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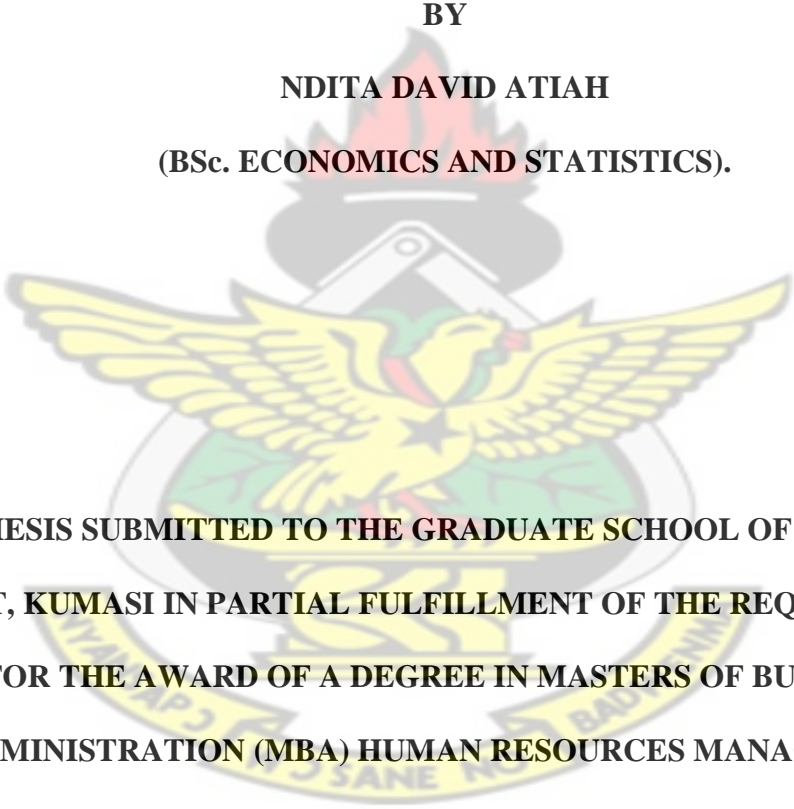
**AN INVESTIGATION INTO ORGANIZATIONAL CONFLICT IN THE
HEALTH INSTITUTIONS IN THE NORTHERN REGION OF GHANA.**

KNUST

BY

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(BSc. ECONOMICS AND STATISTICS).



**A THESIS SUBMITTED TO THE GRADUATE SCHOOL OF BUSINESS,
KNUST, KUMASI IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE AWARD OF A DEGREE IN MASTERS OF BUSINESS
ADMINISTRATION (MBA) HUMAN RESOURCES MANAGEMENT**

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DECLARATION

Except for references from the works of other writers, which have been duly acknowledged, this piece of work is sole report of I, DAVID NDITA ATIAH, submitted as dissertation is the result of my own research work and that no work of such manner has been presented to this University.

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My God bless us all.

DEDICATION

I dedicate this piece of work to the Almighty God, my late parents Mr.Ndita Ayabiga Ageriga(my late father),Mrs.Abariya Ndita (my late Mother).my supervisor Dr.(Mrs.)Florence Ellis. Otumfuo King Osei Tutu(II), Naba Salifu Alemiyarum (the paramount chief of the Bongo Traditional Area), my good lecturers at the School of Business (KNUST), my beloved brothers and sisters, Pastors Dr.Mensah Otabil, Ransford Obeng of CCC,, Eastwood Anaba and all my loved ones.



ABSTRACT

The main aim of the study was to find out the nature of organizational conflicts in the Health Institutions in the North Region of Ghana. The study areas were Tamale Teaching Hospital and Tamale Central Hospital. As a result, the study reviewed the related literature on the concepts of organizational conflicts and how these affect the individuals and group members at the workplaces. The study adapted quantitative method, which was both descriptive and explanatory in nature. This involved the use of questionnaires, which was analysed using the Statistical Package for the Social Scientists (SPSS). A convenient sample of 140 was selected with a response rate of 135. The study revealed the causes of conflict to include issues such as limited resources, deficiencies in information flow, conflicting interest, overlapping tasks, interdependence, time pressure and collective decision-making. This they believed resulted in conflict between junior staff and senior staff in the Health Service.

This study also revealed that conflict had negative effects on staff performance and institutional development in general. The findings are in support of Huczynski and Buchanan (2001) and Robbins (1997) assertions that conflicts that were not handled well impact negatively on the organizations as well as its members. According to them, dysfunctional conflict takes employees focus from work to be done and places it on the parties involved in the conflict. It breeds discontent, dissolves common ties, brings about fear and stress and eventually leads to destruction of groups. The study therefore, recommends that management as well as the staff should try to come to consensus in conflict situations and such misunderstandings should be taken in good faith and dealt with, for peaceful co-existence and healthy organizational climate

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LIST OF ABBREVIATIONS

GHS	Ghana Health Service
HRM	Human Resource Management
SPSS	Statistical Package for the Social Scientist
BMC	Budge And Management Centre
MOH	Ministry of Health

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CHAPTER ONE

INTRODUCTION

1.1 Background of the study

The Ghana Health Service together with its partners and other health agencies is responsible for the provision of health care delivery to the people of Ghana. This involves the planning, implementation, monitoring and performance assessment of health programmes and services. In order to fulfill this role there is the need for productive conflict in the health services in Ghana. The health sector has an invaluable role it plays in the continuous development of the country. According to World Health Organization (WHO), a well functioning healthcare system requires a robust financing mechanism; a well trained and adequately paid workforce; reliable information on which to base decisions and policies and well maintained facilities and logistics to deliver quality medicines and technologies as well as a workforce that does not allow organizational conflict interfere with health delivery.

While conflict is inevitable in groups and organizations due to the complexity and interdependence of organizational life, theorists have differed about whether it is harmful or beneficial to organizations. Early organizational conflict theorists suggested that conflict was detrimental to organizational productivity (Pondy, 1967; Brown, 1983). Their focus was more on the causes and resolution of conflict (Schmidt and Kochan, 1972; Brett, 1984)

Conflict may be described as a disagreement or incompatibility in wants, values and aspirations of two or more persons or groups. It may also entail differences in people's opinions, beliefs and priorities. Owens (1987) believes that a conflict is a contest of opposing forces or powers; a struggle to resist or overcome; it is present whenever incompatible activities occur.

Conflict connotes a stressful, unhappy, distressing, depressing, annoying and frustrating state of affairs (Sagimo, 2002). In spite of the many negative connotations of conflict, some scholars are of the conviction that conflict is necessary for authentic involvement, empowerment and democracy (Afful-Broni, 2007; Tjosvold, 1997). Putnam (1977) also believes that conflict can be used to balance power, to improve communication, and to develop a foundation to manage differences. What makes conflict potentially dangerous is the fact that since a large number of people are unaware of how to identify it or deal with it when it initially occurs, it tends to be more recognizable mostly when its effects have escalated into destructive, sometimes irreparable levels.

Stewart (1998) stressed that conflict can be prevented or at least, reduced through good communications, some creative approaches to problem-solving, openness, fairness and consensus building and for optimal group co-existence

1.2 The statement of the problem

Despite efforts being made by the Ministry of Health, Ghana Health Service and its partners to provide the country with quality health care to meet the requirements of clients (people who need the healthcare), due to organizational conflict, there is still a lot to be done. In Northern Region alone, there were 237 health facilities both public and private as of 2010. All the 2013 annual reports on monitoring and supervisory visits by the various Policy Planning Monitoring and Evaluation units (PPMEs) - Public Health, Clinical Care and the Health Administration and Support Services of the Tamale Regional Health Directorate shows that most communities do not receive efficient health care delivery due to some factors including unresolved organizational conflict (Annual Report, Tamale 2013). These therefore, leave the clients with no alternatives than to fall on the traditional medicines or travel over long distances in

search of health care or seek spiritual assistance from churches, shrines, witchdoctors and so on.

For Ghana to achieve the health standards it envisages there is the need for proper conflict management. According to current perspectives which opposes the traditional view, “conflict in itself is neither good nor bad” (Kreitner, 1998). It is the way we react to it (Palmer, 1990). With this new perspective, some go further to say that conflict performs some positive functions (Avis,1992). While the modern views of conflict now dominate, the debate over the precise nature and functions of conflicts continues. However, the degree or extent to which organizations such as Health institutions can be said to be better off or worse off by looking at both the benefits and problems of organisational conflicts.

The Health sector has over the years witnessed many conflict situations; the recent one was between the nurses and the administration of Korle-Bu Teaching Hospital which resulted in the semi closure of the Hospital due to the situation. One wonders whether the Health Sector is doing enough in the management of conflict(Joy Radio News,2014).

It is hoped that when conflict among staff is effectively managed and utilized positively by the sector, the management will be able to maximize its positive effects. It is based on this premise that the researcher will attempt to apply a useful conceptual approach to the understanding of conflict in Ghana Health Service, specifically at the Tamale Teaching Hospital and Tamale Central Hospital to present the current consensus in the management literature about how conflict can be managed effectively.

1.3.0 Objective of the study

The objective for this study is made up of the general objectives and the specific objectives

1.3.1 General objective

Generally, the study is an investigation into organizational conflicts and its management in the Ghana Health Service.

1.3.2 Specific objectives

The specific objectives are:

1. To identify the types of conflicts in the Ghana Health Services in the Northern Region.
2. To determine the sources of conflicts in the Ghana Health Services.
3. To find out the effects of conflicts in the Ghana Health Services

1.4. Research questions

1. What are the types of conflicts in the Ghana Health Services in the Northern Region?
2. What are the sources of conflicts in the Ghana Health Services?
3. What are the effects of conflicts in the Ghana Health Services?

1.5 Significance of the study

This study is important because it will increase knowledge. The study provides researchers a better perspective in understanding an academic subject like organizational conflict, its causes and effects whilst giving researchers an opportunity to assess the issue in an applied environment.

Investigating into conflict and its management in Ghana Health Service is vital since the study would serve as a base line study for policy recommendations and interventions on addressing conflict related issues in Ghana. The study also intends to provide the academic community with information that students studying in a related field could access for reference purposes. The study will be adding more information to existing research, since there is a depth of research in this area. Substantial information in this respect is very much needed.

Furthermore, this study will improve and sharpen the research gathering and analytical skills of the researcher, a skill that is not taught in the lecture halls and can boost his employability.

1.6 Brief methodology

The nature of the study required adopting case study approach. This was to help the researcher focus and have an in-depth understanding on issues being looked into. The study's target group constituted employees at both the operational level and managerial level. A quota sampling technique was adopted in choosing the sampling size for the study. These were gathered with the aid of questionnaires. Quantitative technique was used in analysing data. The data were edited and coded using Statistical Package for Social Scientists (SPSS) and Microsoft excel. The findings were reported in tables and graphs according to concepts in order to address the purpose of the study. In line with the objectives of the study, both primary and secondary data were required. Therefore, secondary sources of data were obtained from journals, periodicals, newspaper, magazines, the Internet, and hospital records. Additional information was also obtained from the Ministry of Health.

1.7 Scope of the study

This study was limited to the employees in the Ghana Health Service in the Northern Region of Ghana. More specifically the employees of two main public hospitals were the target respondents.

1.8 The Limitations of the study

In the study process, the researcher had encountered numerous problems. First, the study could have covered the health sector but the researcher had to choose the two main public hospitals as a case study to represent the sector in general because of time constraints. Also, a lack of data or reliable data required the researcher to limit the scope of the analysis and the sample size. There is the tendency of employees concealing information and distorting the ones they provide for personal reasons.

Again, lack of cooperation from the Hospital management was a limitation. The management initially was of the view that it was a waste of time and viewed such an exercise as purely academic in no way beneficial to them. They had doubts that anything would be done to minimize the effects of conflicts they would identify. Furthermore, financially, the researcher faced challenges because a lot of money was needed in moving between the selected study areas in administering the questionnaires.

Lastly, the study used convenience-sampling where the sample chosen was for convenience and may not be representative enough and the use of simple statistical techniques may introduce an element of subjectivity into the interpretation and analysis of data. However, the researchers believe that the above mentioned

limitations would not affect the quality of information therein contained to any marked degree.

1.9 Organization of the Study

The study is organized into five different chapters as follows:

Chapter one contains the introduction which is made up of background of study, problem statement, objectives of the study, research questions and significance of the study.

Chapter two deals extensively with the literature review on organizational conflict, its causes, effects and management. Numerous books and journals were referred to for this purpose.

Chapter three is devoted for the methodology employed in sourcing data from the target respondents.

The chapter four will deal with data presentation, analysis and discussion.

The last chapter, chapter five, is the summary of the findings, together with the conclusion and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Chapter one focused on the introduction of the study. It introduced the background, and justification of the study into organizational conflict and its managements in the Health institutions in the Northern Region of Ghana.

This chapter examines and reviews the concepts and definitions of organizational conflict.. The chapter examines the various types of conflicts in organization, the sources of organizational conflicts and conflicts management strategies. The discussions also attempt to ascertain how conflicts influence and thus affect employees as well as the organizational performances.

2.1 The concept of organizational conflict

As the name suggests organizational conflict exists only when a chain of command and bureaucracy has been established. For most people, the term organizational conflict carries some negative connotations. An effective organization is typically thought of as a coordinated group of individuals, working towards common goals. In this view, conflict would only hinder the coordination and team – work necessary to achieve the organization’s ambition and foster cohesion and creativities. Organizational conflict occurs, as actors engage in activities that are incompatible with those of colleagues within their network, members of other organizations, or unaffiliated individuals who utilize the services or products of the organization (Rahim, 2002). Another view point on conflicts posits that conflicts in organization improve the organizational effectiveness by stimulating change and improving the decision – working processes.

2.2 Definitions of Conflict

There is no one comprehensive definition of conflict hence it has a plethora of definitions as it depends on the perspective from which one is looking at the concept. Definitions of conflict have been given from various disciplines such as psychology and behavioural science. However, the common dominant themes in these definitions are the aspects of differing needs, goals, or interests and the perceived or real interference from those needs, goals or interest. Perception plays an important role in conflict. If the conflict is not perceived by either party, then it does not exist. However, when a conflict is perceived it occurs whether or not the perception is real (Mcshane & Glinow, 2000; Horowitz & Bordens, 1995; Certo, 2000).

