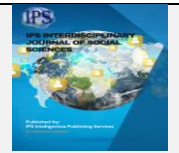




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# Consequences of Disagreement between Patients and Workers in Two Health Centers (Omoku and Okwuizi Model Primary Healthcare Centers), in Ogba-Egbema-Ndoni Local Government Area of Rivers State

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Abstract	Article History
<p>This study examined Consequences of Disagreement between Patients and Workers in two Health Centers (Omoku and Okwuizi Model Primary Healthcare Centers), in Ogba/Egbema/Ndoni Local Government Area of Rivers State. <b>Introduction:</b> Disagreement in healthcare arises due to a list factors such as poor communication, competition among professionals, and power differences and it regularly occurs in matters such as whether or not to limit life-sustaining treatment, the appropriate time for patients to be discharged from the intensive care unit (ICU) and the patients' death. <b>Methodology:</b> The study used a descriptive research design with a sample size of 846 persons was selected via simple random sampling technique. A structured questionnaire was used for data collection while SPSS was adopted for the data analysis. <b>Results:</b> The study showed that there are high level of disagreement between patients and workers in two health centers in Ogba/Egbema/Ndoni Local Government Area of Rivers State, with Okwuizi Health Center having the highest percentage respondents' based on the fact that issues of this manner had occurred several times in the health center. The study reported that the mean rating and Standard Deviation of consequences of patients and workers in two health centers in Ogba/ Egbema/Ndoni Local Government Area of Rivers State is 2.57 and 0.516 for the Omoku Health Center, and 2.35 and 0.661 for Okwuizi health center indicating that the consequences of disagreement is adequate for troubles in the affected health centers. The finding also revealed that the mean rating and Standard Deviation on factors responsible for disagreement between patients and workers in two health centers in Ogba/Egbema/Ndoni Local Government Area of Rivers State is 2.45 and 0.624 for Omoku health center and 2.25 and 0.667 for health center workers at Okwuizi health center indicating that the factor responsible for disagreement was significantly adequate in the investigation. <b>Conclusion:</b> Disagreement is a constant issue in healthcare profession, reaction to disagreement has a great impact on quality patient care. Its consequences and effects on the health institutes vary leading to either an improvement or deterioration of quality of health care delivery services.</p> <p><b>Keywords:</b> Health Centers, Awareness; Consequences; Disagreement; Patients; Health Workers, Omoku, Okwuizi</p>	<p>Received: 15 Feb 2024 Accepted: 23 Feb 2024 Published: 01 Mar 2024</p> <p><b>Scan QR code to view*</b></p>  <p><b>License: CC BY 4.0*</b></p>  <p><b>Open Access article.</b></p>
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## Introduction

The priority of healthcare providers is to provide quality care to their patients and this can only be achieved when different professionals come up with different ideas regarding the best possible plan of care needed for a patient. Because these professionals have different values and beliefs, when working together, their greatest challenge is disagreement and disagreement management. Nurses are usually the most affected due to their constant interaction with patients. Acknowledging that disagreement is a constant issue in healthcare, professionals' reaction to disagreement has a great impact on quality patient care (Higazee, 2015).

Disagreement in healthcare arises due to a list factors such as poor communication, competition among professionals, and power differences. Critical medical situations involving far-reaching decisions about the life and death of a seriously ill patient, are very challenging for healthcare professionals and often becomes impossible due to their incompetence, hence challenged and conflict can easily arise (Azoulay, 2019).

Disagreement between healthcare professionals and relatives regularly occur in matters such as whether or not to limit life-sustaining treatment, the appropriate time for patients to be discharged from the intensive care unit (ICU) and the patients' death (Schuster, *et al*, 2018). Also, physicians' lack

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of communication skills, their uncertainty about their own clinical judgment, job strain as well as intra-team conflicts can impede adequate communication with families (Visser, *et al*, 2018). Such conflicts may considerably jeopardize the provision of adequate care for the patient, but can also endanger the critical care team's wellbeing and cohesion.

Individuals have unique characteristics which can be seen from their personalities, values, goals, and culture attitudes (Moeller *et al.*, 2018). Hence, when confronted with challenges, they tend to react differently and these differences bring about animosity between team members affecting job satisfaction (Patton, 2019).

