

WORKPLACE CONFLICT AND THE PRODUCTIVITY OF EMPLOYEES IN THE HEALTHCARE SECTOR: A CASE STUDY

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Abstract

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The study aims at examining the impact of workplace conflict on employee productivity in the healthcare industry. Workplace conflict is a dysfunctional stressor that undermines the endeavours, and performances of any workplace (Adewole & Adebola, 2010). While it adopted the descriptive survey design for the investigation, the participants were 4541 comprising senior and junior staff members from the five selected Federal Health Institutions in Enugu State, Nigeria (namely: University of Nigeria Teaching Hospital, National Orthopaedic Hospital, Neuropsychiatric Hospital Enugu, the Nigerian Army 82 Division Hospital and Police Clinic). Using Freund and Wilson's formula (Freund & Wilson, 1993), a sample size of 233 was calculated with a 10 percent error margin from the population. A questionnaire set was used to collect data, which was analysed using regression analysis and Pearson's product-moment correlation coefficient (PPMCC). Findings indicated that employee gender differences had a substantial impact on employee turnover, while employee growth and leadership style were found to be linked. The study thus concludes that workplace conflict has a substantial impact on the performance of employees in the sector and geography studied. Hinging this study's relevance to the novelty of exploring unmatched variables (workplace conflict and productivity) to fill the existent empirical gap. Thus, critically analysing the current state of the sector, its region, and selected firms.

Keywords: Behaviour, Conflict, Employees, Healthcare, Productivity, Workplace

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1. INTRODUCTION

Every organization makes earnest efforts towards harmonious relationships in their workspace. It is critically important to maintain cordial relationships among employees as organizations are currently becoming more diverse or multicultural. In other words, organization members should be more flexible, tolerant, and supportive of coworkers in such a way that organizational amity is achieved (Zhang, 2011). Conflict's etymology can be traced back to the old Latin terms *configure* and *conflicts*, which mean "to be incompatible or at odds", "to collide", and "to have or express confused and mutually conflicting feelings" (Stedman, 2002). Workplace conflict is a dysfunctional stressor that undermines the endeavours, objectives, mission, and vision of the workplace. It also arises as a result of a workforce's different or contradictory tenets, interests, aspirations, and career expectations (Bykov, 2017; Adewole & Adebola, 2010). Conflict has become a *cliché* and an unavoidable phenomenon in any setting, particularly if people of various backgrounds, orientations, and interests coexist to achieve some common goals. However, as individual and team goals diverge, efforts to achieve them diverge as well, which results in workplace conflict.

In today's competitive and dynamic corporate environment, organizations are making earnest efforts to curtail conflicting interests, whilst ultimately striving to improve efficiency and competitive advantage (Lateef, 2020; Oudeh, 2014). The impact of workplace conflict differs from country to country across the globe. According to The Myers-Briggs Company (2008), 16 percent of disputes in the United States grew in length and severity, whereas 11 percent were de-escalated or subverted. The report further indicated that workplace conflict is low in advanced economies, compared to a stark contrast in developing and underdeveloped economies, where most conflict cases arise due to the inability to efficiently achieve resource optimality, resulting in government-citizen and/or employer-employee conflict, in the form of civil unrest and industrial actions. Onyekwelu et al. (2022) aver that the healthcare sector in Nigeria, for example, is made up of numerous components such as general hospitals, federal health centres, speciality clinics, teaching hospitals, and other therapeutic institutions that provide clinical training, medical services, and research and development. To carry out these responsibilities, a diverse group of people is needed, but this creates a breeding ground for conflict, whether in the form of gender inequalities within administrative cadres or opposing leadership styles among administrators (Ubeku, 1983; Ongori, 2009). Workplace conflict is the result of a tangle of recurring relationships (Taiwo, 2010). Depending on the persons involved, these recurring relationships are incongruent, unclear, and sporadic. Individuals are frequently the focal points of conflict. This is due to the unpredictable nature of human behaviour, which differs not only from one individual to the other but also from one individual to the next individual at different times. Individuals differ not just in their physical disposition, but also in their capacities, such as their orientation, training, and experience, which are all crucial to the origins of the conflict,

despite biological and cultural similarities. Although it offers an enabling climate for productivity at both the organizational and employee levels to blossom, the effect of a peaceful and harmonious work environment cannot be overemphasized. In the past, health and medical institutions were ranked as an industry with less conflict since the industry had several years of productivity, expansion, investment possibilities, and highly skilled people with solid on-and-off-the-job relationships.