There are several definitions of conflict. Conflict is a process of social interaction and a social situation, where interests and activities of participants (individuals or groups) actually, or apparently, confront, block and disable the realization of one party's objectives (Jambrek, Penić, 2008, 1199). In addition, conflict is a process where person A deliberately makes an effort to prevent efforts of person B with an opposing action, which will result in frustrating Person B to achieve his goals or satisfy his interests (Robbins, 1995).

Rahim (2002) conceptualizes conflict as an interactive process manifested in incompatibility, disagreement, or dissonance within or between social entities (individual groups, organizations, etc). Slocum & Woodman (1998) argue that the term conflict is difficult to define, because it occurs in many different settings. They further explain that the fundamental nature of conflict seems to be disagreement, contradiction or incompatibility and thus, refers to any situation in which there are incompatible goals, cognitions or emotions within or between individuals or groups that lead to opposition or aggressive interaction. An activity that is incompatible with

another is one that prevents, blocks or interferes with the occurrence of the second activity. Certo (2000) buttresses this statement by defining conflict as the struggles that result from incompatible or opposing needs, feelings, thoughts or demands within a person or between two or more people.

Weiten (1986) shares similar views when he explains that “conflict exists when there is a coexistence of incompatible motives, behavioural impulses, beliefs or values”. In an apparent support of this view, Nelson and Quick (2000) define conflict as “any situation in which incompatible goals, attitudes, emotions or behaviours lead to disagreement or opposition between two or more parties”. Tjosvold, cited in Kreitner (1998), gives an insightful definition, according to him, “conflict involves incompatible behaviours; one person interfering, disrupting or in some other way making another’s action less effective”. Thus, conflict can be compared to a situation that makes one feel less effective. Based on the above definition, Kreitner (1998) came out with two faces of conflict, namely competitive (or destructive) conflict and cooperative (or constructive) conflict.

According to Crawley (1992), conflict is a manifestation of differences working against one another. Mcshane and Glinow (2000) affirm this assertion as they define conflict as a process in which one party perceives that its interests are being opposed or negatively affected by another party. On their part, Horowitz and Borden (1995) maintain that conflict is a disagreement over social issues, beliefs and ideologies or specific behaviours that occur when two aspirations are incompatible or when two or more parties have divergent interests concerning the same issue. From the various definitions given, two distinct features permeate; these are divergent views and the incompatibility of those views. The different definitions bring to the fore the theoretical approaches to explaining organizational conflict.

2.3 Theoretical approaches explaining organizational conflicts: The traditionalist view.

This proposition on conflicts assumes that all conflicts are bad. Any conflict, therefore, has a negative impact on an organization's effectiveness. The traditional approach thus, sees conflict as synonymous to such terms as violence, destruction and irrationality. To the proponent of the traditional view, one of the management's major responsibilities is to try to ensure that conflicts do not arise, and if they do, then the management should act promptly to resolve them. With this in mind, we can see from some assertions that the best way to manage conflict is to prevent it ever arising (Rowntree, 1996).

2.3.1 Theoretical approaches explaining organizational conflicts: The interactionist view

According to this view, conflict is fundamental, when it initiates the search for new and better ways of doing things and undermines complacency within the organization. Change does not happen by chance. It needs a stimulus. That stimulus is conflict. There must be some dissatisfaction with the status – quoted before conditions are right to initiate change. In this respect, an organization that is completely content with itself that is, one that is conflict free – has no internal forces to initiate the change processes. An organization totally devoid of conflict is probably also static, apathetic and non – responsive to the need for change. . Avis' (1992) asserts that conflict is “not only in escapable, but indispensable”. No organization exists in a vacuum. There are always some internal and external forces at play. These forces stimulate changes in an organization and help create the climate for growth. Changes is the process by which an individual or organization acts, is transformed from one set of behaviours to another. The two perspectives bring to the nature and levels of conflict

2.4 The Nature and Levels of Conflict

Organizational conflict is a broad term that covers all levels of conflict. It is paramount to stress here that most of the factors that cause organizational conflict are due to the bureaucratic structure of the organization. Organizational conflict is the discord that occurs when the goals, interest or values of different individuals or groups are incompatible and those individuals or groups block or frustrate each other's attempt to achieve their objectives (Miles, 1980). Organizational conflict can also exist between departments and divisions that compete for resources or even among senior members who may be competing for promotion to the next level in the organizational hierarchy.

Kinard (1988) observes that the very structure of an organization could cause conflict to emerge. He identified three major areas namely, specialization, the scalar principle and the chain of command. Highlighting on specialization, he admits that although it can make an organization more efficient, too much of it could have negative effect on employees. For instance, tasks that are routine and fail to challenge an individual's creativity are likely to lead to boredom and frustration. Besides as specialization increases due to expansion of the organization, creating departments become an unavoidable consequence and often members of a particular department normally team-up with one accord to achieve their own departmental goal to the detriment of the larger corporate goals (Rao, et al. 1987; Mullins 2005). They call this type of conflict horizontal conflict. The scalar principle of organizational structure had its foundation on the basis that authority flows in a scalar chain, that is, in a direct line from top to bottom starting from the top hierarchy member to the lowest subordinate. The chain of command concept is based on the management principle that an

employee must take instruction from one superior. If conflict is to be minimized, then authority must be well defined.

The nature and levels of conflict focus on the rather many levels of conflict, namely, intrapersonal, interpersonal, intergroup and organizational conflict.

2.4.1 Intra-personal Conflict

It is a type of conflict that occurs within an individual. According to Nelson and Quick (2000), there are several types of intrapersonal conflict, some of which are, inter-role, intra- role and person-role conflicts. They define role as a set of expectations placed on an individual by others. The person occupying the focal role is the role incumbent and the individuals who place expectations on the person are role senders. On the various types of intrapersonal conflict, they explain inter-role conflict as one that occurs when a person experiences conflict among multiple roles in his/her life. The most common inter-role conflict that many employees experience is work/home conflict, in which their role as workers clashes with their role as parents.

With regard to intra-role conflict, they explain it to mean a conflict within a single role. It often arises when a person receives conflicting messages from role senders as to how to perform a certain role. Suppose a Rector receives counsel from his personnel manager that he needs to socialize less with management employees, whilst he has also been told that in order to be a good leader he must relate well with all his personnel, this may result in intra-role conflict. Person-role conflict, according to them, occurs when an individual in a particular role is expected to perform behaviours that clash with his/her values. For instance, a purchasing officer may be asked by the bursar to inflate the prices of goods bought yet this may be against the moral value of

the purchasing officer. This may cause the purchasing officer to experience person-role conflict.

Kinard (1988) also posits that conflict within an individual or intra-personal conflict often results from conflicting needs and frustrating situations. A person entering an organization comes with high ambitions and attitudes. This ambition may necessitate sacrificing an equally important role such as time at home with family in order to perform extra task or attend lectures to upgrade him or herself. Sometimes, a solution seems impossible and the problem persists for a long time. The individual's stressful state in this scenario is caused by conflicting needs.

Kinard (1988) concludes that an individual in a given situation usually plays one or a few roles, shifting among them when entering situations where he or she has a different position or status. He proposed that when roles conflict, the individual must work out some scheme of priority or compromise. If this is impossible, frustration will cause performance or moral problems.

Wright and Noe (1996) group intrapersonal conflict into three types, the first type, they term, approach-approach. Under this, the individual has to choose between two equally attractive, profitable and desirable alternatives. The problem one faces is deciding on only one out of the various best alternatives. Out of the three types of intrapersonal conflict the approach-approach seems to be the least stressful since each alternative chosen has a capacity of yielding a desirable outcome. The second type of intrapersonal conflict is avoidance-avoidance, where the individual is torn between choosing two equally bad, undesirable and unattractive alternatives that have bad consequences. Unlike approach-approach, one would want to prevent both outcome in avoidance- avoidance, but it is inevitable. There must be a choice of one. Either of

these choices has an unpleasant effect. The final one, which is the approach-avoidance intrapersonal conflict, is a choice among a set of options that are perceived to have both good and bad outcomes. It deals with decisions that must be made between alternatives that are thought to involve both positive and negative outcomes. This type of intrapersonal conflict seems to be common in work places today, because many employees have to choose between the desire for career success which requires spending all their time at work place and the desire for more personal time which can limit career success and even job security.

Schnake (1987) explains intrapersonal conflict as conflict within an individual. It concerns inner priorities, an individual's own values, goals and perceptions. Wright and Noe (1996) point out that these conflicts arise when acting with regard to one value or goal prevents one from fulfilling an equally important goal or need. Nnadi (1997) confirms this assertion by stating that intrapersonal conflict exists within an individual as a result of having various needs. Schnake (1987) illustrates intrapersonal conflict with a supervisor who may give an instruction to a subordinate to do something that the subordinate considers to be morally unacceptable. In such a scenario, the subordinate is confronted with conflict between wanting to do as the supervisor says and doing something he believes to be morally wrong. Schnake (1987), however, makes it clear that because intrapersonal conflict occurs within the individual, it becomes difficult to recognize it, let alone manage it, unless the person is willing to share it with another person.

Rao., et al. (1987) refers to intrapersonal conflict as intra-individual conflict that is internal to the person and is probably the most difficult type of conflicts to analyze. They explain that everyone is faced with some form of need and that need becomes the basis for one's behavior at any given time. Goal directing is part of the human

endeavor and need satisfaction encourages people, whereas non-satisfaction of needs demoralize one's spirit and leads to the exhibition of unacceptable behavior pattern. Ironically, organizations are basically formed with the aim of meeting humanistic and economic needs of individuals but the nature of the same organization tends to create so many problems for individuals working in them. They further explain that as organizations grow, they tend to be less sensitive to the needs of individuals. In addition to the loss of their freedom, the individual is also stripped of his or her identity.

2.4.2 Inter-Personal Conflict

Inter-personal conflict occurs between two or more people. It normally arises as a result of two or more people competing for the same job, position or for limited resources (Rao., et al, 1987).

According to Mcshane and Glinow (2000), the most commonly cited reasons for inter-personal conflict in organizations are personality differences, perceptions, clashes of values and interests, power and status differences, and scarce resources. Wright and Noe (1996) do not only admit that this type of conflict arise out of differing values, goals or needs of individuals. They are also of the view that it is also likely to arise within groups that are heterogeneous, not only in the sense of representing the diversity of the workforce but also when representing different functions as in the case of cross-functional team. Kinard (1988) explains interpersonal conflict to involve confrontation or rivalries in the work place between individuals or between individuals and groups. He also cites competition for the same job or for limited resources and position as the root cause of interpersonal conflict. On individuals and groups interpersonal conflict, he states that it arises whenever group members resist conforming to group norms in an effort to promote his or her own

selfish interest. Nnadi (1997) buttresses this by stating that a group can go against an individual when the individual tries to promote personal interest at the expense of other employees or breaks the group's norms or rules. It could also occur when other employees feel threatened by an individual's achievement.

2.4.3 Inter-group Conflict

Inter-group conflict is the most frequent occurring problem facing managers in large organizations. According to Likert and Likert (1976), inter-group conflict occurs between groups or teams in an organization. They explain further that it arises as a result of the following situations: groups fighting for scarce resources, differences of opinion about the way a unit should be managed, dependence of one group on another, communication problems, and different interest and goals as well as lack of clarity of responsibilities. Kinard (1988) notes that inter-group relations are vital to the success of large organizations. He also observes that intergroup conflict occurs between two or more departments or interest groups because of limited resources such as personnel, money and equipment. He again explains that inadequate resources to satisfy the needs and wishes of all groups, as well as communication difficulties, conflicting interests, goals of groups and overlapping task definitions are factors which give rise to intergroup conflicts in organizations. Hellriegel et al. (1998) identify four different categories of intergroup conflicts within institutions. These are:

- Vertical conflict - This type of inter-group conflict occurs between employee groups at different levels.
- Horizontal conflict - It occurs between groups of employees at the same level
- Line-staff conflict - It happens between support teams and teams responsible for creating services.

- Diversity based conflict - It occurs between groups due to the nature of diversity such as race, religion, ethnicity, age and gender.

Shani and Lau (2000) refer to inter-group conflict as clashes and opposition between two teams or groups. According to them, inter-group conflict can be best understood by first considering conflict within the individual. They note that in the socialization process, individuals learn the conforming behaviours of society to the detriment of satisfying their own drives and desires. This process, according to them, can lead to internal conflicts that could easily be directed against other people. They give a second aspect of socialization process as where the individual develops a self-identity, which can be thought of as an integration of all the groups he or she has been a member of and has admired. These they term, positive reference groups. They also term groups that individuals have rejected as negative reference groups. They further explain that positive reference groups are groups that individuals are likely to cluster together when threatened or frustrated. All other groups become negative reference points.

Nelson and Quick (2000) observe that conflicts between groups can have positive effects within each group, such as increased group cohesiveness, increased focus on tasks, and increased loyalty to the group. However, it may have negative consequences when groups in conflict tend to develop an “us against them” mentality whereby each sees the other group/team as the enemy, becomes more hostile, and decreases its communication with the other group.

Wright and Noe (1996) noted that inter-group conflict in organizations often arises between line and staff employees. The line employees are those who are directly involved in organization’s product whilst staff employees provide supportive services.

This can be likened to the academic staff and the administrative staff in higher educational institutions. The line-staff conflict is one arising from the role and perceptual differences between line and staff employees. They submit that inter-group conflict can affect behaviour positively within each group, such as increases in group cohesiveness, task orientation, loyalty to group and acceptance of autocratic leadership as admitted by Nelson and Quick (2000). They also agree with other writers that inter-group conflict occurs for four basic reasons: the groups are interdependent; they have different goals, their perceptions are different and the organization increasingly needs specialists.

2.5 Types of Organizational Conflict-

Organizational conflicts are described as structural, interactional and procession/or process conflict.

