

**Exploration of Staff Conflicts in Hospitals with a focus on hospital Management
Conflict Resolution Practices in selected department of Trident Town Clinic of
Kalumbila District, Zambia**

By

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**A Dissertation Submitted to the University of Zambia in Collaboration with Zimbabwe
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Science Degree in Peace Leadership and Conflict Resolution**

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DECLARATION

I, **Ronald Chinguli Lweleka** , do declare that this dissertation represents my own work and that it has neither in part nor in whole, been presented as material for award of any other degree at this or any other University. Where other people's work has been used, acknowledgements have been made.

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APPROVAL

The University of Zambia / Zimbabwe Open University approves the dissertation of **Ronald Chinguli Lweleka** as fulfilling part of the requirements for the award of the degree of Master of Science in Peace, Leadership and Conflict Resolution.

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ABSTRACT

The overarching focus of this study was to explore hospital management conflict resolution practices in selected departments in Trident town clinic of Kalumbila district, Zambia. Precisely, the study sought to explore the sources of conflicts between and among individuals in hospitals, find out the types of conflict resolution skills possessed by responsible officers managing staff conflicts in hospitals. Furthermore, the study was predicated on ascertaining the strategies deployed for managing and resolving conflict in hospital and finally, the study explored challenges hospital management faced in resolving conflicts. A case study research design was used with a qualitative approach. The study purposefully sampled 30 participants from the four selected departments of Trident town clinic of Kalumbila district. Semi-structured interview guide and Focus Group discussion guide were used as data collection instruments as well as document review checklist. Thematic approach was applied to analyse the data after coding.

The findings revealed that sources of conflicts included: personal differences in age, sex and education background. With regards to conflict resolution skills, findings revealed that, hospital managers and their disciplinary committee members lacked advanced qualification in Management and administration or any other discipline which deals with conflict resolution and management. However, most of the management members had undergone some guidance and counselling which still give them some ability to deal with conflict among staff members. Strategies employed the findings revealed that, arbitration, negotiation, avoidance, smoothing, authoritative were among those utilized. The study also found out challenges including: uncooperative people and lack of universal fitting strategy.

The study concluded that, managers and their disciplinary committees need to study the causes carefully and transform them into peace and harmony grounds to curb future conflicts and work on addressing needs of the aggrieved. The study made four recommendations: Hospital managers to be alert on the causes of conflict and address them in their infancy. Workshops be organised to train members of staff in basic conflict management strategies like negotiation, smoothing and avoidance in order to avoid a series of conflict cases to be addressed by the disciplinary committee always even those that could have ended at negotiation stage. Then management to pay attention to development of camps and listen to the needs of officers as a neglect of them had potential to result into serious conflicts.

Key words: *Conflict, Resolution, Management*

DEDICATION

First and foremost, I would like to dedicate this dissertation to my heavenly father God almighty for the unending blessings and my academic favours. In a special way, I would like to also dedicate this study to my late mother Mrs Abby Lweleka whom I believe would be very proud to see me grow academically to the level of attaining a Masters degree. Rest in peace mum! I should also dedicate this research to management and members of staff at Trident town clinic for their cooperation and participation in this research. I feel this is the right time you may interact with the findings of this study. Hopefully, they may inform you on how to effectively handle conflicts through the alternative resolution and management strategies established in this study and employ them when ever faced with conflicts between and among members of staff.

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CHAPTER ONE

INTRODUCTION

1.1 Overview

This chapter presents the background to the study, the statement of the problem, objectives and research questions. Thereafter, the study will proceed to outline the significance of study. Then the study will further look at the theoretical framework, limitations and definition of operational terms and finally, the summary will conclude the first chapter.

1.2 Background of the study

From the immemorial, conflicts have been in existence in a formal work places. Weisman (2005) cited in Kasenge (2020), asserts that, conflict can be said to be the actual or perceived opposition of needs. Aldag and Kuzuhara (2002) explain that, conflict is an old phenomenon and in fact as old as mankind and these days it has been causing concerns to all stakeholders in various forms of social life and in education inclusive the term conflict is viewed in a variety of ways in different social spheres because of its confusion with those conditions which lead to situations of different conflicts. Jeong, (2011) on the other hand expresses that conflict has been broadly associated with tension surrounding decision on various choices, sometimes being manifested in confrontations between social forces and that coping with conflicts particular ways such as strategies are employed. That is why Mulford (2005) adds that conflict is natural and in many ways inevitable because of the natural tendency in almost every human person to pressure that their way of thinking and doing things is not only the best, but also the only right way.

Overtime, the causes of conflicts have diversified, and their types have also grown in complexity (Whethen & Cameron, 2002). For example conflicts in work places occur to the fact that we spend most of our time at interacting with other human beings during work and inevitably are bound to find ourselves in a conflict either among ourselves as workers or between supervisors and workers. Kasenge (2020) lists some of the classical pairs of individual in which conflicts occur in a school system. Those conflicting pairs occur between and among hospital staff and patients. According to Patton (2014), direct patient contact health care employees such as physicians and nurses and technologists work in a complex stressful environment that is prone to conflict. Conflicts in the health facilities storms in large part of it termed as invisible conflict that exists in healthcare (Kimberly et al, 2011).

According to Kimberly et al (2011), conflict hinders smooth flow of information among health workers regardless of the size of it and this negatively affects treatment outcome of the patients.

Medical staffs work in environments in which conflict is likely to arise due to both the nature of their work and the need to interact with a wide range of individuals (Al-Hamdan, 2009). According to Al-Hamdan (2009), conflict is a natural and pervasive phenomenon in human experience and it is a part of people's lives in organisations as well as being a part of domestic life. Since conflict is inevitable in a highly stressful environment, it is therefore important to manage it effectively for smooth functioning of an organisation and for cultural, social and personal development of an individual (Al-Hamdan, 2009). According to Al-Hamdan (2009), the term conflict management strategy is used to describe any action that is taken by a disputant or a third party to manage or resolve a conflict and this is a vital skill which should be learnt. According to Sarafis *et al* (2017), conflict in health institutions can lead to personal and organisational growth although it is normally viewed in a negative way. Sarafis *et al* (2017) further states that, it is cardinal to manage conflicts very well because it may distort team work and eventually compromises healthcare provision. According to Patton (2014), negative effects of conflict can help managers learn to recognise the precursors to conflict in order to prevent any ill effects of it.

1.3 Statement of the Problem

Hospitals are environments which need peace and silent atmosphere in the ideal scenarios. There is a possibility of conflicts taking place in hospitals. However, at a time of study, there wasn't any published study on conflicts in hospitals in Zambia. This is so because wherever there is a group of people, conflicts are inevitable and work suffers thereby not achieving the goals of the organization, and sometimes good employees may even quit their jobs (McNamara, 2007). The worst scenario that becomes of conflict in places of work is one explained by Putnam (1995) and UNESCO (2000) that conflict at work place is not just a breakdown of cooperative, purposeful system, but rather, conflict at work can sometimes be central to the lifeline of an organization. It is common knowledge that, if employees are ever quarrelling among themselves it robs them of their precious time to finish assignments given to them by their supervisors as well as failure to work with the right output intended of an officer. Once this takes course, in most cases poor performance is what comes of such an institution.

Various employment regulations and code of ethics discourage conflicts and its possible causes which in most instances are dismissible when one officer is found tolerating behaviour tantamount to causing conflict in a workplace (UNESCO, 2000). Therefore, the goal of conflict management strategies is for purposes of promotion of harmonious relationships in the social environments like hospitals (William, 2005). UNESCO (2000) is in support of this goal in that it encourages changing the vision of the world, the way of communicating and living together in educational institutions. However, due to an avoidable myriad of factors that lead to spark of conflicts in hospital, it is imperative for hospital administrations to demonstrate preparedness to resolve and manage conflicts through a hospital based strategy that might contain resolving models influenced by popular conflict resolution and management models suitable for the hospital environment. It is therefore, in this vein that this study is instituted to ascertain preparedness and management strategies which selected departments of Trident town clinic of Kalumbila district have effected to handle cases of conflicts which are not known at the moment.

1.4 Purpose of the study

The purpose of this study was to explore the conflict management strategies put in place at trident town clinic in Kalumbila.

1.5 Research Objectives

This study was guided by the following specific research objectives:

- i. Explore the sources of conflict among stakeholder sat Trident Town clinic.
- ii. Establish challenges faced in resolving conflicts among stakeholders at Trident Town clinic.
- iii. Explore various conflict resolution strategies applied by responsible officers to resolve staff conflictsat Trident Town clinic.

1.6 Research Questions

The following are the research questions that will inform the study:

- i. What are the sources of conflict among stakeholders at Trident Town clinic?
- ii. What challenges are faced in the process of resolving conflicts among stakeholders at Trident Town clinic?

iii. How are various conflict resolved by responsible officers at Trident Town clinic.

1.7 Significance of the study

The findings of this research may help the hospital administrations to ensure they have strategies and deliberate policies to prevent their staff and clients against engaging in conflicts at the hospital. The findings might also empower hospital based conflict disciplinary committees with necessary conflict prevention, management and resolution skills. It is also hoped that the findings might be beneficial to the entire body of knowledge of conflict resolution and management.

1.8 Theoretical Framework

1.8.1. Group conflict process theory by Robbins (2003)

The study was anchored on the group conflict process theory developed by Robbins (2003). The group conflict process theory indicates that most organizational conflicts are managed through approaches to conflict management such as negotiations, resolutions and stimulation. Robbins further identifies cooperativeness and assertiveness as the two dimensions in conflict handling intentions. From those two dimensions, he further generates and identifies four conflict-handling interventions as; competing, accommodating, and compromising.

1.8.2. Interpretation of the theory in line with the study.

The current study focuses on establishing whether or not hospitals through their administration have conflict resolution strategies; and if they have, to ascertain the nature of such strategies, and their effectiveness on resolving hospital based conflicts. However, the theory guiding this study outlines its proposed forms of resolving conflicts including; negotiations, resolutions and stimulation. It was those three pillars that will guide this study in terms of how hospitals have structured their conflict resolution strategies and whether or not those three pillars are present. This theory remains an ideal guide to group conflict resolution of the hospital nature. These dimensions will therefore be used as conflict resolution techniques in the study. Against this background, this theory will help the current study to investigate conflict resolution and management strategies at Trident town clinic in Kalumbila.

1.9 Limitation of the study

Studies of this nature requires a national survey in order to establish whether or not hospitals have strategies of resolving and managing conflicts because conflicts in hospitals is a social problem. However, that is likely to be a main limitation for this study as it will focus on Trident town clinic in Kalumbila.

1.10 Delimitations of the study

This study was confined to Trident town clinic of Kalumbila in North western province of Zambia. Therefore, results might not be generalised to other hospitals as they might have unique orientation to conflict resolution and management.

1.11 Operational definitions of the terms

Conflict: refers to being in opposition or hostility, which leads to either passive or violent resistance in healthcare management by conflicting members. In this study, those members might be hospital staff and patients/clients.

Conflict management: in this study it refers to the process of becoming aware of actual or potential conflict, diagnosing its nature and scope and employing appropriate methodologies to diffuse the emotion energy involved and enable disputing parties to understand and resolve their differences in the schools setting.

Conflict resolution: In this study it refers to the process of attempting to resolve conflict.

Conflict resolution strategy: In this study, it implies to a method desired to develop peaceful means finally ending a state of conflict, in that sense this study will use the term strategies as means or methods to be applied in conflict resolution process.

1.12 Summary

This chapter introduces the study on the availability of conflict resolution and management strategies at Trident town clinic in Kalumbila. The chapter also present the background to the study, the statement of the problem, research objectives and questions, significance of the study and the theoretical framework which will guide the study. Definition of terms and summary of the study are also presented. The next chapter presents a review of literature relevant to the current study.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Overview

This chapter is a review of related data by different authors who investigated on conflict resolution and management in hospitals and other formal working environments related to the current study. The chapter was guided by sub themes from the objectives of the study. The review begins with discussing the concept of conflict and its occurrence. It then discusses types of conflicts and their nature. It also discusses conflict management, and then follows presentation of reviewed studies on conflicting pairs of individuals in hospitals, studies on the nature of skills possessed by conflicting resolving individuals in hospitals. Also reviewed are studies on hospitals' conflicting resolving and management strategy then also reviews studies on challenges associated with resolving and managing conflicts. The chapter closes with a summary.

2.2 The Concept of Conflict and its occurrence

The concept of conflict has divergent interpretations while in politics, conflict refers to wars, revolutions or other struggles, which may involve the use of force as in armed conflicts (The politics of Conflict, 2009) in social institutions like hospitals it can be defined as misunderstanding motivated by differences in opinion, ideas, likes, class level or even choices. According to McNamara (2007) conflicts in social settings occur when two or more parties, with perceived incompatible goals, seek to undermine each other's goal-seeking capability.

This notwithstanding, conflict can as well be asserted to be a pervasive aspect in both social circles and professional interactions. As Landau, Landau and Landau (2001:3) state, "Conflict exists in all human relationships: it always has and probably will" (Rose *et al*, 2006). Thus, conflict is not a phenomenon; it is inevitable when more than one person is involved in any enterprise or endeavour (Burnside, 2008). Conflict is normal, natural, necessary and the problem is not the existence of conflict but how we handle it (Mayer, 2008). Consequently, the need to effectively manage conflicts is a requirement for the proper functioning of any individual, group or organization. Thus, this study endeavours to establish how Trident town clinic in Kalumbila manages conflicts.