Today, however, the business seems divided by a slew of contradictory challenges, including organizational paranoia (Monyei et al., 2020), workplace pressures, governmental rules, stakeholder distrust, insufficiently skilled employees, and an incompatible employer-employee relationship. The recent incidence of such workplace disharmony has grown intolerably, disturbing, and detrimental to employees' ability to thrive, resulting in low productivity in most organisations. Workplaces continue to use employee productivity as a capacity index to assess how well they are meeting their goals (Muda et al., 2014). However, employee turnover and labour disputes seem to have become a regular occurrence, particularly in the healthcare industry. This scenario, with its severe ramifications for all those involved, has become disturbing. As a result, a thorough analysis of the reasons for workplace conflict and the operational implications of it on employees' productivity in the healthcare industry is necessary. Otherwise, the prospect of utter failure and degeneration is anticipated.

In line with the foregoing, the research aims are structured to: 1) examine the extent to which *gender inequality/differences* affect *employee turnover* in the healthcare sector; 2) ascertain the relationship between *leadership style* on *employee commitment* in the healthcare sector.

The structure of this paper is as follows. Section 2 reviews the relevant literature. Section 3 analyses the methodology that has been used to conduct empirical research on workplace conflict and the productivity of employees in the healthcare sector. Section 4 captures the outcomes of the data gathered, analysed, and its presentation. While Section 5 discusses the research findings. Lastly, Section 6 gives a conclusive standpoint, policy implications, and limitations of the investigation.

2. LITERATURE REVIEW AND HYPOTHESES DEVELOPMENT

2.1. The Karl Marx conflict theory

The Karl Marx conflict theory (Marx, 1859) underpins the link between workplace conflicts and employee productivity. The Karl Marx conflict theory is a sociological theory that emphasizes group and individual social, political, and resource inequalities in a particular environment (society or organization). The theory describes the function of power in society, as well as power differentials and resource conflicts. Marx (1859) believed that society was divided into two classes, namely a ruling class and a subject class. There is a struggle for power, money, and interests because of the discrepancy in their connections (Oudeh, 2014). Marx went on to describe the class as a group of people who are in

similar economic situations and, as a result, receive similar financial rewards. According to *Marxism* (1994), conflict theory describes the role of force and power in building social order. Maintaining social order is the concentration of power in the hands of persons with significant economic and political power in the community. Individuals who control a huge share of a community's resources zealously safeguard their wealth and status, leaving the ordinary class in the community with an insufficient share of the resources. As a result, the subject class works tirelessly to reform the system so that they can access the resources. Oudeh (2014) emphasized this idea from an organizational angle, claiming that workplace conflict arises from disparities in the workplace in the form of wants, needs, and expectations. As a result of their stratification, employees, and employers in the workplace are sure to have opposing views on career objectives, job definitions, employment advancement, and even personal expectations.

2.2. Workplace conflict

Workplace conflict is any sort of dispute that occurs within a workplace or among workers and/or supervisors, including disagreement that occurs outside of working hours (Bykov, 2017; Honeyman, 2013). It is a broad worldview that encompasses a variety of types of conflict that are generally studied separately, such as business and workplace disputes. Even though most organisations aspire for a long-term competitive advantage devoid of conflict, there has always been substantial variance between desired and actual success, particularly in conflict situations (Jyoti & Rani, 2014; Agbaeze et al., 2017). Workplace conflict can occur between coworkers or between organisations, in addition to the employer-employee relationship. The term "conflict" has no precise definition (Rahim, 2002). Scholars from many fields who are interested in studying conflict have caused most of the misconceptions. Luthans' (2002) systematic surveys of conflict literature revealed a conceptual sympathy with, but no consensus support for, any widely recognized definition of conflict. In his classic assessment, Rahim (2002) demonstrated the wide range of conflict definitions. He uncovered a wide range of definitions for specific hobbies as well as several generic definitions that try to cover everything. Workplace conflict is defined as a condition of intense disagreement and controversy about an issue that is critical to at least one of the parties involved (Schramm-Nielsen, 2002).