- Structural or task conflict involves disagreements concerning different opinion, procedure and preferences related to the performance of tasks (Jehn, 1994). Task conflict has been linked to the exchange of ideas, opinion and perspective which impact well on quality decision making, team progress and efficiency, thereby promoting team performance (Jehn, 1995; pelled, 1996). Research addressing the determinants of group performance in organizations suggests that success often hinges on the ability of the work group to embrace, experience, and manage (rather than avoid) disagreements that arise (Tjosvold; 1991, Gruenfeld et al., 1996). Considerable evidence points to the detrimental effects of unmanaged conflicts (For example, Pruitt and Rubin, 1986, Bettenhausen, 1991; Jehn, 1997).
- Interaction or Relationship conflict involves disagreements over personal issues, including emotions and feelings. Also for personal values, anger, and

hostilities and these are linked to a decrease in team Satisfaction and therefore, have interfered with team performance (Amason, 1996, Jehn 1994; Jehn, 1995). Thus, an organization totally devoid of conflict is probably also static, apathetic and non – responsive to the need for change. Conflict is functional, when it initiates the search for new and better ways of doing things and undermines complacencies within the organization. Change does not happen by chance. It needs some kinds of stimuli. These stimuli are the conflicts (not in its extreme sense). There must be some dissatisfaction with the status quo before conditions are right to initiate change. In this respect, an organization that is completely content with itself that is, one that is conflict free – has no internal forces to initiate changes.

- Another form or type of organizational conflict is the processual or process conflict, which involves disagreements between or among team members, over processes for accomplishing tasks, such as resource delegations and responsibilities (Jehn, 1997; Jehn et al., 1999). Research evidence suggests that disputes over these tasks responsibilities and resources among team members tend to cause members to perceive unfairness, role ambiguity and dissatisfaction, making them less inclined to stay in the team, which in the long run, affects team performance. On the other hand, disagreements over tasks assignments among team members have tended to promote constructive discussions concerning the consistency of the task roles, which can positively affect team productivity (Jehn, 1997; Jehn and Mannix, 2001).

2.6 Sources and Causes of Conflict

This section probes the various causes of conflict in organizations. To manage conflict effectively, managers must identify and understand the many causes of

conflicts in organizations. Working teams bring together a variety of personality and skills, each perceiving tasks and actions in different ways. This diversity is what gives the team in-depth and broad range of skills required to successfully achieve organizational objectives; yet, this diversity will usually, inevitably bring conflicts ranging from simple disagreements on task to fundamental personality clashes.

Causes of conflict could be classified into two broad categories: Structural factors, which stem from the nature of the organization and the way in which work is organized and personal factors, which arise from differences among individuals (Nelson & Quick (2000), Mchane & Glinow (2000), Schnake (1987) and Krietner & Kinicki 2004). They explain further that some causes of conflict that relate to the organization's structure include specialization, interdependence, common resources, goal differences, authority relationships, status, inconsistencies, and jurisdictional ambiguities. With regard to causes of conflict relating to personal factors, they intimate that it springs from individual differences which include skills and abilities, personalities, perceptions, values and ethics, emotions, communication barriers and cultural differences.

2.6.1 Interdependence

Work that is interdependent requires groups or individuals to depend on one another to accomplish goals. Depending on other people to get work done is fine when the process works smoothly. However, when there is a problem, it becomes very easy to blame one another and conflict escalates.

Schnake (1987) defines interdependence as situations where one party can not do its work unless the other party does its work too. According to him, task interdependence results in conflict for two main reasons. The first is when only one group is

dependent; the independent group may not feel the need to comply with requests. The second situation where task interdependence can result in conflict is when the parties have different goals, priorities, or disagree upon the way the tasks should be performed. Thus when two or more individuals or groups are dependent upon one another for successful job performance, the opportunity for conflict increases. For example where a situation arises in which work activities of one department depends on the completion of activities by another department. These may depend on each other for assistance, in formations, compliances, or some other coordinated tasks order to be able to complete their respective tasks efficiently.

Wright and Noe (1996) identify three distinct types of interdependence. These are: pooled interdependence, sequential interdependence and reciprocal interdependence.

Pooled interdependence, according to Wright and Noe (1996), is a situation where each group works separately but the organization's overall success rests on the total performance of the groups, while they assert that sequential interdependence requires one group's output to serve as another group's inputs. They reiterate that a poor performance by the first group will affect the second group's performance negatively. This can trigger conflict between the two groups. Under the reciprocal interdependence, they describe it as a situation where each group's outputs serve as input to other groups in the organization. According to them, the close links among the groups provide grounds for potential conflict.

2.6.2 Goal Differences

Schnake (1987) observes that the differences in the goals that individuals or groups want to accomplish could create a source of conflict. He explains that when individuals have incompatible personal goals, conflict is likely to occur. This

assertion is buttressed by Pondy's, (1969) observation that when two parties in an organization must work together, for example, a dean of a faculty and the head of department of the same faculty may have divergent views on how certain courses are to be conducted and may not agree on how to do so. This source of conflict is goal divergence.

2.6.3 Authority Relationship

According to Nelson and Quick (2000), the nature of a traditional boss-employee relationship which brings to mind a vision of a hierarchy or of a boss who is superior to the employees could stimulate conflict. For many employees, the relationship is not a comfortable one because another individual has the right to tell them what to do. They also point out that some bosses are more autocratic than others; this compounds the potential for conflict in the relationship. Kreitner (1998) shares the same view when he states that as long as productive organizations continue to be arranged hierarchically, conflict caused by status and power difference is bound to happen. Closely related to authority relationship cause of conflict is what Nelson and Quick (2000) have termed status inconsistencies, a situation where some organizations have strong differences between management and non-management workers. For example management may enjoy privileges such as flexible schedules, personal telephone calls at work and longer lunch hours that may not be available to non-management employees. According to them, this may result in resentments, leading to conflict.

Kreitner and Kinicki (2004) also see organizational complexity as a major cause of conflict in most organizations. They explain this as where conflict is triggered as a result of the number of hierarchical layers and specialized task increase.

2.6.4 Specialization

According to Nelson and Quick (2000), specialization is one of the structural factors that cause conflict in an organization. When jobs are highly specialized, employees become experts at a particular task. This makes them less knowledgeable about other people's job leading to conflict situation. Kinard (1988) point out that too much of specialization can cause conflict among employees. Tasks that are routine and fail to challenge an individual's creativity are likely to cause boredom and frustration. He further explains that specialization often leads to departmentation and members of a particular department are often carried out with their own ambitions ignoring the larger corporate goals (Mullins, 2005).

2.6.5 Limited Resources

Stoner (1978) indicates that limited resources in an organization could be a potential cause of conflict. He explains that since every unit in an organization has limited access to human and material resources, the problem of how to share these resources could trigger conflict. There is a likelihood of some groups getting less than they need. He also points out that as a unit in the organization fights for the greatest possible share of available resources there is the likelihood for it to result in lack of co-operation which could result in conflicts. This is confirmed by Nelson and Quick (2000) in their observation that any time multiple parties must share resources, there is potential for conflict. They explain further that the potentials are enhanced when the shared resources become scarce. For example, one resource which is often shared in an organization by managers is secretarial support. It is not uncommon for a secretary to support ten or more managers, each of whom believes his or her work is most important. This puts pressure on the secretaries and leads to potential conflicts in prioritizing and scheduling work. Owens (2001) adds his voice to limited resources as

a cause of conflict by explaining that when the organization's resources are insufficient to meet the requirements of the sub-units to do their work, there is competition for scarce resources. This implies people will compete for resources like budget allocations, space for lectures and other utilities. This is confirmed by Mcshane and Glinow (2000) when they assert that scarce resources generate conflict because scarcity motivates people to compete with others who also need those resources to achieve their objectives.

2.6.6 Role Ambiguity

According to Schnake (1987), role ambiguity refers to the extent to which individuals and groups within an organization understand what is expected of them. They may not have a clear understanding of their responsibilities or of the constraints upon them. He reiterates that role ambiguity can lead to conflicts between groups or individuals because both may want to assume responsibility for the same thing or because they may both want to avoid it. Mcshane and Glinow (2000) write that ambiguity breeds conflict because the uncertainty increases the risk that one party intends to interfere with the other party's goals. This is buttressed by Nnadi (1997) that unclear job description and employee roles tend to become a problem because employees are unsure of what their job responsibilities are. Kreitner (1998) terms role ambiguity as overlapping jurisdiction and explains it as unclear job boundaries which often create competition for resources and control.

2.6.7 Communication Problems

Nelson and Quick (2000) observe that communication barriers such as physical separation and language can create distortions in messages, and these can lead to conflict. They reiterate further that value judgment in which a listener assigns a worth to a message before it is received can also generate into conflict. Stoner (1978) sees

communication breakdown as a common cause of intergroup conflict. He sites how the same phrase may have different meanings to different groups thereby creating conflict. He explains further that undefined use of that phrase may lead to harmful misunderstanding. Conflict often occurs due to lack of opportunity, ability, or motivation to communicate effectively (Mcshane & Glinow, 2000). They explain further that some people lack the necessary skills to communicate in a diplomatic non-confrontational manner. When one party communicates its disagreement in an arrogant way, opponents are more likely to heighten their perception of the conflict. Arrogant behaviour also sends a message that one side intends to be competitive rather than cooperative. This may lead the other party to reciprocate with a similar conflict management style. Again, ineffective communication can also lead to less motivation to communicate in the future.

Schnake (1987) writes that absence of frequent communication between groups or individuals representing different structural levels can trigger conflict. He further explains that when individuals or groups lack information about other individuals or groups, misconception and distrust can develop. Misconception and distrust, he stresses are typical promoters of conflict.

2.6.8 Personal Factors

Oppong-Mensah (1999) contends that since organizations and institutions have greater numbers of people, it tends to be fertile grounds where conflicts of many kinds are initiated and felt. According to Nelson and Quick (2000), the causes of conflict that arise from individual differences include skills and abilities, personalities, perceptions, values and ethics, emotions, communication barriers and cultural differences. Under the skills and abilities, they explained that the workforce of any organization is composed of people with varying levels of skills and abilities which

help the organization to achieve its goal. These skills and abilities of the workforce also hold potential for conflict, especially when jobs are interdependent. A competent worker may feel uncomfortable to work with less competent workers. Besides, other workers may feel their skills are more important and needed by the organization than other workers' skills and abilities.

With regard to personalities, Nelson and Quick (2000) contend that people come to work places with diverse character traits which may negatively affect their relationships leading to conflict. For instance, to expect to like all your co-workers may be a naive expectation, as would be the expectation that they will all like you. On perception, they explain that because people perceive things differently, it could serve as a cause of conflict in an organization. An example is in the area of motivation. If management and workers do not have the same perception of what motivates people, the reward system can create conflicts. Since management usually provides what they think employees want rather than what employees really need.

Nelson and Quick (2000) point out that most people have their own sets of values and ethics but the extent to which they apply these values and ethics in the work place varies. Some people have strong desires for approval from others and will work to meet such people's ethical standards; others are relatively unconcerned with approval from others and strongly apply their own ethical standards, still others operate seemingly without regard to ethics or values. They also assert that the moods of others can be a cause of conflict in the workplace. Problems at home often spill over into the work arena and the related mood can be hard for others to deal with. Mullins (2005) also sees changes in an organization as a cause of conflict. He is of the view that rapid and repeated internal changes can be a source of worry. He explains further that changes bring about disequilibrium. Some people may be favoured when there is a

change in the organization and therefore will welcome it; others may be at a disadvantage and feel insecure with the inability to predict patterns with regard to the known. Such people will inevitably find ways to resist and defeat changes they perceive as threatening to their well being or to their social role.

2.7 Conflict Management

The idea of conflict management has undergone a considerable evolution. Kreitner and Kinicki (2004) note that during the 20th century, scientific management experts such as Taylor (1947) initially believed all conflict ultimately threatened management's authority hence needed to be avoided or quickly resolved. The experts later observed that human relationists recognized the inevitability of conflict and advised managers to learn to live with it.

Emphasis was placed on resolving conflict whenever possible. In the early 1970s, it was realized that conflict has both positive and negative outcomes depending on its nature and intensity. This perspective introduced the revolutionary idea that organizations could suffer from too little conflict.

2.7.1 Managing conflicts in the organizations.

The conflict management strategies employed in organizations include mediation, avoidance, dominance, smoothing, compromise and confrontation, and these are discussed in this section.

2.7.1.1 The mediation processes

As stated earlier on, conflicts abound in every society or organization where we find ourselves, because these are areas for interactions. It is thus, known that conflict per se is not diabolical and therefore to minimize the destructive effects of conflicts and use it as a constructive force, managers should be conversant with the various

techniques of managing conflicts. It must be noted that while these techniques may not address overall causes of the problems or conflicts, they may, notwithstanding, be effective under certain conditions (Furumo, 2008).

2.7.1.2. Avoidance method

This is the method used by managers, if the solutions to a particular problem is not critical to the functioning of an organization and management is willing to play down the causes of the conflict, managers may simply avoid dealing with the conflict by physically separating the conflicting parties (if their work involves no interactions) at all costs, or wholly. This is done by:

- Limiting their contacts and watching any interactions;
- Simply ignoring the fact that a conflict exists, thus, pretending that there is no problem; or
- That it will go away by itself (Tsai et al, 2000)

From the above, the advantage is that avoidance saves manager's time. It also saves energy and reduces fatigue. The disadvantage, however, is that avoidance could lead to more severe problems later on. Like the proverbial ostrich which buries its head in the sand when there is a danger ahead.

2.7.1.3. Dominance method

Forcing a resolution, when faced with a conflict, managers should exercise their powers and autocratically impose a resolution. Thus, the managers should try to involve all the parties, if possible when drafting conflict resolutions. The theory of management by objectives (MBO) states that employees are generally more committed to goals that they have helped to create. The same holds true for conflict resolution. There is more than one side to every conflict, and all sides should benefit

from conflicts resolutions. Seek resolution that will prevent the conflict from occurring again rather than supply delaying repeat occurrences. The advantage of the dominance method is that it saves time, and so reinforces the organization's hierarchical structures. The disadvantages however are that:

(1) This may lead to employees' resentments.

(ii) It may also not deal with the causes of the conflicts prudently.(Conttringer, W., 2006).

2.7.1.4. Smoothing over method

Unless a manager has information that the conflicting parties do not have, this method of dealing with conflicts is usually ineffective. With this method, managers attempt to minimize the importance of the disagreement and stress points of agreement between the conflicting parties, so that accord or harmony and peace can be maintained.

