



ASSESSING THE EFFECT OF DEMOGRAPHIC FACTORS ON CONFLICT SITUATIONS IN GHANA GOVERNMENT HOSPITALS

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ABSTRACT

The study seeks to examine the influence of demographic factors on conflict in Ghana government hospitals. It adopted the quantitative approach which involves the use of questionnaires and interviews coupled with statistical analysis to assess the effect of demographic factors (age, educational level, gender and number of years on the job of employees) and conflict occurrences at the workplace. The use of purposive and convenience sampling techniques were adopted to get a sample of 123 employees and 10 heads or deputy heads of human resource of the ten regional hospitals in Ghana. The study found out that there is association between these demographic factors and conflict occurrences at these hospitals with 95% confidence level. It therefore recommends to management of these hospitals and other policy makers to pay much attention to these factors when formulating policies so that they meet the expectation of different categories of employees at the workplace.

1. INTRODUCTION

Workplace conflict is a universal organizational phenomenon because it is inevitable aspect of modern life. For any organization to perform well to achieve its objectives, different teams and individuals of different age, sex, gender and marital status must work together and create relationships across organizational lines and groups. In the flow of work and information, individuals, groups and departments depend on each other for information sharing, assistance or coordinated action. For example, in the hospital environment, doctors will depend on nurses, lab technicians, x-ray attendants and pharmacists to collate the needed and relevant information to assist their patients in the recovery process. Without the help of the personnel mentioned above, the work of the medical doctor will be very difficult especially if there are disagreements among them.

In the same way, the pharmacist will depend on the medical doctor in the area of prescriptions. Such interdependence may either foster cooperation or conflict. The hospital environment is a mixture of different categories of people with different background in terms of age, gender, education, religion, beliefs and tribe and as mentioned by Collier (2006) such differences are potential causes of conflict in organizations. Again, the hospital is the only working environment where its customers

patronized its service when they have health related problems and it can range from a simple disease to a complicated health condition hence makes the hospital a conflict prone workplace.

As people with different backgrounds, age, gender, sex, values, needs and personalities interact with each other, conflicts are bound to develop. Moreover where one party does not have a sound mind then the probability that the person will not reason up with the other party is high and hence disagreement is likely to occur. Taking the second largest government hospital (Komfo Anokye Teaching Hospital) as an example, according to the first half year report of the Ministry of Health for 2012, a total of 150,430 patients visited the Outpatient Department (OPD) whilst 199,176 also visited the OPD of the teaching hospital in 2011. These patients come to the OPD with varying degrees of health related disease and complications. Added to this, the government hospitals is one of the public institutions that absorbs a large number of employees in the public sector and these employees apart from the fact that they are different in terms of their values and needs are also demographically different in terms of sex, educational level, income level, marital status, occupation and religion.

As already indicated, it appears these differences in demographic factors together with the fact that the hospital is the only institution whose services are patronized when people have health related problems makes the hospital environment a place where conflict can easily occur. In support of this, the literature from American College of Physician Executives' (2009) indicated that 98% of those surveyed had witnessed an incident of disruptive behavior between nurses and physicians.

In another study by Anderson and D'Antonio (2005), about 50% of physician's time is spent on conflict. This according to the writers stem from the fact that the hospital is among the few organizations that normally does not segment or target specific customers. Demographically, all people of different age, sex, marital status, religion and occupation are expected to patronize in the services of these hospitals. Now the question one may ask is that, looking at the fact that these demographic factors are not homogenous and as such there are differences in age, gender, religion and marital status, is it prudent for health professionals to spend most of their time taking into consideration differences in these factors when dealing with patients and their fellow colleagues since their thinking, reasoning, perception, values and needs are not the same? In answering such a question, Studdert et al (2010) are of the view that the uniqueness of the hospital environment demands that health professionals are tolerant in all situations and in the worse case when conflict occurs as a result of differences in reasoning, perception and thinking, they needed to be dealt with in a swift manner in order to avoid loss of human lives. Whilst we may agree with the writers, it is also true that one need to really examine what brings these differences in reasoning, perception and thinking and its effect on conflict occurrences.

