



**Conflict management in an organization: A case study of the
Korle Bu Teaching hospital.**

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Abstract

Conflict is considered an inevitable part of organizational life, particularly in hospitals in the health sector. However, there has been limited attention to conflict management and transformation in hospital within the Ghanaian setting, despite evidence of conflicts among employees in health institutions. The study provided answers to the following research objectives: (i) the nature of conflict among employees; (ii) the factors influencing the occurrence of conflicts among employees; and (iii) how conflict among employees at the Korle-bu Teaching Hospital. The study adopted a descriptive qualitative case study design with a sample of 8 participants who were selected using a purposive sampling technique. Primary data was collected using a semi-structured interview guide. Data analysis was done thematically. The study found that though conflict was seen as positive, a general negative perception was found. The nature of the conflict was shown to be multidimensionally characterized by relational, task, vertical, and horizontal conflicts. Themes identified in terms of the factors causing conflict included: individual (differences in employee values and negative employee behaviors); organizational factors (differences in organizational and individual values, perceived organizational support, unsafe working environments, task interdependence, and disregard for subordinates); and societal factors (tribalism and gender role expectations and conformity). Furthermore, conflict management and transformation reflected two major themes: actor-related strategy; relational strategy and rule modification.

Keywords: conflict management, conflict transformation, nature, factor, hospitals, Ghana.

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Dedication

This thesis is dedicated to my wonderful wife, Louisa, and our children, Meres, George, Parkins, and Newton.

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Abbreviations and Acronyms

BMC	Budget Management Centre.
ENT	Ear, Nose and Throat.
GNA	Ghana News Agency.
L.I	Legislative Instrument.
NESA	National Health and Medical Research.
NESH	National Committee for Research Ethics in the Social Sciences and the Humanities.
NGOs	Non-Governmental Organizations.
NVC	Nonviolent Communication.
Sub-BMCs	Sub-Budget Management Centers

1.0 Chapter One

1.1 Introduction

Conflict happens and affects us both in our private lives as well as at work. However, it is completely natural. In a large survey with over nineteen thousand respondents, more than forty-seven per cent answered that they had experienced uncomfortable conflicts with management in their organizations. About fifty per cent of the respondents had experienced conflicts with one of their colleagues at work. Conflict at the workplace is one of the reasons for turnovers in an organization (Ahuja et al. 2007). Sick leaves due to conflicts affect businesses and organizations. A large study shows that conflicts with colleagues bullying, changes and poor management were the cause of thirty-five percent of long-term sick leaves in the organizations (Ayoko et al., 2013). Conflict is uncomfortable and affects those who are involved. According to this same survey, seventy per cent of managers in a survey responded that they needed to know more about conflict management. This much, the objective of this paper, is to study the opinions of health professionals to first increase our understanding of how they handle conflict, the causes, the effects of conflict, and last but not the least, the possible solution that could be employed in resolving conflicts in the chosen organization which exactly is the Korle Bu Teaching hospital.

1.2 Background

Organizations confront the difficulty of coordination issues generated by the division of goals and duties across several divisions. The growing usage of organic and flexible team-based structures, which enhances interdepartmental interdependence and disrupts conventional power dynamics in companies, adds to the issue. In the present shifting economy, businesses confront the problems of developing departmental conflicts, which are exacerbated by professional specialization and worker diversification. To increase efficient collaboration among employees inside businesses, further research on interdepartmental conflict management is needed. Even though conflict management research in businesses has developed in recent decades, experts have yet to agree on a common definition of the term conflict (De Dreu & Gelfand, 2008). The challenge of investigating conflict management in empirical studies is exacerbated by a lack of agreement on the concept of conflict. As the initial stage in learning conflict management, the conflict definition should be specified. Many studies on conflict have shown good outcomes (Rahim, 2011; Simons

& Peterson, 2000), whereas others have found the reverse (Rahim, 2011; Simons & Peterson, 2000). (De Dreu & Weingart, 2003). The lack of good conflict management skills, which has an impact on conflict outcomes, contributes to the contradictory research findings. Specifically, conflict cannot provide companies with helpful functions or bad consequences; rather, conflict outcomes are dependent on the employee's personal understanding and acceptance of the usefulness of conflict and conflict management abilities (Rahim, 2011). Researchers have used a variety of techniques to handle conflict in the workplace successfully and productively (Massey, & Song, 2001). The open-minded dialogue of opposing viewpoints for mutual benefit, dubbed constructive controversy and developed by Johnson, Johnson, and Tjosvold, is a key conflict management strategy (2000). In the West, constructive dispute is proven as an effective technique to encourage productive conflict management inside teams and departments by demonstrating the worth of intellectual dissent (De Dreu & Gelfand, 2008). In a collectivistic eastern culture like China, one unexplored subject is how constructive debate dynamics lead to productive collaboration within departments inside enterprises. The extension of goal interdependence theory is backed up by a slew of empirical research undertaken in both Western and Eastern countries.

People express their contrasting opinions freely and constructively when they stress cooperative objectives rather than competing or independent goals, according to the goal interdependence hypothesis (Tjosvold, 2008). Strong, cooperative connections, according to experimental and field research, are a necessary basis for open and productive dispute negotiation (Tjosvold, 2008; Tjosvold, Leung & Johnson, 2006). Making decisions for mutual benefit and cooperative aims allows decision-makers to combine competing ideas and facts into high-quality decisions, whereas striving to outdo and win the debate leads to closed-mindedness (Johnson & Johnson, 2005; Tjosvold, 2008). Putting a heavy focus on cooperative interdependence aids in more constructive dialogue. Goal 5 interdependence has mostly been researched at the individual level in conflict resolution, with little emphasis made to goal interdependence at the group level. Most research has stressed the importance of cooperative aims, and several techniques to creating cooperative goals have been explored. Various divisions within corporations may pursue different organizational goals, which may or may not be competitively or independently related (Chen & Tjosvold, 2012). Interdepartmental goal incompatibility is quite prevalent in businesses, and it may have a substantial impact on overall performance (Nauta et al., 2002). There has been little investigation into the variables that might reduce the detrimental impact of competing or independent goal

interdependences on constructive conflict outcomes between departments. Social identity theory has recently been employed by researchers to describe the link between employees and their firms, as well as employee behavior. Meanwhile, research have shown the need for deeper contextual assessments of identity processes (Stryker, 2000), with competitive vs. cooperative intergroup interdependence as a key context (Stryker, 2000). Given the possible costs of competing and independent objectives within departments for example doctors and nurses in that case, managing the values of several departments as well as individuals within an organization deserves deeper investigation. Many experts have noted that workers who identify with the company are more likely to think and act in ways that promote the business's aims and interests (Pratt, 2000). Organizational identification is a type of social identification in which a person feels a sense of oneness with and belonging to a certain organization. Organizational identification reflects one's cognitive connection to their workplace and can help employees meet their needs for self-esteem and belonging (Millward & Postmes, 2010). It can also help organizations benefit by increasing employee organization loyalty and motivating employees to act in the best interests of the company (Pratt, 2000). Thus, for a certain organizationally oriented human feature, organizational identification should be a suitable choice to manage the cognitive process of goal interdependence, which may assist to make the consequences of interdepartmental conflict constructive.

1.3 Problem Statement

A simple dispute between team members at work, if left unresolved, can lead to avoidance, incapacity to work, verbal abuse, and animosity. According to Asamani (2018), staff performance in Ghana's public sector has been steadily declining. Most government agencies prefer not to include rating since it promotes sentiments of judgment and reduces the level of discussion by reducing a year's worth of performance to a single grade. Despite significant efforts to enhance public service performance, criticism of inadequate service delivery and a lack of responsiveness to the requirements of the public remains.

Despite valid restrictions such as talent shortages, inadequate management of service delivery difficulties may be ascribed to public workers performing badly. Most administrators or managers try to dismiss organizational disputes in the hopes that they will go away or that they will not affect employee performance, therefore the entire organization, forgetting that they can be harmful to the organization. One could ask if there are effective strategies that can be utilized to resolve

disagreements in the workplace, because when people perform poorly, the entire organization's performance suffers, resulting in it failing to meet its stated goals and objectives, and eventually collapsing.

Furthermore, poor performance has a financial impact on both the government and the taxpayer since it results in higher than required personnel expenses and decreased productivity. Also, one major thing to note about the consequence of conflict in an organization specifically a hospital is that it may cause death or worsening of condition of patients in hospitals especially if there are not effective mechanisms to resolve them when they emerge.

1.4 Inspiration

In my days in the Senior high school, my social studies teacher had always stressed on the essence of having a peaceful mind. He stated that, a peaceful mind helps one to focus and be able to understand lessons. Hence, he admonished us to always try to be at peace with everyone we come across. My teacher's statement had always been in my mind and even though it helped others, it did not help me in my situation. My situation was that I lived with my stepmom and her husband. This couple had always been indulged in conflict in the house. Even though I disliked this, I could not be able to talk about it because I feared it could land me into trouble. I realized that, even if I applied what my social teacher admonishes us to do to have a peace of mind, it was not going to be useful in my situation.

I then realized that the consequences of conflict are not always borne by the parties involved, but others in the environment have the tendency of being affected just as I was because I was always distracted in the house especially in the evening and I could not be able to learn effectively. I have always attributed my average grades to lack of attention in the house for studies. I am very sure I could have done very well in my final exams if I was able to learn well in the house which up to today, I still have not forgotten about this.

Even though this seems to be aligned to domestic conflict, I have developed interest in conflict in general perspective irrespective of the setting if the lives of those that are not directly involved in the conflict and how it can be managed to bring peaceful mind and atmosphere.

I have heard several conflicts in organizations on the news, tv and radio programs, in the streets and even from people. Mostly I follow to know how such conflicts were managed.

I was in the house watching the news one Friday evening when I chanced on the conflict between doctors and nurse-anaesthetists in the Korle Bu Teaching Hospital. Right from there, I knew I would dive deep into this. Even though I have read around it and gone to the Hospital one time, it refreshed me when a time like this has finally come for me to research on this as a thesis.

One important thing about conflict is that its effects go to several sectors including community development. It was not surprising that, the year the conflict happened in the Korle bu Teaching Hospital, the parties involved were suspended for investigation to take place. This literally affected the doctor-patient and the nurse-patient ratio which not only caused delay in health delivery; it also escalated patient's condition. People are only able to work to contribute to community development when they are well or have peace of mind. Workplace conflict at the Kole-Bu teaching hospital has been an issue that people in the Kole-Bu community have strong feelings for, and I want to identify and understand the problems that the people speak about with fear, anxiety or anger to shed light and to bring about development to people (Hope and Timmel, 1984, p 8). In line with Ledwith, (2011), the fundamental purpose of community development is not simply to understand our world but to use that understanding to bring out change.

1.5 Research Question

The study provides an answer to the major research question: What characterize how employees handle conflict at the Korle Bu Teaching Hospital?

1.6 Research Objectives

To address the research question posed above, the study seeks to:

- i. Determine the nature of conflict among employees at the Korle-Bu Teaching Hospital.
- ii. Analyze the factors influencing the occurrence of conflicts among employees of the Korle-Bu Teaching Hospital.
- iii. Examine how conflict among employees of the of the Korle-Bu Teaching Hospital are managed.

1.7 Theoretical perspectives on conflict

The relationship between the employer and employee can be very muddy considering the broad spectrum of divergent directives in the management of employment relationships.

A perspective is shaped by our understanding of an organization, the kind of glasses (perspective) that we put on to understand conflicts differ (Lecture note, Perspectives that impact specific workplace management styles, for example, the unitarist, posit that organization is a harmonious family, unnatural and illegitimate, and views organizations as unified entities in which all stakeholders share common interest and objectives (Wilton, 2016).

The unitarist incites authoritarian approaches that focus on eradicating trouble making makers and argues for the rights of managers to make decisions unchallenged. In addition, the unitarist infuses neo-unitarist approaches to remove possible conflicts by securing the commitment of employees to the administrative agenda that promotes mutuality of interests (Wilton, 2016). The neo-unitarist perspective which is in line with Values-Based leadership seeks to remove the potential for conflict by establishing a common vision, values, and culture that all employees are committed to.

According to Wilton (2016), the pluralist on the other hand perceives conflicts as natural, inherent, and thereby systematizes conflict by establishing rules and procedures to manage it. This alludes that, to the pluralist, conflict is inescapable as each party clashes in pursuit of its agenda. The pluralist manages conflicts by making and establishing rules and procedures that accommodate and manage disagreement, reconciling the interest of stakeholders and minimizing the impact of conflict on performance (Wilton, 2016).

With this understanding of conflict, we do not think that it is possible to avoid conflict but instead efforts must be put in place to measure and establish into practice rules and plans of actions to manage conflicts. Conflicts are in and of themselves not destructive or constructive, it is what we do with them that can have such outcomes. When we deal with people, we will have conflict because people make conflicts, but conflicts also make people who they are (Wilton, 2016). Hence if we want to improve our management of conflict, we require a better understanding of the conflict.

Conflict as defined by Ekeland (2014, p.86) is “From when differences between people who are dependent on each other are perceived as incompatible and threatening about their own needs and interests, and when tensions and feelings are stirred up because one of the parties’ experiences that the other uses force to influence the situation to their advantage.”

Reading into this definition, the elements necessary for a conflict to take place include first, ‘differences however, difference alone is not enough. We do not have conflict just because one is black or white, tall, or short. Differences must be experienced as unreasonable, disturbing, and threatening. Nonetheless, that is not enough, the relationship must require ‘dependency’ that can be practical, economic, role dependency, or psychological.

According to Wilton (2016), in each of these areas, one party or the other can be perceived as having breached the explicit and implicit agreement between the employer and the employee and create friction, at worst, open conflict.

Another necessary ingredient is that conflict should be linked to ‘interest and needs. Needs to go even more profound than interest. Conflict unfolds when needs are threatened. Another ingredient needed to label something as conflict is that there must be some emotions and tensions involved. A certain level of temperature and tension is also necessary for the motivation to act about the situation. These underlying tensions according to Wilton (2016) can be worsened where trade unions exist to provide a counterweight to the power of management.

Lastly, one other ingredient necessary for conflict to take place is, where there is an imbalance of power or if someone uses force or power to influence a situation to their advantage (Wilton, 2016p. 353).