The advantage of the smoothing method is that, it allows the parties to place much emphases on the things the individuals have in common in an attempt to de – emphasize the reason for the conflict(s).

2.7.1.5 Compromise method

It is imperative for the organization to find a way of compromising what needs to be changed and what may not be as important. Compromise requires give and take from all parties involved in the conflict. For example, if budget cuts are causing a conflict at work and the management is decidig where to cut budget, the marking manager may say, I can remove my demand for new graphic design software, provided the sales term would agree to cut down entertaining clients to some appropriate level''.

Here, each side ‘wins’ at least something, but neither is completely satisfied and resentment as well as the underlying causes of the critical conflict may linger. For compromise to be effective in any way, both parties must be on the same level on the organizational hierarchy. Sometimes, management can try to arrive at a compromise by compensating one party for giving in and thus, ending the conflict.(Joreskog and Sortom,1998).

2.7.1.6 Confrontations method.

Unlike the other methods, confrontation deals with the causes of the conflict(s). Here, the parties involved are allowed to state their cases in the hope of attaining mutual understanding. They are guided in emphasizing the overall organizational goals. (That is the subordinate goals) – Over individual or group goals to resolve the conflict. This requires a great deal of management’s time and energy, and may lead to emotional outbursts and bad feelings, but it can be successful, if all participants are willing to cooperate in the process.(Morril,1996)

2.8 Challenges involved in managing organizational conflicts.

Theories and research in cooperative and competitive conflicts have potentially very vital implications for conflicts management in the organizations as well as in personnel and groups for better productive and growth.

Conflicts, basically a dispute over how to achieve an organization’s goals, is not bad for the organization. This can lead to increased creativity and the introduction of changes and innovations. Nonetheless, it can also sap the organizational energy, weaken focuses and of course waste managers time. To benefit from conflicts in the organization, managers must recognize it as a constant force and so deal with it constructively. A number of divergent factors can cause challenges to the organization

and her employees. Some of which are incompatible personalities, the environment, the culture and many more.

The management of organizational conflict involves the diagnosis of and some interventions in effective and substantive conflicts at the interpersonal, intergroup levels and the styles or strategies being used to handle those conflicts in the organization. A diagnosis should indicate whether there is the need for some interventions, and the types of interventions needed to salvage the situation (International journals of conflicts managements).

2.9 Effects Of Conflicts: The negative effects of conflicts

The win – lose conflicts in the individuals, groups, and organizations have some of the following negative effects:

- Conflicts divert time and much energy from the management, employees and entire organization.
- In many situations, conflicts delay a whole lot of decision making processes.
- Organizational conflicts create many deadlocks.
- Conflicts drive the unaggressive members of the committee to the sidelines.
- Organizational conflicts obstruct exploration of more alternatives. Such as technologies, innovation, better quality and productivities
- Conflicts in organization either decrease trusts, or totally destroy sensitivities.
- Conflicts cause some working class of employees to drop out or resign their posts (International Journals).

People tend to view conflicts as a negative force, operating against successful completion of group or common In addition, it would be potentially destructive in groups, especially when it consumes individual members' energy, instead of

concentrating on other productive activities of the organization (The Researcher's work).

Also, conflict can interfere with group process and create so much interpersonal hostilities that group members may become unwillingly unable to work with others, in achieving the organizational objectives. So unresolved conflicts tend to grow into bigger conflicts, the more it grows, the greater the chance of collecting more problems (Knippen and Green,1999). Similarly, some of these problems which might arise due to conflict, are due to lack of cooperation, poor communications among members, wasted and contagious conflicts.

Management should resolve conflicts properly in their organization for the sake increasing organizational performances. The outcome of resolving conflicts in the organization are as shown below:

Effects of Conflicts: The Positive effects or benefits of resolved conflicts in the organization

Conflicts can create negative impacts to groups, but may also lead to some positive effects. Depending on the nature of it, the positive effects of conflicts in the organization are: for the improvement of the quality of decision making, for the stimulating the involvements in the discussions and building group cohesion.

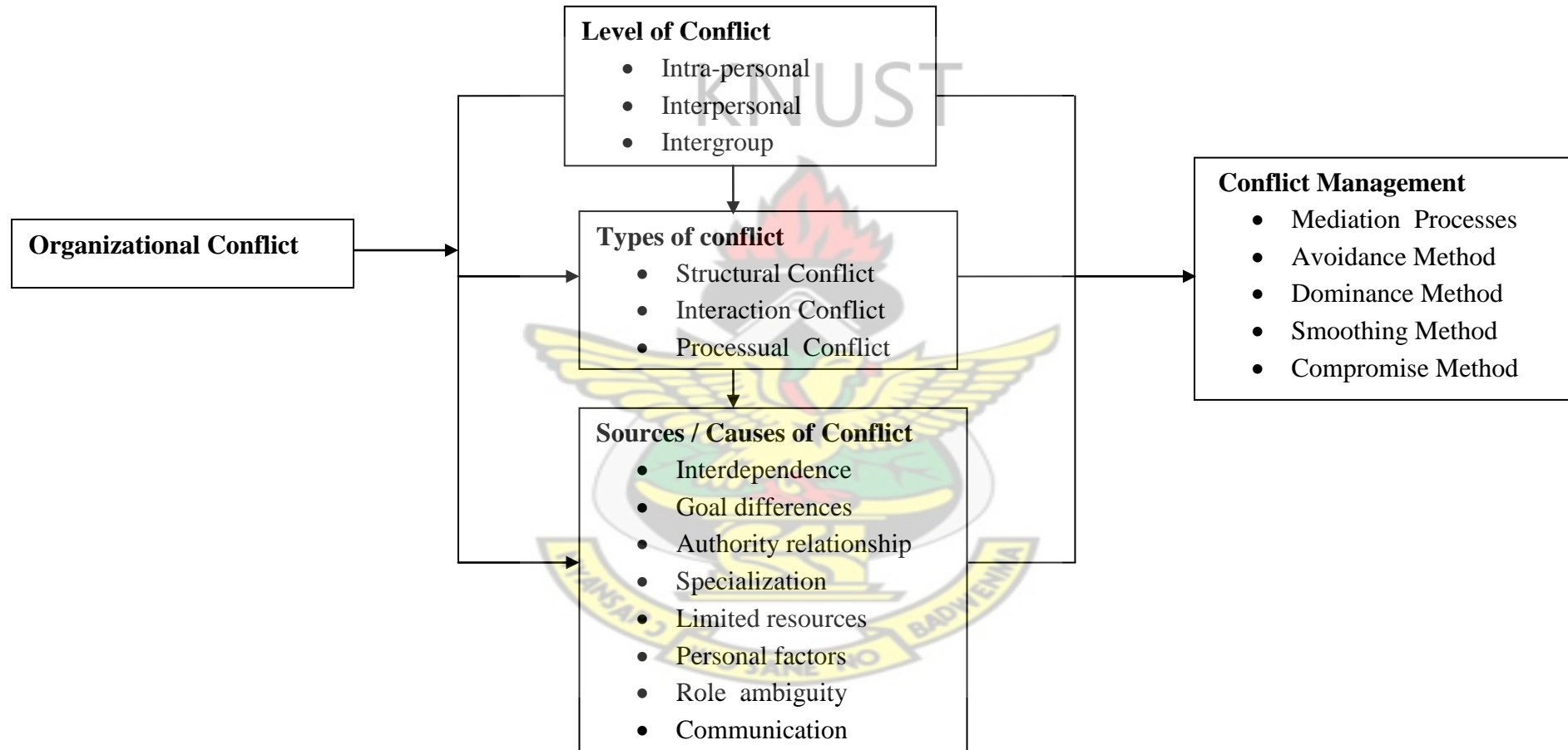
If conflicts are managed properly, by applying the best course of action, then organizations could increase its performance in terms of utilizing the scarce resources and achieving the organizational objectives.

Conflicts improve decision making outcomes most especially on task –related conflicts and group productivity, by increasing the quality through constructive

criticisms and individuals adopting a devil advocate role(Amasso et al 1980).Research has also revealed that task –related conflicts could be beneficial to the organizations. Since the allow for exchange of ideas and assist better performance among the group members(Jehn,1995).Other benefits include improved group learning and accuracy in situations assessment(Fiol,1994).Task-related conflicts especially, also promote members' development as well as the development of new ideas and approaches (Baron,1991).



Figure 2.1: Conceptual Framework

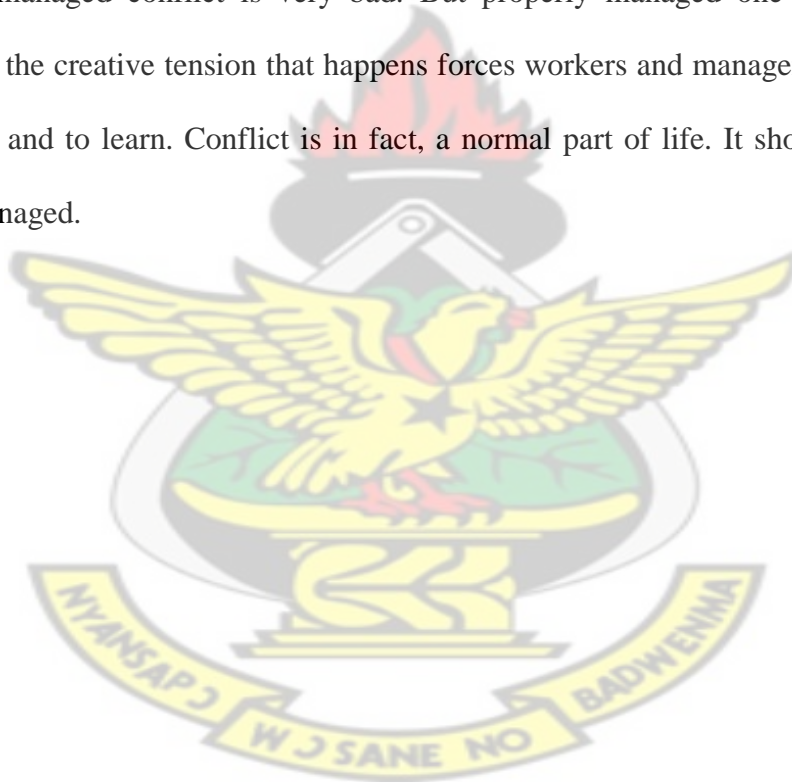


Source: Bagshaw, M. (1998) conflict management and mediation

2.10 Conclusions

One of the major issues involved in conflict is the actual discussions of the facts and circumstances surrounding the situations of conflict. Notices have been realized in this research that people all gather and realize information differently. Misinformation or poor communication is the single largest reason for conflict occurrence. If management and employees can take time to try to understand the 'facts' as seen by the other person, they should be able to resolve most of their conflicts, and at the same time learn from each other.

Poorly managed conflict is very bad. But properly managed one is very healthy because the creative tension that happens forces workers and management as a whole to grow and to learn. Conflict is in fact, a normal part of life. It should however be well managed.



CHAPTER THREE

METHODOLOGY AND ORGANISATIONAL PROFILE

3.0 Introduction

This chapter is in two sections. The first section discusses the research methodology. This involves the research strategies, research design, data collection techniques, sampling techniques, and data analysis methods. The second section discusses the organizational profile of the study areas which is Health Institution in the Northern Region.

3.1. Research Methodology

This section describes and emphasizes the research methodology that was applied to accomplish the research objectives, which were proposed in chapter one. The section further outlines the selection processes of the population, and the related sample size which was used to ascertain that. It also indicates the data collection process. It explains the structures and conceptual development of the research questionnaires. This goes further to provide the brief overview of the ethical considerations that were addressed in this research study. Apart from that, the data analysis and method for the study has been discussed here.

Investigating into the organizational conflict and its management in the health institutions in the Northern Region in Ghana is the focus of the study. This includes the various causes of organizational conflicts, the effects that these have on the personal lives of individuals; the group members and organization as a whole, by obtaining the perceptions from the respondents. The research also outlines the basic types of conflicts that occur in the organization. As a matter of fact, choosing a research approach largely depends upon the basic needs of the research problems,

research questions, the objectives, and data collection needed to solve the problem or achieve the stated objectives.

3.2. Research design

The main research strategy for the study was survey. This involved the application of questionnaires. For the study, survey strategy is very important in the business research such as this one. It is also a frequently utilized strategy for gathering information from the respondents. For the study, Survey research method is regarded as being authoritative and helps with the collection and analysis of large amounts of quantitative data (Saunders 2007). The study was also descriptive. For it has portrayed an accurate profile of the persons, events and situations of the organization. This section gave detailed discussions of the research Methodology being applied to achieve the stated objectives.

The study described the degree or the extent to which conflicts affect the individuals, the group members, the organizational performance as a whole, and the subsequent stages involved in solving them. This may be an extension of the pieces of explanatory research. For this further studies of descriptions of issues are likely to be a precursor of explanation.

3.3. Research Strategy

According to Saunders et al. (2007), there are two main approaches to research: The qualitative and quantitative study approaches. The qualitative method or approach investigates into why and how certain decisions are being made. Not just about what, where, or when they are made. The quantitative method or approach on the other hand, aims at gathering an in-depth understanding of the human behavior and the reasons for those behaviours. The quantitative research is where data is expressed in numbers and statistics. These data are either gathered as numbers such as the ages of

the respondents, incomes, number of children and many more. The study used quantitative approach.

3.4 Sources of Data

Data and information were collected from two main sources:

- The primary source.
- The secondary source.

For the data collection was through primary source. The instruments used were questionnaires. These were delivery and collection of questionnaires known as self – administered questionnaires. A total of 140 questionnaires were administered. These were administered and supervised by the researcher.

Secondary source: Another significant data for the study emanated from the secondary source. This is to ascertain a balance for the research. These are data which already exist and might have been used before. Thus, most of the data from this source came from text books, booklets, magazines, journals and periodicals as well as the news items.

3.5. Population.

A population refers to a group people or objects which form the subjects of the study. That is, it consists of all elements or the individuals items or objects whose characteristics of interests are being taken into conciderations in the study process (Saunders,et al.,2007). Therefore, the population of the study comprised all the individuals health workers in the Health Institutions in the Northern part of Ghana.

