
27 – 36	136(56.2)	240(51.3)	31(51.7)	43(72.9)	450(54.3)
37 – 46	51(21.1)	101(21.5)	18(30.0)	5(8.5)	175(21.1)
47 – 56	25(10.3)	56(12.0)	4(6.7)	4(6.7)	89(10.7)
57 – 60	1(0.4)	6(1.3)	1(1.6)	0(0.0)	8(1.0)
	Mean age of respondents across stratification = 34.8 \pm (1.21)				
MARITAL STATUS:					
Single	127(52.0)	177(38.0)	29(48.0)	25(42.0)	358(43.2)
Married	113(47.0)	277(59.0)	31(52.0)	34(58.0)	455(54.9)
Separated	0(0.0)	5(1.0)	0(0.0)	0(0.0)	5(0.6)
Divorced	0(0.0)	2(0.5)	0(0.0)	0(0.0)	2(0.2)

Widowed	2(1.0)	7(1.5)	0(0.0)	0(0.0)	9(1.1)
YRS. IN SERVICE:					
01 – 07	197	307	42	54	600(72.4)
08 – 14	41	138	14	4	197(23.8)
15 – 21	4	23	4	1	32(3.8)

N = 829

*Source: Field survey***Table 2:** Self-interest against corporate interest and conflict prevention

PREDICTORS	DOCTORS		NURSES		MED. LAB. SCTS.		OTHER PROFESSIONALS	
	AG (N/%)	DA (N/%)	AG (N/%)	DA (N/%)	AG (N/%)	DA (N/%)	AG (N/%)	DA (N/%)
Punctuality without exception	212(87.6)	30(12.4)	411(87.8)	57(12.2)	52(86.7)	8(13.3)	52(88.1)	7(11.9)
Enlightenment of health workers periodically on the pre-eminence of patients' satisfaction	218(90.1)	24(9.9)	413(88.2)	55(11.8)	50(83.3)	10(16.7)	49(83.1)	10(16.9)
Organization of performance enhancement seminars	216(89.3)	26(10.7)	418(89.3)	50(10.7)	52(86.7)	8(13.3)	49(83.1)	10(16.9)
Organization of periodic performance evaluation to correct deviations	216(89.3)	26(10.7)	411(87.8)	58(12.2)	50(83.3)	10(16.7)	51(86.4)	8(13.6)
Equitable allocation of working materials to clinics/departments due to self-interest	203(83.9)	39(16.1)	391(83.5)	77(16.5)	53(88.3)	7(11.7)	50(84.7)	9(15.3)
Method of clocking in and out of duty-posts	192(79.3)	50(20.7)	313(66.9)	155(33.1)	47(78.3)	13(21.7)	43(72.9)	16(27.1)
Preventing private practice from conflicting with official hours	213(88.0)	29(12.0)	345(73.7)	123(26.3)	46(76.7)	14(23.3)	49(83.1)	10(16.9)
Clear organizational structure to address hierarchical conflicts	212(87.6)	30(12.4)	388(82.9)	80(17.1)	51(85.0)	9(15.0)	53(89.8)	6(10.2)
Introduction of controls to block revenue leakages	211(87.2)	31(12.8)	388(82.9)	80(17.1)	45(75.0)	15(25.0)	49(83.1)	10(16.9)
Subjection of personal interest when it clashes with corporate interest	149(61.6)	93(38.4)	372(79.5)	96(20.5)	39(65.0)	21(35.0)	47(79.7)	12(20.3)
Unbiased mechanisms to promote corporate interests	191(78.9)	51(21.1)	415(88.7)	53(11.3)	42(70.0)	18(30.0)	46(78.0)	13(22.0)
CUMULATIVE TOTALS/ PERCENTAGES	2233(83.9)	429(16.1)	4265(82.8)	884(17.2)	527(79.8)	133(20.2)	538(81.6)	121(18.4)

ANOVA RESULTS: (F(3,40) = .677, p = 0.571; M = 82.37±(6.97)**KEY:** AG = Agree, DA = Disagree*Source: Field Survey*

Table 1: Demographic characteristics of respondents - Sex distribution for Doctors: Male (64.5%), Female (35.5%); Nurses: Male (25.4%), Female (74.6%); Medical Laboratory Scientists (MLS): Male (55%), Female (45%); and Other Health Professionals (OHPs): Male (40.7%), Female (59.3%). Overall, there were less Males (40%) than Female (60%) in the study. Mean age of $34.8 \pm (1.21)$ was reported: Ages 18:26 (12.9%, N = 107); 27:36 (54.5%, N = 450); 37:46 (21.1%, N = 175); 47:56 (10.7%, N = 89), and Age ≥ 57 (1.0%, N = 8). The workforce in the study is predominantly youths across gender which are often adjudged to be strong, ambitious, active and very assertive.