In light of this, the researchers decided to go into this research to look at the effect of these demographic factors on conflict occurrences in government hospitals in Ghana since though many research had been done on conflict and its occurrences, there is little on isolating these demographic factors and their consequences on conflict occurrence. Second in terms of Ghanaian context, literature available to the researchers indicates that

proper attention has not been given in terms of research on conflict situations in government hospitals. It is the believe of the researchers that going into this research by focusing on this area will help bridge the gap in terms of knowing the effect of demographic factors on conflict and its occurrence in Ghana government hospitals.

2. LITERATURE SURVEY

Over the years the term conflict has been branded to many people as an awful conduct of parties who engaged in an argument which is normally generated from differences in ideas, beliefs and values. It was tagged as a disturbing force (Walton, 1969), hence most scholars advocated for its eradication. By the year 1980, researchers such as Tjosvold (1991), began to rethink about the constructive and solidarity consequence of conflict. Thus, though conflict act as a negative force operating against successful completion of group common goals, it may also lead to positive effects depending on the nature of the conflict (Obasan, 2011).

From the literature of Henry (2009), organizational conflict is regarded as the friction that occurs when the goals, interests or values of different individuals or groups are incompatible with those of other individuals or groups in an organization and where they may block or frustrate each other in an attempt to achieve their objectives. Other writers such as Meek, Heit and Page (2005), Hart (2000) and Reece and Brandt (1996) adding their voices to what is meant by conflict share a similar view that it is a state of opposition, disagreement or incompatibility between two or more people or groups of people which is sometimes characterized by physical violence or assault. Their views on conflict actually points to the fact that it is not always that parties tend to be physical or violent towards each other that one can actually says there is conflict. In some instances as can be found in the comments by Lambert and Myers (1999) and Hocker and Wilmot (1995), conflict can be latent and the other party may not even be aware that there is a conflict. In the case of health care environment, a patient may be in conflict with a physician without the physician been aware that the patient is in conflict with him since it is believed that conflict is cognitive rather than behavioral state.

Conflict is inevitable hence needs a strategic approach in terms of its resolution so that the end result can be functional rather than dysfunctional. Whilst it tends to be inevitable, from the literature of Rahim (2001), departments, units and sections competing with limited resources is one of the most common sources of conflict in organizations. Looking at the literature given by the writer, the researchers of this study based on their own observation see it as one of the major causes of conflict in Ghana government hospitals where patient frustrations due to congestions and pressure on health equipment generate frequent quarrels and disagreements among them and staff based on the time taken for health care professionals to deliver a service. To Tseveendorj (2008), the causes of conflict are not only limited to scarce resources but people's perception and culture also breeds conflict. Culture and perception is very instrumental human make up that is very hard to transform. Instances where team mates working on the same task have diverse cultures and values, their perception on how to achieve the task vary because each one's decision will be influenced by his values or beliefs. From the literature of Henkin and Cistone (2000), demographic factors such as religion, educational level, gender and age have high influence on perception and as such makes people think differently. Looking at the

writers assertion on the fact that age, religion, educational level and gender play important role in influencing perception, one can deduce from the comment made by Tseveendorj (2008) and counter argue that the root cause of conflict as a result of differences in reasoning, believe and thinking is not perception but differences in demographic factors (age, religion, gender and educational level) since the latter (demographic factors) has high influence on the former (perception).

As organization comprises of people from different backgrounds and conflicts are bound to occur, it is necessary for managers and supervisors to acquire skills that will enable them manage conflicts when they occur since according to Watson and Hoffman (1996) supported by Dana (2001), managers most of the time spend about 42% of their time dealing with conflict related matters. Reynolds and Kalish (2002) share a similar view with the writer since to them; managers nowadays spend at least 25% of their time resolving workplace conflicts. Looking at the comments regarding the percentage of manager's time devoted to resolving workplace conflicts, it presupposes that organizations need to pay much attention to how they can benefit from conflict situation when they occur by ensuring that it tends out to be functional one. In ensuring that the outcome of conflict is functional, it is necessary for managers to also ensure that they adopt the right approach in terms of its management. In the view of Gatlin et al (2012), an early intervention by investigating disputes and complaints when they are raised, identifying root causes of problems in addition to symptoms, and sharing this information to create change can facilitate a smooth resolution of the conflict. In talking about the various approaches to handling conflicts, Johnson and Johnson (2000) and Bercovitch and Kadayifci-Orellana (2009) recommends mediation as the best approach to be adopted by managers in resolving conflicts. Despite their recommendation, they were quick to add that if the mediator is inexperienced, the end result of the conflict will not be beneficial.