3.5.1 Sampling techniques

The technique by which a sample is selected is known as sampling technique (Struwig and Stead, 2007). The two types of sampling techniques are probability sampling and non-probability sampling. In probability sampling, every member of the population has an equal chance of being selected in the sample. This is much used in the survey based research, where emphasis is placed on making inferences of the population from a sample. Probability sampling ensures that the sample is representative of the population (Saunders, et al. 2003). This is made up of five types such as simple random sampling, systematic sampling, stratified random sampling, cluster sampling and multi stage sampling. In such a case, the target population was chosen from the survey population and a convenient sample technique was adopted.

3.6 Research Instrument

The main research instrument used was the questionnaire. A questionnaire is a research instrument consisting of a series of questions, for collecting information from respondents. Questionnaires therefore tend to be used for descriptive research, such as using attitude and opinion questions. Questionnaires had been chosen because of its being well structured nature in collecting information from a large number of respondents. It also comes with minimum cost (Altinacy and Paras Kevas, 2008). The use of questionnaire survey makes it flexible for the research participants and researchers. That is, the researcher does not need to be present before it could be completed or filled in. thus, the respondents can completed it at their own time (Hair et al. 2003).

Beside that questionnaires have the advantages of being anonymity, which encourages the respondents to offer their own ideas, thoughts and feelings, behaviours and

attitudes as the case may be. This reduces the temptation of biases in responses (Hair et al.2003). Above all, the researcher's choice for the questionnaires would be influenced by a variety of factors related to the research questions and objectives.

3.6.1 Questionnaire development.

The questionnaires which were self administered contained four (4) main parts. The number of questions asked was thirty three (33). The first part of this was the socio demographic information of the respondents, such as their age, educational background, gender and many more. Also the five – point liker scale types of questions were applied in order to rate the respondents opinions. A five point liker scale was applied or used in sections B, C and D in the questionnaires, to measure the level of the respondents' perceptions and feelings or views about the organizational conflicts.

3.7. Data Analysis Techniques

A very effective method or technique applied here was basically Microsoft excel and statistical package for social scientists (SPSS) software. Also, tables, charts and descriptive explanations were employed to illustrate the data that were collected from the field, to make the research findings more meaningful.

3.7.1 Reliability and Validity of the Data

Consistency of results of the research measures its reliability (Charles, 1995). A very good research methodology was applied in order to ensure validity and reliability. Validation procedure involves some initial consultations of the questionnaires, which was judged at first hand before. So, for validation purposes, sample of a set questionnaire was initially submitted and after the approval, the survey was then

conducted to ten respondents, before the actual survey. This is called pre test of the questionnaires.

3.8 The Organizational Profile

Health in Ghana includes the prevention care and treatment of diseases and other maladies. As parts of the Ghanaian economy are not fully industrialized, issues arise that are common to growing healthcare systems. As a critical sector of the economy, the Ministry of Health seeks to improve the health status of all people living in Ghana, and beyond, thereby contributing to the Government's vision of transforming Ghana into a middle income country by 2015.

The Ministry of Health, working in partnership with its agencies and stakeholders, aims at improving the human capital, that is "creating wealth through Health" through the development and implementations of proactive policies that would ensure improved health and vitality. In the 1880's a medical department was formed, bringing about an introduction to a formal medical system, consisting of a laboratory branch for research, a medical branch of hospitals and clinics, and the sanitary branch for public health. Both the World Health Organization and the United Nations Children's Fund have been active in providing money and support to provide additional western medical care in Ghana.

In Ghana, most health care is provided by the government and largely administered by the Ministry of Health (MOH) and Ghana Health Services (GHS), the healthcare system has five levels of providers; health posts, which are the first level primary care for the rural areas. Ghana Health Services (GHS) oversee the health centers and clinics, the district hospitals, regional hospitals and tertiary hospitals. Those programs are funded by the Government of Ghana, Financial Credits, Internally Generated

Funds (IGF), and the Donor – Pooled Health Fund. Hospitals and clinics run by the Christian Health Association of Ghana also provide healthcare services. There are about 200 hospitals in Ghana. Some for – profit clinics exist, but these provide less than 2% of health care services.

Healthcare is very variable throughout the country. The urban centres are well served, and contain most hospitals, clinics and pharmacies in the country. However, the rural areas often have no modern health care. So patients in these areas either rely on the traditional African medicines, or have to travel some great distance for health care (Kirby, (2005).

3.8.1 Profile of the study area.

The Northern Region (as shown in Figure 3.1) is precisely located in the northern part of the republic of Ghana. It is bordered on the north by the Upper West and Upper East Regions, on the east by the eastern Ghana –Togo international border, on the south by the Black and White Voltas, and on the North West by both the Upper west Region and Burkina Faso, and on the west by western-Ghana-Ivory Coast international border.

3.8.2. Physical features of the Northern Region.

The Northern Region, the largest Region of Ghana, which occupies the land of the three main Kingdoms: the Nayuri of the Mamprugu Kingdom, The Ya naa of the Dagbon, and the Yangon Wura of the Gonjas Kingdom, with other sub kingdoms. The Region covers a total land mass area of about 70,384 square kilometers. Tamale is the Regional capital. The Northern region is much drier than the southern areas of Ghana, due to its proximity to the sahel, and Sahara. The vegetation consists predominantly of grassland, especially the Savanna, with clusters of drought-resistant trees as the

baobab or acacias .Between May and October, it is usually wet, with an average annual rainfall of about 750 to 1050mm(30 to 40 inches).The dry season is between November and April. The highest temperatures are at the end of the dry season, the lowest in December and January. However, the hot harmattan wind from the Sahara blows frequently between December and the beginning of February. The temperatures can vary between 14 degrees at night and 40 degree Celsius during the day. The region is mostly surrounded by rivers: River Oti, The White Volta, The Black Volta lake and others.

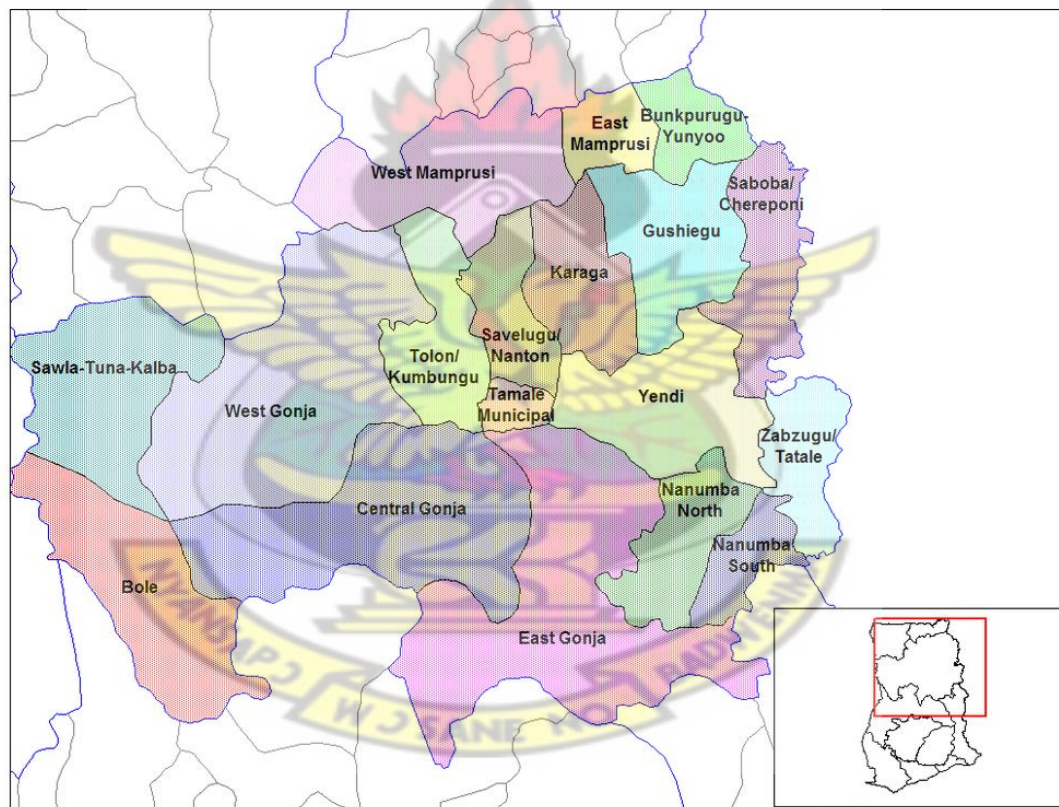


Figure 3.1: Map of the Northern Region of Ghana

3.8.2. Population size growth rate and density

According to the 2010 population and Housing Census, Northern Region Had a population size of about 2,479,461 people. It has 20 districts, where each and every

district is headed by district, metropolis or municipal Chief Executive Officer. The Region has a total population density of 70384 square kilometres (27,175 sqm).

3.8.3 Economic activities and employment

The main economic activities in the districts are Agriculture, Commerce; Services. Agriculture is the leading economic activity as expected in the rural economy, which employs about 58% of the total population here. The Agricultural production in the region is of two levels: The subsistence level, which involve about 70% of the farming population, while the remaining 30% is of the Commercial level. The three main sectors here are the crops production, the animal production, and fishing.

3.8.4 Religious composition

Islamic religion is very predominant in the Northern region of Ghana, with very few of the residents being in the other religions. Also, the predominant ethnic groups in the Northern region are the Gonjas, Dagombas, Mumprusis. Notwithstanding that, there are other groupings too: the Nanumbas, the Bimobas, the Konkombas and others (Adapted from The Tamale Metropolitan Assembly web).

3.9 The Ghana Health Service: A Brief History

The Ghana Health Service is an autonomous executive agency tasked with the responsibility of implementing national policies under the control of the Minister for Health through its governing council – the Ghana Health Service Council. The GHS continues to receive public funds, and for that matter remains within the public sector. Ghana Health Service does not include Teaching Hospitals, Private and Mission Hospitals.

The Ghana Health Service was established by Act 525 in 1996. It is mandated by the 1992 constitution. The establishment of the Ghana Health Service was seen as an essential part of the key strategies identified in the Health Sector Reform process, as outlined in the Medium Term Health Strategy (MTHS), which were regarded as necessary steps in establishing a more equitable, efficient, accessible and responsive health care system.

In 1993, the MOH began reforms to build start a reorganization. It was explicitly designed to set the scene for the establishment of the Ghana Health Service. The reforms also provide a sound organizational framework for the growing degree of managerial responsibility that has already been delegated to districts and hospitals. Themes that were central to the reorganization of 1993 remain important today for the Ghana Health Service careful stewardship of scarce resources, clear lines of responsibility and control, decentralization, and accountability for the performance rather than inputs.

The GHS has since become an autonomous executive agency responsible for the implementation of national policies under the control of the Ministry of Health through its Governing Council – the Ghana Health Service Council. GHS continues to receive funds and thus remains within the public sector. However, it is separated from the Civil Service and its staff will not be required to follow all civil service rules and procedures. The independence of the GHS is designed to ensure that staffs have a greater degree of managerial flexibility to carry out their responsibilities. It however excludes the Teaching Hospital. It can be likened to the setting up of a new public “corporation” or “company” charged with implementation of services in government health facilities at regional and district and sub-district levels (Laverle and Berry, 1994; Hodasi, 2007).

Main Activities of the Ghana Health Service

For the purpose of achieving its objectives, the Ghana Health Services engages in the performance of the following activities.

- Ensure access to health services at the community, sub-district, district and regional levels by providing health services or contracting out service provision to other recognized health care providers;
- Set technical guidelines to achieve policy standards set by the Minister of Health;
- Plan, organize and administer comprehensive health care;
- Develop mechanisms for the equitable distribution of health facilities in the rural and urban districts;
- Perform any other function that is relevant to the promotion, protection and restoration of health;
- Promote health mode of living and good health habits by people;
- Promote the efficiency and advancement of health workers through in – service training and continuing education;
- Produce, distribute and efficiently manage logistics. Supplies and essential pharmaceuticals needed for the delivery of good quality health care in the Service; and
- Establish effective mechanisms for disease surveillance, prevention and control.

Staffing situation of the Ghana Health Service

Administratively, the GHS is structured on three levels, the National, Regional and District levels

Act 525 mandates that the following categories of staff belong to the Ghana Health Service.

Health personnel in the employment of the MOH immediately before the coming into force of the Act 525. All who were employed or seconded to it after the coming force of GHS. The administrative levels are organized as Budget and Management Centers (BMCs) or cost centres for purposes of administering Government of Ghana and Developmental partner Funds.

There are a total of 223 functional BMCs AND 110 Sub – Districts BMCs of Record. A breakdown of the BMCs is as follows: Currently, the headquarters of the GHS is managed as one BMC; 10 Regional Health Administration, 8 Regional Hospitals, 110 District Health Administrations and 95 District Hospital.

The strength of the Health sector workforce has progressively improved, especially in the numbers of key health workers. Trends over the three – year period under review (2009 – 2011), the population – to nurse ratio decreased to 1,240 clients: 1 nurse, in comparison to 1,489:1 (2010) and 1,497:1 (2009). Similarly, the population – to doctor ratio has improved from 10,483:1 (2010) to 10,032:1 (2011). This is encouraging for the health Service, particularly at a time when it is positioning itself for universal coverage. To achieve the goals of the Health sector in the coming year, an equitable distribution of critical Health staff coupled with an overall improvement in the quality of care given at all levels is not just necessary, but very urgent.

Employees of the Ghana Health Service basically fall under various departments which have been strategically fashioned out to achieve specific objective within the general frame of operations of the service as a coherent unit. The various departments within the Ghana Health Service include:

- Human Resource Directorate (HRD)

- Health Resource Development Directorate
- Family health Directorate
- Public Health Directorate
- Policy, planning, Monitoring and Evaluation
- Internal Audit Directorate
- Institutional Care Directorate
- Health Administration and support Service
- Stores, Supply and Drug Management Directorate
- Finance Directorate



CHAPTER FOUR

DATA PRESENTATIONS, ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter deals with the results of the study and the interpretations of the data findings. The data collected from the respondents were analysed per the research objectives. The chapter further describes the demographics of respondents. The data gathered from these respondents have been analysed and presented in tables, pie charts and bar charts. This research work had a relatively high response rate. Out of the estimated 140 respondents sampled, 135 of them responded representing 96% with a non-response rate of 5 (4%).