2.3 Types of conflicts and their nature

Studies done by Gross and Guerrero (2000) and Yambo *et al.* (2014) contended that it is not possible to manage conflicts if the type of the conflict is not first identified and addressed. It is therefore, important to establish the types of conflicts that exist and their nature. The table below outlines and explains the 10 types of conflicts as established by various researchers.

Table 1: Types of conflicts and their description

S/N	TYPE OF CONFLICT	DESCRIPTION
1	Affective Conflict	This is a condition in which group members have interpersonal clashes characterized by anger, frustration, and other negative feelings.
2	Substantive Conflict	This is usually disagreements among group members' ideas and opinions about the task being performed, such as disagreement regarding an organization's current strategic position or determining the correct data to include in a report.
3	Conflict of Interest	This is an inconsistency between two parties in their preferences for the allocation of a scarce resource. It occurs when each party, sharing the same understanding of the situation, prefers a different and somewhat incompatible solution to a problem involving either a distribution of scarce resource between them or a decision to share the work of solving it.
4	Conflict of Values	Occurs when two social entities differ in their values or ideologies on certain issues. This is also called ideological conflict.
5	Goal Conflict	Occurs when a preferred outcome or an end-state of two social entities is inconsistent.
6	Realistic vs. Nonrealistic Conflict	Realistic conflict is related to rational or goal-oriented disagreement, nonrealistic conflict is an end in itself having little to do with group or organizational goals.
7	Institutionalized vs.	Institutionalized is when actors follow explicit rules, and

	Non-institutionalized	display predictable behavior, and their relationship has continuity, as in the case of line–staff conflict or labor–management negotiations. Most racial conflict is non-institutionalized where these three conditions are nonexistent.
8	Retributive Conflict	Occurs when the conflicting entities or factions feel the need for a drawn-out conflict to punish the opponent. In other words, each party determines its gains, in part, by incurring costs to the other party.
9	Mis-attributed Conflict	It is the incorrect assignment of causes (behaviors, parties, or issues) to conflict. For example, an employee may wrongly attribute to his or her supervisor a cut in the employee’s department budget, which may have been done by higher-level managers over the protest of the supervisor.
10	Displaced Conflict	Occurs when the conflicting parties either direct their frustrations or hostilities to social entities that are not involved in conflict or argue over secondary, not major, issues.

Adapted from: Desk research from various researchers under conflict studies

The table above has carefully presented various types of conflicts, their nature and manifestation. These give a basis of inquiry on the nature of conflicts Trident town clinic of Kalumbila experience and whether or not they are in line with the 10 listed.

2.4 Sources of Conflicts

According to research there are various sources of conflicts that exist. The most popular sources include: poor communication, competition for common but scarce resources, incompatible goals and the like. Rose *et al* 2006) assert that, individuals and groups have undeniable needs for identity, dignity, security, equity, participation in decisions that affect them. Frustration of these basic needs becomes a source of social conflict. Additionally, Rahim (2001), states that, the sources of conflict include; shared resources, differences in goals, difference in perceptions and values, disagreements in the role requirements, nature of work activities, individual approaches, and the stage of organizational development.

Various scholars point to the six general causes of conflict these include (Gray and Stark, 1984; Kasenge, 2020, Rahim, 2001; Rose *et al*, 2006) they suggest that, there are six sources of conflict. These being: 1) Limited resources; 2) Interdependent work activities; 3) Differentiation of activities; 4) Communication problems; 5) Differences in perceptions; 6) The environment of the organization. According to these writers, conflict can also arise from a number of other sources, such as: 1) Individual differences (some people enjoy conflict while others don't); 2) Unclear authority structures (people don't know how far their authority extends); 3) Differences in attitudes; 4) Task symmetries (one group is more powerful than another and the weaker group tries to change the situation; 5) Difference in time horizons (some departments have a long-run view and others have a short -run view). This is another contention which the current study will have to establish the actual sources of conflict at Trident town clinic in Kalumbila.

2.5 Conflict Resolution and Management strategies

It is imperative to operationalize the differences between ‘Conflict resolution’ and ‘Conflict management’. According to Aldag and Kuzuhara (2002) conflict management is distinct from conflict resolution in institutions. The latter refers to resolving a dispute to the approval of one or both parties, and the former to an ongoing process that may never have a resolution. Conflict Resolution Education (CRE) and Ohio Department of Education (ODE) define conflict resolution as a philosophy and set of skills that assist individuals and groups to better understand and deal with conflict as it arises in all aspects of their lives.

Moran (2001) sees conflict management as a philosophy and a set of skills that assist individuals and groups in better understanding and dealing with conflict as it arises in all aspects of their lives. According to Swanstrom and Weismann (2005), in their concept paper, provided an overview of the concept ‘Conflict Management’ and defined it as the limitation, mitigation or containment of a conflict without necessarily solving it.

Conflict resolution involves the reduction, elimination, or termination of all forms and types of conflicts. Hence, conflict resolution tends to use terms like negotiation, bargaining, mediation or arbitration. While conflict management is a method incorporated to facilitate a positive or at least an agreeable outcome. Several scholars have devised conflict resolving strategies over time after investigations on conflicts (Robbin, 2000; UNESCO, 2000; Swanstrom and Weismann, 2005; Plunkett, 2009). These strategies have been applied successfully by various institutions as conflict resolving techniques. The common techniques

known include the fourteen(14) as listed below: (1) Problem solving (2) Super ordinate goals (3) Avoidance (4) Smoothing (5) Compromise (6) Authoritative command (7) Altering the human variable (8) Altering structural variables (9)Integrating, (10) Dominating (11) Mediation (12) Arbitration, (13) Dialogue, and (14) Effective communication.

However, how hospital administrators at Trident town clinic in Kalumbila define or perceive the two concepts and the strategies adapted to their effect, is yet to be established by this study.

2.6 Studies on the basis conflicts emanate from among individuals in hospitals

Conflicts in hospitals are reported to occur from different grounds deemed as basis for differences and so are their likelihood predictable sometimes (Robbins, 2000). He emphasizes the point that conflict does not appear out of the thin air. It has causes.

It is reported that where resources to use in hospitals are scarce usually conflicts spark up. The work of Yambo and Tuitoek (2014) found that departments with different goals will run into differences at times especially when competing for meager resources and wanting to deliver academic services to learners. However, in the case of Trident town clinic, it is yet to be established whether or not meagre resources have anything to do with conflicts experienced in hospitals.

Studies done by Deutsch (2000) opined that since people have different personalities, this has often resulted in them doing things differently, which has been deemed to be normal. These diverse personalities could create the potential for conflict among the people concerned. According to Mondy, Sharplin and Premaux (2010) and the work done by Mudis & Yambo (2015) stipulates that personality difference mean the characteristics of a person and the way in which he/she express him/herself which clashes with that of other people. These people tend to blame others for their miseries. Some of the divergent personality types are stubborn, argumentative, complaining, non–assertive, and highly emotional and so on. It is very crucial for a hospital to have strategies in place to manage conflicts arising from personality difference.

According to Achoka (1990) communication problems may also cause conflict. The difficulties involved include noise, semantic differences and insufficient exchange of information. Any distortion of information of either the sender or the recipient may cause unnecessary conflict in a hospital set up or any organization. The work of Plunkett (2009),

share these sentiments by saying that communication is seldom perfect, and imperfect communication may result in misperception, interpretation and misunderstanding. Due to the fact that the receiver may not be listening actively, he/she may simply misunderstand the sender. The results can be a disagreement about the goals, roles, or intentions. Sometimes information is withheld intentionally, for personal gain or to embarrass a colleague. Poor communication among healthcare providers can have a negative implication on the patient outcome. According to Hetzler *et al* (2015), the majority of errors in healthcare come from communication problems and this has resulted into conflict among healthcare providers. This contention was investigated equally at Trident town clinic whether or not conflicts have been experienced with regard misinformation.

Personal differences and philosophies have been identified also as potential catalysts of conflicts in social environments and hospitals alike. Research done by Robbins (2000) found that conflicts can evolve out of the individual who idolizes personal value systems. The chemistry between some people makes it hard for them to work together. According to Aldag and Kuzuhara (2002); Gross and Guerrero (2000); and Yambo (2012) individual conflicts are often associated with factors such as background, education, experience, and training moulds each individual into a unique personality with a particular set of values. The result is people who may be perceived by others as abrasive, untrustworthy, strange, or difficult to work with. According to Patton (2014), dispositional characteristics were found to be a major cause of conflict in the nursing field in three major Canadian research studies. Therefore, personal differences can create conflict. However, these will have to be investigated in Trident town clinic whether or not, they are indeed potential catalysts of conflicts in hospitals.

Blurred job boundaries are also seen to be a cause of conflict in the healthcare system. According to Patton (2014), although interdependency among healthcare givers is essential for effective provision of healthcare, it can lead to conflict as discrepancies arises over which profession as to take a particular responsibility. Blurred boundary conflict usually occurs between physicians and senior nurses with specialities as they (senior nurses) fail to realise the boundaries of practice (Patton, 2014). In the case of Trident town clinic, the effect of blurred boundaries on conflict cause needs to be investigated.

Decision making has also been seen as a source of conflict in healthcare sector as some professionals feels unconsidered in most instances (Patton, 2014). According to Patton (2014), nurses feels under-rated by physicians because their knowledge is not usually

considered in medical decisions made for the recipients of health services. In the case of Trident town clinic, an investigation has to be made to conclude whether some decision making patterns stimulates conflicts among healthcare providers.

Variation in expectations among healthcare providers is seen to be one of the causes of conflicts in hospitals (Patton, 2014). According to Patton (2014), peers in healthcare provision tend to get frustrated if their core-workers do not perform to their expectation. In most cases there are in-fights among health workers due to one expecting the other to deliver more and vice-versa (Patton, 2014). This has to be investigated in order to conclude whether unmet expectations are a source of conflict at Trident town clinic.

Healthcare complexity such as pressure of time, life and death decisions, and heavy workloads contribute to the contextual cause of conflict among professionals (Patton, 2014). The health care workplace is unpredictable, complex and involves job ambiguity, which creates stress and results in micro-level conflicts (Patton, 2014). The extent to which complexity of healthcare affects the rising of conflict at Trident town clinic has to be investigated.

Lack of respect for some professions is seen to be a source of conflict in some healthcare setups (Meo, 2004). According to Meo (2004), knowledge input by some professions such as nursing not usually a basis of medical decisions in the provision of healthcare. This makes the affected professions to feel unconsidered. This research will determine whether lack of respect among professions is the cause of conflict among healthcare providers at Trident town clinic.

2.7 Nature of conflict resolution skills by persons who handle conflicts in hospitals

Resolving conflict is a skilful art that requires skilful and trained personnel or even individuals who apply conflict resolving and managing strategies more than one's own human intuition because nature of conflicts sometimes requires a mediator who is an experienced fellow who may manage to bring the conflicting parties to terms (Muleya, 2020). Thus, it is imperative for hospitals also to engage personnel who are well trained in counselling and even in peace and conflict skills in order not to further the conflict of individuals but calm them. Management of conflict is a human relations concept long recognized in business and industry as a necessary component of the developmental process (UNESCO, 2000).

Without proper social arrangement or resolution, conflicts can result into stress, unnecessary fatigue or tensions among stakeholders (Yambo, Odhiambo and Odera 2014). How Trident town clinic utilize guidance and counselling officers is yet to be investigated.

Mediation is another way of conflict management a skilful third party may be used to resolve conflicts in work places. However, mediation is an approach that is in itself a skilful means to an end and requires the mediator to have mediating skills. Bentley (1996) describes mediation as a form of problem solving process where a neutral third party assists disputants to reach a mutually acceptable agreement. Mediation proves as an effective method because it involves a democratic and structured process that enables disputants to resolve their own conflict, with the assistance of trained peers.

In a desk study carried out by Deutsch (2005) on exploring the components of mediation that facilitates conflict resolution, he revealed that mediators follow these steps: (a) They establish a working alliance with the parties, (b) they improve the climate between the parties, (c) they address the issues, and that (d) they apply pressure for settlement. He recommends that, mediators should adopt the following skills in order to handle conflict, namely; they must be able to establish a working relation with each of the conflicting parties, they must be able to establish a cooperative problem solving attitude among the parties, they must be able to develop a creative group process and group decision making, and they must gather considerable substantive knowledge about the problems around which the conflict centers on. However, with this pertinent with underlying considerations that constitutes mediation as a method; it is therefore, a contention of this study to establish whether or not Trident town clinic has mediators who apply the aforementioned steps when resolving conflicts between and among conflicting parties.

2.8 Conflict Resolution and Management Strategies in Hospitals

Thomas (1971) examines conflict management strategies by focusing on general strategies used by administrators in hospital setting. In his research he points out that there is no difference between management and leadership; hence, manager is synonymous with leader. Thomas eight strategies for management are: (1) Citizens advisories (2) Confrontation sessions (3) Sensitivity training (4) Process involvement (5) Educational pluralism (6) Volunteerism (7) Cooperative studies (8) Failure. Since conflict is seemingly unavoidable, particularly in a scholarly setting, it is obviously necessary for administrators to be able to

recognize conflict, to view its constructive as well as destructive potential, to learn how to manage conflict, and to apply conflict management strategies in a practical way.