Dissatisfaction cannot always lead to conflict. Conflict in some way is something that has some elements to it, and dissatisfaction can be one, but there is no logical causality between dissatisfaction among employees and conflict. There must be a generator for the conflict to immerge as a conflict. Nonetheless, I find Wilton’s (2016) ‘expression of employee dissatisfaction model’ useful in understanding how conflict at the workplace is expressed. One element of conflict is dissatisfaction. Wilton puts forward four different categories of expressions of workplace conflict which can be done either individually or collectively, formally, or informally. According

to Wilton, dissatisfaction can be expressed individually in informal ways through theft, sabotage, absenteeism withdrawal or discretionary behaviors. However, the individual may also follow formal procedures and make use of complaints by for example filing formal complaints to management, using employment tribunal claims or resigning. Employees may also come together cobble together and express their dissatisfaction collectively, through absenteeism, walkout, or developing workgroup norms that regulate outputs. Last but not the least, Wilton espouses that, there are formal ways for the collective expression of dissatisfaction that can be done through strike actions sit-ins or workplace occupation, refusing overtime, or implementing ‘go-slow’ action.

Another way to better understand conflict is to try to define what types of conflicts we have. The Norwegian Center for Konfliktløsning provides some more dimensions in a conflict than clear cut categories. Conflicts must be diagnosed before we can implement the right decisions or measures. Center for Konfliktløsning states that conflict is often complex and overlapping and the challenge is the art of finding the center of gravity of the conflict¹. The Center for Konfliktløsning proposes four main types of conflicts, namely, methods conflicts, resource conflicts, values conflicts, and interpersonal conflicts.

Method conflicts are conflicts of goals, means, methods, structures, or procedures. To solve these conflicts, we need dialogue problems solving with the desired outcome of reaching an agreement and moving on. In resource conflicts, the conflict is over the distribution of limited goods such as money workload space, equipment, or time. Managing this type of conflict requires some information, negotiation, and compromise with a goal to reach an agreement (Verma, 1998). The value conflict on the other hand concerns individuals or cultural values, religion, political conviction, or professional values. And it is related to what we believe is right, or wrong. Which is a moral issue and not a question of black and white. Finally, is an interpersonal conflict that involves identity, self-esteem, loyalty, violation of trust or feeling rejected. To manage this kind of conflict we as opposed to the other types of open communication, dialogue, respect, and active listening, with a go not necessarily to reach an agreement but rather to attain mutual understanding.

¹ <https://konfliktloesning.dk/om-os/>

What is said about the iceberg is that only ten per cent (10%) of the iceberg is visible on the surface, ninety per cent (90%) is hidden underneath the water. The ice serves as a good example of illustrating some of the psychological mechanisms that play out in a conflict. On the surface, we discover what we often and more easily talk about, for example, rules instructions and procedures. But underneath the surface, the issues touch deeper motives, for example, love, hate and fight overpower. On the surface, issues are presented as logical, and objective matters, but underneath the surface, there may be underlying tensions related to gender, ethnicity, and social class. This much, to understand conflicts, it may be necessary to probe into, what the conflict is about, but hitherto, we should also be cautious because there is a lot of power in defining what the issue is about (Lindheim, 2021).

Why do we have conflict? According to Wilton, we have different experiences and perceptions of reality as well as different interpretations. Conflict is caused by perceptions of injustice or unfairness in the employment relationship that is the formal, the informal and the psychological contract (Wilton, 2016p. 353). Are the contracts fair? We have conflict when there is a breach of these contracts and expectations that could be related to work tasks, advancement, or opportunities to participate in an organizational process that affects us. According to Wilton (2016), often it can be quite subtle situations like taking credit for other people's work or ignoring people in meetings. Lack of clarity, diffuse roles, ambiguous signals, lack of information and expectations related to work tasks and performance are also common causes of conflict according to Wilton.

Additionally, different aspects of organization and management may also cause conflict (Wilton, 2016p. 353). For example, feedback from supervisors, or the change of roles from colleague to manager may cause a conflict. Maybe the person was a really good professional and a colleague but was not a good manager. Reflecting on the definition of conflict in this paper, dependency is a key ingredient in conflict.

Employee conflict is unavoidable in any firm (Awan & Saeed, 2015). If appropriately managed, it can act as a catalyst for change and have a beneficial impact on employee happiness and organizational success. Unmanaged conflict, on the other hand, has a detrimental influence on both employee happiness and job performance. When bosses dismiss workplace disagreement, they transmit the message that poor work performance and unacceptable behaviors are acceptable (Awan & Saeed, 2015).

Communication is very important as it is one of the reasons why conflicts degenerate (Watzlawick & Jackson, 2011). Employee happiness and job performance can be improved by providing regular feedback and resolving conflicts quickly. According to Awan and Anjum (2015), a hostile work atmosphere that does not encourage dispute resolution can lead to bad employee behaviors and performance.

Unmanaged disagreement leads to a breakdown in communication and poor behavior among employees. One employee's poor behavior can hurt overall employee morale, resulting in poorer production. "Conflict is not just an irritation," writes Dana (2000). It costs money, which can be assessed in terms of wasted time, poor decisions, and lost personnel." Unmanaged conflict in the health care profession can hurt patients' health and possibly their lives.

Managers should be able to identify the causes of organizational disputes in their sphere of management and implement appropriate solutions to settle conflicts early on. Previously, only a few criteria were utilized to assess organizational success. The strategy should be adjusted in response to the needs of the situation and the passage of time. Given this, I would like to explore the following research questions.

1.8 Previous Research About Conflict Management in an Organization

Firstly, Zhu (2013), explored conflict management between employees from different organizations. His study proposed that organizational identification moderates the link between interdepartmental goal interdependence and constructive controversy. Results indicate that employee identification with the organization moderates the association of competitive interdepartmental goal interdependence with constructive controversy such that employees who identify strongly with the organization will be more likely to engage in open-minded discussion of controversy dynamics than employees who identify weakly with the organization.

Secondly, Awan (2015) also researched conflict management and organizational performance in Askari Bank Lt. The objective of this research study was to look at conflict situations and their causes, as well as possible solutions to improve the working environment in an organization. The study indicated that Conflict stems from the incompatibility of goals and interests and if it continued it will destroy the Organization. Conflict affects the Organization in several ways such as decreased employee satisfaction, insubordination, decreased productivity, economic loss,

fragmentation, and poor performance. The major findings are that Education does not have any effect on the opinion of respondents on Conflict Management Strategies. Similarly, there is no significant difference between the opinion of male and female respondents regarding the causes of conflict. However, there is a significant effect of conflict on organizational performance

Furthermore, Skjørshammer (2002), also researched “Getting to Cooperation: Conflict and Conflict Management in a Norwegian Hospital” The study's goal was to look at workplace issues related to job coordination in hospitals. The data come from a national survey of doctors' work environments and living situations in Norway in 1993, as well as an ethnographic study of a Norwegian urban hospital (from 1996 to 1999) that included data acquired through interviews, observations, and document reviews. The study discovered that all medical personnel have the same attribution style when it comes to conflict, emphasizing personality variables above situational considerations.

Finally, Kim & Fernandez (2017) investigated the link between conflict resolution and employee empowerment. The purpose of this study was to see how employee conflict management influences employee empowerment. It was expected that employees who use rhetorical design to manage conflict will feel more empowered, according to the theory of message design logic. A total of 196 employees from an educational institution took part in the study, each of whom completed a brief online survey. The findings revealed no link between degrees of empowerment perception and message design logic, refuting the hypothesis.

1.9 Relevance of the study to social innovation/ community development.

According to Murray et al. (2010), social innovation is new ideas either products, services, models, etc., that simultaneously meet social needs and create new social relationships or collaboration. The main reason for innovating is not necessarily to make operations more efficient but rather to develop new programmes and services that aim to meet unmet social needs Murray et al. (2010). The main objective of this study is to come up with a theoretically informed model to help in conflict resolution or management. This model will serve as a program as well as a procedure that can be used by organizations in managing conflict in their workplaces. This will help solve conflict management crises that are faced by many organizations. The relevance of this study, therefore, is to enhance the management of conflict using an informed model.

Also, values, norms and culture are very laudable in every organization. According to Stone et al., (2010), workplace values, norms and culture contribute much to conflict in its resolution in an organization. These inform how conflicts are caused and resolved. Exploring the conflict resolution situation in Korle Bu Teaching Hospital in line with the values of the hospital would help a lot in suggesting a conflict resolution model for the hospital. Not only does conflict affect the parties involved, but it also affects the environment which means that the patients and other people who are at the hospital are affected. Adopting an informed conflict resolution model would help minimize conflict and at the same time, provide a fundamental model to help resolve conflict.

1.10 Scope and limitation

The study was limited geographically and contextually. Geographically, the study was limited to the Accra metropolitan area. The metropolis is among the 29 Metropolitan, Municipal, and District Assemblies in Ghana. It was founded in 1898, but has since undergone various name, size, and number of sub-Metros adjustments. According to the Accra Metropolitan Assembly, (2022) to return to constitutional government in Ghana in 1993, Legislative Instrument (L.I.) 2034 revised the Local Government Act of 1993 (Act 462), which is now known as the Local Governance Act of 2016 (ACT 936). This area was chosen because it gave the researcher convenient access to the biggest tertiary and a major referral hospital in Ghana for the study. Contextually, the study determined the nature of conflict among employees, analyzed the factors influencing the occurrence of conflicts, and examined how conflicts among employees are managed. All these were investigated within the Korle-bu Teaching Hospital.

1.10 Operational definitions

Vertical conflict – this concept is operationalized as a situation where conflict occur between employees of different status (superior-subordinate) or across different departments.

Relational conflict – this type of conflict characterizes how employees relate to each other. Thus, interactions or relationships form the basis of this conflict type.

Horizontal conflict –a situation where conflict occur between employees of the same level within the organization.

Task conflicts – conflicts over actual concerns at work, such as resources, job assignments, interpretations of facts, and rules.

1.11 Thesis outline

The study was conducted using six chapters. Chapter one provided an introduction of the study. This involved detailed information on the problem statement, inspiration for the study, research questions and objectives, theoretical perspectives on conflict, scope of the study, and the study's relevance. Chapter two offered a background to the study and context, i.e., the Korle-Bu Teaching Hospital was provided. Also, information on the research setting was provided. While the organizational structure and conflict management context at the Korle-Bu Teaching Hospital was elucidated. Chapter three included information on the theories informing the study. That is, the theoretical framework of the study. In chapter four, the study methodology was discussed. Chapter five presents an analysis of the data collected from the field using the research objectives as the basis. While chapter six discussed the data in relation to empirical and theoretical literature and concluded.

2.0 Chapter Two: Background and Context

2.1 Chapter Introduction

The chapter provides a contextualized background of the study. This focused on providing a background of the study's research setting and organizational structured of the Korle-Bu Teaching Hospital as well as conflict management within the context of the Korle-Bu Teaching Hospital.

2.2 About Korle Bu Teaching Hospital

According to the Korle Bu Teaching Hospital's website, the hospital was established on October 9, 1923, in Accra, Ghana. The facility was built under the administration of Sir Frederick Gordon Guggisberg, then, the Governor of the Gold Coast, as a General Hospital to attend to the health needs of the people. The Korle Bu Teaching Hospital is a hospital in the capital city of Ghana. Korle Bu, in the local Ga parlance, means 'the valley of the Korle Lagoon. Shortly after its establishment, Korle Bu witnessed an increase in hospital attendance because of the proven efficacy of hospital-based treatment. This surge in accessing the Hospital's services used to result in serious congestion compelling the Government to set up a committee to assess and make recommendations for its expansion in 1953².

The Task Force's recommendations were accepted and new structures such as Child Health, Maternity, Medical and the Surgical Blocks were added to the Hospital. This increased Korle Bu's initial 200-bed capacity to 1,200. The Hospital gained teaching hospital status in 1962 when the School of Medicine and Dentistry, formerly University of Ghana Medical School, was established to train doctors. Currently, the Korle Bu Teaching Hospital, which is the third biggest referral center in Africa has 2,000 beds, 21 clinical and diagnostic departments and three Centers of Excellence. It also has an average outpatient attendance of 1,500 with about 250 inpatient admissions.

The clinical and diagnostic departments include Internal Medicine and Therapeutics, Child Health, Surgery, Obstetrics and Gynecology, Anaesthesia, Family Medicine/Polyclinic, Accident & Emergency, Psychiatry, Reconstructive Plastic Surgery and Burns Centre and Accident & Orthopedics. Others are Pharmacy, Pathology, Laboratory and Radiology. The Hospital also

² <https://kbth.gov.gh/brief-history/>

provides sophisticated scientific treatment procedures in various subspecialties such as Neurosurgery, Pediatric surgery, Dental/Oral maxillofacial, Ophthalmology, Ear, Nose & Throat (ENT), Renal, Orthopedics, Oncology, Dermatology, Reconstructive Plastic Surgery, Cardiothoracic Surgery and Radiotherapy & Nuclear Medicine.

The causes of the various conflicts appeared to be similar and included individual, interpersonal and organizational factors, with deeper roots of power struggle and distrust relations between doctors and nurse-anesthetists. According to the Ghanaian daily graphic, there have been some conflict issues between the doctors and nurses. According to the doctors, the nurses are the cause of most of the problems in the theatre. They decide when they want to come when they want to do a case and which case they will want to do. They sometimes, decide that they will not do elective cases, but will only do emergency cases. The nurses also complain that the doctors dictate to them what to do and when to do it. They are not given the liberty to make a choice that suits them. This problem has appeared in the Ghanaian daily graphic (newspaper) twice in the same year, 2015. After the resolution of the conflict in 2015, there has been peace and harmony in the hospital among workers and even patients. Even though conflicts still take place in the hospital just like any other institution, they are managed and does not get out of hands like what happened in 2015 between doctor and nurses' anesthetists. I am therefore motivated to do this study to know how they manage conflict in an institution as big and corporate as the Korle Bu Teaching Hospital.