Ekundayo (2012) posits that workplace conflict creates major barriers to career advancement. Individuals, groups, and even individuals inside a single person can have workplace conflict. Workplace conflict can refer to a variety of issues, such as differing attitudes, objectives, resource distribution, and conflicting activities. Conflict in the workplace occurs when routine decision-making systems are disrupted, making it difficult for an individual or group to make a choice. In general, workplace conflict should be viewed as a dynamic process that underlies all workplace conduct. This is a wide phrase that encompasses practically everything that occurs in a group or individual. Workplace conflict, according to Wood and Bandura (1989), is

an interaction situation in which one actor's behaviour or goals are incompatible with those of another actor or actors. Based on their assertion, an actor is any social entity, ranging from a single person to a corporation. Workplace conflict is a situation in which the conditions, practices, or goals of the various players are innately incompatible (Armstrong, 2012). A sort of conduct that occurs when at least two or more groups are at odds or in disagreement is another definition of workplace conflict. As a result, it looks like there is deprivation from engaging in or socializing with another person or group (Buchanan & Huczynski, 2010).

Nevertheless, even though conflict is often perceived as contradictory, it can lead to effectiveness when solutions are found. Contrasting necessities, conflicting views, and conflicting parts, among other things, are some of the causes of workplace conflict (Mind Tools, n.d.). About conflicting necessities, employees seek limited resources, recognition, and authority in the organization at all times, and because everyone wants a piece of these limited resources, conflict arises. However, in terms of conflicting perceptions, two employees may have opposing viewpoints on a choice or procedure. As a result, people have diverse perspectives on the same incident (Mind Tools, n.d.). Role conflict is another aspect, which occurs when a member of staff is asked to execute work that is outside of his/her job description or when colleagues are paired to perform the same activity. Furthermore, Robinson and Cordon (2011) believe that the various forms of conflict can be resolved by following the eight steps outlined below:

- 1) establish ground guidelines for constructive commitment;
- 2) choose a facilitator;
- 3) discover the issues and its history's key points of interest;
- 4) examine the facts and shed light on perceptions;
- 5) pay attention to both individual and group requirements;
- 6) create a variety of options for resolving the problem;
- 7) create a plan for the next steps;
- 8) make mutually beneficial arrangements.

The above eight points have the capability of minimizing conflict in organizations, thereby accelerating employee productivity.

2.3. Employee productivity

Productivity is a measure of an organization's capacity to make the best use of its limited resources to achieve its objectives (Monyei et al., 2022). As a result, one component of these competencies that could be measured is the level of productivity of personnel in an organisation. Several studies have introduced various methods for evaluating employee productivity, including output quality and quantity, workforce commitment levels, growth rates, individual knowledge, and creativity toward completed tasks that are in tandem with the responsibilities of the task completed during a specified period. To put it in another way, the assessment process must have some dependable standard parameters (Wong & Wong, 2007; Prajogo, 2007). Taiwo (2010) claims that the demand for improved routines and

outcomes from service workers, particularly in the healthcare industry, is not a new phenomenon. These characteristics, such as an employer's psychosocial or managerial style, drive the productivity of the workforce. As previously stated, one of the main duties of managers is to inspire employees in the organisation toward higher performance levels (Zhang, 2012). The more managers are capable of responding to the question of what stimulates the performance of their employees, the more fortified they will become to maximise and improve their performance, while also fostering professional ethics and reducing conflicting cases (Monyei et al., 2020; Zhang, 2012).