Based on our literature specifically on demographic factors and its influence on conflict, one can set the following hypotheses to check if there is any association between conflict occurrence and demographic factors:

Ho: Conflict occurrence is independent on differences in age at the workplace

H₁: Conflict occurrence is associated with differences in age at the workplace at 5% level of significance.

Ho: Conflict occurrence is independent on differences in gender at the workplace

H₁: Conflict occurrence is associated with differences in gender at the workplace at 5% level of significance.

Ho: Conflict occurrence is independent on differences in educational level at the workplace

H₁: Conflict occurrence is associated with differences in educational level at the workplace at 5% level of significance.

Ho: Conflict occurrence is independent on differences in employees' number of years at the workplace

H₁: Conflict occurrence is associated with differences in employees' number of years at the workplace at 5% level of significance.

3. DATA AND METHODOLOGY

The study seeks to assess the effect of demographic factors on conflict situations in Ghana government hospitals. In achieving this objective, the study adopted a quantitative approach and the target population was all the government hospitals in Ghana. Since dealing with all the government hospitals was difficult because of resource constraint, the researchers adopted a non probability sampling which convenience sampling was used to sample the government hospitals to be used for the study. In doing this, the ten regional government hospitals namely Komfo Anokye Teaching Hospital (Kumasi - Ashanti), Effia Nkwanta Regional Hospital (Takoradi - Western), Regional Hospital (Koforidua - Eastern), Central Regional Hospital (Cape Coast - Central), Tamale Regional Hospital (Tamale - Northern), Regional Hospital (Sunyani - Brong Ahafo), Regional Hospital (Bolgatanga - Upper East), Regional Hospital (Wa- Upper West), Regional Hospital (Ho - Volta) and Ridge Regional Hospital (Ridge - Greater Accra) were conveniently selected from the rest of government hospitals in Ghana. The choice of this non probability sampling was based on the researchers' easy access to information from these hospitals.

In getting respondents for the study, the researchers used quota sampling where 10 health workers were selected from each of the regional hospitals except Komfo Anokye Teaching Hospital, Kumasi where 13 workers were selected because of proximity and availability of workers to participate in the study. In all 123 workers excluding heads and deputy heads of human resource section of the various hospitals were sampled for the study and they comprise of 20 doctors, 20 nurses and midwives, 21 security, 20 pharmacists, 20 lab technicians and 22 administration workers. For the researchers to get this sample, both purposive and convenience sampling was adopted. The researchers adopted purposive sampling to include heads and deputy heads of human resources whilst convenience sampling was adopted to get doctors, nurses and midwives, security, pharmacists, lab technicians and administration workers in the study. The choice of purposive sampling was to ensure that heads and deputy heads of human resource of the various hospitals were included in the study since they deal with issues pertaining to conflict situations in their workplaces. Again, in almost all organizational setup, conflict and its management is part of the job description of human resource professionals and as such including them in the study helped the researchers to obtain vital information for the study. There were 10 heads or deputy heads, 1 from each of the regional government hospitals that was selected for the study.

Looking at convenience sampling, its choice to get the rest of the workers into the study was based on those who were willing and ready to participate in the study.

In getting data for the study, the researchers used questionnaires and interview. The questionnaires were directed to the sampled workers (doctors, nurses and midwives, lab technicians, pharmacists, security and administration) whilst interview was for heads or deputy heads of the various government hospitals. In a situation where the head of human resource was not available, the deputy head was interviewed to solicit the needed information.

With regard to the use of questionnaires, the researchers adopted the likert scale type (strongly disagree to strongly agree) to assess the effect of demographic factors on conflict situations in those government hospitals. Based on the information obtained from the questionnaire, the researchers looked at the effect of these two variables (demographic factors and conflict) by calculating Spearman Correlation Coefficient of the variables.

Chi square test statistic (X^2) was also used to test if the two variables are independent.