Respondents' marital status distribution – Doctors: Single (52%, N = 127), Married (47%, N = 133), Widowed (1%, N = 2), and Separated/Divorced (0%); Nurses: Single (38%, N = 177), Married (59%, N = 277), Separated (1%, N = 5), Divorced (0.5%, N = 2), and Widowed (1.5%, N = 7); MLS: Single (48%, N = 29), Married (52%, N = 31), Separated, Divorced and Widowed (N = 0). Similar values were reported for OHPs except Single (42%, N = 25) and Married (58%, N = 34).

Majority (72.4%, N = 600) of respondents had spent 1 to 7 years in service. This was followed by those who had spent 8 to 14 years in service (23.8%, N = 197) and those who had spent 15 – 21 years (3.8%, N = 32). This suggests bulk of respondents have more years to spend in service before reaching retirement age.

Table 2 shows various parameters for conflict prevention: OHPs comprising pharmacists, physiotherapists, dieticians and optometrists (88.1%, N = 52), Nurses (87.8%, N = 411); Doctors (87.6%, N = 212), and MLS (86.7%, N = 52) believed that enforcement of punctuality for all health professionals would help to prevent conflict if done without exception.

Majority of Doctors (90.1%, N = 218), Nurses (88.2%, N = 413), MLS (83.3%, N = 50) and OHPs (83.1%, N = 49) agreed that if health professionals receive periodic enlightenment on the importance of patients' satisfaction, they would place emphasis on corporate interest more than self-interest and prevent conflict by being more dedicated. However, doctors reported stronger conviction than nurses and other groups of respondents.

Greater majority of all respondents agreed conflict is preventable if performance enhancement seminars to underscore corporate interest over self-interest are organized for health professionals. Doctors (89.3%, N = 216) and Nurses (89.3%, N = 418) shared equal opinion on this predictor. MLS (86.7%, N = 52) and OHPs (83.1%, N = 49) scored high but their scores were slightly lower than that of doctors and nurses on the predictor.

Doctors (89.3%, N = 216), Nurses (87.8%, N = 411); OHPs (86.4%, N = 51); and MLS (83.3%, N = 50) agreed

that performance evaluation of health professionals be carried out periodically so that deviation can be identified and corrected and that such can help prevent conflict as it will promote corporate interest over self-interest.

High proportion of respondents agreed that equity in the allocation of working materials to clinics and departments devoid of self-interest can prevent conflict. Observations on the phenomenon were reported among MLS (88.3%, N = 53), OHPs (84.7%, N = 50), Doctors (83.9%, N = 203), and Nurses (83.5%, N = 391).

Majority of respondents – Doctors (79.3%, N = 192); MLS (78.3%, N = 47); OHPs (72.9%, N = 43); and Nurses (66.9%, N = 313) agreed to a method of clocking in and out of duty-posts to encourage corporate interest promotion among health professionals but the concordance was less stronger when compared to other predictors.

Majority of respondents such as Doctors (88.0%, N = 213) as compared to OHPs (83.1%, N = 49); MLS (76.7%, N = 46); and Nurses (73.7%, N = 345) agreed that if private practice is done in a way that it does not conflict with official hours of health professionals, that will help check the incidence of conflict among health workers.

Having a clear organizational structure would help to address hierarchical conflict and promote corporate interest of healthcare concerns - OHPs (89.8%, N = 53); Doctors (87.6%, N = 212); MLS (85.0%, N = 51); and Nurses (82.9%, N = 388). Introduction of controls to block revenue leakages for corporate interest promotion reported the following observations: MLS (75.0%, N = 45), Doctors (87.2%, N = 211), OHPs (83.1%, N = 49), and Nurses (82.9%, N = 388).

Majority of OHPs (79.7%, N = 47), Nurses (79.5%, N = 372), MLS (65.0%, N = 39), Doctors (61.6%, N = 149) believed that health professionals will more likely subject corporate interest to private interest when two clash with each other.

Majority of respondents agreed to the necessity of having unbiased mechanisms in place to promote corporate interest above private interest in public hospitals as a measure of conflict prevention. Nurses reported (88.7%, N = 415); Doctors (78.9%, N = 191); OHPs (78%, N = 42); and MLS (70.0%, N = 42).