2.2 Organizational Structure of the Korle-Bu Teaching Hospital

The Hospital was given the authority to function as a semi-autonomous organization following the adoption of Act 525 of 1996. A Management Board oversees providing comprehensive guidelines for the smooth operation of the hospital. The Board of Directors of Korle Bu is made up of a chairman and four government-appointed members, including the hospital's Chief Administrator, the Dean of the Ghana Medical School, and a representation from the Ministry of Health and the Ministry of Finance. As previously mentioned, the government appoints the vast majority of the Board's members. In effect, this severely restricts the Board's ability to operate independently of the government. There's also the matter of how representative the "independent" Korle Bu Board is of the community it serves, as well as the larger question of whether such representation is essential or desirable, which will be examined later.

Law 209, as mentioned in the preceding section, places significant restrictions on the Board's autonomy. Aside from these limitations, there are a few additional that should be mentioned. Aside from not being allowed to amend the hospital's fee schedule unilaterally, the Board is limited in its ability to virement across budget categories and is not free to design its own procurement system (Weinberg, 1993). The Board's ability to oversee staffing and capital expenditure is further limited (McPake, 1996). These constraints, naturally, are seen by the Board as impeding its efforts to simplify the hospital's operations and improve efficiency.

A review of the minutes of previous Board meetings reveals that the Board places an excessive focus on regular operational matters at the expense of broad hospital policy and long-term strategy. To some extent, this issue may represent the hospital's administration's failure to appropriately address management difficulties. However, the Board's preoccupation with administrative details could be a symptom of Law 209's inconsistencies regarding the Board's mandate and powers, the autonomous Board's failure - so far - to develop a hospital mission statement that would provide it with direction and focus, and the Board members' relative inexperience in directing the affairs of a complex institution like a teaching hospital.

The Chief Executive, who is aided in his responsibilities by seven Directors, oversees the Hospital's daily operations. Medical Affairs, Pharmacy, Nursing Services, Finance, Administration, Human Resources, and General Services are all under the supervision of the directors (Korle Bu Teaching Hospital, 2020). The Chief Administrator oversees carrying out the Board's policies and decisions, as well as the day-to-day management of the Teaching Hospital, according to Law 209. He or she has a direct line of communication with the Board of Directors. The question of whether the hospital's Chief Administrator should be a physician or a person with general management expertise has come up frequently in conversations about autonomy and has also influenced Ghana's implementation of the autonomy policy. Within and beyond Ghana's health-care system, passionate supporters of both perspectives exist (Korle Bu Teaching Hospital, 2020).

To guarantee the seamless and successful running of the Hospital, administrative power is placed in the Budget Management Centre (BMC), which is led by the Chief Executive. Administrative power is also given to the Sub-Budget Management Centers, which are departments (Sub-BMCs). Obstetrics and Gynecology, Medical, Surgical, Accident and Emergency, Plastic Surgery, and

Burns are some of the Sub-BMCs. Pathology, Child Health, Polyclinic, Laboratory, Anesthesia, and Radiology Sub-BMCs make up the remainder of the BMCs (Korle Bu Teaching Hospital, 2020).

A tripartite administration exists beneath the Chief Administrator and reports to him, as previously stated. The hospital's tripartite management entails collaboration between the heads of the following departments:

- i. Principal Administrator oversees General Administration,
- ii. a Medical Administrator oversees Medical Administration; and
- iii. a Deputy Director of Nursing Services oversees Nursing Administration (Korle Bu Teaching Hospital, 2020).

Although no official organogram for the "independent" Korle Bu hospital has been produced, all the hospital's departments are intended to fit into this tripartite structure, except for the semi-autonomous ones. This has resulted in a slew of issues for the hospital's administration. Some hospital departments are uneasy about being compelled to follow this administrative structure and report to one of the tripartite administration's managers. According to the pharmacy's management, placing the pharmacy department under the hospital's medical administration denies it visibility in the hospital's management structure and impedes its successful operation (Korle Bu Teaching Hospital, 2020). The pharmacy staff believes that overseeing the pharmacy's operations needs specific knowledge and experience, which the medical administration may not possess. They would like to be considered as a separate administrative body in the ideal scenario. Because revenues collected by the pharmacy are deposited into the general hospital fund, the pharmacy department likewise believes it is funding the rest of the hospital on its own dime. Another issue with teaching hospitals is that drug procurement is handled by the Government Central Stores, which are not under the supervision of the hospital management (Korle Bu Teaching Hospital, 2020).

These existing levels of organizational structure could suggest that conflict management and transformation could take various forms and dimensions at each management level.

2.3 Conflict management in the context of Korle Bu Teaching Hospital

The contextual background of conflict resolution in the Korle Bu Teaching Hospital dated back from the colonial period under the administration of Sir Frederick Gordon Guggisberg, then, the Governor of the Gold Coast. The management of conflict is believed to have emanated from that long time and has since not been updated to suit the contemporary world and issues. This has resulted in the ad-hoc conflict resolution techniques in the hospital³.

Why I want to use this hospital as a case study is that, in this study, I am very much interested to understand what characterize the causes and effects of conflicts. I also would like to compare a system of conflict resolution practiced by an organization and draw inferences from it by comparing it to contemporary conflict resolution models for recommendations to be made. I think a hospital that can be able to provide these details for exploration is the Korle Bu Teaching hospital in Ghana based on my review.

2.4 Review of literature in Conflict management and transformation in Organizations

Conflict may develop from three primary reasons, according to American psychologist Daniel Katz: economic, value, or power (Evans, 2013 : Jerng et al., 2017). Competing goals for obtaining finite resources lead to economic conflict. When each party's conduct and emotions are targeted at maximizing their personal benefit, this form of conflict is likely to arise. Because of attempting to get the most out of these resources, each of the parties involved may end up at odds. When management and labor disagree on how to split and share firm cash, this is an example of this (Fisher, 2000; Evans, 2013 cited in Jerng et al., 2017). Value conflict is characterized by incompatibility in lifestyles. Different tastes and beliefs that individuals may hold as principles are included in this form of conflict. Because the conflicts are founded on beliefs rather than facts, resolving this form of dispute is very difficult. In international conflict, when each side claims its own set of beliefs, this is proved (Fisher, 2000; Jerng et al., 2017). Regardless, power struggles arise when each side wants to assert and retain maximal control over the relationship and social environment. One side must be more powerful (in terms of influence) than the other for one to exert influence on the other. This will result in a power battle between the two sides, which might end in a victory, a loss, or a standstill with constant tension between them. Individuals,

³ <https://kbth.gov.gh/brief-history/>

organizations, and governments may engage in this form of combat. When one person decides to approach the relationship from a position of power, this conflict will emerge. “Chooses” is the important word. A power struggle occurs when one side decides to assert dominance over the other. It's also worth noting that power may play a role in any dispute since the parties are attempting to exert control over one another (Fisher, 2000; Evans, 2013 cited in Jerng et al., 2017).

Adding to the above, when not handled effectively and in a timely way, all three forms of conflicts (task, process, and relationship) in an organization, according to (Jehn, 1995, 1997), transform into each other. The majority of studies (Flores et al., 2018; Tafvelin et al., 2020) have looked into the transition of task conflict into relationship conflict, while some (Choi and Cho, 2011 cited in van den Berg et al., 2014) have looked into the transformation of relationship conflict into task conflict. However, there have been few research that have looked at the link between process and interpersonal difficulties (van den Berg et al., 2014). As a result, Rispens (2012) advocated for greater study into how the three categories of conflict interact.

Conflict among people may develop and intensify into more severe forms, according to the conflict escalation model (van den Berg et al., 2014), as a result of one party's contentious actions and behaviors that induce the other party to respond negatively. As a result, if task and process disputes are not appropriately handled, they are likely to turn into interpersonal problems (Van den Berg et al., 2014). One of the main reasons for task conflict escalation into relationship conflict is that group members take task-related disagreements so personally that they believe they are being criticized on a personal level (de Wit et al., 2013), and if this misperception persists, relationship conflict develops (Tafvelin et al., 2020). During task-related disagreements, each person takes a stand, which becomes ingrained in their self-concept. Any argument that criticizes that perspective is seen as a personal assault, therefore task-related criticism is viewed as such (Guenter et al., 2016). As a result, individuals become protective during task-related talks, and this defensive conduct causes others to become hostile (Kundi & Badar, 2021), causing interpersonal conflict.

Furthermore, when an individual's suggestion is repeatedly rejected during task-related talks, they interpret it as a personal rejection and come to detest their opponent (Jehn, 1995, 1997), causing friction in interpersonal connections and maybe relationship conflict. Because task and process conflicts are tightly connected (van den Berg et al., 2014; Greer et al., 2008), process conflict may also turn into relationship conflict. Process conflict is more ambiguous than task conflict,

according to Greer et al. (2008), since participants are unsure if the dispute is about the work or about the person. As a result, all other conflicts are transformed into process conflicts (especially into relationship conflict). Furthermore, during process conflict, disagreements about the allocation of responsibilities and delegation of tasks cause unpleasant feelings in workers, disrupting interpersonal connections and leading to relationship conflict (van den Berg et al., 2014).

Numerous studies have focused on understanding conflict management, resolution and transformation (Avgar, 2016; Opute, 2014) collected data from 252 senior executives in Mainland China using a structured survey instrument and analysed it using the regression approach to investigate how interpersonal trust amongst executives moderates the link between conflict and conflict response mechanisms. The research also looks at the link between work and interpersonal conflict, as well as agreement-seeking conduct among Chinese CEOs on the mainland. The findings suggest that the existence of interpersonal trust among CEOs has an impact on dispute resolution for the organization's benefit. Task conflict is favorably connected to interpersonal conflict and negatively related to agreement seeking conduct in top management teams, according to the findings. The findings confirm the theory that intragroup trust moderates the link between agreement seeking behaviors and collaborative responses, resulting in higher levels of cooperation in high-trust groups than in low-trust ones. The findings also show that intragroup trust moderates the association between agreement seeking activity and third-party replies, with high-trust groups having more third-party responses than low-trust groups. According to the findings, while dealing with the consequences of task and relationship conflict, administrators should concentrate on interpersonal trust. Thus, trust could be developed among employees as a strategy to deal with and transform conflicts within organizations (Parayitam et al., 2010).

In confirming the above study, it was reported in another study that building organizational trust through psychological safety among employees help in addressing conflict within organizations. This was addressed in the study of Joo et al. (2022) which looked at the function of psychological safety in mediating the relationship between the predictors (organizational trust and empowering leadership) and the outcome variable, group conflict. The information was gathered from 633 workers of a worldwide car firm based in South Korea. A confirmatory factor analysis was used to assess the measurement model's construct validity. A structural equation modelling and

bootstrap analysis were used to evaluate the proposed model. Employee psychological safety was influenced by 68 percent by organizational trust and empowering leadership. Organizational trust, enabling leadership, and psychological safety were shown to account for 20% of the variation in group disputes. The association between organizational trust and group conflict, as well as the relationship between empowering leadership and group conflict, were considerably and entirely mediated by psychological safety. By establishing strong leaders and creating a more trustworthy corporate culture, human resources and organizational development experts may help workers feel more psychologically secure in their workplace. Employees are more likely to sense less tension in their team when they perceive a high degree of psychological safety (Joo et al., 2022).

Another research by Parayitam and Papenhausen (2018) among 94 teams highlighted the fact that a cooperative conflict management strategy is apt in organizations and this could be achieved by fostering agreement-seeking behaviors and competence-based trust among employees. Earlier, Tidd et al., (2004) in their study reported on the influence of role ambiguity and trust on the translation of task conflict into interpersonal conflict. The authors suggested that the work environment—in the form of role ambiguity—provides information with which employees appraise the motives causing task conflict. According to the author's study, when there is a lot of role ambiguity, people are less likely to attach a hidden motivation to those who engage in task conflict because they regard the conflict as arising from the necessities of the job. Essentially, this helps in transforming the conflict into the employee seeking ways to address such ambiguities rather than venting their emotions on others. This was reported among a sample of 141 management, professional, and administrative staff (Tidd et al., 2004). According to the study of Kozusznik et al., (2020) which investigated the moderating role of conflict behaviors and related coping strategies on the interaction between task and relationship conflict in start-up teams, a sample of 375 respondents were used. They found that avoidance strategies and problem-solving conflict behaviors amplified and buffered the association between task and relationship conflict. Also, it was reported that adopting team and individual-level problem focused strategies buffers such conflicts with the organization and disengaging an individual from such conflicts potentiates it.

Also, Krajcsák (2021) described the nature of intra-group disputes and demonstrate how good conflict process phases may be encouraged while harmful conflict process phases can be avoided

or controlled. The number of intra-group conflicts alone cannot be used to measure overperformance since task (process) and interpersonal conflicts might arise in the same conflict process. The author may uncover patterns of employee commitment that can raise, moderate, or avoid stages of intra-group conflict processes by studying intra-group conflict processes. Using the narrative technique, the study depicted three intra-group disputes from a single global organization. Qualitative approaches are especially well suited to modelling emotions, ideas, anxieties, and attitudes in the workplace. The information comes from the conflict-affected organizations' immediate management. Task (process) conflict, relationship conflict, task (process) conflict, and end of conflict are the four stages of intra-group conflict (end of teaming). The avoidance of relational conflict, which is damaging to performance, is supported by boosting the workers' emotional commitment. Task conflict, which produces overperformance for the company, is supported by the employees' normative and professional commitment. Transformational leadership helps to control the link between emotional commitment and relational conflict. Both the degree of relational conflict and the absence of emotional commitment harm team performance at the lowest level, but the degree of task (process) conflict and the workers' normative and professional commitment positively effect team performance at the highest level. The findings imply to managers that improving workers' emotional commitment is crucial for averting harmful interpersonal conflicts, while improving their normative and professional commitment is critical for generating performance-related task conflict (Krajcsák, 2021).