2.4. Gender inequality/differences and employee turnover

Gender inequality/differences inclinations are caused by an individual's self-esteem, perceptions, and gender stereotypes (men and women). When the question of gender inequality/differences predisposition arises, according to Pradhan and Jena (2017), and Polachek (1981), it is usually in the context of women being victimized and segregated in the workplace. Two types of explanations exist for this fact. The first and most essential clarification is related to gender disparities/differences in capabilities and preferences (Tiwari, 2015). Second, detecting workplace discrimination leads to the gender gap in the treatment of those with similar abilities (Black & Strahan, 2001). To some extent, diversity orientation can be beneficial and have a wide-ranging impact. Nevertheless, there must be an acknowledgement of its existence and prejudice, followed by a commitment to eliminating gender inequality/differences in the workplace. On the other hand, employee turnover, which is on the rise, is a key source of concern for human resource professionals. For corporate leaders and management researchers, the rate at which people leave/change employment has been a worrying issue in recent years. In this situation, a workplace must focus on keeping and minimizing employee turnover rates, particularly among female workers through efficient talent management, which can manage the innovative capabilities of a cost-effective business (Agbaeze et al., 2017). Employees are sometimes left with conflicting and poor impressions, which makes them quit or switch jobs (Louden, 2012; Tiwari, 2015).

Hence, from the above, the following alternate hypothesis is proposed:

H1₀: Employee gender differences have no major impact on employee turnover in the healthcare sector.

H1: Gender inequality/differences have a significant impact on employee turnover in the healthcare sector.

2.5. Leadership style and employee commitment

Agreeing with Fiedler (1972), a leader is an individual whose initiatives relate to an action of influencing events and activities or engaging an arrangement of resources in the context of a collaborative plan, all to attain the best possible outcome. Leadership style refers to an individual's ability to influence and impact subordinates in a goal-oriented manner to increase productivity and profitability (Bykov, 2017).

Lateef (2020) posits that employee commitment is defined as a sense of obligation or a strong emotional bond. It also denotes the tie that workers have with their company's leaders/employers. Employees who are devoted to their employment often feel a sense of belonging with their organisation, as well as a sense of organizational fit that extends to a knowledge of the company's aims and objectives (Dixit & Bhati, 2012; Venkatraman & Ramanujam, 1987). Employee commitment is critical since it drives the majority of organizational performance. It also demonstrates how closely employees are linked to the business and how dedicated they are to its objectives. Employee commitment is a significant issue because it is employed as a productivity metric.

From the above, the following alternate hypothesis is proposed:

H2₀: Leadership style has no significant positive link with employment growth in the healthcare sector.

H2: Leadership style has a positive relationship with employee commitment in the healthcare sector.

2.6. Empirical insight and summary of the reviewed literature

Fako et al. (2009) investigated male and female disparities in the job satisfaction of university employees at the University of Botswana. The study was conducted using a survey method. The purpose of the study was to see how male and female university employees differ in terms of a variety of attributes and attitudes, as well as satisfaction with the work they do. The data was collected from primary sources and analysed with the chi-square method. Negative job experiences such as tribalism and racism, nepotism and favouritism, gender discrimination, as well as stress from immediate superiors, job demands on personal life, and home duties, were found to cause variations in satisfaction between males and females.

Collins and Ponniah (2014) investigated the effect of demographic determinants on employee turnover and retention in the development of micro, small, and medium enterprises (MSMEs). The inquiry was carried out with a survey. The study's specific objectives were to investigate the fundamental determinants that drive employee retention in MSMEs, the relationships between demographic variables and retention of workers, and the negative effects of key staff exodus on MSMEs. To collect data from primary sources, a standardised questionnaire was used. Regression and chi-square analyses were used to examine the study variables. According to the findings, several demographic characteristics are closely associated with retention factors. Voluntary turnover of key individuals has several negative consequences for MSMEs, including decreased productivity and profitability. Based on the research, raising job satisfaction, providing a healthy work environment with opportunities for professional progress, and increasing recognition and prizes are some of the strategies that might help reduce turnover.