In pre-testing the questionnaire in order to ensure that it is accurate in capturing the intended information, the researchers selected Manyhia hospital in the Ashanti Region of Ghana to pilot the questionnaire in terms of its effectiveness in helping to gather the necessary information. In doing this, a small sample of 20 workers from the hospital was conveniently sampled and questionnaires were distributed to them. From the responses obtained, it helped the researchers to reconstruct some of the questions which the respondents were finding it difficult to answer. This exercise enabled the researchers to get a well refined questionnaire which was finally used for the study.

The interview that was employed to solicit information from heads or deputy heads (human resource) of the various government hospitals centered mainly on the techniques adopted to deal with conflicts when they arise. The results of these statistical analyses together with the responses from these heads or deputy heads of human resource of these government hospitals helped the researchers to achieve objective of the study.

4. EMPIRICAL FINDINGS

The main objective underlying the study is to assess the effect of demographic factors on conflict situations in Ghana government hospitals. In achieving objective of the study, the researchers employed a number of tools such analyzing the questionnaires provided by the respondents as well as the interviews conducted with the heads or deputy heads of human resource of the various government hospitals. In knowing the background characteristics of the respondents, data retrieved from the questionnaire of 123 respondents provided the following information:

Table 1: Demographic Characteristics of Respondents

Variables	Category	Frequency (N)	Percentage (%)
Gender	Male	79	64.2
	Female	44	35.8
Age	Below 25	19	15.4
	25-34	40	32.5
	35-44	45	36.6
	45-54	17	13.8
	55+	2	1.6
Educational Qualification	High School	7	5.7
	HND	27	22.0
	1st degree	36	29.3
	Master’s degree	38	30.9
	PhD	6	4.9

Years on the job	Other	9	7.3
	Less than 6	40	32.5
	6-10	47	38.2
	11-15	17	13.8
	16-20	12	9.8
	20+	7	5.7

N=123

The above information helped the researchers to have a general overview of the demographic factors which were to be used to assess how they influence conflict occurrences at these government hospitals. The data as can be captured in the above table shows high percentage of males (64.2%), more people with Masters Degree (30.9%), a large number of people who had worked in these government hospitals between 6 to 10 years (38.2%) and greater number of people falling within the age range of 35-44 (36.6%).

In assessing how these demographic factors influence conflict situations in government hospitals, cross tabulation involving the variables of demographic factors and conflict was done to assess if there is any association between them. This also involves calculating chi square to test the association between the two variables as well as determining if the results were significant at $P < 0.05$. Based on the response of the respondents with regard to yes or no whether they had been involved in conflict and its pattern with the demographic factors, the following results were produced.

Table 2: Cross tabulation of Demographics and Involvement in Conflicts

Variables		Encountered conflict		χ^2	P<0.05
		Yes	No		
Number of years worked	Less than 6	60.5%	39.5%	10.311	0.036
	6-10	83.3%	16.7%		
	11-15	83.3%	16.7%		
	16-20	84.6%	15.4%		
	20+	100.0%	0%		
Gender	Male	58.5%	41.5%	4.519	0.021
	Female	72.7%	27.3%		

Age	20-29	72.2%	27.8%	8.257	0.025
	30-39	65.7%	34.3%		
	40-49	62.4%	37.6%		
	50+	52.9%	47.1%		
Educational Qualification	High Sch.	100.0%	0%	9.295	0.018
	HND	91.5%	8.5%		
	1st degree	86.1%	13.9%		
	Master's degree	34.2%	65.8%		
	PhD	33.3%	66.7%		
	Other	55.6%	44.4%		

N=123; p<0.05

From Table 2, number of years worked at government hospitals showed some significant positive association with conflict involvement, while educational qualification indicated a negative association. At $p < 0.036$, the longer the employees work at these government hospitals, the more likely they are in encountering conflicts. About 60.5% of the employees with less than 6 years at these hospitals were involved in one conflict or the other while about 83.3% each of those of 6-10 and 11-15 years encountered conflicts. This has risen to 84.6% and 100% as the number of years employees serve at these hospitals increase at 16-20 and over 20 years respectively. Females were found to be significantly more likely to encounter or engage in conflicts than their male counterparts (Male = 58.5%; Female = 72.7%; $\chi^2 = 4.519$; $p < 0.021$). Educational qualification on the other hand had shown some inverse association with engagement in conflicts. The higher the employees are educated, the least likely they are to engage in conflicts. From Table 2, all the high school certificate holders had engaged in some conflict. The trend decreases as educational qualification increases with about 33.3% of PhD holders involved in conflict whereas 91.5%, 86.1% and 34.2% of workers involved in conflicts been HND, 1st degree and Masters' degree holders respectively ($\chi^2 = 9.295$, $p < 0.018$). Looking at age and its influence on conflict occurrence at these hospitals, the results show an inverse relationship in that as people grow up they tend to avoid conflict by being tolerant with others (Age 50+: 52.9%) whilst people at the youth stage (Age 20-29; 30-39: 72.2% and 65.7%) tend to involve themselves more in conflicts.