In corroboration of the role of leadership in conflict transformation (Joo et al., 2022; Krajcsák, 2021), the study conducted by El Haddad et al., (2018) focused on how concealed tensions affect a charismatic-led company. In their study, they examined the shift from a management paradigm of artificially quelling conflict via charismatic leadership to a negotiation paradigm that prioritizes participation, systematicity, multiplicity of innovation sources, and synchronization. The study was based on a unique method to action research that aims to disclose the naturally disguised conflictive energy and contribute to a more sustainable, peaceful, and well-performing structure. The findings confirm the hypothesis that, although charismatic leadership reduces conflict and jeopardizes the organization's long-term viability, socio-economic intervention research may aid in the transformation of disputes into collaboration in this kind of organization. Such a study highlights the dangers of ignoring conflict in charismatic-led groups, as well as the value of systematic negotiation in changing conflict into collaboration in the Middle Eastern cultural setting

(El Haddad et al., 2018). The research (Opote, 2014) highlighted the use of cross-functional bridge used in dyadic interactions to improve organizational performance. They explained that conflict exists in inter functional connections and therefore described how the CFB is used to manage interfunctional relationship conflict and improve performance by analyzing 20 in-depth interviews performed in UK financial services organizations. They found three key insights about intragroup working relationships: cultural and disciplinary differences, as well as boundary fencing, are key features of, and conflict drivers in, the accounting – marketing interface; CFB is a tool for analyzing and managing these conflict drivers; and organizations that use this tool achieve improved organizational performance, which is enhanced and sustained by the team psychological enhancement factor of the conf. This research also emphasizes the need of matching conflict management strategies to conflict types. The research emphasizes the need of managers properly addressing the emotional components in interpersonal disputes, since failing to do so will result in conflict escalation, transformation, and poor performance (Opote, 2014).

Again, DeJordy et al. (2014) found among organizations numerous types of conflict resolution strategies. These prevalently included replacement, dominating logic, decoupling, compartmentalization, and cohabitation. However, they acknowledged the presence a new kind of resolution - a transformational result that settles disputes by adopting a superordinate logic. Their arguments suggests that conflict could be transformed instead of the traditional route to addressing conflicts particularly within organizations.

In addition, evidence from studies indicates that conflict could be transformed when emotions are regulated. In other words, emotional regulation plays a major role in organizational conflict transformation processes. For instance, van den Berg et al. (2014) attempted to understand whether emotion control plays a role in the translation of task and process conflict into interpersonal conflict. The effects of the interaction of emotion regulation and task and process conflict on the emergence of relationship conflict in 23 multi-team client/supplier systems were tested in a field study of multi-team systems, in which (94) respondents are engaged in interpersonal and inter-team interactions. Process conflict is less likely to become relational conflict when collective emotion management measures are successful, according to the results. This study's emergent result is that in multi-team systems, process conflict mediates the interplay between task conflict and emotion control on relationship conflict. The findings suggest that multi-team system

managers should actively encourage their teams to develop good emotion regulation methods, since these mechanisms reduce the chance of process conflict escalating into relational conflicts. In the same vein, how and when task and process conflicts affect relationship conflict, as well as the impact of negative emotions as a mediator and the moderating influence of emotional intelligence was investigated (Ullah, 2021). Four hundred and sixty-two (462) workers from various firms in Pakistan completed the survey. The findings demonstrated that people who are involved in task and process disputes are more likely to have negative feelings toward others and, therefore, are more likely to be involved in workplace relationship conflict. Employees who are more emotionally savvy have a lesser mediated association between task and process issues and interpersonal conflict through negative emotions. Negative emotions are a crucial mechanism through which task and process disputes rise to interpersonal conflict, according to this research. Emotionally intelligent people are better at controlling their negative emotions; as a result, emotional intelligence training may be a useful tool for reducing employee bad emotions during task and process problems, as well as reducing interpersonal conflict (Ullah, 2021).

Moreover, conflict can be beneficial to people and organizations, according to a growing corpus of research. This study employs Galtung's (1996) triadic theory of conflict transformation to offer the thesis that being in conflict is to be emotionally active to find entry sites for conflict generation. These themes are shown with examples that demonstrate the need of treating emotions directly in the management of organizational conflicts (Bodtker & Katz Jameson, 2001). According to Griffith et al. (2014) investigated the effects of several outcomes associated with two cognitive emotion regulation strategies, cognitive reappraisal and distraction, in the presence of two distinct types of conflict, relationship or task-oriented, in order to shed light on whether and how leaders should help manage group members' emotions related to intragroup conflict, using a 23 between subjects' experimental design. The findings indicate that emotion control is key in reducing the harmful repercussions of relationship conflict. Distraction provided a vital function for those in relationship conflict situations, as it increased both cohesion and task performance when group members employed distraction to regulate emotions (Griffith et al., 2014). Ranjbar and Bahariniya (2021) emphasized the link between emotional intelligence and conflict resolution. In 2018, 194 employees participated in this descriptive-analytical study in Yazd, Iran. Emotional intelligence and conflict management, as well as all sub-dimensions of emotional intelligence (self-awareness, self-regulation, social consciousness, and relationship management), had a substantial negative

connection ($r=0.438$). According to this study, strong emotional intelligence does not automatically imply that a person will apply conflict resolution techniques.

Furthermore, the role of values have been emphasized in literature (Fitzpatrick, 2007). A culture of shared responsibility, authority, and accountability was characterized as organizational cooperation (Beyerlein et al., 2003). According to these writers, the objective of a collaborative culture is to practice collaborative work and achieve goals. Methods are used to develop strategies, policies, and behaviors and practices that encourage collaboration across diverse groups within an organization to accomplish desired results (Beyerlein et al., 2003). Collaboration, according to Perkins (2003), is more than individuals cooperating by consulting one another or engaging in joint efforts: True collaboration happens when individuals work together to achieve the same (emphasis added) goal in ways that share work, thought, and accountability directly (Perkins, 2003). Collaboration was thought to need trust, respect, and, most crucially, a shared goal (Perkins, 2003; Sandow and Allen, 2005). These attributes are also thought to be developed from common corporate principles that have been accepted by all employees (Beyerlein et al., 2003).

Several authors defined collaboration as the formation of a community of individuals dedicated to a common goal. Collaboration, according to several experts, is essential for synergy and organizational efficiency. Several writers asserted that individuals must develop alignment where values are shared, people work together toward similar goals, and they have a strong desire to contribute to the business in order to attain a condition of growing advancement and continual evolution (Capra, 2002; Goleman et al., 2002; Williams, 2002; Williams and Ferris, 2000 cited in Fitzpatrick, 2007). Collaboration has four components, according to Perkins (2003): producing new information, conveying knowledge, integrating knowledge, and acting on knowledge. These elements, according to Perkins, are required for successful information processing and good behavior that fosters cohesion, trust, and commitment.

Conflict arises when individuals have opposing viewpoints on what is essential, as well as opposing responses to a problem that must be resolved. Depending on how it is handled, conflict may be both constructive and unproductive. According to Perkins (2003), the components required for cooperation generate productive conflict, whereas their absence contributes to unproductive conflict. Other scholars concurred that successful conflict management happens when interactions produce productive conflict (Folger et al., 2001). Fitzpatrick (2007) defined the ideas of values,

cooperation, and conflict, as well as their interplay within companies, and to present evidence that supports or refutes values alignment as a proactive strategy to conflict management. Because existing research on the issue of values and conflict was quite restricted in breadth, an interdisciplinary survey of literature was conducted. The relationship between values (including alignment and congruence) and decision making, conduct, cooperation, strategy, priority, and conflict within an organization were the primary themes examined. Within a framework of Chaordic systems thinking, the research was led by constructionism, chaos, and complexity theories. Values alignment enhances cooperation and might be a proactive way to conflict management, according to the evidence.

Iglesias and Vallejo (2012) established the differences between academic and clinical work environments by identifying the most common conflict resolution strategies utilized by a sample of Spanish nurses in two work contexts. Participants used were professional nurses who worked in either a university or a clinical care environment in Madrid, Spain. Compromising was the most prevalent way for nurses to address workplace conflict, followed by competing, avoiding, accommodating, and cooperating. There was a substantial difference in styles between nurses who worked in an academic context and those who worked in a clinical setting ($p = 0.005$), with the accommodating style showing the most difference. 83 percent of nurses who worked in a clinical context used accommodation as their main style, compared to just 17 percent who worked in an academic setting. The study by Lahana et al. (2019) explored the origins of nursing disputes and individual as well as nurse management solutions for conflict resolution. A five-part questionnaire was provided to 100 nurses as part of a cross-sectional research. Most nurses reported conflict with other professions, most often doctors, and this sort of conflict was more commonly reported by more experienced and management nurses. Avoidance was the most popular method of conflict resolution, followed by cooperation and, in much lesser proportions, compromise, competitiveness, mediation, and accommodation. The better educated nurses picked collaboration as a technique, and the supervisor was the best person to deal with conflicts. Most nurses said that issue resolution was their preferred management style, suggesting a more suitable and integrated management style that is typically linked to improved job satisfaction and work relations. Improving our knowledge and explaining the factors that shape the issue at hand is the most effective strategy to handle conflict (Lahana et al., 2019).

Morreim (2014) examined in-house dispute resolution mechanisms in the healthcare industry, with an emphasis on hospitals, hospital systems, and accountable care organizations (ACOs). These procedures vary significantly from the pre-trial mediation that health attorneys are accustomed with, and they are now required reading for health lawyers. First, when lawyers form new ties with clients, they must ensure that such relationships are long-lasting. They must include dispute resolution frameworks into their relationships. Second, since health attorneys may be actively engaged in certain dispute resolution talks, they must be able to function in a collaborative rather than confrontational manner to sustain rather than dissolve connections. In Cyprus, Pitsillidou et al. (2018) documented the many forms of conflict management that health professionals in Cyprus hospitals confront on a daily basis, as well as to investigate the disputes, their limits and causes, and the role ambiguity that hospital staff face. This is descriptive research that used an anonymous self-referral questionnaire to obtain data. A total of 300 health professionals from six different hospitals in Cyprus were included in the research. Averages and standard deviations are used to show the data. Heavy workload, poor compensation, and varied directions from various supervisors were the top three reasons of workplace problems, according to the health experts. To cope with the disagreement, 73.2 percent of the participants said they avoided it, 54.2 percent said they participated in mutually beneficial dialogue, and 40.5 percent said they used compromise.

Labrague et al. (2018) evaluated and combined empirical research that looked at conflict-management strategies employed by nurses when dealing with conflict. The results were analyzed using the integrative review approach. From 2000 onwards, CINAHL, Medline, Psych Info, ERIC, Embase, and SCOPUS were the major databases utilized to retrieve publications published. Conflict, management, nursing, nurse manager, nurse, style, and strategy were some of the key words and MeSH keywords used in the search. The criteria for inclusion were satisfied by 25 studies. When it came to dealing with and managing conflict, the most common technique used by nurses was integration, followed by accommodation. The least often utilized styles were found to be avoiding and competing. Nursing professionals employed constructive/positive conflict resolution techniques rather than destructive/negative conflict resolution techniques, according to the findings.

Koesnell et al. (2019) learned about nurse managers' conflict management experiences in a diverse South African workplace (military hospital) to promote a healthy work environment in their study. They argued that conflict management is made more difficult by a hierarchical and diversified

organizational culture. And arises because of the hierarchy system, resource limitations, intergenerational dynamics, inadequate communication, and mistrust. Nurse managers deal with conflict on a regular basis and are key players in conflict resolution. As a result, they exhibit personality traits as well as specialized conflict resolution abilities. From Alimba and Jafaru's (2021) study in Nigeria examined the conflict dynamics and management methods of student nurses at government hospitals. The study used a descriptive survey methodology and a random sampling approach to choose a sample of 160 student nurses. Collaboration and accommodating were the two most common conflict management approaches used by student nurses.

3.0 Chapter three: Theories

3.1 Chapter introduction

The chapter presents an overview of the theoretical framework informing the study. Thus, an overview of conflict transformation perspective was provided.

3.2 Theoretical framework: Conflict transformation

As claimed by Stone et. al (2010), to prevent conflicts as an organization, there must be the realization that all workplaces have norms, values and cultures related to communication and interaction. A positive work environment prevents conflicts. Workplaces that foster high-quality connections may promote an atmosphere that prevents conflicts (Stephens et.al, 2011). Yet, these differences in norms, values and cultures with which we are socialized, could fuel conflicts within an organization. This explains that conflict is inevitable within organizations (Yi, 2019) since employees are from a diverse background, with different goals to realize within the same organization as well as some form of interdependence on each other.

Regardless, conflict may be productive if the conclusion encourages good changes in the organization, meaning that conflict, in other words, might serve a useful purpose (Koza & Dant, 2007; Titov et al., 2018). Resolving conflict is good for organization since it contributes to a more favorable work atmosphere, which boosts employee motivation and loyalty while also improving the company's market position. Thus, managing conflict is the most important activity for every company or government authority, since it allows for the acceptance of shared values (Titov et al., 2018). Preventing conflict is also about fostering an organizational culture for bringing up disagreement, which means that we need norms, values that are considered disagreement legitimate and something that we can talk about. A good piece of advice is to address conflict management in times of peace.

In doing so, conflict resolutions have taken a different approach from the traditional approach to a more transformational approach. This transformational approach comprises situations where conflicting parties, issues or modes of operation are redefined rather than resolved. This might not

ameliorate the conflict but could divert the conflict into one that is of a less violent course and manageable (Janzen, 2019; Jeong, 2018; Sandra, 2014). Thus, conflict has to be analyzed and its violent nature has to be understood to consider what may be appropriate interventions and at what point in the conflict development (Doucet, 1997).

According to Wani et al. (2013), a transformational dimension of conflict resolution deals with the outcomes, processes and structure inclined towards an enduring peace-building efforts, aimed at overcoming discovered cultural, direct, and structural violence forms. With this approach to addressing conflict, broad range of actors involved make use of varied repertoire of practices. This has resulted in the identification of four different groups of actors: (i) humanitarian and development organizations; (ii) NGOs focused on conflict prevention and transformation; (iii) the state and inter-governmental organizations; and (iv) conflict parties and other pertinent groups in societies affected (Wani et al., 2013). The authors go on to say that conflict transformation is a multifaceted strategy that considers a variety of factors (micro-to macro-issues, local to global levels, grassroots to elite actors, short term to long term timescales). While focusing on building capacity and supporting structural change rather than facilitating outcomes or delivering settlements, as well as engaging with conflict at the pre-violence and post-violence stages, as well as the causes and consequences of violent conflict that often extend beyond the fighting site (Wani et al., 2013).

According to this framework, transforming conflict requires a long-term, multi-track, and dynamic process that encompasses many participants. Conflict transformation, in terms of results, tries to resolve substantive concerns produced by the conflict parties' wants and anxieties. This has two components: first, a process-oriented approach that emphasizes the need for parties to change mutually negative conflict attitudes and values in order to increase cooperation and communication; and second, a change-oriented approach that emphasizes the political imperative to build a new infrastructure for the empowerment and recognition of underprivileged, disadvantaged, and subaltern groups, fostering and enabling social justice (Lederach & Lederach, 2003; Wani et al., 2013).