Almost, Doran, Hall, and Spence Laschinger (2018) noted that dispositional characteristics were found to be a major cause of disagreement in the nursing field. Individuals have unique personalities and vary in "attitudes, opinion, beliefs, culture emotional stability, maturity, education, gender, language, etc." Incompatibilities between and amongst persons can include "personality clashes, tension and annoyance".

Skjørshammer (2018) who defines disagreement as a state of interaction between individuals manifested through disagreements or animosity due to differences in values and beliefs. Patton, (2017) also defines disagreement as "a process in which one party perceives that its interests are being opposed or negatively affected by another party." Additionally, Patton (2019) posits that individuals possess their own opinions, ideas and sets of beliefs, which arise from the different cultural backgrounds they are brought up from. This has resulted in different ways of looking at situations and acting. Disagreement arises in different scenarios which may involve other individuals, groups of people, or a struggle within one's self, hence can influence the actions and decisions of individuals in one way or another and it occurs in different levels, which include; intrapersonal disagreement that exists within an individual which takes place in a person's mind and it psychologically involves an individual's thoughts, values, principles, and beliefs which can profoundly influence hospital functioning.

Secondly, interpersonal disagreement occurs between two individuals. Coming from different cultures and professions, we have varied personalities which usually results in incompatible choices and opinions. The personal source of disagreement occurs between two individuals who need to work together despite the differences in their goals and professional know-how. If these individuals don't come to an understanding when performing a given task, disagreement develops, and this eventually impacts the quality of patient care (Bercovitch, 2019).

Also, there is intragroup disagreement which happens among individuals within a team and is usually because of incompatibilities and misunderstandings among individuals working within the group. Lastly, there is the intergroup disagreement which occurs when there is a misunderstanding between different groups or teams in an

organization. (Evans, 2018; Menon, *et al.*, 2019). Consequences disagreement between patients and healthcare workers are lack of trust, poor communication, cost etc (Karaca & Zehra, 2019).

Stéphane C, *et al* (2018) conducted a study to explore professionals' experiences and perceptions of whether, how, and what types of disagreement affected the quality of patient care with 82 semi structured interviews with randomly selected health care professionals in a Swiss teaching hospital (October 2014 and March 2016). Participants related stories of team conflicts (intra / inter professional, among protagonists at the same or different hierarchical levels) and the perceived consequences for patient care. Findings revealed that workplace conflicts among professionals are frequent in health care. A majority of health care professionals has witnessed disruptive behaviors or perceived conflicts on a weekly basis. In the United States, 20% of residents reported serious conflicts with other staff members, and 43% of surgeons reported experiencing conflicts about postoperative goals of care with intensivists either sometimes or always.

### Statement of the problem

Disagreement is one of major issues found in any organization, including hospitals, where constant human interaction occurs. The potential for disagreement to arise in a hospital setting is considerably higher due to the complex and frequent interactions among the health workers and patients and the variety of roles they play. Disagreement influences clinical decision-making as much as collaboration and positive relationships do. It is against this backdrop that this study is carry out to investigate the consequences of disagreement between patients and workers in two health centers in Ogba/ Egbema/Ndoni Local Government Area of Rivers State.at Port Harcourt City Local Government Area of Rivers State

### Purpose of the Study

The purpose of this study is to assess the Consequences of Disagreement between Patients and workers in two health centers, (Omoku and Okwuizi Model Primary Healthcare Centers), in Ogba/Egbema/Ndoni Local Government Area of Rivers State.

The specific objectives of this study are:

1. To determine the extent of disagreement between patients and workers in two health centers (Omoku and Okwuizi Model Primary Healthcare Centers), in Ogba/Egbema/Ndoni Local Government Area of Rivers State.
2. To examine the consequences of disagreement between patients and workers in two health centers (Omoku and Okwuizi Model Primary Healthcare Centers), in Ogba/Egbema/Ndoni Local Government Area of Rivers State.
3. To identify the factors responsible for disagreement between patient and workers in two health centers (Omoku and Okwuizi Model Primary Healthcare Centers), in Ogba/Egbema/Ndoni Local Government Area of Rivers State.