From this one can deduce that the education attained by people at the workplace plays an important role in helping to reduce conflicts. This can be attributed to the fact that as people rise through the academic ladder, they tend to appreciate differences in individuals and also respect the views of other people although those views may not be in line with theirs. The inverse relationship between age and conflict occurrences at government hospitals can also be linked to the fact that as people grow up, they tend to bring their experiences to bear with the situations which they currently face and as such

ensures that they do not engage in activities that will be to the disadvantage of other parties that will generate into conflict. This means that many young people especially those at the youthful stage who have no such experiences are likely to engage in conflict with others.

Talking about gender and its association with conflict occurrences at the workplace, one can take a clue from the literature provided by Wilson (2011) that women engage in more conflict than men because of the fact that women have higher copper levels and lower zinc levels than men, see the truth about life around them better than men, are considered as delicate creatures and lastly have their anger more often hidden as compared to men. This means that one need to take these biological factors into consideration when dealing with women since they trigger women to engage in conflicts. The last demographic factor which is number of years and its positive association with conflicts can also be linked to the fact that the longer people stay at a particular place the more likely they will do something that will not be in agreement with others. In contrast, people who have not stayed or worked with these government hospitals for a longer period of time are likely to be careful when dealing with their colleagues, peers and subordinates especially during their probation period and as such avoids engaging in activities that will generate into conflicts with others.

Turning attention to the analysis of chi square test statistic of the demographic variables and its association with conflict occurrence at these government hospitals, we need to reject H_0 and accept the alternative hypothesis that there is association between the number of years employees worked in these government hospitals and their involvement in conflicts since the calculated test statistic ($X^2 = 10.311$) was more than the critical value of 9.488 at 4 degrees of freedom for alpha 0.05. The chi square test statistic for gender and its association with conflict occurrence showed $X^2 = 4.519$ and this makes us to reject H_0 and accept H_1 that conflict occurrence at these government hospitals has association with gender balance of workers since the calculated test statistic was more than the critical value of 3.841 at 1 degree of freedom for alpha 0.05. For the chi square test statistic of age and educational level and its influence on conflict occurrence, at 3 and 5 degrees of freedom respectively, the calculated test statistic of $X^2 = 8.257$ for age was more than the critical value of 7.815 while $X^2 = 9.295$ for educational level was less than the critical value of 11.070 for alpha 0.05. This makes the researchers to reject H_0 for age and its independency on conflict occurrence at Ghana government hospitals and therefore accept the alternative hypothesis that there is association between the two variables. Lastly, we accept H_0 and reject the alternative hypothesis by affirming that the two variables which is educational level and conflict occurrence at these government hospitals are independent

Since conflict originates and also exists in various forms, the researchers used Spearman Correlation Matrix to assess how demographic factors (age, educational level, gender and number of years on the job) influence the origination of conflicts in Ghana government hospitals. In doing this, the following results were produced.

Table 3: Spearman’s Correlation Matrix of Information on Conflict Situations and Demographic Data

		1	2	3	4	5	6	7	8	9	10	11	12
1	NYK	1	.893 ^a	.695 ^a	-.075	.322 ^a	-.041	-.019	-.104	-.013	.033 ^b	.032 ^b	-.150
2	NJ		1	.670 ^a	-.010	.320 ^a	-.031	-.032	-.176	-.013	.055 ^a	-.070	-.158
3	Age			1	.095	.251 ^a	-.066	-.070	.112	-.027	-.123	.148 ^a	.268 ^a
4	Gender				1	.119	.159	-.086	.206 ^b	-.018	.108	.102	.039
5	ED.Q					1	-.089	-.020	-.067	-.052	.183 ^b	-.102	.141 ^a
6	NFRC						1	.146	.197 ^b	.332 ^a	.237 ^a	.206 ^b	.120
7	PNCO							1	-.039	.435 ^a	.013	.126	.112
8	FMDS								1	.387 ^a	.270 ^a	.400 ^a	.036
9	PA									1	.339 ^a	.436 ^a	.045
10	FFR										1	.401 ^a	.096
11	STN											1	.243 ^a
12	PRCE												1