Scholars such as Lederach and Lederach (2003) earlier proposed that conflicts could be transformed using four fundamental procedures. They detailed the steps as: (1) All groups affected by the conflict should recognize that there is a problem and commit to working together to resolve it; (2) The root causes of the conflict should be identified, made explicit, and reconciled

collectively by the groups; (3) The groups involved should develop a common vision for what they can do together and how they can do it; and (4) The groups should determine what they need to sustain their ability to continue to (Lederach & Lederach, 2003). These steps suggests that the issue or question of “*what is being transformed in the process of conflict management and resolution?*” is central in the transformation process.

To answer this question, Väyrynen (1991) posits that both macro and micro transformations could be carried out. These include actor transformation, issue transformation, rule transformation, and structural transformation. For *actor transformations*, internal changes are applied to the main parties to the conflict and in some cases, new actors are developed. Interactions between actors could be redefined by transforming the rules, which clearly shows that boundaries of the interaction between parties (i.e., *rule transformations*). Another thing to change is the issue under contention. With this, there is a modification of the political motive of the conflict, which in turn alters the nature of the conflict. In this case, there is an *issue transformation*. While *structural transformations* refer to changes in the system or structure in which the conflict occurs, which encompasses more than simply changes in the players, issues, and roles.

Similarly, Lederach and Lederach (2003) responds to the 'what' question of conflict transformation in a somewhat different way, connecting it to the 'how' and 'where' it occurs. He repeats several of Väyrynen's views, but in a different way. The following are the four dimensions that should be considered while transforming systems: (i) changes in the emotional, perceptual, and spiritual dimensions of conflict on a personal level; (ii) changes in communication, connection, and dependency between conflicting parties are referred to be relational; (iii) changes in the underlying structural patterns and decision-making in conflict are referred to be structural; (iv) changes in cultural patterns in comprehending and responding to conflict are cultural, or group/societal changes in cultural patterns.

The transformative conflict framework also highlights a non-violent approach to addressing conflicts, especially within the organizational setting such as the Korle-Bu Teaching Hospital. This reverberates the assertions of the nonviolent communication (NVC) paradigm proposed by Rosenberg (2011). According to his framework, conflicts could be resolved in a peaceful manner through an interactive information exchanging strategy. Universal human needs and values are central to this process and encourages individuals to avoid using languages that promotes resistance or low self-esteem. As a result, it emphasizes the acceptance of responsibility in

choosing and improving the quality of relationships, as well as the use of a communicational language that promotes health (Gessmann & Sevast'ianov, 2014; Nafise & Ghazal, 2018). The NVC therefore incorporates traits like cognition, language, and communication while emphasizing on connection quality, which avoids misunderstandings and increases natural generosity that arises spontaneously in pleasant social encounters as espoused by Medagama and Jayathilaka (2021).

Using the conflict transformation and a non-violent communication (NVC) model tool as an analytical lens implies that two questions are imminent and needs answers to within the context of a developing country where existing structures for addressing conflicts are socioculturally different from that of the western world that dominates the literature. These questions are: “*what is being addressed in the conflict management processes?*” and, “*what non-violent approaches are being used in addressing conflicts among employees*”. This study contributes to addressing these pertinent questions within the context of the Korle-Bu Teaching Hospital.

4.0 Chapter four: Method

4.1 Chapter introduction

The chapter elucidates the methodology adopted in conducting the study. The research design, sampling procedure, method of sampling and data collection, and the data analysis procedure. Also, the ethical consideration adhered to in this study was explained.

4.2 Research design

The study adopts a qualitative case study design in understanding how employees handle conflict at the Korle Bu Teaching Hospital. Using this design facilitates an in-depth, multi-faceted explorations of complex issues in their real-life settings (Crowe et al., 2011). Within this approach, a sequential mixed-method design will be employed. This method helped the researcher explore what underscores conflict (why it occurs), how conflict occurs and how it is transformed within the Korle-Bu Teaching Hospital. While also facilitating a quantitative analysis to determine factors that significantly predicts conflict among employees of the Hospital (Czernek-marszałek, 2019; Taguchi, 2018).

4.3 Sampling

The target population comprises all employees of the Korle-Bu Teaching Hospital. However, the study population will comprise full-time employees of the hospital. This category of persons will be used for this study since they will be frequently in contact with other employees and could therefore provide adequate information required for this study.

The study will adopt a purposive and stratified sampling technique in selecting the required sample for the study. This will involve the researcher first identifying individuals who satisfy the purpose of this study. This will be guided by an inclusion criterion including: (I) should have worked at the hospital for at least one year; (ii) should be a full-time employee; (iii) both males and females, to enhance a gender diversified sample. Persons who do not satisfy this criterion will be excluded from this study. The essence of purposeful sampling is to help me select information-rich cases for the most effective use of limited resources (Palinkas, 2015). To finally select the sample, a

stratified approach will be adopted. The study population will be divided into groups or categories to provide a relatively homogenous subcategories, with a sample selected from each category (Collins et al., 2007). Since the Korle-Bu Teaching Hospital is structured, departments within the hospital will be used to stratify the population into groups to enhance the representativeness of the sample and reduce impending biases in the selection process. This approach was used in identifying and selecting 8 employees who gave their consent to be included in the study.

4.4 Data collection method

The study will rely on both primary and secondary data. While the primary data will comprise, information provided by respondents and participants during respective interviews (Silverman, 2006), the secondary data on the other hand will be sourced from journal articles and books on conflict management and transformations. This will help in providing scope to the study. Data collection will be done using both semi-structured interviews and questionnaires. First, interviews will be conducted with participants with the aid of a semi-structured interview guide since it is fluid and flexible nature, ensuring flexibility with regards to how questions were asked and the sequence with which questions were asked, as well as particular areas or emerging questions to ask subsequent respondents (Mason, 2011). Findings from the interviews will be used to design the questionnaires subsequently. This will help produce data suitable for quantitative analysis and results generalizable to hospital (Harris et al., 2010; O’Leary & Miller, 2011). However, these data collection instruments will be tested through piloting at the Kofi teaching Hospital that shares similar characteristics with the Korle-Bu Teaching Hospital, before the final administration to ensure no leading questions and make sure that the language is very simple for their understanding (McGrath et al., 2019). Both primary and secondary data will be used to gather data.

4.5 Data analysis and interpretation

After the data are collected, a qualitative approach was be adopted to analyze the data. Qualitative interviews audios were being transcribed verbatim. Each transcript was thoroughly read through to ensure that the researcher was familiar with the data. Subsequent readings were being done to identify emerging ideas and relating ideas was be put under themes and described with supporting transcripts. Also, to determine the causes of conflicts, a factor analysis will be carried out using principal component analysis. Resulting significant factors will be further analyzed using the Ordinary Least of Squares regression technique. Both qualitative and quantitative data will be

merged in this analysis phase to provide a holistic understanding (Onwuegbuzie & Combs, 2015) of the conflict management and transformation at the Korle-Bu Teaching Hospital.

4.7 Coding and thematic strategy

In the beginning, the researcher began by coding the facts he was trying to understand. To put it simply, coding is the act of grouping data into meaningful categories and giving labels or themes to each category. The transcription was done with great care and attention to detail. The unprocessed data was coded to provide thematically relevant information (Creswell and Creswell 2018). This data was analyzed to identify the differences and similarities between the data that had been analyzed and then addressed in relation to the research objectives that had been suggested in the research.

4.8 Ethical Reflection

First and foremost, because I will be processing personal data, the project would be reported to the Norsk Senter for forskningsdata (NSD) to obtain clearance. The researcher will gather a sample of willing and consenting for the interview. In this regard, I want to do a strategic informant search, which entails locating persons who are knowledgeable about the study issue. To make people aware, I will propose my initiative and its goal to them. The National Health and Medical Research Council; NESH (2016), notes the need for ethical consideration in human research and evaluation processes. This is because these ethical considerations help to promote the credibility of the research and the overall output of the research. The ethical consideration also helps to enhance the generalizability of the research findings. The reliability and validity of the research will be ensured through data triangulation and by seeking the consent of participants and protecting their identity. Gathering data from various sources will enhance the internal validity of the study. In collecting the primary data, the consent of participants will be sought. The participants will be adequately briefed on the purpose of the evaluation. Additionally, participation in the evaluation exercise will be voluntary; hence participants will be free to withdraw their consent at any time without any penalties. Individual liberty must be protected, and the privacy of persons participating in the study must be respected. The data collected will be protected and managed by the data protection policies ascribed by NESH (2016).

4.9 Challenges during data Collection

The study encountered numerous challenges during field work. The first was with the reluctance of participants to be included in the study. Thus, some participants refused to participate in the study. To address this problem, the researcher explained the purpose of the study to participants and assured them of their anonymity in the presentation of the findings and sought their consent. Participants who subsequently refused to be included in the study were left out of the study and then replaced with others who were willing to be included in the study.

Secondly, the study was met with interruptions. During interviews, because participants were within their work setting and embarking on their daily organizational activities, they had to carry out their interviews while working or attending to their customers. To address the effect on the quality of the data obtained, the researcher reminded participants of the last question asked to refresh their minds concerning the purpose of the study.

Finally, the researcher had difficulties identifying and reaching superiors for the interviews to be conducted due to their busy schedules. Due to this, the researcher had to agree on a scheduled time with participants to ensure that the interviews were conducted successfully.

5.0 Chapter five: Analysis

5.1 Introduction

This chapter analyses primary qualitative data obtained from the face-to-face interviews conducted during the fieldwork. The chapter is structured into three main sections. Section one presents an analysis of the nature of conflict among employees of the hospital. Factors influencing conflict occurrences among employees were analyzed in the second section of the chapter. While the third section examines how conflict among employees is managed and transformed.

5.2 Characteristics of study participants

In this section, the study asked participants for their characteristics. Consequently, participants characteristics were analyzed in this section. Table 1 presents data concerning participants' gender, age, religious affiliation, educational level and work experience.

Table 1: Characteristics of study participants

Participant ID	Gender	Age	Religion	Educational level	Work experience
HP001	Male	35 years	Christianity	Master's degree	8 years
HP002	Female	30 years	Islam	Bachelor's degree	6 years
HP003	Female	43 years	Christianity	Master's degree	15 years
HP004	Male	38 years	Christianity	Bachelor's degree	16 years
HP005	Male	29 years	Traditionalist	Master's degree	24 years
HP006	Female	48 years	Christianity	Master's degree	13 years
HP007	Male	51 years	Islam	Bachelor's degree	10 years
HP008	Male	33 years	Christianity	Bachelor's degree	20 years

Source: Field data, 2022

From the data, it was revealed that most of the participants were relatively males compared to female participants. This is because while five of them were male employees, the remaining three employees were females. The implication is that the hospital's workforce is gendered with males dominating. The implication of this gendered nature of the workforce is that in resolving and transforming conflicts among employees, there is the need for this gender diversity to be taken into consideration (Solanki and Desai, 2015; Donkor et al., 202).

The age distribution of employees was ascertained as shown in the Table 1 above. The results showed that the minimum age of participants was 29 years. While the maximum age was identified to be 51 years. This is an indication that participants are highly matured and could offer insights on the nature of conflict and conflict transformation in the organization.

Results in terms of religious affiliation established that participants were religious diversified. This is because the results showed that participants were affiliated to three main religious groups in Ghana. Majority of the participants were Christians, followed by those who were Muslims and only participant who was a Traditionalist. This could have implications for conflict occurrence. This is due to the evidence that religion and religious diversity among employees have potential implications for the occurrence of conflicts (Etherington, 2019; Roumeas, 2019).

Additionally, the study's results indicate the participants were highly educated. Four of the participants stated that they have attained a bachelor's degree qualification. And the remaining four of the participants were those who had attained a master's degree qualification. This could imply that employees of the hospital are well educated. This might be since one has to have adequate knowledge and skills since healthcare is an important component of wellbeing and thus a little mistake made could have dire consequences. Hence, the need to hire employees who have attained higher education.

Finally, the work experience of participants was sought. The least years of working in the organization was observed to be 6 years. On the contrary, the highest number of years participants had worked in the organization was 24 years. This means that participants were highly experienced in terms of their work and duties. Such an experience could suggest that these employees have kept long working at the hospital and could therefore possess adequate experience concerning conflict among employees and the conflict transformation processes.

5.3 The nature of conflict among employees at the hospital

The study's first objective was to determine the nature of conflict among employees of the hospital. To achieve this objective, the study asked participants numerous questions. The section was presented using two main sub-sections. Sub-section one sought to understand how participants perceive organizational conflict. And the type of conflict among employees were determined in sub-section two.

5.3.1 Perception of conflict

Based on the question: "*how do you perceive conflict among employees in an organization?*", conflict perception among employees was explored along two main themes: negative conflict perception, and positive conflict perception. These themes are discussed below.