## Research Questions

1. What is the extent of disagreement between patients and workers in two health centers (Omoku and Okwuizi Model Primary Healthcare Centers), in Ogba/Egbema/Ndoni Local Government Area of Rivers State?
2. What are the consequences of disagreement between patients and workers in two health centers (Omoku and Okwuizi Model Primary Healthcare Centers), in Ogba/Egbema/Ndoni Local Government Area of Rivers State?
3. What are the factors responsible for disagreement between patient and workers in two health centers (Omoku and Okwuizi Model Primary Healthcare Centers), in Ogba/Egbema/Ndoni Local Government Area of Rivers State?

## Methodology

### Research Design

The study employed a descriptive survey method and was conducted between September and October, 2022 to assess the Consequences of Disagreement between Patients and workers in two health centers (Omoku and Okwuizi Model Primary Healthcare Centers), in Ogba/Egbema/Ndoni Local Government Area of Rivers State.

### Study Area

The study was conducted in Omoku and Okwuizi primary health centers in Ogba/ Egbema/ Ndoni Local Government Area of Rivers State. These towns lies between geographical coordinates of Latitude 21<sup>o</sup>58'E and 16<sup>o</sup> 48'E and Latitude 24<sup>o</sup>57'E and 16<sup>o</sup> 44'E in the Niger Delta region of Nigeria (South South Geopolitical Zone). It shared common boundaries with Obrikom and Imo state in the North, Ndoni in the West, Okposi and Obrikom Communities in the South and Obor/Ikiri and Agha Communities in the East respectively.

### Study Population

The population of this research comprised of patients and workers in two health centers (Omoku and Okwuizi Model Primary Healthcare Centers), in Ogba/Egbema/Ndoni Local Government Area of Rivers State

### Sample Size and Sampling Technique

The sample size for this study was determined using 20% of the population of the study (i.e.)  $n = 20\% \times 6996$

Where; N = population of study = 6,996

$$n = 20/100 \times 6996$$

$$n = 1,399$$

A systematic random sample method was used to select the study participants. A total of 1,399 questionnaire were distributed among the study participants, 846 were correctly filled and retrieved by the researcher.

### Instrument for Data Collection

The method of data collection was self-administered questionnaire. The questionnaire were shared to the Respondents' directly by the researcher who asked them to fill in the relevant space and in turn returned them back to the researcher.

## Method of Data Collection

Data were analyzed using SPSS (mean rating, standard deviation, ranking, frequencies and percentages).

## Ethical Approval

An approval letter was received by the researcher from the ethical committee, department of public health, Rivers State College of Health Science and Management Technology, Port Harcourt that enables him to conduct research in the study Area.

## Results

Table 1 Shows that 380(44.9%) of the respondents' were male while 466(55.1%) of the Respondents' were female.

**Table 1:** Respondents' Gender

Gender	Frequency	Percentage (%)
Male	380	44.9
Female	466	55.1
<b>Total</b>	<b>846</b>	<b>100</b>

Table 2 Shows that out of 846 respondents', 110(13.0%) were within the age range of 20 - 25 years, 169(20.0%), were within the age range of 26 – 30years, 287(33.9%) were within the age range of 31 – 35years while 280(33.1%) were 36 years and above.

**Table 2:** Respondents' Age

Age	Frequency	Percentage (%)
20 – 25years	110	13.0
26 – 30 years	169	20.0
31 – 35years	287	33.9
36years and above	280	33.1
<b>Total</b>	<b>846</b>	<b>100</b>

**Table 3.** Shows that 359(42.4%) of the respondents' were single, 389(46.0%) of the Respondents' were married, 64(7%) of the respondents' were divorced, while 40(4.7%) of the respondents' were widow/widower.

**Table 3:** Respondents' Marital status

Marital status	Frequency	Percentage (%)
Single	359	42.4
Married	389	46.0
Divorced	64	7
Widow/widower	40	4.7.
<b>Total</b>	<b>846</b>	<b>100</b>

Table 4. Shows that 346(40.9%) of the respondents' were health workers. while 500(59.1%) of the respondents' were patients.

**Table 4:** Categories of Respondents'

Categories	Frequency	Percentage (%)
Health Workers	346	40.9
Patients	500	59.1
<b>Total</b>	<b>846</b>	<b>100</b>

Table 5 Shows that out of 846 respondents', 53(6.3%) have non – former education, 340(40.2%) have primary education and 375(44.3%) have tertiary education respectively.