4.2 Demographics of Respondents

This part of the analysis outlines the gender, age, duration of service, religious background and ethnicity of the respondents respectively.

4.2.1 Gender Distribution of Respondents

The respondents were grouped per their sex as shown in figure 4.1 below.

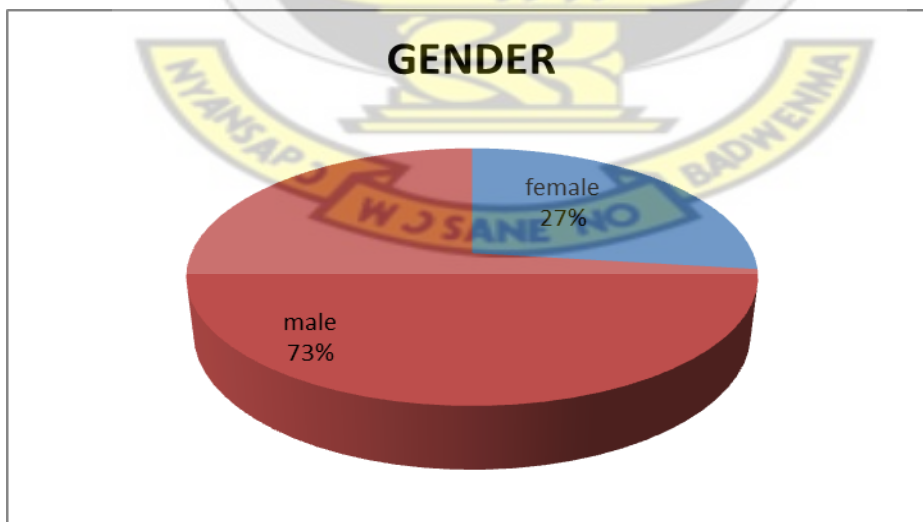


Figure 4.1 Gender of respondents.

Source: Field study, 2014.

From figure 4.1, it could be observed out of the 135 respondents, majority representing 99 (73%) were males with only 36 (27%) being females. This finding shows that the health sector is dominated by the male population. This goes to disprove the popular notion that the health sector is the domain of women categorically the belief that nurses who are mostly females are in majority. This information is important because it would enable the study to document responses across both sexes and thus the findings would not be skewed.

4.2.2 Age of Respondents

According to figure 4.2 below, 39 of the respondents were between the age group of 20-29 representing 29% of the total respondents. On the other hand, most of the respondents indicated that they were between ages of 30-39. Numerically, 77 representing 57% were observed to be between 30-39 years. 14 and 5 respondents representing 10% and 4% were between the ages of 40-49 and 50-59 respectively.

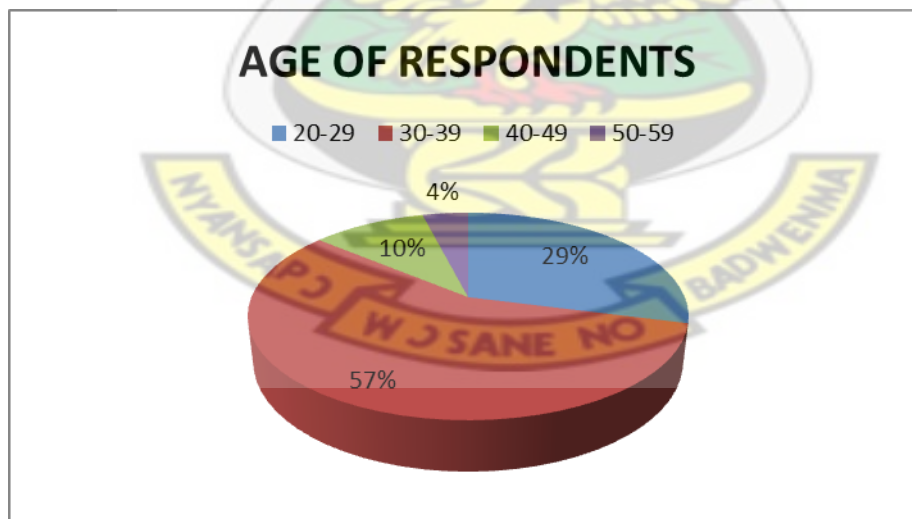


Figure 4.2 Age of respondents.

Source: Field study, 2014.

This finding shows that the workforce in the health sector is relatively youthful. It also reveals that a lot of young people are attracted to the sector. This may be due to the appealing conditions of service that the sector can boast of.

4.2.3 Length of Service

Table 4.1 depicts the number of years the respondents have been in the Ghana Health Service. The table shows that, 64(47%) respondents have spent 1 – 5 years in service, 25 (19%) respondents have spent, 6 – 10 years, 18 (13%) respondents have spent 11 – 16 years, 13(10%) respondents have spent 17 – 22 years and 15 (11%) respondents have spent 23 years and above. This means that majority of our respondents have spent 1 – 5 years and 6 – 10 years, whilst the least of our respondents have spent 23 years and above in the Health Service.

Table 4.1 Length of Service

Length of Service	Number	Percentage (%)
1 – 5 years	64	47
6 – 10 years	25	19
11 – 16 years,	18	13
17 – 22 years	13	10
23 years and above	15	11
TOTAL	135	100%

Source: Field study, 2014.

It is clear from the table that the length of service of respondents varies considerably. This could be attributed to the fact that majority of the respondents have not served in the Health Service for very long and might not have acclimatized themselves with the

working environment. This may cause them to experience one level of conflict or the other in the course of playing their role and with other co-worker

4.2.4 Staff Status of Respondents

Figure 4.3 presents the descriptive analysis of the position in the hospital. For the purpose of this research work, respondents were to indicate their level in two categories. Either they were Junior or Senior Staff. The figures indicates that, majority of our respondents (N = 89) 66% were Junior staff with 46 (34%) as Senior Staff. This is represented below.. This sample size features a good representation of junior and senior staff for diversified findings.

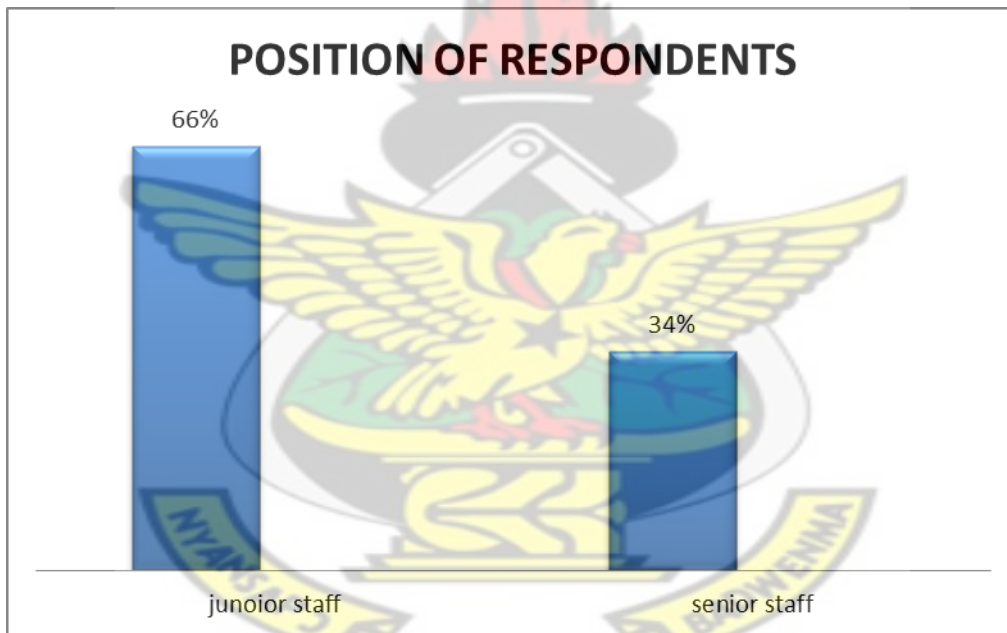


Figure 4.3 Staff Status of Respondents

Source: Field study, 2014.

4.3 Nature and Causes of conflicts in the Ghana Health Service in the Northern Region.

Research questions one and two sought to explore the types of conflicts in Ghana Health Services in the Northern Region and the sources of such conflicts. The data

suggests that there are three types of intrapersonal, interpersonal and intergroup conflicts that exists inn Tamale Teaching hospital and Tamale Central Hospital.

4.3.1 Causes of Intrapersonal Conflicts

With regard to the causes of intra-personal conflicts, five factors identified as causes of intrapersonal conflict in the literature review were included in the survey questionnaire. Respondents were asked to indicate which of the five factors can be identified as causes of intra-personal conflict. Respondents were to indicate one or more of these factors. Table 7shows the multiple responses reported by the respondents.

Table 4.2 Causes of intra-personal conflicts

Causes of intra-personal conflicts	SS		JS		
	N	(%)	N	(%)	
Choosing between equally good alternatives	6	11	7	8	
Choosing between two equally bad alternatives	7	15	10	12	
Choosing among s set of options	7	15	8	9	
When not clear about role as a staff	15	33	31	34	
Different expectations about job	11	23	33	37	
TOTAL	46	100%	89	100%	135

SS –SENIOR STAFF

JS-JUNIOR STAFF

Table 4.2 reveals that a total of 135 responses were reported, and of these, the highest number of 89 was reported by the junior staff while the least number of 46 were reported by the senior staff. “Choosing between equally good options’ was the least mentioned cause of intrapersonal conflict among the junior staff. Among the senior

staff, 'When not quite clear about role as a staff' was identified as the leading cause of intrapersonal conflicts". From the senior staff, four options were equally cited as the leading causes of intrapersonal conflicts namely: 'choosing between two equally bad alternatives', 'choosing among a set of options that have good or bad outcomes', 'when not quite clear about role as a staff' and 'when you have different expectations about your job'. The least reported cause of intrapersonal conflict among the two categories of respondents was 'Choosing between equally good alternatives' with the least mention of this cause from the junior staff and by the senior staff respectively.

This finding is in agreement with Wright and Noe's (1996) identification of type of intrapersonal conflict. These are: "Approach - Approach" which deals with choosing between two equally attractive, profitable and desirable alternatives; "Avoidance - Avoidance" where the individual is also torn between choosing two equally bad, undesirable and unattractive alternatives that have bad consequences, and "Approach - Avoidance" which deals with choice among a set of options that have both good and bad outcomes

4.3.2 Causes of Inter-Personal Conflict

Respondents were asked to select from six possible factors they thought were the causes of interpersonal conflicts in their Hospital. Respondents were to tick as many factors as possible. The responses are presented in figure 4.4. From figure 4.4, the leading factor that causes interpersonal conflict among respondents was personality differences and gossip 38%. This was closely followed by differences in perception with 25%.

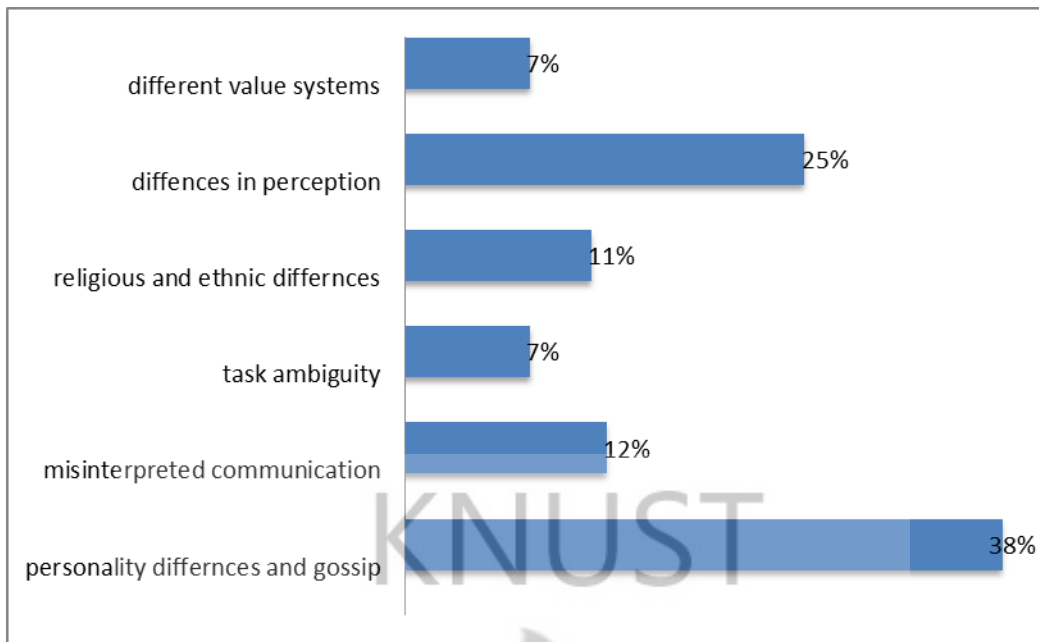


Figure 4.4 Causes of Interpersonal Conflicts

Source: Field study, 2014.

This finding is in agreement with what Nelson and Quick (2000) termed as personality conflict which relate to individuals perceptions, emotions, values and ethics which they exhibit at work places. Rao et al. (1987) have also observe that the most commonly cited causes for interpersonal conflict are personality differences, clashes of values and interest, perceptions, power and status differences as well as scarce resources. Schnake (1987) also noted that interpersonal conflict may arise because of personality differences in basic beliefs and values or incompatible goals.

Overall, however, this study has revealed that the respondents are aware of the factors promoting interpersonal conflicts among the staff of the Hospitals. Since the Hospitals are made up of people from different background with different values, attitude, norms and ideologies such differences are bound to register.

Another dimension of research question one was to identify the causes of inter-group conflicts. conflicting interest, overlapping tasks, interdependence, time pressure and collective decision-making results in conflict between junior staff and senior staff. The results are presented below (i.e., Conflict between junior staff and senior staff). Respondents were asked to indicate the extent to which they thought issues such as limited resources, deficiencies in information flow,.