Mohammed et al. (2014) investigated the relationship between leadership styles and organisational performance. Primary sources were used to compile the data. The data were analysed using correlation analysis with the help of Statistical Package for the Social Sciences (SPSS) software. The study discovered a correlation between

leadership style and organisational performance, as well as the fact that leaders and leadership styles have an impact on their organisations' ability to fulfil corporate goals and objectives. According to the findings, efficiency is a function of perceived reward, and most commercial organisations' goals are achieved as a result of leadership's acknowledgement of workers' desires. Organizations should employ appropriate incentive approaches such as merit-based and relevant skill-based promotions, according to the research. Creating a conducive work environment and adopting a leadership style that fosters the open flow of information between leaders and employees will help increase organisational and employee performance.

Ogunleye and Aluko (2012) explored the impact of a leader's perceived source of power on junior workers' commitment and attitude at work. In this study, an *ex-post-facto* field design was adopted. The data was compiled using both primary and secondary sources. The survey responses were evaluated utilising multiple regression analysis, t-tests, and Pearson correlation analysis. Conferring to the findings, the perceived power source of leaders has a considerable impact on employee engagement and work attitude. There was also a favourable link discovered between leaders' perceived power source and employee commitment, as well as between work attitude and employee commitment. There was no discernible link between a leader's perceived source of power and their attitude at work. The study came to a conclusion based on the findings. Employees' dedication to companies and a positive work attitude should always be suitably rewarded in the area of fringe benefits, according to the study, to improve the development and growth of the organizational growth through efficiency and effectiveness.

In summary, the following discoveries and gaps were made based on the reviewed literature focusing on the influence of workplace conflict and the productivity of employees in the healthcare sector. It was observed that there are numerous studies on workplace conflict, but few to none have addressed the outcome or effect of workplace conflict on employee productivity in the healthcare sector. It was also observed that the findings obtained, and recommendations proffered by the existing studies are not applicable across industries and regions. Therefore, justifying the timeliness and relevance of this current study to fill the existent gap by critically examining the current state of the healthcare sector from

the standpoint of its region, and the specific firms being investigated.

3. RESEARCH METHODOLOGY

This study employed a descriptive research approach. 4541 participants were included in the study, including management and operational staff from University of Nigeria Teaching Hospital, National Orthopaedic Hospital, Neuropsychiatric Hospital, Nigerian Army's 82 Division Hospital, and Police Clinic, all of which are located in Enugu State, Nigeria. They were chosen based on their number of years in medical and health practices, as well as their multicultural backgrounds. Using Freund and Wilson's formula (Freund & Wilson, 1993), a sample size of 233 was determined. A total of 233 questionnaires were distributed, with 223 of them properly completed and returned. The proportionate stratified sampling strategy, based on Bowley's formula (Bowley, 1926), was employed to offer a proper representation of the specified health and medical centres in the ratio of 5:4:3:2:1. A 5-point Likert scale questionnaire study instrument and interview guide were used to collect the data, which was administered to respondents. The instrument's validity was assessed utilizing content validity by six (6) management experts from the health and medical industries as well as within an academic institution. The reliability of the instrument was verified by utilising Cronbach's alpha, which produced a coefficient of 0.973, indicating the strong reliability of the instrument. In choosing statistical tools for data analysis. In analysing the data gathered, the structural equation model, simple linear regression, and Pearson's product-moment correlation coefficient (PPMCC) statistical tools were all considered appropriate. However, the choice of both the regression analysis and PPMCC tools were chosen based on their capacity to test data gotten through ordinal scales, and indicating an inter-relationship between observed and latent variables. The null hypothesis will be rejected if the estimated value at a 5% level of significance with the pertinent degree of freedom is more than the table value; or else, do not reject.

4. RESEARCH RESULTS

4.1. Data analyses

This section captures outcomes from the data gathered, analysed, and its presentation.

Table 1. The questionnaire's distribution and return

Health and medical centres	No. distributed		No. returned		No. not returned	
	Mgt. staff	Optnl. staff	Mgt. staff	Optnl. staff	Mgt. staff	Optnl. staff
University of Nigeria Teaching Hospital	47	90	44	88	3	2
National Orthopaedic Hospital	15	31	15	29	-	2
Neuropsychiatric Hospital	8	21	8	19	-	2
Nigerian Army 82 Division Hospital	4	12	4	11	-	1
Police Clinic	1	4	1	4	-	-
Total	75	158	72	151	3	7
Grand total	233		223		10	

Note: Mgt. staff – Management staff, Optnl. staff – Operational staff.
Source: Authors' elaboration.