**Table 5:** Respondents' Educational Level

Educational Level	Frequency	Percentage (%)
Non - former	53	6.3
Primary	340	40.2
Secondary	375	44.3
Tertiary	78	92.2
<b>Total</b>	<b>846</b>	<b>100</b>

Table 6 Shows that 650(76.8%) of the respondents' were Christians, 30(3.5%) of the respondents' were Muslim, while 166(19.6%) were into traditionalist.

**Table 6:** Respondents' Religion.

Religion	Frequency	Percentage (%)
Christianity	650	76.8
Islam	30	3.5
Traditionalist	166	19.6
<b>Total</b>	<b>846</b>	<b>100</b>

### Research Questions

The extent of disagreement between patients and workers in two health centers (Omoku and Okwuizi model primary healthcare centers), in Ogba/Egbema/Ndoni Local Government Area of Rivers State were presented in Table 7.

**Table 7:** Score and Percentage of Extent of Disagreement between Patients and Workers in Two Health Centers (Omoku and Okwuizi Model Primary Healthcare Centers), in Ogba/Egbema/Ndoni Local Government Area of Rivers State

Health Centers	N	Response	Mean $\bar{X}$	SD	Remark
Omoku Health Center	300	676.1	9.98	1.86	Adequate
Okwuizi Health Center	546	790.8	19.46	2.75	
<b>Total</b>	<b>846</b>				

Extent of Consequences of Disagreement of Patients and Workers in two Health Centers (Omoku and Okwuizi Model Primary Healthcare Centers), in Ogba/Egbema/Ndoni Local Government Area of Rivers State were presented in Table 8.

**Table 8:** Mean Rating of the Extent of Consequences of Disagreement of Patients and Workers in Two Health Centers (Omoku and Okwuizi Model Primary Healthcare Centers) in Ogba/Egbema/Ndoni Local Government Area of Rivers State.

Health Centers	N	$\bar{X}$	SD	Rank	Remark
Omoku Health Center	300	2.57	0.516	15	Accept
Okwuizi Health Center	546	2.35	0.661	15	
<b>Total</b>	<b>846</b>				

The factors responsible for disagreement between patients and workers in two health centers (Omoku and Okwuizi Model Primary Healthcare Centers), in Ogba/Egbema/Ndoni Local Government Area of Rivers State were presented in Table 9.

**Table 9:** Mean Rating of Factors responsible for disagreement between Patients and Workers in two Health Centers (Omoku and Okwuizi Model Primary Healthcare Centers), in Ogba/Egbema/Ndoni Local Government Area of Rivers State.

Health Respondents' workers	N	$\bar{X}$	SD	Rank	Remark
Omoku Health Centre	300	2.45	0.624	15	Accept
Okwuizi Health Centre	546	2.28	0.667	13	
<b>Total</b>	<b>846</b>				

### Discussion

#### Extent of Disagreement between Patients and Workers in two Health Centers (Omoku and Okwuizi Model Primary Healthcare Centers) in Ogba/Egbema/Ndoni Local Government Area of Rivers State.

The finding from table 4.7 shows that 676.1 and 790.8 of both groups agreed that there are high level of disagreement between patients and Workers in two Health Centers (Omoku and Okwuizi Model Primary Healthcare Centers) in Ogba/Egbema/Ndoni Local Government Area of Rivers State, with Okwuizi Health Center having the highest percentage respondents' based on the fact that issues of this manner had

occurred several times in the health center. Ekpo (2000) investigated this same matter (research) and came up with the fact that it is a reoccurring issues both in public or private health institutions.

#### Extent of consequences of Disagreement of Patients and Workers in two Health Centers (Omoku and Okwuizi Model Primary Healthcare Centers) in Ogba/Egbema/Ndoni Local Government Area of Rivers State.

Another finding of the study as portrays in table 4.8 indicated that the mean rating and Standard Deviation (S.D) of

consequences of patients and 2 health centers in Ogba/Egbema/Ndoni Local Government Area of Rivers State is 2.57 and 0.516 for the Omoku Health Center, and 2.35 and 0.661 for Okwuizi health center indicating that the consequences of disagreement is adequate for troubles in the affected health centers. On the whole, it is generally accepted that the life pattern of patients of health workers is basic issue that brings the disagreement in the affected health centers.