According to Pavlakis (2011), healthcare professionals are not usually prepared to handle conflict and that puts forward the reason they should be taught conflict resolution methods to promote appropriate interaction in healthcare environment. In a case of Trident town clinic, nothing much is known about conflict management strategies which are put in place. According to Whitehorn 2020, it is recommended that all staff in the hospital is trained in initial and ongoing conflict resolution education including fundamental elements about conflict and conflict resolution. Whitehorn (2020) further explained that healthcare organisations should have clear policies and procedures regarding conflict resolution within the local settings. It is recommended that each healthcare institution designs and implements a conflict resolution program tailored to its specific characteristics (Whitehorn, 2020). According to Pitsillidou 2019, staff training and equivalent sensitivity towards conflict from management are expected to contribute toward the creation of a peaceful work environment in hospitals. This research study is focused at determining the conflict management strategies applied at Trident town clinic.

In Zambia, no studies on the strategies implemented in conflict resolutions in hospitals were published at the time of research. Therefore, the implementation of conflict resolution strategies implemented in other institutions such as education was seen. Kasenge (2020) carried out a study in Kitwe district of Zambia which sought to explore conflict management strategies among secondary school leaders. It was a case study. Sample size was 52 comprising 13 Head teachers; 13 Teacher Union leaders; 13 School Council leaders and 13 Education Board leaders was used. The data were analyzed using thematic approach. On findings, the main result was that ignoring each other strategy was used, conflict management strategies found in schools contributed to the enhancement of teaching and learning within the schools. Among challenges faced in enforcing conflict management strategies found in schools were that Education Boards were not operated as expected. On the proposed alternative conflict management strategies in dealing with conflict management issues in schools was that there must be protection from any form of harassment. In light of the findings, the study recommended that MoGE should re-emphasize that Education Boards, School Councils and Teacher Unions are taken as conflict management strategies in order to maintain democracy and partnerships in the Ministry of General Educational system as

stipulated in the 1996 Educating our Future policy and that, the aforementioned groups should be recognized fully as leaders. Kasenge's study illuminated a myriad of findings with regards school based conflict resolution and management strategies found in selected schools of Kitwe. The current study is relevant to undertake in order to get a picture of the health sector in Zambia using the status quo of Trident town clinic with regards their preparedness with conflict resolution and management strategies.

Aldag and Kuzuhara (2002) carried out a study in India which sought to establish best methods of conflict resolution in schools. This was a case study targeting 5 different case schools with a sample size of 60. Interviews, Focus group Discussion and observations were used as key data collection instruments. The findings revealed that there was no one best way to deal with conflicts in schools, they suggested that the best method depended on the situation, but generally, there were five basic ways they proposed to be applied when dealing with conflicts which they identified as avoidance, collaboration, accommodation, competition and compromise. The same methods have also been advanced by McNamara (2010) who found them useful in work situations. These methods are yet to be investigated whether or not they are used and how effective are they implemented at Trident town clinic in Kalumbila when resolving conflicts. Magasu (2016) carried out an evaluation study on the effectiveness of the management of electoral conflicts in Zambia by the Conflict Management Committees (CMCs) in Lusaka. The objectives of his study were to determine how the Lusaka CMCs managed electoral conflicts; to assess the capacity of the Lusaka CMCs in the management of electoral conflicts and to establish strategies of improving the performance of the CMCs in the management of electoral conflicts. The Frustration-Aggression theory by Dollard and others guided this study. A qualitative descriptive research design was employed in this study. The study found that the strategy used by CMCs in resolving electoral conflicts was mediation. Lack of a legal framework was cited as a major setback in the management of the phenomena and in the enforcement of the Electoral Act. To this effect, Magasu proposed strategies of improving the performance of CMCs. These included: the need to introduce electoral fast track courts, increasing educational awareness activities, increasing access to CMCs and importantly, strengthen the legal mandate. However, in as much as Magasu's study focused on conflict resolution and management in relation to electoral process, the method Magasu found being used by the CMCs being mediation is one of the known strategies employed by most conflict resolution committees. This study will establish whether

or not Trident town clinic recognize mediation as a universal and common conflict resolving strategy.

Kapusuzoglu (2009), carried out a study whose purpose was to examine the impact of Conflict Resolution Education (Peer Mediation) in schools on the behaviour of students. The study utilized semi-experimental design. The sample of this study consists of 203 eight grade secondary school students in one Primary Education School in Bolu province in Turkey. Voluntary students were chosen according to sociometric technique and given 30 hours peer mediation education. Two kinds of evaluation questionnaires developed by Taylı (2006) were utilized. The findings of the survey showed that peer mediation provided students found the process and effects of the process highly satisfying whereas the peer mediation receiver group found the process moderately satisfying experience in all assessed dimensions. It was empirically clear that Peer mediation as a method for conflict resolution had significant effective results. This shall be inquired from Trident town clinic management as to whether or not they consider peer mediated strategy as an option for conflict resolution and management.

2.9 Challenges associated with conflict resolution and management in hospitals

A study conducted by Amestoy *et al* (2014) on the challenges experienced by nurse-leaders in hospitals indicates that interpersonal conflicts among staff becomes a big challenge to conflict resolutions in nursing hospitals (Amestoy *et al*, 2014). According to Amestoy *et al* (2014), the poor interpersonal relationships among nurses leads to compromise in patient's care hence worsening on the conflict challenges in the hospital.

The leadership style also seems to be a hindrance to conflict resolution process in hospitals (Garmel 2013). According to Garmel (2013), emergency physicians have a competing style of conflict resolution and does not hand the kind of treatment that other healthcare professionals have to expect. This makes even conflict resolution a big challenge among variety of physicians working in coordination. Like emergency physicians, surgeons also have a particular way of handling things which differs from other fields of medicines (Garmel, 2013). The difference in the working and leadership style makes the healthcare staff fail to accommodate each other and this gives a big challenge to the conflict resolution methods (Garmel, 2013).

Educational differences among the health care team are also seen to be obstacles to conflict resolution in hospitals. In the study conducted by Sigut (2013 in West Virginia) on the conflict resolution management between healthcare managers and physicians, it was concluded that the educational pathways for healthcare managers and physicians makes it a challenge for the two groups to understand each other (Sigut, 2013). In countries where most of healthcare facilities are managed by healthcare managers (who mostly lack the medical backgrounds) there are challenges of misunderstanding as most of the physicians are patient focused while the managers are profit making focused (Sigut, 2013). In most cases physicians perpetuate a sense of elitism that frustrates the inputs of the managers who feel entitled to lead the physicians and guide them against leading the institutions into bankrupts (Sigut, 2013). According to Sigut (2013), healthcare managers have a broad education and career pathway which focuses at address problems in a systematic way while physicians are mainly trained to focus on a positive outcome of a case-by-case approach. The differences in the way the two categories (healthcare managers and physicians) are trained and conduct themselves results to a challenge in conflict resolution among them. According to Merritt (2012) as cited in Sigut 2013, increase in oversight agencies in the hospitals which has created a number of regulatory and accreditations makes physicians feel micro-managed and hindered from practicing autonomously and that increases the tensions and animosity between them (physicians) and managers. This is seen as a challenge to conflict resolution among these hospital staff.

2.10 Summary

This chapter presents reviewed literature written by different scholars on the topic of conflict management and resolution in the hospitals. Thus, the chapter progressed as follows: it firstly explained the concept of conflict and its occurrence, and then it presents the types of conflicts. It then discussed conflict resolution and management. Empirical studies on the nature of conflicts commonly occurring in hospitals were discussed and critiqued. Then studies on the skills possessed by hospital based conflict resolution personnel are discussed and critiqued. Further studies on strategies of conflict resolution and management as well as a review of studies on the challenges associated with conflict resolution and management is discussed too. The chapter that follows presents the research methodology that will guide this study.

CHAPTER THREE

METHODOLOGY

3.1 Overview

This chapter discusses the methodology that was employed in the inquiry of data. In the views of Rajaseka (2013) research methodology is essentially an outline of the procedures through which researchers go about their work of describing, explaining and predicting phenomena. This chapter presents the research design which was used to describe the kind of data to be collected and how. It also presents the research sight, the sampling procedure, sample size as well as the population. It also discusses the data collection instruments, the validity and reliability of the instruments. Data collection procedure is also discussed, data analysis procedure as well as the ethical considerations. The chapter closes with a summary.

3.2 Research design

In this study, a qualitative research methodology with a case study design was applied. Creswell (2012), states that a research design is the specific procedure which is employed in carrying out in a research process. It involves the collection of data, data analysis and report writing. Chola (2016) also contends that a research design is a frame work in the whole process of research aimed at pointing the researcher in the direction of that research.

3.2.1 Case Study Design

A case study design, according to Marczk *et al* (2005) involves an in depth examination of a single person or a few people. It provides an accurate and complete description of the case. Case studies also involve the intensive study of an individual, family, groups, institution or other level which are conceived as a single unit. The information is highly detailed, comprehensive and typically reported in narrative form as opposed to the quantified scores on a dependent measure.

Since this study will endeavor to generate opinions and perceptions regarding the administration of conflict resolution and management at Trident town clinic, a case study design is thus favorably adopted. It is hoped that, this research design was ideal for this study as it will allow the investigation to focus on the specific cases and understand them in details.

3.3 Population of study

Aday and Cornelius (2006), explain that, study population refers to a group to which information is desired and to which one wishes to make inferences. That is to say, study population consists of all the members of the hypothetical set of people, events or objects to which generalization of the research study could be made. For this study, the population was drawn from all the main departments of Trident town clinic (which includes nursing, administration, clinical care, pharmacy, and laboratory and radiology departments).

3.4 Sample size

According to Kulbir (2006), a sample is a small proportion of a population selected for observation and analysis. It also be said to be the number of participants selected from the universe population to constitute a desired number of participants needed for the study. Dhlamini (2012) argues that the primary purpose of sampling is not to establish a random or representative sample drawn from a population but rather to identify specific groups of people who either possess similar characteristics or live in the circumstances relevant to the phenomenon being studied. Therefore, because this study will target 6 departments with the cumulative total population of between 200 and 250 both administrators and healthcare providers. However, due to the qualitative nature of the study that only requires rich informants to be engaged in interviews and Focus group Discussion that take up limited participants, thus the researcher will sample not more than 40 participants in order to avoid having a sample size beyond the qualitative sample threshold. Thus 12% of rich informants of this population was sampled making a sample size of 30 that is 6 administrators and 14 health care providers (2 clinical managers, 10 receptionists, 6 physicians, 2 pharmacy personnel, 4 laboratory personnel and 6 nurses)

3.5 Sampling procedure

Sampling refers to a process of selecting a number of individuals or objectives from a population such that the selected group contains elements representative of the characteristics found in the entire group (Orodho and Kombo. 2002).It is also said that, sampling techniques are procedures that are used by a researcher to gather people, places or things to study. This study shall employ purposive sampling technique when sampling all participants: healthcare providers and because purposive sampling leads to having a sample of rich informants with regard information for the study. As Kasonde-Ng'andu (2013) puts it, purposive sampling

refers to the selection of a group of people believed to be reliable for the study because of the rich information they pose and thus, it was used to select the administrators and the healthcare providers.

3.5.1 Sampling of departments

The researcher will target departments which are run by at least 2 or more persons. Therefore, purposive sampling procedures were used to sample departments that have at certain point recorded conflicts. These departments should not be occupied by new staff as they are unlikely able to provide enough data the researcher is looking for. Only people who have worked for more than two years were sampled as there is a likelihood of rich information with regards various types of conflicts and a possible great deal of resolving records of the same.

3.5.2 Sampling of Unit Leaders

Since all departments have one unit leader at a time, they were purposively sampled as they are reliable for the study.

3.5.3 Sampling of healthcare providers

Healthcare providers to be engaged in this study were purposively sampled. The researcher will request the Unit leaders for healthcare providers who at one point had engaged into a conflict with any officer. These were the healthcare providers with information pertaining nature of conflicts engaged into as well as procedures of conflict resolution they went through whether successful or not.

3.5.4 Sampling of administrators

The members of the administration department to engage in the research were to be purposively sampled also. These will include the receptionists, and other support services like the drivers and human resource officer.

3.6 Data collection instruments

Kasonde-Ng'andu (2013) defines data collection instruments as tools that help the researcher to collect necessary information from participants. In order to collect appropriate data for this study, three instruments were employed. These were: semi-structured Interview guides, Focus group discussion guide and document review check list.

3.6.1 Semi- structured Interview Guide for healthcare providers and administrators

Data from Healthcare providers and administrators shall be collected through a one-to-one interview session. Kombo (2007) asserts that, an interview is a conversation or interaction between the researcher and the research respondents. Interviews are an effective way of collecting data because they involve a one to one contact with the subject. This will facilitate capturing of data from many healthcare providers and administrators. Amin (2004) adds that, interviews have the strength to limit inconsistencies and also save time as they bring the researcher and interviewee face to face.

3.6.2 Focus Group Discussion Guide for unit leaders

In order to collect data from the clinic unit leaders, the researcher will engage the sampled into a Focus Group Discussion session.

3.6.3 Document Review Guide

In order to collect data within departments with regards the nature of conflict resolution and management information which the departments at Trident town clinic have and utilize, document review guide template shall be prepared to track the available conflict resolution guidelines and strategies and also track the nature of conflicts already resolved by the administration and how they were resolved.

3.7 Trustworthiness

Gunawan (2015), a study is trustworthy if and only if the reader of a research report judges it to be so. According to Gunawan 2015, trustworthiness has been further divided into credibility which corresponds roughly with the positivity concept of internal validity; dependability which relates more to reliability transferability, which is a form of external validity and conformability which is largely an issue of presentation. According to Norwell et al 2017, in offering our own personal insights and practical examples, the process of conducting a rigorous and trustworthy analysis has to be illustrated in such a way help those in the process of interpreting and representing textual data. The role of triangulation must be emphasised in the context to reduce the effect of investigator bias (Gunawan, 2015). According to Gunawan 2015, detail emerging methodological description enables the readers to determine how far the data and contracts emerging from it may be accepted.