Table 1 reveals that 223 (96%) of the 233 questionnaires distributed were returned; 10 (4%) were not returned, and 0% of the copies were rejected.

4.1. Descriptive analyses of research objectives and hypotheses

inequality/differences affect employee turnover in the healthcare sector.

4.1.1. Analysis for objective 1

Table 2 shows that 60 (27%) and 69 (31%) of respondents strongly agreed and agreed that gender differences affect employee turnover in the healthcare sector respectively. 66 (29%) were undecided, while 11 (5%) and 17 (8%) strongly disagreed and disagreed with this statement, respectively.

This subsection illustrates analysis for objective 1, which is to examine the extent to which gender

Table 2. Responses on whether gender differences affect employee turnover in the healthcare sector

Rating	Health and medical centres										Freq.	Percentage (%)
	University of Nigeria Teaching Hospital		National Orthopaedic Hospital		Neuropsychiatric Hospital		Nigerian Army 82 Division Hospital		Police Clinic			
	M. S.	O. S.	M. S.	O. S.	M. S.	O. S.	M. S.	O. S.	M. S.	O. S.		
Strongly agree	15	25	2	5	1	4	1	5		2	60	27
Agree	10	30	7	10		8		2		2	69	31
Undecided	15	20	5	9	7	4	2	3	1		66	29
Strongly disagree	3	5		3							11	5
Disagree	1	8	1	2		3	1	1			17	8
Total	44	88	15	29	8	19	4	11	1	4	223	100

Note: M. S. — Management staff, O. S. — Operational staff.
Source: Authors' elaboration.

Table 3. Responses on whether gender differences negatively affect employee placement and promotion in the healthcare sector

Rating	Health and medical centres										Freq.	Percentage (%)
	University of Nigeria Teaching Hospital		National Orthopaedic Hospital		Neuropsychiatric Hospital		Nigerian Army 82 Division Hospital		Police Clinic			
	M. S.	O. S.	M. S.	O. S.	M. S.	O. S.	M. S.	O. S.	M. S.	O. S.		
Strongly agree	2	15		7		2		2		1	29	13
Agree	3	10	1	2		3	1	2			22	10
Undecided	15	15	6	5	8	1	2				52	23
Strongly disagree	20	23	5	8		7		5	1		69	31
Disagree	4	25	3	7		6	1	2		3	51	23
Total	44	88	15	29	8	19	4	11	1	4	223	100

Note: M. S. — Management staff, O. S. — Operational staff.
Source: Authors' elaboration.

Table 3 shows that 29 (13%) and 22 (10%) respondents strongly agreed and agreed with the statement that gender negatively affects employee placement and promotion in the healthcare sector. 52 (23%) were undecided, while 69 (31%) and

51 (23%) strongly disagreed and disagreed with this statement, respectively.

Simple linear regression analysis was employed to evaluate this hypothesis. Employee gender inequalities in the healthcare industry were thought to have a substantial impact on employee turnover.

Table 4. Summary

Model	R	R-square	Adjusted R-square	Std. error of the estimate	Durbin-Watson
1	0.674	0.455	0.442	0.79769	0.379

Note: Predictors: Constant — Employee gender differences, Dependent variable — Employee turnover.

Table 5. Coefficients

Construct	Unstandardized coefficients		Standardized coefficients	T	Sig.
	B	Std. error	Beta		
Constant	-8.650	2.057		-4.205	0.000
Employee gender differences	2.475	0.418	0.674	5.917	0.000

Note: R = 0.674, R-square = 0.455, F = 35.007, T = 5.917, DW = 0.379, Regression sum of squares = 22.275, Residual sum of squares = 26.725, Std. error of the estimate = 0.79769.