Table 4.3 Sources of Inter-Group Conflict

JS:JUNIOR STAFF

SS:SENIOR STAFF

Inter-group Conflict	Respondents	Strongly Agree	Neutral	Strongly Disagree
The presence of limited resources causes intergroup conflict	SS	44(96%)	-	2(4%)
	JS	50(56%)	5(7%)	34(38%)
Overlapping task and task interdependencies causes conflict between SS and JS	SS	36(78%)	3(7%)	7(15%)
	JS	56(63%)	11(12%)	22(25%)
Having collective decision making in the Hospital creates tension	SS	12 (26%)	4(9%)	30(65%)
	JS	42(47%)	17(19%)	30(34%)
When one group withholds vital information from the other, conflict arises	SS	35(76%)	4(9%)	7(15%)
	JS	20(22%)	35(39%)	34(38%)
I believe that JS interest conflicts with the interest of SS	SS	-	11(24%)	35(76%)
	JS	30(34%)	19(21%)	40(45%)
Total	100%			

There are many causes of inter-group conflict but according to Botchwey, (2006) and Afful-Broni, (2007) the struggle for power and the competition for the available scarce resources could serve as fertile grounds for conflict. In the research findings it was observed that the predominant reason for inter-group conflict among the Junior and Senior staff of Tamale Teaching Hospital and Tamale Central Hospital is the struggle for scarce resources and task interdependence.

Majority of the senior staff totaling 44(96%) expressed the view that to a greater extent limited resources is a contributing factor to inter-group conflict in their Hospital. Similarly a higher number of junior staff associated themselves with the view that to a very large extent limited resources can lead to inter-group conflict in their institution. But all together, 94 (70%) of the respondents reasoned that to a very great extent limited resources is an issue that can result in inter-group conflict especially conflict between junior staff and senior staff, as suggested by Kinard (1988), when groups within the organization use similar resources as in the case of a hospital it is very likely that conflict would occur.

On the other hand, conflicting interest between senior staff recorded a lower agreement level across board constituting none agreeing for senior staff with 34% agreeing for junior staff. This could be attributed to the fact that these groups are all in the health sector for one thing 'that is for the patient'. And therefore, their focus on the patient makes them to have the same interest.

In respect to deficiency in information flow or withholding information, as can be seen from the table there are more respondents who were of the view that deficiency in information flow to a large extent or to a very large extent promotes inter-group conflicts in comparison with those who were of the opinion that deficiency in

information flow promotes inter-group conflicts but to a little or to a very little extent. In specific terms majority 35 (76%) of senior staff investigated, expressed the view that to a large extent or to a very large extent senior staff withholding information could result in conflict between junior staff and senior staff.

In a nut shell, this study has revealed that majority of the respondents totaling 94 (70%) agree that the issue of limited resources causes intergroup conflict of deficiency particularly between junior staff and senior staff.

4.5 Effects of Organizational Conflict

The next part of the research questions was to find out the effects of organizational conflicts in Ghana health service on the sector. Respondents were given the option to tick their view on the effects of conflicts on Tamale Teaching Hospital and Tamale Central hospital. For the respondents, organizational conflicts lead to tension among staff members. More specifically, 30% of the respondents believe that organizational conflict causes high tension among staff members. Another observation is that conflicts in the hospital can also translate into the poor handling of patients. This is a cause for alarm because, lives are at risk if conflicts are not properly managed and allowed to escalate. Numerically 24% were of this view.

Figure 4.5 The Effects of Organizational Conflict

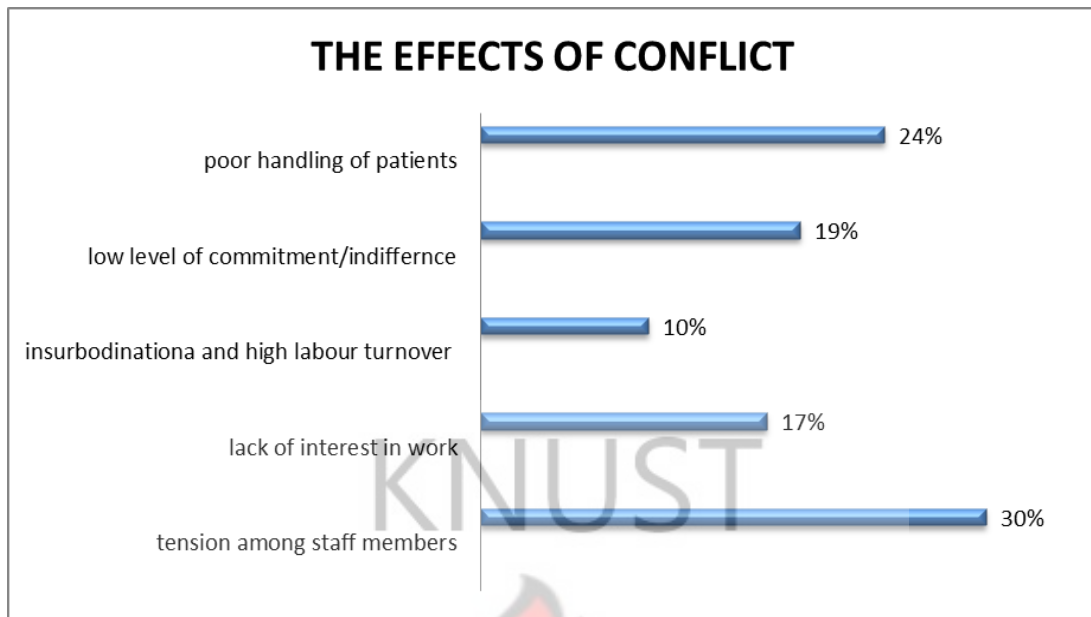


Figure 4.5 The Effects of Organizational Conflict

Source: Field study, 2014.

Fewer people were of the view that insubordination and high labour turnover could be an adverse effect of conflicts in the organization.

In sum, this study has revealed that conflict has negative effects on staff performance and institutional development in general. The findings are in support of Huczynski and Buchanan (2001), Robbins (1997) and Nelson and Quick (2000) assertion that conflicts that are not handled well impact negatively on the organizations as well as its members. According to them, dysfunctional conflict takes employees focus from work to be done and places it on the parties involved in the conflict. It breeds discontent, dissolves common ties, brings about fear and stress and eventually leads to destruction of groups.

Table 4.2 CONFLICT STRATEGY RATINGS FOR SOME CONFLICT MANAGEMENT SCENARIOS

MANAGING CONFLICTS	STRONGLY AGREE	AGREE	NEUTRAL	STRONGLY DISAGREE	DISAGREE	MEAN SCORE
AVOIDANCE	48 (35.5%)	15 (11.1%)	7 (5.2%)	50 (37.1%)	15 (11.1%)	27.0
DOMINANCE	5 (3.7%)	15 (11.1%)	10 (7.4%)	61 (45.2%)	44 (32.6 %)	27.0
SMOOTHING OVER	7 (5.3%)	52 (38.5%)	35 (25.9%)	13 (9.6%)	28 (20.7%)	27.0
COMPROMISE	45 (33.3%)	42 (31.2%)	22 (16.3%)	13 (9.6%)	13 (9.6%)	27.0
CONFRONTATIONS	28 (20.7%)	58 (43%)	16 (11.9%)	19 (14.1%)	14 (10.3%)	27.0
COMPETE	7 (5.2%)	10 (7.4%)	30 (22.2%)	70 (51.8%)	18 (13.4%)	27.0
CONCERN FOR SELF	12 (8.8%)	48 (35.6%)	4 (3%)	59 (43.8%)	12 (8.8%)	27.0
CONCERN FOR OTHERS	18 (13.3%)	60 (44.4%)	48 (35.6%)	4 (3%)	5 (3.7%)	27.0

Avoidance method

Table 4.2 in the above presents the results of the various ways of managing organizational conflicts. Thus, the table shows that a total of 48(35.5%) of the respondents strongly agreed that method was good in managing organizational conflicts.15 (11.1%) of them agreed on the issue,7(5.2%) of them were neutral. But, 50(37.1%) of the respondents strongly disagreed about that notion, and 15(11.1%) disagreed about the notion.

Dominance

On whether dominance is the best method of managing conflicts in the organizations, the following are the various views from the respondents: 5(3.7%) of the respondents strongly agreed about that notion.15 (11.1%) of them agreed.10 (7.4%) remained neutral, 61 (45.2%) strongly disagreed.44 (32.6%) of the respondents disagreed.

Smoothing over method

According table 4.2 above,7(5.3%) of the respondents strongly agreed that smoothing over method should be applied in managing conflicts in the organizations.52(38.5%) of them agreed about the method.that.35(25.9%) of them remained neutral.13(9.6%)strongly disagreed.28(9.6%) disagree that smoothing over method should be applied.

Compromise

On the case of compromise as a method of managing organizational conflicts according to table 4.2, majority of the respondents strongly agreed that it should be applied. This represents 45(33.3%) of the sample Of 140. 42(31.2%) of the agreed.22 (16.3%) remained neutral.13 (9.6%) strongly disagreed .13(9.6%) disagreed about that.

Confrontation as the method of managing conflicts

According to table 4.2, 28(20.7%) of the respondents strongly agreed about that notion.58 (43%) of them agreed.16 (11.9%) of them remained neutral, 19(14.1%) of the respondents strongly disagreed.14(10.3%) of them disagreed. According to Pondy (1967), conflict is inevitable in groups and the organization, due to the complexity and interdependence of organizational life.However, some of these theorists have noted that in spite of its negative coonotations, conflict can be used to improve differences and to develop a foundation to manage differences.Therefore,being able to identify the factors are very essential components of any research.

Compete as another method of managing organizational conflicts

On the case of conflicts occurring in the organizations, only 7(5.2%) strongly agreed with the use of competition as a method of managing conflicts in the organizations.10

(7.4%) of them agreed.30(22.2%) of the respondents remained neutral.70(51.8%) of them strongly disagreed to the use competition as a method.18(13.4%) of the respondents disagreed to that notion.

Concern for self as a method of managing conflicts in organizations

According to the table,12(8.8%) of the respondents strongly agreed about that each and every employee or respondent should concern for one's self.48(35.6%) agreed about that.4(3%) remained neutral about the issue.59(43.8%) of the respondents strongly disagreed about that.12(8.8%) of the respondents disagreed that concern for one's self should applied in managing organizational conflicts. According to Kinard (1988),conflict within an individual often results from conflicting needs and frustrating situations.Thus,aperson entering an organization comes with high ambitions and attitudes. This ambition may necessitate sacrificing an equally important role such as time at home with family in order to perform some extra tasks. This implies that the person should also benefit from his or her sweat as well.

Concern for others as a method of managing conflicts in the organizations

According to table 4.2, majority of the respondents, that is 18(13.3%) strongly agreed with this method (Concern for others).60(44.4%) agreed with the method. 48(35.6%) of the respondents remained neutral. 4(3%) of them strongly disagreed. 5(3.7%) of the respondents disagreed that concern for others should be applied as a method of managing organizational conflicts.Kinard(1988) concludes that an individual in a given situation usually plays one or a few roles, shifting among them when entering situations where he or she has a different position or status. He therefore, proposed that when roles conflict, the individual must work out some scheme of priority or

compromise. If this is impossible, frustrations will cause performance or moral problems.

4.6 Conclusions

Generally, the study has revealed that conflicts have both the negative and positive effects in individual, group members and the organization as a whole. Thus, the negative effects are that: it causes tensions among staff members. It also brings about poor handling of patients in the health centres. Conflicts bring about lack of trusts among members, and many more. These findings are in support of Huczynski and Buchanan (2001), Robbins (1997) and Nelson Quick (2000) assertion that conflicts that are not handled well impact negatively on the organization as well as its members. However, not all conflicts are bad. According to the interactionist view, conflict is fundamental, when it initiates the search for new and better ways of doing things and undermines complacency within the organization. Thus, change does not happen by chance. It needs a stimulus. That stimulus is conflict. But too much of a thing is bad. So management of the organization should make sure that better conditions are created for the employees in their organizations. This is to ensure that many conflicts do not arise.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATION

5.1 Introduction

This chapter of the research focuses on the summary of findings, conclusion and recommendations on the investigation into organizational conflict and its managements in the Health Institutions in the Northern Region of Ghana. The chapter, thus contains the introduction, the study of the entire research, discussions of the findings and the discussions of implications for policy procedure .The conclusions are then drawn based on the result so obtained and the necessary recommendations for future research which may an extension of this study.

5.2 Summary of findings

Ghana Health Service was established and mandated among other objectives to treat and heal people in providing a healthy population to address the manpower needs of the country.

These objectives cannot be achieved in isolation; people will have to team-up to work in harmony to bring those objectives into fruition. It is the process of interacting and teaming-up to work towards institutional goal that conflict emerges.

Conflict is inevitable in institutions as people compete for jobs, resources, power, acknowledgement and security among others. As long as there is a human element present, conflict is certain. Hence, workplace conflicts need not to be ignored; it has to be addressed since unaddressed conflicts will fester and get worse. It is therefore imperative for management and individuals in an institution to be equipped with skills and knowledge on how to manage conflict as competently as possible when the

inevitable conflict surfaces. The way conflict is handled would reflect the nature of the conflict, that is, either it becomes beneficial or problematic.

5.3 Summary of Key Findings

The main objectives for this study, was to investigate into organizational conflicts and their effects in the Health Institution, most especially the Northern Region of Ghana. These are the key findings of the study.

5.3.1 Nature and Causes of conflicts in the Ghana Health Service in the Northern Region..

Research questions one and two sought to explore the types of conflicts in Ghana Health Services in the Northern Region and the sources of such conflicts. The data suggests that there were three types of intrapersonal, interpersonal and intergroup conflicts that existed in Tamale Teaching hospital and Tamale Central Hospital.

The least reported cause of intrapersonal conflict among the two categories of respondents was ‘Choosing between equally good alternatives’ with the least mention of this cause from the junior staff and by the senior staff respectively

Another dimension of research question one was to identify the causes of inter-group conflicts. (i.e., Conflict between junior staff and senior staff).

Majority of the senior staff totaling 44(96%) expressed the view that to a greater extent limited resources is a contributing factor to inter-group conflict in their Hospital. Similarly a higher number of junior staff associated themselves with the view that to a very large extent limited resources can lead to inter-group conflict in their institution.

Overall, however, this study has revealed that the respondents are aware of the factors promoting intra personal, interpersonal and inter-group conflicts among the staff of the Hospitals. Since the Hospitals are made up of people from different background with different values, attitude, norms and ideologies such differences are bound to register

5.3.2 The effects of conflicts in Ghana Health Service

The next part of the research questions was to find out the effects of organizational conflicts in Ghana health service on the sector.