3.8 Data collection procedures

Data collection procedure refers to the process through which data is collected from the respondents through the use of necessary instruments (Kombo and Tromp, 2002).

3.8.1 Procedure of data collection from Healthcare providers and administrators

The researcher will engage them in one-to-one interviews. The use of voice recorders was at play. Further, interviews was based on structured questions as well as through the skill of probing based on unforeseen new raised issues by the respondent.

3.8.2 Procedures of data collection from unit leaders

The unit leaders of each particular department were engaged in focus group discussions. This was used as they are individuals who sit in the same committee and with vast and possible varying experiences. The researcher will use a voice recorder alongside recording of responses from the respondents. The researcher will use probing skills until saturation of responses is reached.

3.9 Data Analysis Procedure

Data analysis is the critical examination and scrutiny of the coded data in order to make deductions and inferences, (Kombo and Tromp, 2006). This activity involves uncovering underlying structures; extracting important variables, detecting any anomalies and testing any underlying assumptions. Therefore, data analysis is a mechanism for reducing and organising data to produce findings that require interpretation. Data from audio recorders, interviews was transcribed having read text files and listened to the tape recorders thoroughly for a general understanding. Common themes will then be identified and clustered to categorise the data. Relevant information was labelled and grouped according to categories.

3.9.1 Data Analysis from Interviews and Focus Group Discussions

Data from interviews was packaged according to common themes then they were analysed in relation to available literature and the theory that will inform this study.

3.9.2 Data Analysis from Document Review Guide

Data from document review guide will first of all be analysed using content analysis. This was done in such a way that, the researcher will use the document review template and confirm the availability of a particular expected content in the documents of the hospital

department. Then a quantitative summative total of information was generated using frequencies of distributive statistics to give descriptions of information present and missing in hospital departments.

3.10 Ethical Consideration

Ethical considerations are a set of principles about how researchers should conduct themselves when dealing with research participants (Kombo and Tromp, 2006). It is for this and other reasons that ethical considerations are relevant in research. Other reasons are that ethical considerations ensure respect and make sure no harm is caused to the participants. Furthermore, ethical considerations also show a sign of respect for other researchers and those who will use the research (Kombo and Tromp, 2006). However, failing to conduct research ethically could be embarrassing or result in research or the researcher being dismissed or rejected by the research community.

To this effect, the researcher will put into place the following ethical considerations; before going to departments to collect the needed information for the study, permission was sought from the relevant authorities. These will include: approval of data collection from the University of Zambia Post Graduate Dean with an authority letter to collect data at Trident town clinic in Kalumbila district. Then authority was sought from clinical manager's office of Trident town clinic to be allowed to conduct a study in their hospital and introduced to departmental leaders of the selected departments in Trident town clinic. Further authority was sought from the departmental heads (Unit leaders) to interview them with their departmental members. Furthermore, the participants for the study was given the informed consent form for participants before they take part, meaning that, they will have to know exactly what they was asked to do, and what the risks and benefits was, before they agree to take part . The participants were informed of exactly who the researcher is, where the researcher is coming from and what the researcher was doing. Furthermore, the participants was assured that the data they will give would be made anonymous; this means the participant's names was removed in order to protect their identity as well as the names of the departments being cited using codes and not their actual names. The information collected was treated with confidentiality as proposed by Kombo and Tromp, (2006). The participants were assured that they would be protected as the research was purely for academic purposes.

3.11 Summary

The chapter has presented information on the methodology which this research will use. The research will apply a Case study design. Research site, study population and sample size are presented. It also explains the sampling procedure, data collection instruments and the method of data analysis. The chapter further discusses the process of data collection, validity and reliability of data collection instruments as well as ethical procedures.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 Overview

This chapter presents the findings of the study. The findings are based on the views of the research participants from the four departments which were categorised as Department 'A', Department 'B', Department 'C' and Department 'D'. The study was purposed to explore hospital Management Conflict Resolution and management Practices and preparedness in Selected departments of Trident town clinic of Kalumbila District of Zambia. The data is presented according to the research questions on which the study advanced the inquiry. The following four research questions guided the study and the presentation of findings:

1. What are the sources of conflicts between and among individuals in hospital departments?
2. What are the types of conflict resolution skills deployed by responsible officers to manage staff conflicts in hospital departments?
3. What are the strategies deployed for managing and resolving Conflict in hospital departments?
4. What are the challenges hospital management faces in resolving conflicts?

In the quest to show the actual views of the respondents, some key verbatim are presented. However, some of the words are paraphrased.

4.2 Sources of conflicts between and among individuals in hospitals

Under this objective, the researcher sought to find out sources of conflicts between and among individuals in Hospitals. The study targeted 30 healthcare providers (which included 10 nurses, 5 medical doctors and 5 paramedics), 5 administration staff and 5 unit leaders of various departments of Trident town clinic of Kalumbila district. The findings that emerged under this research question include: the individual differences such as age, educational level, administrative procedures such as injustice in the schedules, assigning specific people to the duties with extra charge, inequality in taking time off from work, unfair distributions of the allowance attracting shifts or duties among healthcare providers, problems about clarification and formation of the goals, roles and responsibilities. Uneasiness of the staffs who are

accustomed to conventional styles after hiring recently educated staff with updated methods, peddling lies against other staff. Development of camps and inadequate communication between management and staff members were also said to be big contributors to conflict development. In stating these sources of conflicts healthcare providers stated what they perceived as sources. Similar, unit-leaders as well as hospital administration staff stated what they perceived as sources of conflict. The table below presents the sources of conflicts as stated by the sampled participants.

Table 2: The sources of conflicts in hospitals according to respondents

SN	Sources of Conflict	Respondent	Number of respondents
1.	Individual differences: Age, sex, ethnics, educational level, assigning specific people to the duties with extra charge, inequality in taking time off from work and giving of allowance attracting programs.	Healthcare providers	20
2.	Development of camps, as well as inadequate communication between management and staff.	Unit-leaders	5
3.	Administrative procedures with perceived injustice in the schedules, peddling lies against other staff.	Administrative staff	5
	TOTAL		30

Source: *Field data (2021)*

The table above shows the sources of conflicts from where conflicts emanated in hospitals. Also the different individuals who perceived such sources are identified. Below are some verbatim of individuals on the table above regarding their views on the identified sources of conflicts in schools as emerged in themes.

4.2.1 Individual Differences: Age, sex and education level

Health providers from department A:

From my experience, I have found that age differences among healthcare providers contribute to conflicts. It appears that some young healthcare don't want to make mature decisions. They usually group up with colleagues and support the wrongs they do in the name of being there for each other.

Healthcare providers in department B:

I can point out to the issues of gender. When a place of work has a big number of women, there are is always infightings among them because they take offense in everything around them.

Healthcare providers in department C:

Education level is also one area that provokes conflicts among healthcare providers in hospitals. Most of the times, level of education are a serious issue among healthcare providers. Those with a higher qualification are intimidated by the low educated ones who may have saved longer than them. . The low educated ones who have been longing for positions which are given to the more educated ones tries to influences others to rebel against the leadership and are usually mongering rumours to blackmail their immediate supervisors.

The above verbatim have centred on individual differences from different perspectives. These perspectives include: age difference, different sex and education background.

4.2.2 Development of camps in hospitals

Development of camps was one of the emerging themes from respondents. Various views were expressed by respondents with regards formation of themes in hospital departments. Below are some verbatim.

Unit-leader from department B:

In my tenure as a Unit-leader in this school, I have addressed conflicts to do with development of camps among healthcare providers in my department. Camps are formed based on individual interests and association within the department premise. Overtime, these camps would all of a sudden see members who don't interact with them as enemies. Sometimes regrouping happens of a sudden when there happen to be misunderstanding in the groups. There have been more than five cases of conflicts which are camp related and they seem to be inevitable in my department.

Unit-leader in department 'D':

I find formation of camps among healthcare providers highly ignites some of these unnecessary conflicts sometimes. I call some as unnecessary conflicts in the sense that, something that could not have escalated on its own due to its nature, you would find that it did because someone behind encouraged a colleague to over react in a bid to make the other one look bad and merely to get exposed as a bad member of staff. Therefore, camps in hospital departments according to my experience are also crucial sources of conflicts that need to be observed.

4.2.3 Administrative procedures and communication

Some departmental leaders are not considered in taking disciplinary action and decision making. Mainly the issue of disciplinary action is taken like a holy shrine which many members are unaware of.

Unit-leader from department C:

Most of the times when having departmental meetings, things which are related to disciplinary and policy alignment are not well discussed. They are easily put aside by the top management and discussed unilaterally. Unfortunately most outcomes do not favor productivity and wellness of the employs and they are prone to be shot down.

Unit-leader in department B:

In my time of being here, we have only met once in 18 months for disciplinary meetings. This is simply because we take it as something that can prone people to being laid off. You know, it's not very easy to report a friend or making them loose a job.

The verbatim above have underscored sources of conflict common in hospitals. They pointed out the following as sources: individual differences such as age, sex, educational level, and administrative procedures such as injustice in the schedules, assigning specific people to the duties with extra charge, inequality in taking time off from work, problems about clarification and formation of the goals, roles and responsibilities and lack of inclusive governance. Uneasiness of the staff who is accustomed to conventional styles after hiring recently educated staff with updated methods, peddling lies against other staff. Development of camps, as well as inadequate communication between the leadership and general staff members also was said to be the stimuli of conflicts.

Table 3: showing emerging themes

Key words	Near Themes	Emerging Themes
Individual differences such as sex, Age Education level Administrative procedures Inadequate communication	Injustice in the schedules Inequality in taking time off from work Unfair distribution of allowances. Problems about clarification and formation of the goals, roles and responsibilities.	Uneasiness of the staffs who are accustomed to conventional styles. Development of camps

4.3 Types of Conflict Resolution Skills Possessed by Responsible Officers

The second research question wished to find out the nature of skills responsible officers who resolved conflicts in hospitals possessed. Interviews were employed as data collection instruments. Unit-leaders and administrators were engaged in interviews. The study revealed that, most of the unit-leaders were not trained in conflict management. Mostly, they used skills which were taught to them at training schools. 10 respondents comprising Unit-leaders and administration staff indicated their specific skills or trainings that equipped them with knowledge of conflict resolution. Administrators indicated that they pursued degree programmes in management courses in which conflict resolution and management was one of the courses they studied. While Unit-leaders and other healthcare providers stated that, they have done guidance and counselling and 3 of them had undergone short term training and workshops in conflict resolution as well as counselling. The table below shows hospital personnel responsible for conflict resolution and management and their respective acquired knowledge and skill for handling conflict related matters.

Table 4: Hospital administrators and Unit-leaders with their acquired conflict management skills

S/N	Administrators and Unit-leaders	Nature of Conflict management skill/knowledge	Total
1.	Unit-leader	Diploma in nursing	2
2.	Unit-leader	Diploma in Nursing Advanced diploma in midwifery	1
3.	Administrator	Degree in Human resource management	1
4.	Administrator	Degree in Medicine and Surgery	2
5	Unit-leader	Degree in Pharmacy	1
6.	Unit-leader	Diploma in radiology studies	1
	TOTAL		8

Source: *Field data (2021)*

The table above presents the hospital administrators and unit-leaders with their acquired conflict management skills. The skills position them to handle matters of conflict. Unit-leaders sampled said that, diplomas in health related disciplines with one having a degree in the same. Similarly, administrators had either a medical degree or degree in social sciences which has a component of conflict resolution in it. On the other hand, members of the hospital leadership had varying competences mostly depending on their level of education and experience. However, there was no one in the leadership with a standalone qualification in a conflict resolution course such as counselling or peace, leadership and conflict resolution.

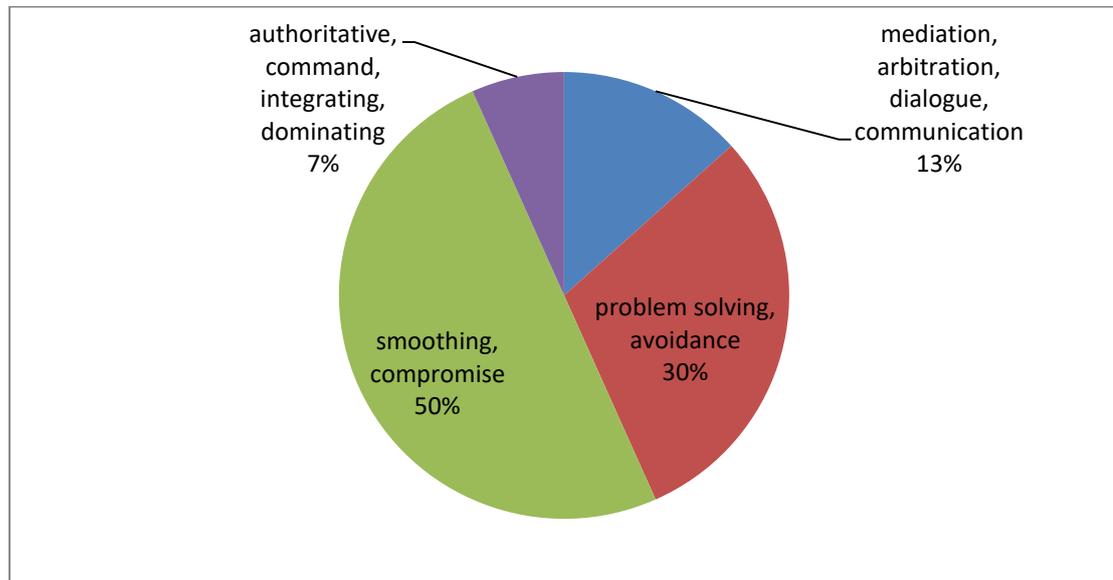
Table 5: showing emerging themes

Key words	Near themes	Emerging themes
Unit-leaders Administrators	Not trained in conflict management	Skills taught at training schools Degree programs in management Guidance and counselling

4.4 Strategies Deployed for Managing and Resolving Conflict in Hospitals

With regards to strategies deployed for managing and resolving conflicts in hospitals, responsible officers mentioned some strategies they employed in their handling of conflict matters. The respondents stated the strategies in order of their prominence as utilized in particular hospital department. Therefore, out of 30 respondents, 15 (50%) mentioned smoothing and compromise, 9 (30%) mentioned problem solving and avoidance, and 4 (13%) stated; mediation, arbitration, dialogue and effective communication. Another and 2 (7%) said authoritative command, integrating and dominating. Then the researcher computed the cumulative totals. The findings were distributed according to their responses. The figure below demonstrates a number of conflict resolving and management strategies from their most commonly used in accordance to individual participants of this research.