The degree of relationship between the independent variable employee gender differences and the dependent variable employee turnover is shown by the correlation coefficient of 0.674, which suggests that there is a substantial positive correlation between employee gender differences and employee turnover. According to the R-square coefficient of determination, 45.5% of the variation in employee turnover can be explained. With linear regression, the estimated error is

minimal, with a value of approximately 0.798. Based on the Durbin-Watson statistics of 0.379, which is less than 2, there is autocorrelation. Employee gender disparities of 0.445 indicate a weak but statistically significant link between gender differences and employee turnover (t = 7.920). Consequently, the H₁₀ must be rejected in favour of the H₁. This suggests that disparities in employee gender differences have a major impact on employee turnover.

4.1.2. Analysis for objective 2

This subsection illustrates an analysis of objective 2,

which is to ascertain the relationship between *leadership style* on *employee commitment* in the healthcare sector.

Table 6. Responses on whether *leadership style* positively relates to *employee growth* in the healthcare sector

Rating	Health and medical centres										Freq.	Percentage (%)
	University of Nigeria Teaching Hospital		National Orthopaedic Hospital		Neuropsychiatric Hospital		Nigerian Army 82 Division Hospital		Police Clinic			
	M. S.	O. S.	M. S.	O. S.	M. S.	O. S.	M. S.	O. S.	M. S.	O. S.		
Strongly agree	22	40	12	10	4	12	2	5		3	110	49
Agree	20	28	3	13		7	2	5	1	1	80	36
Undecided	2				2			1			5	2
Strongly disagree		5		4							9	4
Disagree		15		2	2						19	9
Total	44	88	15	29	8	19	4	11	1	4	223	100

Note: M. S. — Management staff, O. S. — Operational staff.

Source: Authors' elaboration.

Table 6 indicates that 110 (49%) and 80 (36%), respectively, of the respondents, strongly agreed and agreed that *leadership style* has a good relationship with *employment growth* in the healthcare sector.

5 (2%) were undecided, whereas 9 (4%) and 19 (9%) strongly disagreed and disagreed with this statement, respectively.

Table 7. Responses on whether Lazier-fair *leadership style* significantly relates to *employee growth* in the healthcare sector

Rating	Health and medical centres										Freq.	Percentage (%)
	University of Nigeria Teaching Hospital		National Orthopaedic Hospital		Neuropsychiatric Hospital		Nigerian Army 82 Division Hospital		Police Clinic			
	M. S.	O. S.	M. S.	O. S.	M. S.	O. S.	M. S.	O. S.	M. S.	O. S.		
Strongly agree	22	52		9		8	1	4		3	99	44
Agree	12	22	7	5	1	7	3	7	1	1	66	30
Undecided	8		8		5						21	9
Strongly disagree		10		5	2	3					20	9
Disagree	2	4		10		1					17	8
Total	44	88	15	29	8	19	4	11	1	4	223	100

Note: M. S. — Management staff, O. S. — Operational staff.

Source: Authors' elaboration.

Table 7 reveals that 99 (44%) and 66 (30%) of respondents strongly agreed and agreed that the Lazier-fair *leadership style* significantly relates to *employment growth* in the healthcare sector, respectively. 21 (9%) were undecided, while 20 (9%) and 17 (8%) strongly disagreed and disagreed with this statement, respectively.

Table 8. Descriptive statistics

Variable	Mean	Std. dev.	N
Leadership style	4.0530	1.29776	233
Employee growth	4.1818	1.12628	223

Table 8 displays the descriptive data for the relationship between *leadership style* and *employee growth*, with a mean of 4.1 and a standard deviation of 1.3 for *employee growth* and a mean of 4.2 and a standard deviation of 1.2 for *leadership style*. The standard deviation values of 1.3 and 1.2 indicate that the dependent and independent variables have approximately identical data point variability. This means that when it comes to aspects that drive *employee growth*, *leadership style* plays a significant role.