Negative conflict perception

According to the findings, most of the study participants share the view that conflict among employees within an organization is negative. To these participants, conflicts result in negative outcomes such as divisions, intolerance and 'bad blood' among employees. This according to participants could create anxiety, stress, tension and low employee morale which in turn might negatively affect the wellbeing of employees. This is what one of the participants shared:

"Whenever there is conflict among employees, it creates tension among the parties involved in the conflict. I mean you see that they are not in good terms and do not often want to be on tasks together" ... (HP001, Male)

The participant was however sharp to note that this is determined by the parties involved in the conflict. To him, male employees do not tend to stress much on the conflict compared to their fellow female employees. This is because males could easily ignore negative relations behind them than women. He explained:

"...personally, I think that the negative aspects of conflicts though observable in all situations, are more profound among female employees than among male employees. Because we the men we do not necessarily take things to heart or hold on to issues for long. But for the women, most of them easily get irritated by the least their fellow

female employees do. So, you could see that the negativity will be much greater for females than males”. (HP001, Male)

This negative view of conflict was confirmed by another female participant who was interviewed in this study. Her negative perception towards conflict emanates from the view that in situations of conflict, employees have their self-esteem and confidence dampened. This further affects their organizational behaviors. She argued saying:

“I see conflict among employees in an organization to be predominantly negative. The reason why I am saying this is that let us take the for example a situation where you meet someone you are in bad terms within the same group set up to conduct a task for the hospital. What do you think will happen? If the person is a superior, you will become dull. You will not be motivated to even share ideas since it is possible that your ideas will not be considered”. (HP003, Female)

The above comments from HP003 suggests that during conflicting situations, employees could become dysfunctional. This was further affirmed by another participant who explained that some of the conflict could be prolonged between employees beyond expectations. This will in turn lead to individuals becoming dysfunctional in the organization. HP005 indicated:

“Conflict is outright negative though we might think it has some positive aspects. But the intention behind conflict is negative. It could render one useless within an organization. When you are faced with an instance where a superior or someone who wields more power in the organization, he or she could take you out of the whole organizational processes. And you will realize that things you are supposed to be doing is being given to another to do”. (Male)

Positive conflict perception

Although most of the participants highlighted a negative viewpoint towards organizational conflict, some participants on the contrary saw conflict to be a necessary evil. According to them, it is not possible to have an organization where conflict or disagree is absent. In one way or the other, conflict will exist within the organization. This view is informed by the perception that conflict could yield positive outcomes for an organization. This notion was confirmed in the narratives of some participants who stated:

“Since we are different backgrounds and have been socialized differently, it is not possible to have 100 percent harmony among persons in the organization. These differences will lead to disagreement among employees”. (HP002, Female)

According to these participants further, such differences could have implications for the superior outcomes for an organization. They share the view that these differences result in different views during task performance, and as well as interactions and offer the organizational leadership an opportunity to adopt measures that could lead to positive results. Thus, making then view conflict among employees as a positive one. One of the participants explained saying:

“In most cases it might be negative, but it could also be positive. The outcome could be positive since each person’s gets to share his or her ideas which might differ from each other’s. When that happens it provides a chance for better ideas to be chosen and agreed upon which in turn could lead to positive outcomes for the organization”. (HP006, Female)

From an interactional perspective, another participant highlighted how positive conflicts could be:

“When there is conflict between employees in an organization, it offers an avenue for the conflict to be settled. Through that the relationship between employees become stronger and it could also make the leadership of the organizational more responsive to such incidence, and due to this, enact policies to address such occurrences soon”. (HP008, Male).

It could be argued from the above findings that conflict could either be negative or positive depending on the outcome of such conflict. The suggests that conflict is a two-way affair, that is, it could be seen as retrogressive or helpful within an organizational context.

5.3.2 Occurrence of conflict employees of the hospital

The study subsequently ascertained whether there have been incidences of conflict among employees. Almost all the study participants argued that conflict occur among employees at the hospital. Though this is the case, they explained however that the extent of conflict is minimal. In other words, conflict among employees, is not a frequent occurrence within the hospital setting. For instance, some participants who were interviewed in this study opined:

“Oh, for the disagreement it happens among employees. For that one I will not lie to you. You know that where people cannot be free from that. So, you could see or hear that some employees are not in talking terms for one reason or the other...”

“We employees sometimes have disagreements among ourselves. Some quarrel for some time then everything returns to its normal state. But I must let you know that it is not always the case since we are here to work and ensure that the organizational objectives are achieved”.

The infrequent occurrence of conflict at the hospital among employees was reiterated by another. He confirmed that though conflict occurs, it is not a usual feature of the hospitals’ workforce. She said: *“Yes...though we do have that here, it is not always happening. It rarely happens since we are all matured individuals in this hospital”.*

The arguments here explain the fact that within an organizational setting where diversity exist in terms of employees, conflict could not be totally absent but could be contained at the minimal stage where conflicts does not become a usual feature of the hospital’s workforce. This supports the assertion that conflict is inevitable in organizations (Titov et al., 2017; Etherington, 2019) such as the Korle-Bu Teaching Hospital.

5.3.3 Types of conflict occurring among employees at the hospital

Since conflict can take many different forms. The study needed to describe qualitatively how conflicts at the hospital manifests. As a result, a description of the nature of conflict among employees was carried out, so that the characteristics of the conflict could be understood. Vertical, horizontal, nonconfrontational, relationship and task conflicts were among the themes explored.

Vertical conflict

The type of conflict within the organization was discovered to be vertical conflict, according to the study. Most participants saw the dispute as vertical, describing it as superior-subordinate miscommunication, supervisor-subordinate rudeness, and supervisors’ personal grudges with subordinates. This relates to verbal and nonverbal misunderstandings between the senior management and other lower personnel. The following is a verbatim account of this discovery:

“Yes, there will be strife. I have discovered that the most common source of conflict is between management and non-management employees. It exists among non-

managers, but I believe it is more prevalent at all levels. We often see power struggles among bosses”.

“Sometimes disagreements occur between those in higher positions, that is the bosses, and those who are not at their level or under them. These conflicts occur between the management and we the subordinates over a lot of things...”

Horizontal conflict

The horizontal conflict was another element that developed from the study on the nature of conflict. Horizontal conflict was defined as conflict that occurred along lines of authority or at different levels of authority. This issue was also highlighted as referring to disagreement among personnel at the same level of power. For example, among the senior executives and, secondarily, among the lower-level employees. One participant emphasized the significance of these findings, noting:

“Subordinate employee conflicts are widespread, especially when making decisions about another's wrongdoing. When it comes to deciding what form of reprimand to give to that person. It's tough to determine who should oversee whom. We all have a sense of superiority and being supervised by a coworker is not ideal. Assigning shifts to each other, such as which days to work during the day and which days to work at night sometimes becomes a problem”.

In revealing how horizontal conflict occurrence is in the institution, another participant explained that even among management and among subordinates, conflicts do occur. For instance, he cited some instances where such conflicts occurred to back his arguments:

“in this hospital, you find that some employees who are of the same grade will be having various forms of disagreements and conflicts between them. Sometimes you do not even understand why they will be doing that. One of the times, two female employees were exchanging words that was very bad and I understand that they were in a meeting and things did not go well over there and that led to the conflict between them. ...even those in the management roles similar issues happen among them. So, it occurs a lot”.

Non-confrontational conflict

Another characteristic of conflict revealed by in this study was that it was largely non-confrontational and non-physically charged, and it took the shape of a cold war. This theme was brought up by participants as a way of providing more information about the nature of conflict:

“Okay, one thing I have noticed is that there are fights within organizations, and some individuals simply appear to smile at their superiors to protect their employment. Sometimes leaders just use their authority to issue directions that demonstrate that people are harboring grudges towards one another. You understand that I am referring about a negative form of confrontation, not simply a normal argument, but a fight based on hatred... It is sometimes like the cold war that happened many years ago. I hope you get it”.

Relationship conflict

Further analysis of the data suggested that in some cases, conflicts are relationship-based. With this type of conflict among employees, participants argued that some employees in their interactions with their colleagues develop problems with that that sometimes create tensions between them. And these tensions sometimes escalate depending on the situation and mostly happens when there are lots of incompatibilities among the members. These are what participants had to share during their respective interviews:

“Oh, for conflict my brother, that one you cannot take away the relationship aspect from it. People do have their differences and because of that their level of interaction becomes conflicting. So, in terms of interaction among employees in this hospital there is also conflict there. For my department it has happened on several occasions”.

This was affirmed by another participant who said: *“once people are in constant interaction you must understand that there could be conflict between them. In most of the hospital’s units there are issues relating to conflict which was at the level of their interaction or relationship”.*

Task conflict

Evidence also brought to light that task performance at the hospital is in some cases characterized by conflict among employees. This operated at two different levels. At the intergroup level and intragroup levels. The intergroup level deals with instances where different groups on a similar task disagrees with each other in terms of work processes. While at the intragroup level, employees in the same group have disagreements with each other. Mostly such conflicts aim to find better ways of getting things done. This was described by one participant during an interview:

“...Within this hospital tasks and projects are not just done. Teams are set up by management that involves different people with diverse knowledge and skills. Even with the treatment of patients you see that teamwork there. However, in these same teams, conflicts occur. You will realize that people in the same team are having disagreements here and there. In some cases, if it is not the same group then different groups who are working on different aspects of the same project. That is why I said that conflicts do occur when employees are executing their organizational roles”.

The findings above suggests that conflict among employees of the hospital is multidimensional in nature. This shows that numerous conflicts occur among employees, and this could have implications for how such conflicts could be resolved and transformed within the organization. In other words, the multi-faceted perspectives of employee conflicts could shape the processes that are used in ensuring that the conflict is transformed effectively.

5.4 Factors influencing conflict occurrence among employees at the hospital

The second objective was to analyze the factors influencing the occurrence of conflicts among employees of the Korle-Bu Teaching Hospital. Responses were elicited and probed using the question: *“why do these conflicts occur?”* and *“what factors causes such conflicts among employees?”*. The findings were thematically analyzed which reflected three major themes: *“individual-level factors; organizational level factors; and societal level factors”*. These factors are elaborated as follows:

Individual level factors

This theme describes various factors that results in conflicts among employees at the hospital. Thus, factors that relates to individual employees that leads to conflicts were teased out of the data

and used to form sub-themes that reflects the major theme. Sub-themes gleaned from the data include *differences in employee values*, and *negative employee behaviors*.

Negative employee behaviors:

Interpersonal factors appeared as a prominent topic, with gossip behaviors reflecting conflict causes. Backbiting, snitching, lying, and spying were all highlighted as examples of gossip. Employee gossip was mentioned as a regular source of friction, both vertically and horizontally. Backbiting has been defined as uttering derogatory things in the absence of other employees. Snitching occurred when some employees listened in on other people's conversations, distorted the message, and relayed it to the original conversation's subject. Telling lies meant inventing lies against co-workers to supervisors or co-workers on the same level. In other situations, some employees acted as agents of supervisors or other employees, spying on what others were doing or saying. When the persons being gossiped about found out that a colleague was talking nasty things about them, these behaviors became a topic of contention. Employees were said to form a network of hostility because of this cycle, which occasionally erupted into aggressive conflict. Because of power dynamics amongst employees, confrontations were only common in horizontal circles, not vertically. A participant revealed:

“Here, staff are prone to gossips and are misinforming about others. Many small groups of subordinate employees exist where people gossip about others, particularly if that person has received promotion or have been motivated by management. And when the person they are gossiping about gets to know, it sometimes led to confrontations and all that”.

According to one participant who corroborated such incidence as a major source of conflict at the facility, in his department, such issues have resulted in numerous misunderstandings among employees. She described saying:

“People like gossiping about others too much but I do not know why they do that. Due to such acts from other employees, unity here is a problem since there are frequent misunderstandings between employees. My department for instance it is not new over there”.

Differences in employee values:

At the individual level, values were found to have a causal influence on conflict among employees at the hospital. Everyone has a set of values that they use to guide their personal and professional actions. People's values differ, making values an inherent source of conflict. A value conflict occurs when two conflicting thought systems collide, putting pressure on one or more people to conform. These differences between the values of employees could lead to conflict as described by some participants in this study:

“Because of the process of socialization, each person has his or her own values and belief systems which one will not easily let go off to assume that of another. So, in situations where an employee tries to make one’s value system inferior it could result in conflict situations. For example, when a superior attempts to make one person does not comply to his religious values or beliefs while at work, it could lead to conflict”.

Similarly, it was deduced from the views of another employee that values are critical sources of conflict among employees at the hospital: *“to me I see values of employees to be a cause. Because we are different and have our own values so one cannot allow it to be devalued. Which leads to situations of conflict”.*

Organizational factors

This major theme explains how organizational factors results in conflict among employees at the hospital. Factors relating to the organization were therefore explored from the data, resulting in the generation of five sub-themes. These include *differences in organizational and individual values; perceived organizational support; unsafe working environments; task interdependence; and disregard for subordinates.*

Differences in organizational and individual values:

Aside values playing a key role in organizational conflict, there is evidence that shows that same could be argued of its causal role at the organizational level. Standards and guiding concepts are referred to as values. Beliefs, norms, ideals, and preferences are all examples of values. Values are deeply embedded beliefs that influence an organization's behaviors at the organizational level (Titov et al., 2017).

Top managers are the only ones who formally endorse and sanction certain organizational ideals. Thus, organizational conflicts can be caused by the degree of values and conflicting values,

particularly in highly professionalized institutional settings such as a hospital, where members of organizations may be influenced by conflicting institutional values (Titov et al., 2017). Participants explained this as follows:

“When the values cherished by the hospital is not in line with that of employees or a faction of it, or vice-versa, you could realize that such employees will not comply to the values. Because of that a vertical conflict could occur since management is supposed to ensure compliance for the sake of the organization’s progress.

...this leads to disagreements and confrontations as well as queries. And it makes it seem as if those employees are being target which makes them have bad relations with people they feel are behind their queries”.

Unsafe working environments:

The data highlighted that some employees are not comfortable with the working environment especially when it is considered unsafe and detrimental to the employee. Due to this, employees register their grievances to management which sometimes do not receive the needed attention or urgency expected. And this creates conflicts mostly at the task performance level as stated below:

“Sometimes when you are lacking some resources to get your work done because it is a hospital the little mistake you make, it could affect your wellbeing... management does not heed to your grievances because they are some persons who have self-interests and gains in the procurement process. So, to get things done quickly you have to go and quarrel with them and be on them to get it”.

Perceived organizational support:

Support is very crucial in an organizational setting. Thus, employees’ perception of how supportive the organization is could affect conflict occurrence, and this was evidence in the current study. Employee impressions of how much their organization values their contributions and encourages their wellbeing are referred to as perceived organizational support. When such as support is seen to be high, employees feel a sense of belonging to the company. When issues and miscommunication emerge, the lack of a strong shared identity suggests that team members are more prone to assess other team members’ activities negatively, adopting a competitive rather than cooperative position (Caesens et al., 2019). This finding is supported by a few of the study participants:

“The departments in this hospital are mostly disjointed when it is not supposed to be so. This is all because there is no unity, and each department is seeking his or her interests. Even within the departments, it is the same problem that is being faced. Because of that we do not support each other and if you were to work here for some months you could sense that than we are rather competing against each other instead of supporting and cooperating with each other. This serves as a breeding ground for all sorts of conflicts among employees”.