Figure 1: Conflict resolving and management strategies used in selected departments of Trident Town clinic of Kalumbila District



Source: Field data (2021)

The figure above presents data on adopted conflict resolving and management strategies deployed by selected departments of Trident town clinic in Kalumbila District.

4.4.1 Mediation, arbitration, dialogue and effective communication

Below are verbatim of administrators and unit-leaders with regards to the deployed and effective conflict resolving and Management strategies.

Administrator A

He mentioned mediation, arbitration, dialogue and effective communication as the most used and effective strategies used in his hospital during conflicting resolving situations. He stated:

In my time as a administration staff here, I have found mediation, arbitration, dialogue and effective communication to be effective strategies in conflict resolution. Not only do I find them appropriate, they are also strategies that have a sort of natural procedure which is often appealing and appeasing to conflicting parties especially to the one who feels affected. Just like in ordinary life, when we injure some people then we realise that, on our own we can't handle the process of make-up, we

*engage other people as mediators who then arbitrate on our behalf.
Therefore, these strategies remain ideal and often appropriate.*

Unit-leader C

She hinted that, in their committee failure to resolve conflicts was considered as failure of available strategies to yield results. She had a similar view as of administrator A. She was also of the view that conflict resolution need to be approached in a natural manner. She said:

In our committee what gives us hope is that, natural ways of life can be applicable to resolve a conflict which is naturally caused by humans. Therefore, application of mediation is one such natural and effective method which often times has helped us resolve various conflict cases in our institution.

4.4.2 Authoritative command, integrating and dominating

Healthcare provider G

He had a similar view as held by Administrator A. However, he had an additional view when he regarded authoritative command, integrating and dominating as other strategies he found effective. This is what she said:

Often times we in management like taking a decisive course that would solve immediate problems at the same time retain the authority of our positions as we do not like to be associated with failure. Therefore, sometimes, strategies like authoritative command, integrating and dominating do play a role when the issue at hand seem not to be resolved after applying basic strategies.

4.4.3 Smoothing and compromise

Administrator B

She was of a view that, smoothing and compromise were equally effective strategies, rarely used. She stated that, not all conflicts required a resolution after identifying the erring party. She was of the view that, compromise had effective results in the sense that, some officers

may not just accept their wrong, therefore, in order to meet half way and strike a balance, compromise was found to be the alternative strategy. She indicated:

In my experienced periods of handling conflict cases in meetings of the disciplinary committee, often times, the party that is accused of causing conflict resist by defending itself with various reasons. Thus, such instances leave the committee in an awkward situation to arrive at effective resolutions. Therefore, it is imperative especially in such instances, to go by the strategy of compromise. This brings both parties to a win-win situation thereby smoothing the situation.

The above figure and verbatim indicates the strategies as used by various hospital administrators and unit-leaders when resolving conflicts. The verbatim have further clarified how and why administrators and unit-leaders opted for the conflict resolution and management strategies of their choice.

Table 6: Showing emerging themes

Key words	Near themes	Emerging themes
<p>Strategies deployed</p> <p>Management and resolving conflict in hospital</p>	<p>Mediation</p> <p>Arbitration</p> <p>Dialogue</p> <p>Smoothing</p> <p>Compromise</p> <p>Authoritative command</p> <p>Integrating and dominating</p>	<p>Effective communication</p>

4.5 Challenges hospital management face in resolving conflicts

The fourth and final objective wished to establish possible challenges faced by hospital management in resolving conflicts amid available conflict management strategies. As usual 5 unit-leaders and 10 healthcare providers were engaged in interviews. They stated different challenges they faced. Among the challenges include: lack of the right conflict management strategy to manage conflicts from the available ones. Secondly, dealing with uncooperative individuals involved in conflicts also was a main challenge to conflict resolution. Below are the verbatim of unit-leaders and their healthcare providers.

4.5.1 Lack of the right conflict management strategy

Unit-leader C

Challenges are there. It might surprise you that, certain times, a lack of a specific strategy to handle common conflicts have a potential to make the committee struggle to settle certain squabbles. Therefore, without skills through experience you might worsen the situation between conflicting parties.

Healthcare provider B

He also echoed the sentiments of Unit-leader A over a lack of ‘one-size-fits all’ conflict resolution strategy. He stated that, during conflict resolution the greatest challenges were to arrive at a befitting strategy. He said:

The common challenge everywhere is to claim you have a ‘one-size-fits all’ strategy. As management, arriving at a suitable strategy is a crucial undertaking. In some instances, adjournment of certain sittings leads to delay in introspection on some issues. Because conflicts are a matter of urgency, we need to agree quickly on the right course. Therefore, solutions or strategies that best address a conflict are a marvel to hospital administration and the disciplinary committee at large. However, it remains a thorn in the flesh.

4.5.2 Dealing with uncooperative individuals

Unit-leader D

He mentioned uncooperative members of staff as a challenge during conflict resolution. He said this with much evidence to refer to. He stated:

I have always found members of staff who are not cooperative to be a challenging factor during conflict resolution time. We all get offended and deserve justify to prevail, unfortunately when you do not give chance for the system or rather the process to take its course, you tend to disturb a lot. So those are people who turn around our attention, procedures just so to appease them. There are people who make it hard for administration even disciplinary committee to operate with autonomy.

4.5.3 The impact of sex on handling of conflicts.

Some healthcare providers of Trident town clinic had a common view concern regarding a huge challenge in their endeavors of managing conflicts. They cited that, women are more in causing conflicts by nature than men. According to these healthcare providers, the Trident town clinic has more conflicts because of high population of women and that also slows the resolution process because women use emotions when solving conflicts. They said:

An issue I might cite as a huge challenge is when dealing with individuals who are mostly women. They usually give us huge challenge for us to manage the process formerly. They always opt for short cut kind of judgments and sometimes, even wishing such cases to be handled in mysterious ways. However, we strive to reason with them amidst their beliefs of settling conflicts.

4.5.4 Lack of willingness to accept remorseful behavior

Unit-leader F

He had a different view point with regards challenges encountered during conflict resolution. He cited lack of willingness to accept remorse from the erring party. He said some people when they get bitter with others who offend

them, they don't easily accept apologies unless serious sanctions are slapped on their offenders. He said:

As human beings we are made in such a way that, a word of apology released to us by someone who offended us, naturally, calms us down. However, some people when aggrieved do not respond to a word of apology said to them by their erring counterparts. They only look forward to instances when the disciplinary committee would slap a punishment or blame on their friends. This gives us a challenge especially that, as a committee we look forward to curbing future conflicts from emanating between the once conflicted individuals and the only way is to facilitate good communication again between the conflicting parties.

The above verbatim of hospital administrators, unit-leaders and healthcare providers have highlighted the challenges which are faced during conflict resolution in hospitals. Various challenges have been cited including: lack of the right or specific conflict management strategy to manage conflicts. Secondly, dealing with uncooperative individuals involved in conflicts was also said to be an hindrance to conflict resolution. Also they mentioned how sex dominance affects conflict resolution as a high population of women in the staff membership result in poor conception of conflict resolution implementation in hospitals.

Table 7: Showing emerging themes

Key words	Near themes	Emerging themes
Conflict management strategies Skills via experience	Impact of sex on handling of conflicts Befitting strategy Adjournment of certain sittings	Uncooperative individuals Lack of willingness to accept remorseful behavior Agreeing on the right course

4.6 Summary

The chapter has presented the findings on the conflict management strategies adopted by Trident town clinic in Kalumbila district to resolve conflicts. It has highlighted the sources of conflicts, skills used by hospital administrators and other leaders to resolve conflicts. Furthermore, findings have revealed the types of strategies adopted by the hospital department in managing conflicts. Then challenges associated with addressing conflicts in hospitals have been explained. The next chapter presents discussion of findings.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Overview

In this chapter, the researcher discusses the findings of the study. The discussion is premised on the research objectives which guided this study. In the discussion, the researcher endeavours to relate the findings of this study to existing findings established in the similar studies. Besides that, the theory is referred to in order to show how it confirms and disconfirms the findings. The following were the research objectives that guided the study.

1. Explore the sources of conflicts between and among individuals in hospitals.
2. Describe the types of conflict resolution skills deployed by responsible officers to manage staff conflicts in hospitals.
3. Describe the strategies deployed for managing and resolving Conflict in hospitals.
4. Establish challenges hospital management face in resolving conflicts

The discussion of findings is guided by themes arising in the presentation of the finding chapter. Themes are discussed under each objective as above.

5.2 Explore the Sources of Conflicts between and among Individuals in Hospitals

Under this objective, the researcher sought to find out sources of conflicts between and among individuals in hospital departments of Trident town clinic of Kalumbila district. According to the findings that emerged under this research question include thematic areas such as: the individual differences such as: age, language, educational level, administrative procedures, assigning specific people to the duties with extra charge, inequality in taking time off from work, unfair distributions of the incentives or duties among subordinates, roles and responsibilities. Development of camps, as well as inadequate communication among the hospital administrators, unit-leaders and healthcare providers were seen to be the main contributors to conflicts among healthcare providers.

5.2.1 Individual differences: Age and sex

Many respondents including healthcare providers, administration staff and unit-leaders pointed at individual difference from the point of view of age and sex as sources of conflict. Rahim (2001), states that, the sources of conflict include; shared resources, differences in goals, difference in perceptions and values, disagreements in the role requirements, nature of work activities, individual approaches, and the stage of organizational development. Age differences have for a longer time being scapegoats for wanting to belittle one another in institutions like hospitals. Younger members of the hospital staff make immature decisions and support wrong choices in the name of being there for each other. This gets worse when ever certain issues are being discussed. Older staffs who are usually the minority are taken for granted and they are not listened to. Younger ones act like a group of political cadres who shoots down good ideas from the older ones just to frustrate them and mock them by their age. This becomes a frustrating situation especially that, age ought to cease at a certain point and only consider common aspects that border on professional conduct and work.

Sex is also seen to be a stimulus to conflict arising. Women are seen to cause more conflict than men. Since hospitals are more flooded with women, there are usually conflicts arising because they (women) usually take offense in everything around them.

5.2.2 Educational level

Under this theme, many respondents according to their verbatim pointed out that, conflicts emanated due to competition in terms of level of education. Those who do not excelled further in education tended to feel intimidated and tries by all means to show that they are practically better than those who have advanced in education. This is in contrast to findings of Cunliffe, (2008) in his study with regards to sources of conflict. He underscored that, the element of education level in some members of staff was easily used as a weapon to defeat mentally and psychologically their colleagues who never possessed it. Both situations later bleeds more and more conflicts as a consequence. That is why Wattam, (2003) warned that if conflict which occurs in institutions are not taken care of it will affect the clients as well as the learners by creating negatively. Employees in an organization either have general or specific tasks which when the majority of them are specialist, conflicts may occur. For example when one has insufficient knowledge of the other's job responsibilities, dissatisfaction in either partly may exist. Therefore, careful approaches in allocation of responsibilities to healthcare providers need to be reviewed. Each and every healthcare

provider needed a chance to be exposed to various opportunities of practice, and be encouraged to undergo Continuous Professional Development (CPD) within departments so that every member of staff is equally informed and oriented on handling various situations in order to avoid conflicts that might arise on failure to deliver a professional task.

5.2.3 Development of camps

Development of camps was identified as one of the infamous source of conflicts in departments of Trident town clinic of Kalumbila district. Peer based camps were among the most popular cause of conflicts. Almost every respondent interviewed stated that camps had a devastating effect on the unity and stability of the hospital. One particular member of the disciplinary committee alluded that, he found formation of camps among healthcare providers highly sensitive and contributed to start of some of the unnecessary conflicts in hospitals sometimes. He categorically called some conflicts as unnecessary because they were issues that could not have escalated into serious conflicts but due to peoples carelessness and because someone behind encouraged a colleague to over react so they did. Thus, formation of camps in hospitals was held as crucial sources of conflicts that needed to be observed. This finding corroborated with the findings by Siame (2015) who investigated causes of conflicts in public institutions and found that, existence of cartels were a major cause. These cartels could be a synonym of camps as they are all little secret groups for purposes of unknown agenda but with unity and purpose of defending one another and working as a team. Therefore, the presence of such groups has a tendency of destabilizing peace due to their allied ties between members. It was imperative that, once such camps are identified, quick measures needed to be found by hospital administrators to discipline and disband them for purposes of peace and tranquillity in a working environment. To some extent, such should be indicators to hospital managers that something is not right either from management point of view or within the system, therefore, a sign to do a self-check and position the hospital in the right track.