### Factors Responsible for Disagreement between Patients and Workers in two Health Centers (Omoku and Okwuizi Model Primary Healthcare Centers) in Ogba/Egbema/Ndoni Local Government Area of Rivers State.

Similarly, finding from table 4.8 revealed that the mean rating and Standard Deviation (S.D) on factors responsible for disagreement between patients and 2 health centers workers in Ogba/Egbema/Ndoni Local Government Area of Rivers State is 2.45 and 0.624 for Omoku health center and 2.25 and 0.667 for health center workers at Okwuizi health center indicating that the factor responsible for disagreement was significantly adequate in the investigation.

The rank results of the two groups is 15 for each group. This means that factors of disagreement are pre - eminent in the series of squabbles and problems in the affected health centers.

### Conclusion

Acknowledging that disagreement is a constant issue in healthcare profession, reaction to disagreement has a great impact on quality of patient care. The consequences of health care workers' disagreement are many and its effects on the health institutes vary leading to either an improvement or deterioration of quality care regardless of the methods used by the nurse manager for disagreement resolution. Negatively, it has an adverse effect on productivity, morale, and patient care and may result to low employee turnover, limit staff contributions and as such impeding efficiency.

### Recommendations

The management of Rivers State Hospital Management Board should develop comprehensive plans to enhance good working relationship between staff and patients.

Hospital administrators need to implement specific interventions programmes Sin health workers supervision and management geared toward enhancing disagreement resolution and foster teamwork in the workplace at the individual, departmental and organizational levels.

### References

- Azoulay E, Timsit JF, Sprung CL, Soares M, Rusinová K, Lafabrie A, et al. (2019). Prevalence and factors of intensive care unit conflicts: the conflictus study. *Am J Respir Crit Care Med.*; 180:853–60.
- Bercovitch RM. (2019). *Essentials of nursing leadership and management*. PA: F.A. Davis Company 4th ed.
- Higazee M, (2015). *Types and levels of conflicts experienced by nurses in the hospital settings*. *Health Science Journal*. Available from: <http://www.hsj.gr/medicine/types-and-levels-of-conflicts-experienced-by-nurses-in-the-hospital-settings.php?aid=7838>.
- Moellar, O, Asokere A, Abdul-Azeez I, Ajemunigbohun S. (2018). Empirical study of the effect of conflict on organizational performance in Nigeria. *Business and Economics Journal*. 20:15–21
- Laschinger, R. (2018). "Conflicts of interest and the physician-patient relationship in the era of direct to-patient advertising." *Journal of Clinical Oncology* 25.7; 902-905.
- Karaca, R. & Zehra A. (2019). *Organizational behavior (9th ed.)*. New York, NY: McGraw-Hill.
- Menon, J. Mosadeghrad AM, Arab M, & Mojbafan A (2019). Consent and Autonomy" *In is it Rape?* (London: Routledge.), 113-148. MbyRes in Philosoph
- Patton, C M, (2019). An overview of end-of-life issues in the intensive care unit. *Int J Crit Illn Inj Sci.*; 1:138–46.
- Patton, C M, (2017). *Conflict in Health Care: A Literature Review. The Internet Journal of Healthcare Administration. (9).1*. Available from: <http://ispub.com/IJHCA/9/1/20081>
- Robert, P. (2016). Conflict management styles in the health professions. *J Prof Nurs.*; 23:157–66.
- Schuster RA, Hong SY, Arnold RM, & White DB. (2014). Investigating conflict in ICUs-is the clinicians' perspective enough? *Crit Care Med.* 42:328–35.
- Skjørshammer, M, (2018). Getting to Cooperation: Conflict and Conflict Management in a Norwegian Hospital. Available from <https://brage.bibsys.no/xmlui/bitstream/id/316619/DoktoravhandlingMortenSkjorshammer.pdf>.
- Visser M, Deliens L, & Houttekier D. (2018). Physician-related barriers to communication and patient- and family-centered decision-making towards the end of life in intensive care: a systematic review. *Crit Care.*; 18:604.

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