Task interdependence:

The health sector and hospital are characterized by numerous projects that require teamwork to execute these projects. Accordingly, teams are assigned various tasks that are interrelated to ensure the objectives are realized. This results in teams depending on each other and the works and services of each team. That is to say that the finishing point for one team is the beginning point for the other. Others depend on the works of others to get their done. In these processes there could be delays from one party that hinders the completion of other team’s work activities. This according to participants serves as a conflict precipitating avenue. One of the female participants narrated how this could result in conflict was follows:

“Oh, I could recall one of the instances that resulted in confusion and exchange of words with other employees. What happened was that we were to execute a project, and due to the nature of the project it could not be done by just a department. It must assume a collaborative outlook so various teams with differing but dependent roles were constituted by management. It meant that one group must use the resource and output of the other. But what happened was that one team was not getting their works done for us to also use their resources and me being the leader of my team, I confronted them and told them my mind. From that time, some of them were not in good terms with me. It is recently it got better”.

Another participant added to the comment above: *“oh, when the completion of your task is dependent on others that is what happens. Some of them if you don’t act that way with them, they will take things for granted and in the end, it will seem that you did not do your work well. So, these things sometimes results in exchange of words and all that...”*

Disregard for subordinates:

Another notable theme in the data among the sources of conflict was superior's disregard for subordinates. This deals with instances where subordinates are not considered by their superiors in organizational activities. For instance, participants revealed that certain decisions taken by superiors without consulting their subordinates or including their views makes them feel useless causing various emotional reactions among members of their departments.

“Yes, we have the right to express our opinions and participate in decision-making in our institution, but some of our superiors do not. No matter how compelling your argument is whether it is considered is a matter of leadership judgment. All I can say is that the management does not value our opinions. In the department, this might lead to disagreements and clashes”.

This was supported by the views of other participants who indicated:

“Some conflicts in this place happens when the views of employees are not considered during decision making. But you will be there, and they will just bring things up and expect you to comply. Then you ask yourself, what are these people taking us for? To me it is a source of some of the conflicts between management and subordinates.

...I had a difficulty understanding why we are not included in decision making. So, one of the instances, I confronted by boss, and he got offended and went telling others. It resulted in something else unintended because I was angry”.

Societal factors

This theme reflects findings that relates to conflicts caused by factors in society. Sub-themes emerging include *tribalism and gender role expectations and conformity*. These are further explained below.

Tribalism:

Tribalism was another source that surfaced as a common theme across a lot of participants. Favoritism, regionalism, and nepotism were all examples of tribalism. The interviewees stated that they have witnessed favoritism when persons from the same ethnic group received preferential treatment or advantages in circumstances such as claiming compensations such as overtime pay and promotions. This formed the basis for which some organizational benefits were distributed.

This divisions based on tribes and in some cases religious affiliations fuel several conflicts among employees as noted by two participants in this study:

“Tribalism is frequent, particularly when it comes to promotions, yet it is difficult to identify. Most of the personnel, including management, are members of a specific tribe, which I believe is the Ga tribe.

Aside that, you could also see that the interactions between Muslims and Christians are minimal, with factions present based on these religions. As a result, you sometimes hear that someone from this group and another from the other group have problems with each other”.

Gender role expectations and conformity:

Traditionally, individuals born are socialized based on their gender and this transcends to occupational choices. This is because society has set standards in terms of occupations and occupational positions that are gender specific. The implication is that women who break the barriers into male dominated fields and leadership roles are met with some negative reactions from their male colleagues. Aside that within the organizational setting, numerous forms of gender inequities prevalent where workplaces other than the home has been referred to as an uncomfortable place for women. The lack of women in leadership positions is one example of how workplace discrimination has a detrimental impact. This could lead to tensions between female and male staff. This was projected by some female participants who were interviewed:

“Sometimes the basis for the conflict is neither here nor there. How can you tell me that we have the same qualifications but because society says that women are not supposed to occupy leadership positions you will not give me the opportunity to do so? You come here and women are treated with some discriminates and prevent from doing what male staff could do. But me for instance I won't tolerate such negative acts from anyone, if I must fight to get there I will. I don't mind who is in my way.

You know society expects us to conform to standards of gender roles even in organizations such as this hospital. And it reflects from the attitude of leaders here. So, you realize that most of the management positions have male names attached to them. But some of my female colleagues will not tolerate such discriminatory practices and because of that they have problems with the men here”.

5.5 How conflict among employees is managed and transformed at the hospital

Finally, the study as its third objective, examined how conflict among employees of the hospital are managed and transformation. In other words, the study explores conflict transformation processes and procedures adopted within the hospital. The findings were analyzed thematically. The data were categorized as follows: (i) actor-related strategy; (ii) relational strategy and (iii) rule modification.

Actor-related strategy

The study found that as part of efforts by the hospital leadership to address conflict in a manner that leads to changes within the organization, one of the strategies used was to adopt measures that alter or changes conflicting parties. In other words, parties involved in the conflict are changed. This is done by introducing new employees while reassigning one of the conflicting parties. The processes used in this regard was narrated by a study participant who occupies a leadership role at the hospital, during his interview:

“In most cases where there is conflict between two employees in the same team, what we do is that we change those involved in the team. One of the conflict parties is removed and a new team member is introduced...”

The change in one of the parties involved in the conflict was confirmed by another participate who is a subordinate:

*“there was an instance in my team where two people were not in good terms with reasons best known to them. And this was affecting us so what management did was to take out one of them. Then they brought in another employee to replace the person. And the person removed was reassigned to another project group. She was however sharp to add that the process is not straightforward, but a well-thought-out step taken by management. This is because while taking one party out, there is the need for the replacement to have the needed skill for the project as well as someone who is not in conflict was another person in the same group. She said: *this process as you see it is not immediate because they must identify an employee with the skill required to be in**

the team because you cannot just bring anyone, and the person chosen to need not conflict with other members in the team”.

The implication is that this strategy is mostly used to transform conflicts that relational level.

Relational strategy

Another strategy further identified was to transform conflicts using relationship-based approaches. This is characterized by changes in the interaction, communication and interdependence that exist between individuals and teams in the organization. Participants for instance stated that lopsided relationships are transformed using approaches such as conscientization and negotiation. One participant explained:

“To address some conflicts especially those among teams and team members involved in a project, we make sure that we get a better idea that leads to the desired change for the hospital. So, what is done is that all members are engaged in the processes of identifying problems, questioning and analyzing the situation and individually come out with strategies that is suitable. This helps to change from the task and team conflict into a more meaning change for the hospital”.

Another participant explained that for task-based conflicts, the negotiation approach is used where individuals are allowed to convince other team members on his view using a negotiating mechanism. Through this, a superior choice is developed and used to enhance the achievement of the stated objectives: *“to help generate a superior idea, we devise a strategy where each party is given an opportunity to lobby and explain how his or her idea is the best for the project’s success”.*

Rule transformation

Within organizations, rules are employed to govern the behaviors of employees and work activities. Values constitute an overarching framework within which such rules are developed. To ensure that conflicts among employees are relevant to the course of the hospital and what it values, organizational principles underscore every approach used. This offers a clear demarcated boundary and norms for employees to follow in their interactions. Rules chosen are carefully articulated so as not to stifle innovation while ensuring that the work setting is healthy for work activities. This was affirmed by the narratives of one of the study participants. She argued:

“Another way we manage conflict to ensure that it leads to a change is to modify the rules guiding employee behaviors and work activities. But we make sure that such modifications conform to or with within the confines of the hospital’s values. This is important to prevent innovative behaviors from being discouraged in the process but to ensure that the working environment is healthy for progress to take place”.

These processes ensures that conflict among employees in the hospital is managed properly and used as an avenue to enhance social development by emphasizing on innovation, healthy environment and customer satisfaction entrenched in the values of the hospital.

Negotiation

As a strategy to address conflict by transforming it, participants unanimously revealed that conflict situations were managed through negotiations. According to these participants, such a conflict transformation strategy was used in instances where task performance forms the basis of the conflict. With this, leaders of the organization encouraged employees to negotiation by considering the views of others rather than attempting to impose theirs on their colleagues. These were shared by some of the participants:

“In some situations, usually when some colleagues within a team assigned a task, and there is any disagreement they must practice negotiation. Each of them must think through alternatives offered by others or their perspectives on the task ahead. And you will find that such an act reduces conflict among them which could have escalated into something else”.

Emphasizing on the key role of management in such an initiative, another participant stated saying:

“When there is conflict those involved must consider the views of others without being selfish even if you are a superior [negotiate] because the task must go on and it cannot always be your opinion. You must explain to others why yours is better other than take things to heart. We all know this”.

One most important event used in the negotiating conflicts among employees was to depoliticize the conflict. This activity focuses on addressing conflicts involving different factions in the organization. However, for this strategy, rivalries between groups within the organization is addressed by committees designated for that purpose and to vanquish any thoughts of prejudice or

misperception among factions involved. Tasks, resources and benefits at the center of the tussle were evenly regulated and distributed to factions to ensure equity, and rules for resource distribution to employees was established eventually to guide subsequent distributions:

“Conflicts are also addressed through committees. These are the serious ones. In this hospital, you there are factions, and it is as if there is a political agenda or competition between them where you must thwart the purpose of others. Task and resources are even shared along those lines. So, in addressing such issues, committees are used. The committee is already there and so they try as much as possible to ensure that partiality and misunderstandings are addressed. One even resulted in the committee setting standards for activities in a department”.

Conscientization of conflict employees

Most participants interviewed showed how sensitizations of employees involved in the conflict aids in the transformation of conflict at the hospital. This approach was used by management to educate conflicting parties and ameliorate current as well as future issues concerning the conflict and the need for the conflict to change. This facilitates employees’ identification to recognize the covert and overt aspects of the conflict. This was shared by a participant:

“...let me use my personal experience to explain this to you. There was an issue between me and a colleague at the hospital and it was getting so serious. Our colleagues go to know, and I think someone told our superiors about it. They arranged to meet us and my direct”

Another participant confirmed this, stating that workers who are participating in the dispute are forced to realize that they need to become more aware of themselves and the reality of the conflict scenario as described by an interviewee:

“As management and even the committee set up to address disputes here, one way we attempt to address conflict is to make them know what they are getting themselves into and the possible implications that could have on work activities. We make them realize that. On one occasion, such a strategy saw two employees becoming team members”.

Culture of peace

According to the findings, tolerance and respect is particularly important in ensuring peace among employees of the hospital. This is because as part of establishing a culture characterized by peace, tolerance enables members on both sides to not only develop and apply their unique strengths, but also to appreciate the variety of policies, customs, philosophies, identity, and values. A participant narrated:

“We try as much as possible to let employees know that you cannot live with anyone in harmony without learning how to tolerate them. So, tolerance is one thing we emphasize to ensure conflict does not escalate unexpectedly. And it is working.

For me personally, I ignore this my colleagues do that could trigger arguments and conflicts among us. If I do not do that [tolerate], we cannot interact well. So, it is better not to react to everything...”

Peace culture was also emphasized by another in line with the core values of the hospital. This participant argued that respecting each other as employees could enhance peace by diminishing disagreements and confrontations:

“Because we rely on each other to serve others [customers], we cannot do away with each other. But rather we must ensure that we respect each other, their privacy, rights and others you know. And as a superior, regardless of the person’s status in my department, you must give them maximum respect as needed. This for years has worked well in ensuring that conflict is minimized and kept on a positive level”.

6.0 Chapter six: Discussion of findings

6.1 Chapter introduction

In recent times, much attention has been devoted to conflict management within the hospital setting (for example, Al-Hamdan et al., 2014; Brinkert, 2010; Gerardi & Scott, 2011; Mosadeghrad & Mojibafan, 2019; Ramsay, 2001). Evidence however suggests that incidences of conflict occur within Ghanaian hospitals and among health workers (Aberese-Ako et al., 2015; Boafo & Hancock, 2017; Ghana News Agency (GNA), 2016). Notwithstanding, conflict in healthcare institutions in Ghana has received a paucity of attention among conflict scholars. Thus, the current study examined the characteristics of conflict management at the Korle-Bu Teaching Hospital, a major hospital in Ghana.

6.2 Nature of conflict among employee at Korle-Bu Teaching Hospital

Findings showed that participants held diverse views concerning conflict at the workplace. Most participants perceived conflict to be negative. This is because conflict at the workplace could result in absence of confidence and self-esteem, stress, anxiety, tension and low employee morale, resulting in negative implications on employees' wellbeing. Conflict was also seen to have a positive value, usually in creating superior performance. Thus, it creates an avenue for 'bad blood' among employees to be settled and facilitates the use of measures that leads to the greater performance. Generally, conflict was seen as a phenomenon that is inevitable at the workplace owing to the differences among employees. Individual variations in cultural background, learning styles, personality, and other factors inevitably lead to disputes among employees at all levels. Additional drivers of conflict include managerial expectations, communication breakdowns, and

accountability concerns. Communication has both positive and negative consequences. On the one hand, poor communication leads to a lack of understanding of others, which can lead to coordination issues. As a result, conflict arises. Extensive contact between parties and others, on the other hand, is widely seen as a fertile ground for misunderstanding and conflict (see Putnam & Poole, 1987 for a detailed review). Too frequently, one's words, facial expressions, body language, and voice are misinterpreted, resulting in conflict. This phenomenon can occur in any culture, and it is particularly prevalent in cross-cultural communication.

When one person is angry, hates, or distrusts the other, communication-based misunderstandings become more often. History of interpersonal issues, on the other hand, might set the setting for misunderstanding all too easily. When it expresses criticism, especially the careless, destructive sort (Baron, 1988b, 1990), high individual objectives, threats, intentional distributive behavior, insults, etc., accurate, lucid communication can just as easily produce conflict. etc.

Stereotyping is another issue that might contribute to workplace problems. The workplace provides fertile habitat for stereotype danger. Fundamentally, stereotype danger is a reaction to assessments, which are an ever-present aspect of corporate life. Organizations are assessment-intensive settings, whether it's receiving an annual performance appraisal from a supervisor or receiving monthly informal feedback from a mentor. As a result, members of negatively stereotyped groups are frequently exposed to circumstances in which unfavorable expectations may jeopardize their performance. Although the majority of stereotype threat research has focused on academic contexts over the last 15 years, we investigate its implications in organizational settings in this chapter. Understanding how stereotype threat influences work experiences is critical since the workplace is closely related to individuals' financial livelihood and accomplishments throughout the course of their lives. Understanding how stereotype threat is likely to infiltrate into everyday work situations may give businesses with promising direction for expanding diversity management training programs, which mostly focus on prejudice from the observer's perspective. Organizations have whole sections dedicated to monitoring the fairness of evaluation systems, but employees receive little systematic training to protect them against the negative impacts of stereotype-based expectations. Understanding how traditionally disadvantaged groups perceive the workplace would help businesses to manage diversity more comprehensively, encompassing dangers

emanating from diverse sources, because stereotype threat develops inside the target of negatively stereotyped groups.