5.2.4 Inadequate communication among the Unit-leaders, Administration staff and healthcare providers

Another identified source of conflict in hospital departments was the inadequacy of communication between the management and the staffs. This finding is in tandem with the findings that, poor communication stream and likewise inadequate communication between

the leadership and staff has a likelihood of causing a conflict. To this effect, hospital administrators need to realize that certain of their work culture and systems have a potential to spark up conflicts unintentionally. Communication that informs and guides appropriately and timely was the ideal that all healthcare providers looked forward to.

5.2.5 Administrative procedures with perceived injustice in the schedules

One respondent shared a bitter experience when he said that, some Unit-leaders were giving more off-days and allowance attracting responsibilities to some individuals at an expense of equal benefits to all the department members. The respondent complained that she felt unappreciated and unconsidered because everyone in the hospital was doing their best to contribute to task accomplishment in every shift and they expected the leaders not to segregate when rewarding their subordinates. It was concluded that such aspects provoked conflicts between healthcare providers and administrators either on delayed completion of work, or out of hurt on the compressed period of time. These aspects with regards to administrative procedures and schedules were also highlighted by committee members who also considered it to have been a potential source of conflict. According to research there are various sources of conflicts that exist. The most popular sources include: poor communication, competition for common but scarce resources, incompatible goals and the like. Rose et al (2006) assert that, individuals and groups have undeniable needs for identity, dignity, security, equity, participation in decisions that affect them. Frustration of these basic needs becomes a source of social conflict, hence need for administrators to be considerate of their procedures not to render injustice on the workers in a bid to take action.

5.2.6 Summary for objective One

This objective has discussed various aspects perceived as sources of conflicts in hospitals. These emerging themes include: Individual differences: Age, Educational level, Development of camps, Inadequate communication between the management team and healthcare providers, and Administrative procedures with perceived injustice in the schedules.

5.3 Types of Conflict Resolution Skills Deployed by Responsible Officers

Under this second objective it was vital to ascertain the nature (kind of training, particular skills obtained) of the skills that enabled responsible officers who resolved conflicts in hospitals (hospital administrators, unit-leaders and some committee members) possessed. The findings revealed that, hospital administration staff, unit-leaders and others had undergone

training related to personnel management. The findings however revealed that, they did not possessed specific skills or trainings that equipped them with knowledge of conflict resolution. These included degree programmes in management courses in which conflict resolution and management is one of the courses studied. Nevertheless, some had done some professional guidance and counselling as a component in their tertiary education and undergone short term training and workshops in conflict resolution as well as counselling. Other had started advanced diploma training in leadership, management and team building at a time of the research. Generally speaking, it is imperative that personnel responsible to manage conflicts and counsel conflicting individuals possess certain knowledge or experience that would help them facilitate the careful resolution of differences between involved parties. The findings of this study are a reflection of what is emphasised by Gareth (2008) that, matters of conflict are delicate and require individuals with interpersonal and communication skills much as an institution might have strategies.

5.3.1 Bachelor's degrees in Management and Administration

None of the interviewed management staff proved to have either an undergraduate degree in management and administration. However, some members of the hospital disciplinary committee said they had varying competences depending on the nature of skill acquired. These findings showed that the hospital administration was however advancing in making efforts to have people with high competences in conflict management in order to promote harmony among hospital staff and their clients since they had sent some leaders to pursue advanced diploma in leadership and management.

The low identification of skills possessed by hospital administrators of the sampled hospital departments, places conflict management at Trident town district in low esteem. The scenario does not retain much confidence in members of staff and the hospital management in that, they are not given a guarantee that conflicts that rise in hospital departments would be generally professionally handled and managed. This further lacks a reassurance to the health sector as a whole that hospitals are managed by holistically competent personnel who can manage humans resources and non-humans altogether. That is why Abdul (2000) is of the view that, trained counsellors, managers and members of institution's disciplinary committees need to possess certain aptitudes in their personality faculties that would facilitate conflict management processes to manageable levels. This implies that, without such skills,

no matter how much strategies may be applied, some individuals might not come to terms with their counter parts.

5.3.2 Guidance and Counselling skills

The study found out that, generally, most members of the hospital management possessed some skills in Guidance and Counselling. This prerequisite showed that, hospital disciplinary committee had some capacity to handle and manage matters of conflict due to their skills acquired. However, it was clear that the mere fact that disciplinary committee members had little time dedicated to attending to issues of conflicts out of mere misunderstanding even sudden fights, and this magnifies the need for the hospital leadership to pursue a course in Management and administration for purposes of acquiring and utilizing the right knowledge to manage some of these impasse if arose. This scenario is similar to what Moran (2001) says that, managing conflict is a philosophy and a set of skills which is used by individuals and groups of people to understand conflict in a better way and to deal with any conflict situation in their respective lives. Therefore, scenario of lacking highly skilled personnel in disciplinary committee hindered the successful settling of various conflicts between and among individuals.

5.3.3 Summary for objective two

This research objective has discussed the nature of conflict resolving skills possessed by various responsible officers in hospital departments who managed conflicts between and among individuals. These officers included: the hospital management (hospital administrators and unit-leaders), and some healthcare providers who were involved in implementation of disciplinary measures with regards to conflict resolution and management. Specific programmes of study and reasons for their undertaking had been stated.

5.4 Conflict Resolving and Management Strategies Used in Selected Departments of Trident Town Clinic

With regards strategies deployed for managing and resolving conflicts in hospital departments, responsible officers mentioned some strategies they employed in their quest to handle conflict matters. The respondents stated the strategies in order of their prominence as utilized in particular hospital departments and equated into percentage. Out of 30 respondents, 15 (50%) stated; smoothing and compromise, 9 (30%) stated; problem solving and avoidance, 9 (30%) stated; problem solving and avoidance, 4 (13%) stated; mediation,

arbitration, dialogue and effective communication, and 2 (7%) stated; authoritative, command, integrating and dominating. Figure one displays computed cumulative total. The findings were distributed according to their responses.

5.4.1 Compromise, avoidance and smoothing

Compromise was said to be a strategy that helped resolve conflicts leaving the parties involved in a win-win situation. The respondents narrated that, during their tenure as disciplinary committee members, found compromise as a better strategy especially when one of the parties, in particular, the one who was on the erring side, started declining to accept the fault, therefore, employing compromise helped bring the two parties closer thereby smoothing the situation. Literature reviewed by Ndlovu (2006), stated avoidance as one of the management strategies used. He further stated that the avoiding strategy refers to low assertiveness and low cooperation. Many times people avoid conflicts out of fear of engaging in a conflict or because they did not have confidence in their conflict management skills. In a related research by Abdul (2013) he gave avoidance as one of the strategies used to manage conflicts between healthcare providers and hospital management. The findings of this study further concur with Robbins (2003) findings that resolution of conflicts could be done through smoothing, this entails playing down differences while emphasizing common interests between the conflicting parties. Compromise, avoidance and smoothing therefore, sit well as one of the strategies hospital administrators employed to the extent of fruition. This realisation illuminated the fact that, Trident town clinic embraced the global dynamics of conflict resolution and were trailing on the right path towards utilization of conventional means of resolving conflicts in spite of lagging behind in some indicators.

5.4.2 Problem Solving

Though this strategy was not seen to be very popular, but it was realised by some leaders that its one of the most effective one in solving conflicts among healthcare providers. It is said that problems which are left unsolved may resurface again. Therefore, the need to solve the problems than asking everyone to forget and forge ahead is very inevitable.

5.4.3 Mediation, arbitration, dialogue and effective communication

The above strategies appeared to have been the third from the g most popular among various known strategies possibly used in different hospital departments. One unit-leader from department A mentioned that, mediation, arbitration, dialogue and effective communication

were the most used and effective strategies used in his department during conflicting resolving situations. Another Unit-leader reiterated this by clarifying that, he found mediation, arbitration, dialogue and effective communication not only to be effective strategies in conflict resolution but also appropriate. He added that, they were strategies that had a sort of natural procedure which was often appealing and appeasing to conflicting parties especially to the one who felt badly affected. They said that, the strategies resonated much to the natural realities of conflict resolution through use of other people to speak on our behalf to the aggrieved. We engage other people as mediators who then arbitrate on our behalf. Therefore, these strategies remained ideal and often appropriate. The findings were in agreement with the strategy identified by Meyer (1994) which was effective communication. Meyer described it as the best because it would make the parties in conflict aware of the kind of communication which could lead to problem solving, this is in line with responses from the healthcare providers.

5.4.4 Authoritative Command, Integrating and Dominating

One Unit-leader cited authoritative command, integrating and dominating as other strategies he found effective. He was on record saying that, people in management often times took a decisive course to solve immediate problems at the same time retained the authority vested in their positions as they did not like to be associated with failure. Thus, it was noted that, sometimes, strategies like authoritative command, integrating and dominating played a huge role when the issue at hand seemed not to be resolved after applying basic strategies. These findings further corroborate Robbins (2003) that authoritative command is another technique of conflict resolution, 'this is where the management uses its formal authority to resolve the conflict then communicate its desires to the parties involved.

5.4.5 Summary of Objective Three

In summary, under this objective various themes have been discussed. The above figure and verbatim indicates the strategies as used by various hospital administrators and their disciplinary committees when resolving conflicts. The verbatim have further clarified how and why administrators and disciplinary committee members opted for the conflict resolution and management strategies of their choice. This notwithstanding, several scholars have devised conflict resolving strategies over time after investigations on conflicts (Robbin, 2000; UNESCO, 2000; Swanstrom and Weismann, 2005; Plunkett, 2009). These strategies have

been applied successfully by various institutions as conflict resolving techniques. The common techniques known include: avoidance, smoothing, compromise, authoritative command, integrating, dominating, mediation, arbitration, dialogue, and effective communication. However, departments of Trident town clinic of Kalumbila district were equally found to utilise most of the aforementioned strategies in their endeavours of managing conflicts.

5.5 Establish Challenges Hospital Management Face in Resolving Conflicts

The fourth and final objective wished to establish possible challenges faced by hospital management and disciplinary committees in resolving conflicts amid available conflict management strategies. 5 unit-leaders and 2 administrative staff were engaged in interviews. They stated different challenges they faced. Among the challenges include: lack of the right conflict management strategy to manage conflicts from the available ones and dealing with uncooperative individuals involved in a conflict.

5.5.1 Lack of the right conflict management strategy

The common challenge everywhere was failure to find a ‘one-size-fits all’ conflict resolution strategy. Members of management were on recording saying that, it was difficult for them to arrive at a suitable strategy of resolving conflicts as conflicts and people involved seemed to have been unique in all respects. The administrators stated that, in some instances, they could adjourn certain sittings for them to introspect on the issue critically in as much as conflicts were a matter of urgency. Therefore, it was noted that, sometimes it was so hard to find solutions or strategies that best addressed conflicts. This reality synergizes well with the definition of conflict management given by Swanstrom and Weismann (2005), in their concept paper, they provided an overview of the concept ‘Conflict Management’ and defined it as, the limitation, mitigation or containment of a conflict without necessarily solving it. This piece of thought was, is and would continue having a bearing on managements and disciplinary teams to the extent that resolving a conflict completely never easily occur as there might not be an assuring strategy. However, this remained as a dream come true for administrators and unit-leaders of Trident town clinic as they were still looking forward to finding universal strategies.

5.5.2 Un-cooperative members

The other finding revealed that, uncooperative members of staff were a challenge during conflict resolution. One unit-leader stated that, she always found members of staff who were not cooperative to have been challenging factors during conflict resolution time. With this, she cited an example that, just as well all get offended and deserves justice to prevail, in the case of the rigid colleagues they never gave chance to the system or rather the process to take its course, thus, such people were found to disturb and delay the resolution process quite a lot. She added further that, such were people who turned around the committee's attention and procedures just so to be appeased. Moran (2001) on the other hand, sees conflict management as a philosophy and a set of skills that assist individuals and groups in better understanding and dealing with conflict as it arises in all aspects of their lives. This view by Moran comes as an act of strength and motivation to administrators and unit-leaders of Trident town clinic. Hospital management don't need to give up on people whose cases are brought before them instead, they need to look forward to versatility in the manner conflicts are because they occur in unexpected environments sometimes and so just as life is spontaneous sometimes, acceptance that conflicts would be spontaneous as well becomes the first step for managers to be ready to handle uncooperative members and do so firmly to resolve the case and defend their positions known to be fountains of peace and resolution.

5.5.3 Lack of willingness to accept remorse from the erring party

Knowing that, the aggrieved members of staff require remorsefulness from the erring party, it was found out that, members who lacked willingness to accept remorse from the erring party gave a challenge to the committee of how to resolve conflicts. One member of a disciplinary committee recounted saying that, some people when they get bitter with others who offend them, they don't easily accept apologies they only look forward to serious sanctions slapped on their offenders. This was found to be a great challenge to handle a conflict case. Willingness to accept remorse and apology has always been known to be a natural way and a step to resolving matters. If it was not forthcoming, resolving conflicts was a nonstarter. This then becomes a recipe of future likelihood of conflict reoccurrence. The findings revealed that, there was a great need to use the right conflict management strategy to manage conflicts as there are a variety of them. However, Jordan and Loth (2002) further suggest that the strategy used to handle interpersonal conflict is a crucial factor in successful conflict resolution; the integrating strategy of conflict management improves job performance as the

solution to a conflict would benefit both parties. Both conflicting parties are encouraged to satisfy their interests through exchanging information (Meyer, 2004). Satisfaction from resolving conflicts may lead individuals to exert greater efforts in achieving performance. Thus, this is a challenge and an adviser to the conflicting parties that, regardless of a side one might be at, resolving conflicts had win-win effects and improves job satisfaction and merely enhances peace of mind.