On aggregate, descriptive statistics reported a close association across groups in support of all predictors in the study ($M = 82.37 \pm 6.97$) and no significant difference in perceptions was reported ($p > 0.05$).

FGD reported a high consensus of self-interest being against corporate interest in public hospitals which was traceable to the general spate of corruption in the country.

Discussants gave a panacea to include total overhauling of national life and value system to embrace equity, fairness, reward for hard work, dedication and diligence, among others. In sum, according to one of the participants:

“If we say do not put personal interest first but corporate interest, does anyone need to be told that? Yes, it is because corruption has eaten deep into the fabrics of our nation. It is not limited to the health sector alone.”

DISCUSSION:

Respondents perceived that failure to enforce punctuality without exception undermines conflict prevention in public hospitals. The failure dampens morale in the general work force leading to poor service delivery as confirmed in a previous study that workplace deviance needs be discouraged due to its counter-productiveness to good job performance⁶.

Periodic enlightenment of health professionals on the central importance of patients' satisfaction was found to promote corporate interest above self-interest and help to prevent conflict in public hospitals. It is thus presumed that if this is not done, health professionals may lose sight of the true essence of their professions which is to care for the patients and continue in ignorance of not giving due attention that patients actually require when being cared for. Since previous researches have indicated ignorance, selfishness, laziness, carelessness and emotional pleasure as factors responsible for employees overlooking corporate interest e.g. customers' satisfaction, in favour of personal interest³, there is strong implication that periodic enlightenment of workers is necessary to make them shun these vices.

Panacea that forms part of conflict prevention in public hospitals is organization of performance enhancement seminars. This was found to be instrumental to removing major obstacles to conflict prevention as it makes health professionals to be 'corporately conscious' towards goal attainment. Public hospitals should do well to make this as part of necessary mechanisms for ensuring that "employees' interests give way to the interests of the organization"⁵.

As in previous findings, inequitable allocation of working materials to clinics/departments due to self-interest smacks of a constraining factor to the attainment of corporate interest. It is obvious that segments of an organization usually compete for resources and because competition for scarce resources can make conflict to occur, inequity in their allocation should be discouraged⁶. This research strongly underscores "allocation inequities" a key to putting clinics and departments at loggerheads and throws up competition instead of cooperation in public hospitals.

It was reported that clocking in and out of duty-posts can promote corporate interest, foster sense of discipline and help to prevent inter-professional conflict among healthcare professionals. This ensures employees do not compromise official hours personal gains in private engagement outside the hospital and it helps to improve service delivery to patients. It has been found in earlier research that clock-watching by employees and personal work interfering with official work can generate conflict⁸ apparently because those who close before official hours turn their official burden of work to colleagues who remain on duty posts till expiration of official closing hours.

When health professionals allow their private practice to usurp official hours of practice, negative impacts are created for attainment of corporate goal. This often leads to conflict between the management and its employees. While some employees are not directly affected in the ensuing management-workers' conflict, perception of bias in handling those who usurp official hours for private practice usually leads to counter-reaction from other hospital staff. This perception was popularly held across stratification. Similarly, the perception is held in the United States that the complex conflicts of interest which medical staff and related workers face in modern times bias clinical decisions, divide workers' loyalty and compromise sound treatment judgment⁹. The finding is corroborated that certain health professionals could possibly disregard official hours for private practice and create a sense of conflict for colleagues and the management, since arbitrarily, employees (managers inclusive) have been found banding together to pursue personal interests against the interest of the organization⁵.

A greater number of respondents of all health professionals reported that having unbiased mechanisms in place to promote corporate interest above personal interest brings about conflict prevention in public hospitals. It implies healthcare concerns should establish mechanisms to regulate self-interest, absence of which is an invitation for poor service delivery that often leads to loss of lives, revenues and good corporate image. The finding is supported in a precious research that "it is necessary for organization to have mechanisms for ensuring that employees' interests give way to the interests of the organization"⁵. Therefore, organizations need to examine their culture...the point where health workers deal with patients, to determine if the culture is consistent with management policies and permit an effective programme for reward and discipline¹⁰.

CONCLUSION:

Majority across stratification ($M = 82.37 \pm 6.97$) reported that if corporate interest is allowed to thrive over self-interest, industrial peace will be enhanced for conflict prevention in public hospitals. No significant difference in their perception was reported ($p > 0.05$). Similarly, FGDs reported the need for corporate interest to be placed

above self-interest in public hospitals when the two conflict.

Conflict of Interest: None

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