Table 9. Correlations

		Leadership style	Employee growth
Leadership style	Pearson correlation	1	0.036
	Sig. (2-tailed)		0.818
	N	233	223
Employee growth	Pearson correlation	0.036	1
	Sig. (2-tailed)	0.818	
	N	223	223

Table 9 shows the Pearson correlation coefficient matrix, along with the correlation coefficient, significant values, and various cases, illustrating the relationship between *leadership style* and *employee growth*. The correlation value is 0.818, indicating that *leadership style* and *employee growth* (R = 0.36) have a strong positive significant relationship. At the 0.05 level, this result suggests that the connection is significant (2-tailed). However, the computed correlation coefficient is higher than the table value of R = 0.195 with 221 degrees of freedom (df = n - 2) at the alpha level for a two-tailed test (R = 0.36, 0.036, 0.05). The H_{20} , in that case, is rejected owing to the fact the computed R = 0.818, is more than the table value. The probability value of (R = 0.818, 0.036, 0.05) indicates that there is a statistically significant relationship between *leadership style* and *employee growth*.

5. DISCUSSION

The first objective considers how *gender inequality/differences* affect *employee turnover* in the healthcare industry. Simple linear regression was utilised to test the first hypothesis, and the results showed that *gender inequality/differences* have a significant impact on *employee turnover* in the healthcare sector ($R = 0.674$, $F = 35.007$, $t = 5.917$, $p = 0.05$). This finding is in line with the findings of Fako et al. (2009) and Jyoti and Rani (2014) who revealed that gender disparity in satisfaction with the kind of task workers within a workplace undertake. Also, the outcome of the research from the University of Botswana shows that gender differences impact satisfaction, with female and male workers differing about factors that affect satisfaction, such as marital status, age, years of service, and citizenship. Collins and Ponniah (2014) discovered that retention factors are strongly linked to a variety of demographic characteristics and that voluntary turnover of key individuals has some negative consequences, including lower productivity and profitability. It further aligns with findings from oral interviews based on the case studies subjective judgements deduced through the survey administration. The second objective was to find out how *leadership style* affects *employee commitment* in the healthcare industry. The second hypothesis was verified utilising PPMCC, and the results indicate a significant relationship between *leadership style* and *employee growth* in the healthcare industry ($R = 0.36$, $p = 0.05$). This study is in line with Mohammed et al. (2014), who discovered a link between *leadership style* and employee performance in businesses, as well as those leaders and *leadership styles* that have influenced organisations' ability to reach cordial outcomes. Also, Monyei et al. (2022) and Bykov (2017) indicated that pro-social exchanges among colleagues boost staff-employer growth leading to sustained commitment and performance. Subsequently, it concurs with the results obtained through oral interactions based on the case studies subjective verdicts gathered through the questionnaire set distributed to the respondents.

6. CONCLUSION

Unquestionably, workplace conflict is becoming a greater concern for both employers and

employees, and it is an unavoidable aspect of working life. Since human elements are incapable of engaging in social interaction without conflict, how disagreements are managed will decide whether there is a beneficial resolution or detrimental ramifications for both employees and the organization (Bush & Folger, 2004). The study revealed that conflict in the workplace has a significant impact on employee performance in the areas of gender disparities and employee turnover; leadership style and employee growth, based on the data and tested hypotheses. Therefore, the impact of workplace conflict in the healthcare sector is primarily determined by how well it is managed or curtailed by the administrators of the workplace. Based on this conclusion the following policy implications were proffered accordingly:

1. Management in the healthcare sector must ensure that both genders (male and female) are treated equally in terms of task allocation, reward, and recognition, as this fosters cooperation and ensures employee longevity in the workplace.

2. Management in the healthcare sector must also commit to a more decentralized administrative style of leadership that allows staff to take initiative and make decisions at the operational level, allowing them to grow and learn on the job.

In the course of conducting this investigation, we state the limitation encountered, how it was resolved and its basis as an avenue for future study was expressed. Amongst the most prominent limitations of this study is the time constraints on the part of the respondents, who thought responding to the survey would mean divulging sensitive hospital, and patient information. However, this was addressed by presenting an officially appended letter by the Ethics Committee of the Department of Management, University of Nigeria, Nsukka, showing that it was a purely academic exercise. Therefore, having made our modest contribution, we propose a scope for future research. The outcome of this study has provided insight into workplace conflict and proffered significant resolution strategies that promote positive relationships and the curtailing of its escalation possibilities amongst healthcare workers. Subsequent research should investigate conflict from the standpoint of the global pandemic (COVID-19), and its overarching influence on the competitiveness of healthcare institutions.

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