5.5.4 Summary of Objective Four

The discussions under objective four took the direction of hospital administrators and unit-leaders (who are part of the management and disciplinary committee) highlighted challenges faced during conflict resolution in hospitals. Various challenges were cited including: lack of the right or specific conflict management strategy to manage conflicts. The other challenge was dealing with uncooperative individuals involved in conflicts.

5.6 Chapter Summary

The chapter has discussed findings of the study using research objectives as subheadings, the discussion has established that more of the respondents were of the view that lack of trust, favoritism, and educational level and scarcity of resources were major causes of conflict in schools. It was established that conflict management styles that were widely used include: Avoidance, compromising and smoothing. It was concluded by about 81% of the respondents concluded that compromising was the best strategy of minimizing conflicts among healthcare providers. Arising from the above styles, the respondents illustrated that styles of conflict management affected their work in various ways such as reduced ability to work effectively; healthcare provider frustration and work withdraw. This was in line with the theory behavioral or rather human relation who argues that performance may increase with conflict, but only to a certain level and then decline if conflict is allowed to increase further or is left unresolved (Wilson, 2007).

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Overview

In this chapter, the researcher makes a conclusion in the context of the findings established by the study. The recommendations and suggested topics for further research have been highlighted. However recommendations for the study are made to provide the government and other stakeholders for action with an aim of combating or minimizing conflict in hospitals.

6.2 Conclusion

The study focussed on exploring hospital management conflict resolution practices in selected departments of Trident town clinic of Kalumbila district, Zambia. It was hoped that findings would help guide hospital managements zero in on effective conflict management practices for their hospitals. The study made conclusions on each and every objective studied. Below are the conclusions:

Firstly, on objective one which sought to find out the sources of conflicts in hospitals, it was found out that various sources existed including personal differences, administrator communication failure, and others. In as much as these arose as sources, the study concluded that, there seemed to have been an ignoring eye with regards the sources which were well known. Therefore, an alert need to be awoken in hospital managers to quickly identify and curb all possible sources before they become traditional and common in their institution.

On skills necessary for managing conflicts, the study investigated and learnt that most managers had not pursued management and leadership courses at bachelors level but only possessed some skills in guidance and counselling, hence the gaps in propagating the peace promotion agenda among hospital staff. This study further concluded that Leaders should understand and apply various conflict management styles and conflict resolution styles in order to form strong relationships with subordinates. The study revealed that, the managers had a major decision to make in terms of ignoring the conflict or intervening in it. While it is not an easy decision to make, the ability to decide properly is an important skill and a preserve for a manager.

Lastly, the study concluded that, aspects that arose as challenges such as lack of once off strategy to manage all conflicts that came before the administration, age, sex distribution and also uncooperative people were but not convincing challenges especially that, managers and their disciplinary committee understands their responsibilities with regards to conflicts resolution and personnel management. The study concluded that, managers need to endure and learn in every instance of encounter in a case of conflicts. By so doing they would appreciate people in their unique state and see conflict strategies as not being absolute but a human created theory that might not work for certain individuals who may not fit in such a theory hence, need to be as versatile as they can. Thus, the study concluded that this attitude of perception was not exhibited by most managers as they relied on their constant strategies to manage every case of conflict that came to their desk.

6.3 Recommendations

In view of the observations made in this study, the following recommendations are made so as to help in hospital conflict resolution between and among individuals.

- i. Firstly, with regards to the sources of conflicts in hospitals; hospital administrators and disciplinary committee members need to appreciate the identified sources and begin working towards transforming them into possible harmony areas. For example, individual differences like age, education background and sex. Now that hospital administrators have realised of these aspects as sources of conflict, they need to start checking the nature of interactions going on with respect to these areas. They need to start spotting culprits who take advantage of these areas and begin deterring and reprimanding them from the onset in order to avoid growing conflicts. Age should not be used as a trap to reprimand older officers from working freely or expressing themselves on issues they wish to. Also, members of staff should be cultured on the perception of acquisition of a higher qualification that, other officers shouldn't feel intimidated or feel like somebody is there to take their jobs through using higher qualifications. Constant talks on these aspects would deter culprits from taking advantage of the others.
- ii. On the skills for managing conflicts in hospitals, it is important that there are people who understand conflicts and know how to resolve them. This is important in today's working institutions more than ever in the sense that, today, everyone is striving to show how valuable they are to the organization they work for at all times, thus, any infringement or

misjudgment about an individual's workmanship becomes a potential source of disputes with other members of the team. Therefore, skillful people are always needed around to address any arising conflicts. Also, hospitals may organize workshops on conflict resolution in order that, every member is equipped with basic resolving strategies in the case of engaging in a conflict with a colleagues before the matter reaches the disciplinary committee. This might further help cartel cases reaching the committee as members of staff would know how to use strategies like; compromise, negotiation, communication, smoothing and other strategies.

- iii. On the strategies deployed, the study recommends that, hospital administrators and their unit-leaders embrace strategies that have always worked for them. It was important to develop a data base for strategies that yield almost immediate results when utilized. This may be done by reviewing the conflicts they have handled previously and ascertain strategies that worked and on what kind of people.
- iv. With regards the challenges experienced, the administrators and disciplinary committee members need to realize that no one neither conflict nor conflicting persons may be the same time and again, therefore, they should rely on their expertise to adjust and resolve all conflicts that come by. Also, disciplinary committees do not need to be reshuffled every now and then. Since this committee becomes effective when members stay for a long time and get the privilege of handling cases, therefore, to allow members to experience and handle cases accordingly, the tenure of office needed to be a long one possibly five years as this would give a guarantee of one being able to manage conflicts easily.

6.4 Proposed areas for further study

The quest for providing a framework for teaching of leadership and management might have been well researched on but, its continuous exploration might be due to the following areas that would help conclusively address the study especially in Zambia:

- i. Establish bad and good conflicts and utilization of good conflicts in hospitals
- ii. Effectiveness of management training programmes on managing conflicts in health institutions

iii. Effectiveness of Conventional conflict resolution strategies on unique conflicting issues

6.5 Summary

The main focus of this chapter was to conclude the study and to provide recommendations. This study was concluded using research objectives while recommendations emerged from research findings, the study concluded that causes of conflicts had an effect on healthcare providers and the hospital operations at large. Major causes of conflict included: Personal differences: age, educational level which made others to feel inferior. Unequal rewarding to staff, as well as lack of communication and scarcity of resources in the hospitals are also contributors to conflict in hospitals. However, the above causes had an impact on the healthcare providers which affected their daily activities in the hospitals.

REFERENCES

- Achoka, J. (1990). *Conflict Resolution: The need for virtuosity*. Education Canada
- Aday. I. A and Cornelius, L. J. (2006). *Designing and Conducting Health Surveys: A Comprehensive Guide*. Josey-Bass: Sani Francisco.
- Aldag, R. J. & Kuzuhara, L. W. (2002). *Organizational Behavior and Management: An Integrated Skills Approach*. Cincinnati, OH: South-Western Thomson Learning.
- Alshmmari HF and Dyrir RD 2017, Conflict and conflict resolution among the medical and nursing personnel of selected hospitals in Hail city, 10sk journal of nursing and health science, volume 6 issue 3.
- Amestoy SC, Thefehrn MB, Martin JG, Meirelles SHM, and Trindade LL (2014), conflict management: challenges experienced by nurse-leaders in the hospital environment, *Revista Gaucha de Enffermagem*.
- Arop, F. O. et al (2018). Administrators' conflict management strategies utilization and job effectiveness of secondary school teachers in Obubra Local Government Area, Cross River State, Nigeria. *IIARD International Journal of Economics and Business Management*, 4(7), 11 – 21.
- Bentley M. (1996). *Conflict Resolution in Schools: Quicker peace and service*. Cambridge, U.S.A: Cambridge University Press,
- Chola, D. K., (2016). *Assessment of Service Learning in the Teaching of Civic Education in Selected Secondary Schools in Lusaka Province, Zambia*. Unpublished M Ed Thesis, Lusaka: University of Zambia.
- Coates, M.L. et al (1997) *Conflict Management and Dispute Resolution System in Canadian Nonunionized Organizations*. Industrial relations center. Ontario.
- Crain, W.C. (1985). *Theories of Development*. Prentice-Hall.
- Deutsch, M. (2000). *Justice and Conflict*. in M. Deutsch and P. Coleman, (Eds.). *The Handbook of Conflict Resolution: Theory and Practice*. San Francisco: Jossey-Bass Publishers.

- Dhlamini, P. .1. (2012). Effectiveness of Facilitation Methods to Motivate Adult Learners. University of South Africa. (Published Masters Dissertation).
- Faisal A. Nursing-physician conflict and power dynamic. JOJ Nurse health care.2017;5(3):55565.D0110.19080/JOJNHC.2017 05.555665
- Garmel GM 2013, conflict resolution in Emergency medicine, St Vincent Mercy Center, Toledo OH43608-2691, USA.
- Gunawan J 2015, *ensuring trustworthiness in qualitative research*, Belitung Nursing journal.
- House, R.S. (1988). The Human Side of Project Management. Reading, M.A.: Addison-Wesley
- Johson, P. (2006) "Whence Democracy? A review and Critique of the Conceptual Dimensions and Implications of the Business case for Organizational Democracy"
- Kapusuzoglu, S. (2009). An investigation of conflict resolution in educational organizations. Abant Izzet Baysal University, Department of Educational Sciences.
- Kasenge, C. (2020). Conflict Management Strategies among Secondary School Leaders in Kitwe District in the Copperbelt Province in Zambia. International Journal of Research and Innovation in Social Science (IJRISS) |Volume IV, Issue II, February 2020|ISSN 2454-6186
- Kasonde-Ng'andu. S. (2013). Writing Research Proposal in Educational Research. Lusaka: University of Zambia
- Kombo, D. K and Tromp. D. L .A. (2006). Proposal and Thesis Writing: An Introduction. Nairobi: Pauline's Publications Africa.
- Kibui, A., Kibera, L., & Bradshaw, G. (2014). Conflict Management as a Tool for Restoring Discipline in Kenyan Public Secondary Schools. International Journal of Scientific Research and Innovative Technology, 1(3), 1–10.
- Magasu, O (2016). An Evaluation of the Management of Electoral Conflicts in Zambia: A Case Study of Lusaka Conflict Management Committees. Masters Dissertation Report: The University of Zambia

- Marczyk, G., et al. (2005). *Essentials of Research Design and Methodology*, Kaufman, A.S. and Kaufman, N. L., (editors). Hoboken, New Jersey: John Wiley and Sons, Inc.
- McNamara, C. (2007). *Field Guide to Leadership and Supervision*. Authenticity Consulting, LLC.
- Mondy, R.W., Sharplin & Premaux, S.R (2010) *Management concepts, practices, and skills*. 5th Ed. Massachusetts: Simon and Schuster, Inc.
- Mudis, P. A. & Yambo, J.M.O. (2015). Role of Peer Counseling on the Relationship between Prefects and the Students' body in public Secondary schools in Migori Sub county, Migori County, Kenya *International journal of Academic Research in Progressive education and Development* 4(4):136-149
- Muleya G & kasenge C 2020, *Alternative Strategies in Dealing with Conflict Management Issues in Secondary Schools in Kitwe District, Zambia*. *International Journal of Humanities Social Sciences and Education (IJHSSE)* Volume 7, Issue 2, February 2020, PP 37-45
- Mwanakasale, P.H (2016). *Analysis is of the Effectiveness of Conflict Resolution Techniques in Workplaces: A Case Study of Ndola City Council*
- Nowell LS, Norris J, White DE and Moules NJ 2017, *Themative analysis: striving to meet the trustworthiness criteria*, *international journal of qualitative methods*, volume 16:1-13.
- Omollo, H. O., Kute, R. A. & Yambo, J. M. O. (2016) *Effects of Financial Budgeting in the Management of Public Secondary Schools in Uriri Sub-County*, Migori County, Kenya *European Journal of Research and Reflection in Educational Sciences* ISSN 2056-58524 (2)1-7
- Putnam, L.L. (1998) *Formal Negotiation: the Productive Side of Organizational Conflict State*, University of New York press, Albany.
- Rajaseka. S. (201.3). *Research Methodology*. Tiruchirappalli: Bharathdasan University
- Robbins, S.P. (1974) *Managing Organizational Conflict: An Introduction Approach*. Englewood Cliffs N J:Prentice Hall

- Swanstrom, L. P. N. and Weismann, M. S., (2005). *Conflict Prevention and Conflict Management and Beyond: A Conceptual Exploration*. Sweden: Central Asia – Caucasus institute.
- Thomas, K.W. & Schmidt, W.H. (1976) “A survey of management interests with respect to conflict”. *Academy of Management Journal*, 315-318
- Yambo, J. M. O., Odhiambo, R. A. & Odera, Y. F. (2014).An Assessment of the Extent at which High School Principals are Stressed in relation to their Job Experience in Schools in Southern Nyanza Region, Kenya. *International Journal of Humanities and Social Science Invention* ISSN (Online): 2319 – 7722, www.ijhssi.org3 (5) 25-33.
- Yambo, J.M.O. & Tuitoek J.K.F. (2014).Effects of the Principals’ Decision Making in the Management of Private Secondary Schools in Kisumu District, Kenya *International journal of Academic Research in Progressive education and Development* 3(4):52-60
- Yambo, J.M.O. (2012) *Determinants of KCSE Examination Performance in SDA Sponsored Schools: A Key to Academic Promotion to the next Level of Learning*.
- UNESCO. (2000). *Best Practices of Non-Violent Conflict Resolutions in and out of School*. France:UNESCO.
- William, S. (2005). *Conflict, Power and Change: Engaging Actors, Systems, Structures and Policies*. Amsterdam: Boonruang Song – Ngam.
- Pavlakias, A et al 2011, *conflict management in public hospitals: the Cyprus case*, Cyprus.
- Pitsillidou M 2019, *conflict management among health professionals in hospitals of Cyprius*, Cyprius, Greece.
- Whitehorn A 2020, *Conflict resolution in healthcare settings: staff conflicts*, The Joana Briggs institute EBP database, JBI.
- Patton CM. Conflict in health care: a literature review. *The internet journal of healthcare administration*.2014 volume 9 issue 1
- Pavlakias A, Kaitelidou D, Theodorou M, Galanis P, Sourtzi P, Siskou O 2011, *Conflict management in public hospitals: the Cyprus case*, *International nursing review*, Cyprus.