N=123; 1=strongly disagree; 2=disagree; 3=Neutral; 4=agree; 5=strongly agree; p<0.05; a= p<0.01 (sig. at 2-tailed); b=p<0.05 (sig. at 2-tailed)

NYK	Number of years	FMDS	Feel marginalized and do not trust the system
YJ	Years on the job	PA	People are apathetic (don't care about others)
ED.Q	Educational qualification	FFR	Fight to ensure the right thing is done
NFRC	Have no faith in managers to resolve the conflict	STN	See things to be normal even if not what is expected
PNCO	People don't notice when conflicts occur	PRCE	People recognises conflict early and resolve them prior to escalation

The results indicate that the longer employees work with these government hospitals, the more likely they are in fighting with others for the right thing to be done even if management and other authorities of these hospitals see nothing wrong with it (r=0.033; p<0.05). Older employees are more likely to see things as normal even if it does not conform to their expectations (r=0.148, p<0.01). Again, these workers who are old are able to recognize conflicts early and resolve them before they escalate (r=0.268; p<0.01). Looking at female employees, the results show that they feel they have been marginalized since most of the top positions are dominated by men (r=0.206; p<0.05). Further analysis

also shows that employees educational level positively associates with their early recognition of conflicts and try to resolve them rather than allowing the conflict to reach an advanced stage with $r=0.141$ at $p<0.01$. Lastly with $r=0.183$; $p<0.05$, people with higher qualifications from their experience and education understand situations and prefer dialogue in coming into a compromise rather than engaging in conflict with others.

Apart from looking at the demographic factors and its influence on conflict, there was the need to also look at the conflict management techniques adopted by these government hospitals. The interviews conducted with the 10 heads or deputy heads of human resource of the government hospitals indicated that all the hospitals (100%) follow a well documented procedure for resolving conflicts at the workplace. To these respondents, the procedure for resolving conflict was adopted by both management and employees of these hospitals through a collective bargaining agreement by the two parties. Looking at this, the researchers see it as a system adopted by the hospitals to boost employees' confidence for them to report disagreements with their colleagues, subordinates and superiors so that they are resolved to the satisfaction of both parties. Again, having this system in place creates the avenue for both parties to explain why they are in disagreement so that compromise could be reached without prolonging the conflict.

5. CONCLUSION

The study assesses demographic factors and its influence on conflict in Ghana government hospitals. Data collected through questionnaires and interviews as well as the statistical analysis shows that demographic factors (age, educational level, gender and number of years on the job) have influence on conflict and its occurrence in Ghana government hospitals. This means that as most conflicts are perceived to be dysfunctional, there is a need for managers of these hospitals to take these factors into consideration when coming out with policies since differences in interpretation of these policies may come as a result of differences in these demographic factors. Again, employee differences in reasoning and thinking are potential triggers of conflict and the former comes as a result of differences in age, sex, educational levels and years of experience on the job among group of employees doing the same work or in a particular organization. Last, the kind of leadership style managers of these government hospitals adopt in managing their people should take cognizance of these factors since older people, people with higher level of education and had also served in these hospitals for a longer period of time feel peeved when they are not considered when a decision is taken.

6. SUGGESTIONS TO POLICY MAKERS

Managers manage people with different age, educational level, gender and experience on the job and their behavior tends to be different as a result of differences in these demographic factors. It is therefore suggested that managers acting in the capacity as policy formulators need to assign weight to these demographic factors before these policies are formulated if they are to be embraced by these people. The differences in existence of these demographic factors among people at the workplace means that even if policies are well acceptable to employees, inter conflict among individuals at the workplace is not avoidable. On this note, it is suggested that policy makers also need to

pay much attention to ensuring that a well documented policy on addressing conflict is made known to all their employees and their involvement in the preparation of such policy is crucial if it is to be acceptable to them.

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