For the respondents, organizational conflicts lead to tension among staff members. More specifically, 30% of the respondents believe that organizational conflict causes high tension among staff members

Fewer people were of the view that insubordination and high labour turnover could be an adverse effect of conflicts in the organization

5.4 Conclusions

Based on the findings, a number of conclusions can be drawn.

Conflict at all levels exists among staff of the Ghana Health Service. These are intra-personal, inter-personal and inter-group.

The various causes of these levels of conflict have been established. Respondents indicated the extent to which they thought issues such as limited resources, deficiencies in information flow, conflicting interest, overlapping tasks, interdependence, time pressure and collective decision-making resulted in conflict between junior staff and senior staff.

Furthermore, conflicts among staff of Ghana Health Service impact negatively on staff performance as well as the overall objective of the Health Sector.

5.5 Recommendations

Based on the findings and conclusions drawn from the study, the following recommendations are made:

Management of Ghana Health Service should educate their staff that due to differences in cultural orientations, educational background, social status, age and other such considerations, there are bound to be misunderstandings and disagreements at the work place.

Such situations should be taken in good faith and dealt with, for peaceful co-existence and healthy organizational climate

Secondly, Complaints and suggestions of the staff should be addressed at council meetings and feedback given to them through their representatives. This will promote "we feeling" in the organization. Also, favoritism should be done away with; management should deal fairly with its entire staff irrespective of their positions in the Health Service.

REFERENCES

Afful-Broni A.(2007).The School as a Social Unit: The Ghanaian Perspective. Revised Edition. Accra: Yamens Press.

Amason, A. C. (1996). "Distinguishing the effects of functional and dysfunctional conflict on strategic decision making: Resolving a paradox for top management teams" Academy of management journal. February pp.123-48.

Avis P. (1992).Authority, Leadership and Conflict in the Church, London: Mowbray.

Bagshaw, M. (1998).Conflict management and mediation: Key leadership skills for the millennium. Industrial and Commercial Training, 30(6), 206-208.

Barker J. Tjosuold, D. and Andrews, R .I. (1988).Conflict approaches of effective project managers: A field study in a matrix organization. Journal of Management Studies, 2,167-176.

Blake R. R. and Mouton J.S. (1978).The new managerial grid: Strategic new insights into a proven system for increasing organization productivity and individual effectiveness. Houston: Gulf Publishers.

Blake, R.R. and Mouton J.S.(1973). The fifth achievement. In F.E. (Ed.),Conflict resolution through communication(p.17-43).New York: Harper& Row.

Blake R.R. and Mouton J.S.(1964).The managerial grid: Key orientations for achieving production through people. Houston: Gulf Publishers.

Brett J.M. (1984). "Managing Organizational Conflict", Professional Psychology: Research and Practice, Vol. 15, No.1, pp. 644 -678

Brown L. (1983). Managing Conflict at Organizational Interfaces, Reading: Addison-Wesley

Byers K. A. (1987).Relationship between principals' and teachers' perception of conflict, conflict resolution behaviour, leader personality and organizational Commitment. Unpublished doctoral Dissertation. The Pennsylvania state University. (78) 4-5

Canary D. J. and B. H. Spitzberg, (1989). A model of the perceived competence and conflict strategies. Human Communication resource15: 630-649.

Certo S. C. (2000).Supervision: Concepts and skill building.(3rded.).Boston:McGraw Hill Inc.

Cetin M.O. and Hacifazlioglu, O. (2004).Conflict management styles: A comparative study of university academics and high school teachers. Journal of America Academy of Business, (5)

Conerly K. and Tripati, A.(2004).What is your conflict style? Understanding and dealing with your conflict style. [Electronic version]The Journal of Quality and Participation

Corwin R. G. (1969). Patterns of organizational conflict. Administrative Science Quarterly . 14 (4). 507-520.

Cosier R.A. and Schwenk, C.R. (1990).Agreement and thinking alike: Ingredients for poor decisions. Academy of Management Executive,

Crawley J. (1992).Constructive conflict management. London: Prentice-Hall,p.10.

Fisher D. (1983) Communication in organization. (2nd ed.) Minnesota: West Publishing Company.

Fisher S. Ludin, J. Williams S. Abdi D. and Smith R. (2000).Working with conflicts and strategies for action. London: Zed Books Ltd.-

Hellriegel D. Solocum J. W. and Woodman R.W. (1998).Organizational behavior. Cincinnati

Horowitz I. A. and Borden K. S. (1995).Social psychology. California: Mayfield Publishing Company.

Huczynski A. and Buchannan D. (2001). Organizational behaviour: Introductory Text.(4thed.). London: Prentice-Hall.

Jones G. R. George J. M. and Hill C. W. L. (2000).Contemporary Management. Boston, M.A.: McGraw-Hill.

Kerlinger F.N. (1973).Foundations of behavioural research. New York:

Kinard J. (1988).Management. Massachusetts : D.C Health and Company.

Kreitner R. and Kinicki A. (2004). Organizational behavior (6thed.). New York: McGraw-Hill Irwin.

Kreitner R. (1998).Management. California: Houghton Mifflin Company

Likert R. and Likert J. (1976).New ways of managing conflict. New York: McGraw-Hill p. 121.

McShane L. S. and Glinow M. A. U.(2000).Organizational behaviour. New York: McGraw-Hill Companies.

Mensah B. and Effah P. (2003).Conflict management and resolution skills for managers of Tertiary Education Institutions. Accra: National Council for Tertiary Education.

Miles R.H. (1980).Macro organizational behaviour. Califonia: Good Year Publishing Company Inc.

Mullins J. L. (2005).Management and organizational behaviour . New York: Prentice Hall.

Nelson L. D. and Quick J. C. (2000).Organizational Behaviour: Foundations, realities, and challenges. (3rded.). New Jersey: South Western College Publishing.

Nnadi E. E. (1997). Handbook on human resources management for health care professionals. Washington, DC: Howard University Press.

Olorunsola R. (1997). The anatomy and management of staff conflict in Nigerian university library. Library Management,18(7), 328–334.

Oppong M. K. (1999). Conflict management behaviors' of headmasters in senior secondary schools in Kwehu Unpublished master thesis, University of Cape Coast, Cape Coast.

Owens R.G. (2001). Organizational behaviour in education. Needham Heights MA: Allyn and Bacon.

Pedersen P. B. and Jandt F.E. (1999). Culturally contextual models for creative conflict management. In F.E. Jandt and P.B. Pedersen (Ed.), Constructive conflict management: Asia-Pacific cases, (pp.3-26. Thousand Oaks: Sage Publications.

Pondy I. (1967). "Organizational Conflict", Administrative Science Quarterly, Vol. 12, No. 2, pp. 296-320

Pondy L. (1969). Varieties of Organizational Conflict Administrative Science Quarterly 14. p.499-505

Rahim M. A. (1983). A measure of styles of handling interpersonal conflict. Academy of management journal, June pp. 368-76.

Rahim M.A. and Bonoma T.V (1979). Managing organizational conflict: A model for diagnosis and intervention. Psychological Reports, 44. 323-344.

Rao M.G. Rao U.S.P. and Narayana P. S. (1987). Organization behaviour Text and cases. New Delhi: Konaark Publishers.

Rinehart and Winston. Y Kindler H.S. (1996). Managing disagreement constructively: Conflict management in organizations. California: Crisp Publications, Inc.

Robbins P. (1997). Conflict and conflict resolutions are not synonymous terms. California Management Review 21(2), 43-67

Sagimo P.O. (2002). management dynamics: towards efficiency, effectiveness, competence and productivity. Nairobi: East Africa Educational Publishers Limited.

Shani A. and Lau J. (2000). Behaviour in Organisation: The joint dynamics of splitting and triangulation. Administrative Science Quarterly, vol.34, P.1-7.

Schmidt S. and Kochan T. (1972). "Conflict: Toward Conceptual Clarity", Administrative Science Quarterly, Vol. 17, No. 3, pp. 359-370

Wright P. and Noe R. (1996). Management of Organisations. U.S.A: Irwin/McGraw Hill Publishers.

KNUST



APPENDICES

RESEARCH QUESTIONNEIRES

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

(KNUST) KUMASI

MASTER OF BUSINESS ADMINISTRATION

(M.B.A)

I am a final year student of the Kwame Nkrumah University of Science and Technology (KNUST) Kumasi, pursuing the M.B.A in human Resources Option. In partially fulfillment of my degree, I am undertaking a study on the "Organisational conflict and its managements on organisational performance in Health institutions in the Northern Region" The aim of the study is to find out how conflicts affect organisations in some ways.

I would be much happier, if you would respond to this questionnaire, so as to be able to complete my study. Please note that any information or response you give will be treated with the highest level of confidentiality.

Thank you in advance for your support and co-operation.

INSTRUCTION

Please tick ☒ or provide the appropriate answer where applicable

SECTION A: SOCIO – DEMOGRAPIC INFORMATION

1. Gender: (a) Male (b) Female
2. Age : (a) 20 – 29 (b) 30 – 39 (c) 40 – 49 (d) 50 – 59
3. How long have you been employed in this institution?.....
4. Current grand/Rank?.....
5. Current position?.....

**SECTION B: THE NATURE AND CAUSES OF ORGANISATIONAL
CONFLICTS**

6. Causes of Intrapersonal Conflicts

Which of the following factors can you identify as some of the causes of conflict within you as an individual member of staff in your Hospital? Please tick as many as are applicable.

- a. When I have to make a choice between equally good alternatives []
- b. When I have to make a choice between two equally bad alternatives []
- c. When I have to make a choice among a set of options that have good and bad outcomes. []
- d. When I am not quite clear about your role as a staff of the polytechnic []
- e. When I have different expectations about your job (not clear as to which set of expectations to follow).[]
- f. Others, please specify:

7. Causes of Interpersonal Conflicts

Which of the following factors do you think promote interpersonal conflict (conflict between two or more individuals) among staff in your institution? Please tick as many as are applicable.

- a. Differences in behaviour among individual staff in your institution []
- b. Relationship between superior and subordinate such as the administrators and staff under them. []

c. Power struggle such as individual struggling for positions in the institution []

d. Competing for limited resources or recognition []

e. Differences in perception []

f. Feeling of superiority of some staff members []

g. Others, please specify

7. Causes of Inter-group Conflicts

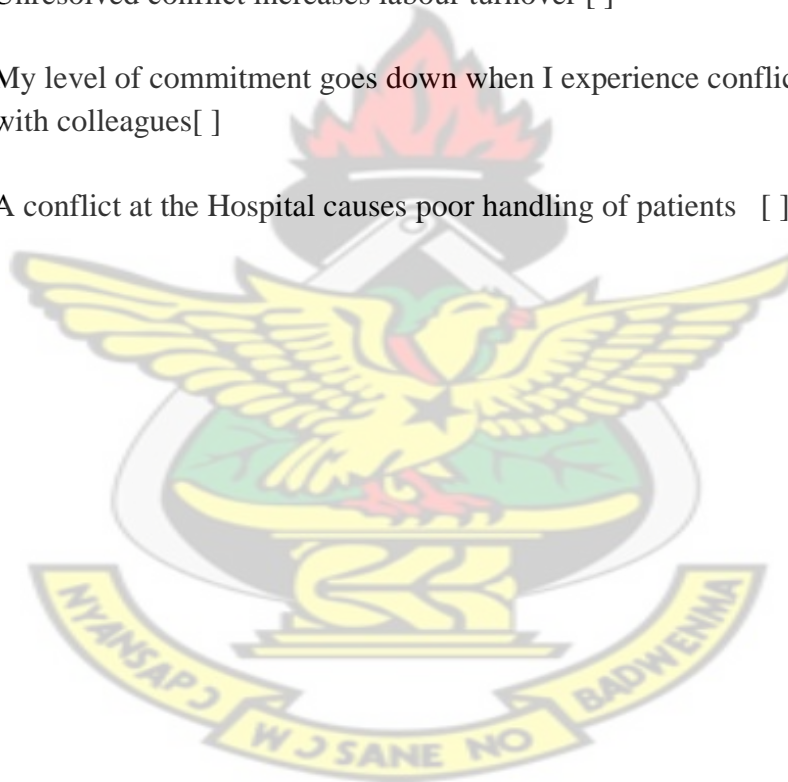
To what extent does each of the following issues result in conflict between junior staff and senior staff? Please tick the appropriate box.

INTER-GROUP CONFLICTS CAUSE:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	(1)	(2)	(3)	(4)	(5)
The presence of limited resources causes intergroup conflict	1	2	3	4	5
Overlapping task and task interdependencies causes conflict between SS and JS	1	2	3	4	5
Having collective decision making in the Hospital creates tension	1	2	3	4	5
When one group withholds vital information from the other, conflict arises	1	2	3	4	5
I believe that JS interest conflicts with the interest of SS	1	2	3	4	5

SECTION C: EFFECTS OF ORGANISATIONAL CONFLICTS

Which of the following factors do you think are the effects of conflict (conflict between two or more individuals) among staff in your institution? Please tick as many as are applicable.

1. Conflict causes tension among staff members []
2. When there is an struggle for limited resources in the hospital I lose interest in work []
3. When power struggles start to rear its ugly head in the hospital where I work I feel more insubordinate []
4. Unresolved conflict increases labour turnover []
5. My level of commitment goes down when I experience conflicting clashes with colleagues[]
6. A conflict at the Hospital causes poor handling of patients []



SECTION D: CONFLICT STRATEGY RATING FOR
SOME CONFLICT MANAGEMENT SCENARIOS.

MANAGING CONFLICTS	Strongly Agree (1)	Agree (2)	Neutral (3)	Strongly Disagree (4)	Disagree (5)
26) Avoidance	1	2	3	4	5
27) Dominance	1	2	3	4	5
28) Smoothing Over	1	2	3	4	5
29) Compromise.	1	2	3	4	5
30) Confrontations	1	2	3	4	5
31) compete	1	2	3	4	5
32) concern for self	1	2	3	4	5
33) concern for others	1	2	3	4	5

Any comments are welcome, please.

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THANK YOU VERY MUCH FOR THE TIME AND ENERGY SPENT