Sigut B 2013, Conflict resolution management between healthcare managers and physicians, West Virginia.

Whitehorn A 2020, Conflict resolution in healthcare settings: staff conflicts, the Joanna Briggs Institute Database, Australia.

Zhalimbetova Z 2019, conflict prevention and management in nursing, JAMK University of applied sciences.

APPENDICES

APPENDIX I: BUDGET

S/N	DESCRIPTION	QUANTITY	UNIT PRICE(ZMK)	TOTAL(ZMK)
1.	Stationery	2USB Flashes	100.00	200.00
		15 rewritable blank CDs	40.00	600.00
		5 reams of paper		
		1 Box of Pens	70.00	350.00
			100.00	100.00
2	Transport	From Kalumbila to Lusaka by two trips	300	1200
	Accommodation and food	Lodging by three nights	300	900
		Food per day	150	450
2.	Typing/ Printing	350 pages	5.00	1950.00
		1 poster	300.00	300.00
3.	Binding	Proposals	100	400
		4 Final reports	150.00	600.00
4.	Research assistance	1 per person times 2	K 350.00	700.00
			TOTAL K7,050.00	

APPENDIX II: TIMELINE 2020

Month	Title & Literature Research	Proposal Writing	Data Collection	Data Analysis and Report Writing	Binding	Oral Poster Presentation
JUNE	✓					
JULY		✓				
AUG		✓				
SEPT		✓				
OCT			✓			
NOV				✓		
DEC					✓	
JAN					✓	✓

APPENDIX III: FOCUS GROUP DISCUSSION GUIDE FOR UNIT LEADERS

THE UNIVERSITY OF ZAMBIA/ZIMBABWE OPEN UNIVERSITY

QUESTION 1: What kind of conflict resolution skills does the responsible officer or committee that handles staff conflicts in hospital departments possess?

I welcome you all to this interactive Focus Group Discussion. This research is my school research work. The findings to be shared here were put in my academic work as part of my Masters programme I am pursuing. In this discussion, you are free to walk out whenever you wish to. It is your right not to answer what you feel you don't want to. However, as a researcher I need to accept the decisions you make in the course of this discussion because you are the people with the information I want for my study to be successful. I promise to respect you and your views because all I need are your truthful views in order for me to write a report that was informative to the population of hospital management at Trident town clinic and to other parts of the world. I welcome you all to this Focus group discussion. Be open and give your views freely.

1. How long have you served as a departmental head at Trident town clinic?
2. How were you considered as a departmental head?
3. Have you studied any course related to Conflict resolution?
4. What kind of conflict resolution guiding documents do you use?
5. Do you have conflict resolution strategies as a committee of unit leaders?
6. What kind of conflicts often occurs in this hospital?
7. How autonomous are you as a committee in resolving and managing hospital based conflicts?
8. Have you ever failed to handle a conflict case due to inability of skill or lack of an appropriate strategy to apply?
9. How cooperative and mature are your clients during conflict resolution sitting?

THANK YOU FOR YOUR TIME AND PARTICIPATION

APPENDIX IV: INTERVIEW GUIDE FOR HEALTHCARE PROVIDERS

THE UNIVERSITY OF ZAMBIA/ZIMBABWE OPEN UNIVERSITY

I would like to welcome you to this interactive interview session. This research is my school work as a partial fulfilment of my Masters degree in Peace and Conflict Studies to which the findings to be shared here was put. Having been purposively sampled, your views was taken as rich information to help answer some of the pertinent questions this research is raising. However, you are at liberty not to respond to questions that may be deemed sensitive against your position and institutional as well as personal ethics. Your views and opinions was respected because you are our chief informant in whom we rely for information to answer our research and ultimately write a report that was informative to the population of Trident town clinic of Kalumbila district and to other information users around the world after publication. I welcome you to this interview session once more. Be open and give your views freely.

QUESTIONS 2: Does the hospital administration have Conflict Resolution and management Strategies?

1. How would you describe the conflict situation among staff in your hospital?
2. Do you have a committee or individuals who handle conflict issues in your hospital?
3. Are you a member of your hospital disciplinary committee?
4. How often do you handle conflicting cases as healthcare providers?
5. What kind of procedure do you use to handle rising conflicts in your hospital?
6. Do you have a conflict resolution and management strategy?
7. What is comprised in your Conflict resolution and Management strategy?
8. How did you arrive at adopting the strategies enshrined in your document?
9. What is your take on the future of your hospital regarding conflict avoidance?
10. Lastly, what do you think necessitates common conflicts in your hospital?

QUESTION 3: What challenges do hospital managements face in resolving and managing conflicts?

1. What would you say have been challenges in handling conflicts in hospital?
2. Do your strategies successfully resolve and manage hospital conflicts?
3. Do you find all conflicts describable and worth handling?
4. How cooperative are your staff/ workmates during conflict resolving sittings?
5. Is your management capable of handling conflicting individuals?
6. Have you ever handled a conflict case that you failed to handle due to inability of strategies?

THANK YOU FOR YOUR TIME AND RESPONSES

APPENDIX V: INTERVIEW GUIDE FOR ADMINISTRATION STAFF

THE UNIVERSITY OF ZAMBIA/ZIMBABWE OPEN UNIVERSITY

I would like to welcome you to this interactive interview session. This research is my school work as a partial fulfilment of my Masters of degree in Peace and Conflict Studies to which the findings to be shared here was put. Having been purposively sampled, your views were taken as rich information to help answer some of the pertinent questions this research raised. However, you are at liberty not to respond to questions that may be deemed sensitive against your professional and personal ethics. Your views and opinions was respected because you are our chief informant in whom we rely for information to answer our research questions and ultimately write a report that was informative to the population of Trident town clinic of Kalumbila district and to other information users around the world after publication. I welcome you to this interview session once more. Be open and give your views freely.

QUESTION 4: What are the bases on which conflicts emanate from, between and among individuals in hospitals?

1. Have you ever been involved in a conflict situation that necessitated for a third party to resolve your issue?
2. What was the nature of your conflict(s)?
3. From your experience, what would you say are the common bases on which conflicts emanate from in your hospital?
4. How avoidable are the stated bases from sparking up a huge conflict between and among staff?

THANK YOU FOR YOUR TIME AND A FRUITFUL DISCUSSION

APPENDIX VI: DOCUMENT REVIEW CHECK LIST

THE UNIVERSITY OF ZAMBIA/ZIMBABWE OPEN UNIVERSITY

AVAILABILITY USAGE OF THE UNDERLISTED CONFLICT RESOLUTION AND MANAGEMENT STRATEGIES AMONG THE HOSPITAL CONFLICT RESOLUTION STRATEGIES	SCORE FROM 1-5	COMMENT
1. Arbitration		
2. Mediation		
3. Dialogue		
4. Compromise		
5. Avoidance		
6. Problem solving		
7. Authoritative command		
8. Effective communication		
9. Super ordinate goals		
10. Altering structural variables		
11. Integrating		
12. Smoothing		
13. Altering the human variable		
14. Dominating		

Source: Adopted from empirical studies reporting popular Conflict Resolution and Management strategies exhaustively

KEY TO OBSERVATION CHECK LIST SCORING OF THE UTILIZATION OF LISTED CONFLICTS RESOLUTION STRATEGIES

SCORE	COMMENT
1	Available and well defined
2	Available not well defined
3	Not available

APPENDIX VII: APPROVAL OF STUDY

The approval of study was made in reference to approval application with a reference number: HSSREC-2022-FEB-023



THE UNIVERSITY OF ZAMBIA DIRECTORATE OF RESEARCH AND GRADUATE STUDIES

Great East Road Campus | P.O. Box 32379 | Lusaka 10101 | Tel: +260-211-290 258/291 777 Fax:
(+260)-211-290 258/253 952 | E-mail: director.drgs@unza.zm | Website: www.unza.zm

APPROVAL OF STUDY

24th February, 2022

REF NO.HSSREC-2022-FEB-023

Ronald Lweleka
The University of Zambia
IDE/UNZA-ZOU
P.O. Box 32379
LUSAKA

Dear Mr. Lweleka,

RE: "EXPLORATION OF STAFF CONFLICTS IN HOSPITALS WITH A FOCUS ON HOSPITAL MANAGEMENT CONFLICT RESOLUTION PRACTICES IN SELECTED DEPARTMENTS OF TRIDENT TOWN CLINIC OF KALUMBILA DISTRICT, ZAMBIA"

Reference is made to your submission of the protocol captioned above. The HSSREC resolved to approve this study and your participation as Principal Investigator for a period of one year.

REVIEW TYPE	ORDINARY REVIEW	APPROVAL NO. HSSREC-2022-FEB-023
Approval and Expiry Date	Approval Date: 24 th February, 2022	Expiry Date: 23 rd February, 2023
Protocol Version and Date	Version - Nil.	23 rd February, 2023
Information Sheet, Consent Forms and Dates	<input type="checkbox"/> English.	To be provided
Consent form ID and Date	Version - Nil	To be provided
Recruitment Materials	Nil	Nil
Other Study Documents	Questionnaire.	
Number of Participants Approved for Study	200 - 250	

Specific conditions will apply to this approval. As Principal Investigator it is your responsibility to ensure that the contents of this letter are adhered to. If these are not adhered to, the approval may be suspended. Should the study be suspended, study sponsors and other regulatory authorities will be informed.

Conditions of Approval

- No participant may be involved in any study procedure prior to the study approval or after the expiration date.
- All unanticipated or Serious Adverse Events (SAEs) must be reported to HSSREC within 5 days.
- All protocol modifications must be approved by HSSREC prior to implementation unless they are intended to reduce risk (but must still be reported for approval). Modifications will include any change of investigator/s or site address.
- All protocol deviations must be reported to HSSREC within 5 working days.
- All recruitment materials must be approved by HSSREC prior to being used.
- Principal investigators are responsible for initiating Continuing Review proceedings. HSSREC will only approve a study for a period of 12 months.
- It is the responsibility of the PI to renew his/her ethics approval through a renewal application to HSSREC.
- Where the PI desires to extend the study after expiry of the study period, documents for study extension must be received by HSSREC at least 30 days before the expiry date. This is for the purpose of facilitating the review process. Documents received within 30 days after expiry will be labelled "late submissions" and will incur a penalty fee of K500.00. No study shall be renewed whose documents are submitted for renewal 30 days after expiry of the certificate.
- Every 6 (six) months a progress report form supplied by The University of Zambia Humanities and Social Sciences Research Ethics Committee as an IRB must be filled in and submitted to us. There is a penalty of K500.00 for failure to submit the report.
- When closing a project, the PI is responsible for notifying, in writing or using the Research Ethics and Management Online (REMO), both HSSREC and the National Health Research Authority (NHRA) when ethics certification is no longer required for a project.
- In order to close an approved study, a Closing Report must be submitted in writing or through the REMO system. A Closing Report should be filed when data collection has ended and the study team will no longer be using human participants or animals or secondary data or have any direct or indirect contact with the research participants or animals for the study.
- Filing a closing report (rather than just letting your approval lapse) is important as it assists HSSREC in efficiently tracking and reporting on projects. Note that some funding agencies and sponsors require a notice of closure from the IRB which had approved the study and can only be generated after the Closing Report has been filed.

- A reprint of this letter shall be done at a fee.
- All protocol modifications must be approved by HSSREC by way of an application for an amendment prior to implementation unless they are intended to reduce risk (but must still be reported for approval). Modifications will include any change of investigator/s or site address or methodology and methods. Many modifications entail minimal risk adjustments to a protocol and/or consent form and can be made on an Expedited basis (via the IRB Chair). Some examples are: format changes, correcting spelling errors, adding key personnel, minor changes to questionnaires, recruiting and changes, and so forth. Other, more substantive changes, especially those that may alter the risk-benefit ratio, may require Full Board review. In all cases, except where noted above regarding subject safety, any changes to any protocol document or procedure must first be approved by HSSREC before they can be implemented.

Should you have any questions regarding anything indicated in this letter, please do not hesitate to get in touch with us at the above indicated address.

On behalf of HSSREC, we would like to wish you all the success as you carry out your study.

Yours faithfully,



Dr. J. I. Ziwa

DR. J. I. Ziwa

**ACTING CHAIRPERSON
THE UNIVERSITY OF ZAMBIA HUMANITIES AND
SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE - IRB**

cc: Director, Directorate of Research and Graduate Studies
Assistant Director (Research), Directorate of Research and Graduate Studies
Assistant Registrar (Research), Directorate of Research and Graduate Studies