Surprisingly, qualities that are seen as success criteria, such as teamwork and communication, can also be sources of conflict for the reasons stated above. To some extent, constructive arguments and disagreements may help the organization. To be more explicit, disagreements may result in the clarification of some issues, as well as the improvement of certain organizational procedures. Nonetheless, managers must guarantee that workplace disagreements are restricted to work-related matters and that workers do not clash on personal grounds. Stress, lower employee performance, organizational politics, and other negative repercussions of disagreements are possible. Managers can take several steps to reduce the number and scope of unnecessary conflicts, including fully clarifying each employee's roles and responsibilities, setting clear management expectations, removing communication barriers with subordinates, and improving the overall organizational culture.

According to literature (such as Etherington, 2019; Titov et al., 2018), conflict remains an inevitable part of organizational life. This was supported by the fact that at the hospital, conflicts occurred though not frequent. This was due to the diversified nature of employees working at the hospital. This portrays a situation where conflict is minimal. Contrary to the findings of Zhou et al. (2018), and Buonomo et al. (2020) which revealed that conflicts between work and life is high among female employees than males. This study found that female employees predominantly engaged in conflict compared to their male counterparts. This implies that gender could have implications on the occurrence of conflict at the workplace which necessitates the need to develop conflict management measures which is gender informed.

Also, conflict was multidimensional among employees at the workplace. For instance, participants explained that conflict occurred among superiors and their subordinates because of personal differences. Individual variations arise from a variety of causes, including family history, beliefs, attitudes, traditions, culture, education, and the socialization process. Individual variances in personality lead to conflict. It has an impact on people's emotions. One of the causes of conflict is a breakdown in communication. People are confused due to a lack of intimate communication and the alteration of inflexible knowledge. It generates a mistrust and conflict problem. As a result, it's

critical to get the correct information to the right people at the right time. The aim is the foundation for organizational success. Individuals' efforts are all focused on reaching specified objectives. As a result, if members of the same organization pursue conflicting objectives, it may lead to conflict. They are unable to operate efficiently. Another reason for conflict in the workplace is a lack of trust. To achieve common goals, all members of a group must have mutual trust. They must carry out actions with mutual collaboration and support. Conflict arises when group members lack mutual confidence. It creates roadblocks to reaching objectives. Among workers of the same rank or level, conflict was observed. According to the findings, conflict among employees had a relational dimension where there are tensions among employees, especially when they are not compatible. This further transcended into the domain of task performance especially among groups and within groups. These conflicts were identified to be mainly non-confrontational without any physicality. This means that conflict at the hospital is multifaceted.

6.3 Factor influencing the occurrence of conflict among employees at Korle-Bu Teaching Hospital

It was brought to light that numerous factors result in organizational conflict. These included individual, organizational and societal factors. The study established that negative employee behaviors was an individual factor that caused conflicts. These behaviors included lies, backbiting, snitching and acting as informants who monitor their colleagues and inform their superiors leading to misunderstandings at the workplace (Kim et al., 2017). When it comes to behavioral origins of conflict, we find that another person's lowering of a person's results is an unmistakable source of conflict. Blocking a person's aims, results, or aspirations, on the other hand, is likely to cause conflict (Alter, 1990). Such activities plainly foster conflict unless they are veiled or misconstrued in some manner. Such behaviors can be unintentional, such as when a young Chinese woman embarrasses her family by bringing home a partner from a rival clan (Hong, 1990). They can also be deliberate, such as the Cuban blockade or a labor strike. Consider the impact of the probable disputants' interaction level. Most of the research backs up the idea that moderate quantities of engagement are preferred than infrequent interaction. It appears that the latter relates to unfavorable impressions of others, misreading of others' motivations, and a general stereotype of others as adversaries. However, as the mediation research (Kressel & Pruitt, 1989) demonstrates, once a dispute has erupted, low levels of communication (i.e., separation of the

parties) may be preferred to moderate or high levels of communication. A low-level permits time to pass without the accumulation of emotions, name-calling, aggressive demands, and so on. It also gives for some wiggle room for rational thinking and allows either side to back down without losing face. Shifting our attention to a different issue, we find that power disputes are a common source of conflict (Blalock, 1989). Conflict can arise when one's authority is diminished by the other. Alternatively, the main weft and warp in the process might be one party's attempts to control the other and the other's resistance to the control. As well, inconsistency between individual values and organizational values was noted to be a major organizational cause of conflict as found by Tito et al. (2017). According to Titove and his colleagues, the degree of values and conflicting values in a highly professional setting such as the hospital could be a conflict factor since such there could be contradictions in the values (Titov et al., 2017). Values played a crucial role in organizational conflict at both the individual and organizational level. Differences in individual values formed an inherent source of conflict among employees, suggesting that when individually held values are not consistent with each other, it could lead to conflict. The culture of a company determines how employees should conduct themselves. Leaders build common views and values, which are then conveyed and reinforced via numerous techniques, eventually impacting employee perceptions, behaviors, and understanding. The backdrop for everything an organization does is determined by its culture. There is no one-size-fits-all culture or values template that fulfils the demands of all businesses since industries and conditions differ substantially.

The most successful businesses share a similar denominator: a strong culture and values. All have agreed on cultural priorities at the top, and these principles are centered on the institution and its goals rather than on individuals. Successful business leaders embody their cultures every day and go out of their way to express their identities to employees and potential new hires. They are clear about their principles and how those values shape and govern their business operations. Ineffective values, on the other hand, can pull the organization and its leadership down. Employee disengagement, high turnover, poor customer relations, and decreased earnings are all examples of how a bad culture may hurt the bottom line.

When there are differences between the views of an Organization and that of an individual employee, this mostly tend to cause some sort of conflict. Cultural concerns abound in mergers and acquisitions. Even successful corporate values might devolve into dysfunctional cultures

following a merger. According to studies, two out of every three mergers fail due to cultural issues or issues relating to values especially when there are disparities between an individual values and Organizational values. Blending and redefining cultures, as well as resolving their differences, creates a shared future platform. The rapid pace of mergers and acquisitions has transformed the way firms interact in recent years. Mergers have switched their attention away from integrating cultures and values and toward achieving commercial goals. Some experts feel that a strong corporate culture and values would emerge spontaneously if the correct business plan and agenda are in place throughout a merger.

Also, Value-conscious leadership is seen as a form of management where one seeks to operate and mobilize organizational members into action by focusing on fundamental values in and for the business (Askeland, 2013). According to research, values in organizations has moved from a cognitive understanding of values as abstract principles (Schwartz, 1992), and a cultural understanding of values as symbolic artifacts (Schein, 2010), to values work as a form of practice (Gehman et al., 2017) or embedded in practice (Wright et al., 2017). According to the findings of the research, the major challenge in the hospital was the lack of ability to merge individual values as well as personal values even among the leadership.

This finding indicate that organizational values need to be placed at the center of conflict management and transformation at the hospital to result in a superior outcome.

A value conflict means two opposing belief systems are at play and one or more people involved feel pressure to conform. The good news is different values don't have to create conflict. In fact, having a variety of perspectives and beliefs while collaborating is typically fuel for innovation and growth within work teams. This is what makes it so important to understand the different types of conflict in a workplace. By recognizing a value conflict and allowing each team member to stay true to their values rather than sacrifice them for the sake of the work, employees can start to work more collaboratively and authentically without the pressure of doing what makes them uncomfortable.

Studies documented that working environment, particularly a poor working environment within health settings formed a basis of conflict among employees (Almost et al., 2016; Kim et al., 2017). This was affirmed in this study since unsafe working environment resulted in conflict. This is

because some employees felt uncomfortable with their working environment which they considered detrimental to employees and this ends in task conflict. In this study, the extent to which the hospital management is perceived to support employees was found to be a basis for conflict, meaning employees who considered the hospital management to be less supportive. This confirms the findings that of Caesens et al. (2019). In the same vein, absence of support for employees were identified as leading causes of conflict (Almost et al., 2016; Kim et al., 2017). Due to the hospital's involvement in a few initiatives that need collaboration, different associated tasks are assigned to various teams within the organization, making each team interconnected and requiring input from one another to execute projects. As a result, teams become reliant on one another, and delays from one team causes task and group disputes. While leader's disregard for their subordinates during decision-making in organizational operations leads to emotional exacerbation and subsequently conflict. These results were consistent with the results of Aberese-Ako et al. (2015) who showed that conflicts were exacerbated by individual features, interpersonal dynamics, and organizational variables.

Societal factors including tribalism led to conflict. This is because tribalism forms the basis for division among employees, creating the 'in-group' and the 'out-group'. These groups oppose each other and those within the same group end up enjoying favors causing resentments against members of the other group. Hence, ingroup prejudice is a kind of bias that favors one's own group while disparaging another. This leads to conflict among employees (Abbink & Harris, 2019; Brewer, 2001; Halevy et al., 2008). Gender role expectations and conformity further contributed to organizational conflicts. This is because incompatible internalized and gender-role related expectations, and management role-related expectations may contribute to conflict (Fallon & Jome, 2007; Gunnarsdóttir, 2014).

In any setting, one thing that brings about progress or development is peace. This means that ability to resolve conflicts bring peace which enhances development. People can think outside the box when they are working in harmony and in comfort. This means that when an organization maintain peace, it can achieve its targets or objectives. Hospitals such as Korle Bu Teaching Hospital contribute a lot to community development. They invest in community health-promoting activities, such as care for low-income people, medical research, and addressing social determinants of health, like housing, the environment, and workforce development. The hospital will be able to do all these when the hospital achieves its objectives. It is very important therefore,

that there is peace in the hospital since peace in a certain way, ensures focus which enhances development.

6.4 How conflict is managed and transformed at Korle-Bu Teaching Hospital

Finally, the study examined how conflict was managed and transformed at the Korle-Bu Teaching Hospital. From the findings, various strategies employed to manage and transform conflict among employees of the hospital. For instance, it was observed that strategies that aim to make changes to the conflicting parties and new parties were then included in the study. This is done by introducing new employees while reassigning one of the conflicting parties. However, this may not be effective because it is likely that the new employee will repeat the same action that degenerated into the conflict. Secondly, relationship-based techniques were employed to address and transform conflicts. This was done by changing interaction, communication and interdependence that exist between individuals and teams in the organization. In some instances, the rules governing the behavior of employees are modified and mostly guided by the values of the organization. With this approach, rules chosen are carefully articulated so as not to stifle innovation while ensuring that the work setting is healthy for work activities. According to the conflict transformation perspective, rules could be transformed, the structure and the actors could be transformed in order to manage and successfully transform conflicts (Lederach & Lederach, 2003; Väyrynen, 1991). This means that management of the hospital identified in a process manner, the causes of the conflict to answer the question of what needs to be transformed within the organization to address conflict. This helped the hospital management to identify that the actors, the relationship or interaction patterns and the rules needed to be modified. Thus, approaches employed were non-violent which is in line with the non-violent communication (NVC) model which emphasizes on the use of peaceful strategies to address conflicts in organizations (Medagama & Jayathilaka, 2021).

From all the findings regarding how conflict is managed, using formal conflict resolution methods and setting ground rules for anticipated employee behavior and performance are key to effectively managing conflict. These safeguards assist employees understand what is expected of them and allow you, as a business owner, to nip any problems in the bud before they escalate and negatively influence your company. Many workplace disputes emerge when coworkers

disagree about the benefits of a strategy, argue about responsibility allocation, or simply differ about the best way to manage a work project or professional problem. Conflict can also emerge if coworkers perceive an unfair workload division, or if there are concerns with employer expectations or the line of command. Clarifying all these possible conflict areas ahead of time might help you prevent issues. Writing specific job descriptions, assisting employees in developing precise personal and collective goals and objectives, and clearly defining the chain of command are all examples of this.

If employees and management have excellent communication methods in place, many sorts of conflict may be mediated and addressed early on. Creating an open-door policy encourages your staff to come to you with questions, concerns, and problems before they escalate. Mediation can help you clear up misconceptions, clarify expectations, define specific employee roles and duties, and generally avoid a full-blown conflict from arising. Maintaining an environment of respect, despite disagreements, is critical to maintaining a professional work environment, regardless of the sort of dispute that arises. Colleagues who pay attention to and appreciate each other's points of view, no matter how divergent, are better positioned to work through difficult situations and establish a consensus. Professionals should never use derogatory language, make threats, or undermine their colleagues' achievements.

Additional action is required when unprofessional levels of disagreement emerge regularly over the same topics or between the same people. Employee surveys and focus groups may assist highlight particular areas of workplace disagreement, and regular performance evaluations can help managers detect prospective problem individuals. Managers may use this data to make educated hiring decisions and rethink workplace regulations and processes. Both behaviors can assist to lessen overall conflict while keeping the workplace professional. Professionally run conflict resolution seminars may provide employees with the skills and information they need to better avoid or manage workplace conflict. This knowledge can also be useful when dealing with customer and client conflict. Employees that know how to negotiate, compromise, and deal with dispute with respect may help their organization retain a professional image.

These are some conflict management strategies that are missing out from how Korle Bu Hospital manages its conflicts.

6.5 Conclusion

In summary the study highlights the nature of the conflict among employees of the hospital and argued that the conflict experienced is multidimensional in nature. This transcends the relationship, tasks and structure of the organization. That is, the conflict is characterized by these dimensions of conflict. This conflict was mainly negative since it negatively affects the organization. Conflicts within the organization were caused by various individual, organizational and societal factors. One of the profound factors is values. There are values in the hospital, but these values were not well practiced as employees were unable to merge their personal values as well as the values of the Hospital. Also, with respect to the leaders, there was lack of value-consciousness and this has been the main reason for employees not been able to work in high esteem the core values of the hospital. The implication is that conflict could be well-managed and transformed taking these individual, organizational and societal factors into consideration. Conflict management and transformation processes were done by modifying the actors involved, the rules governing work and behavior, and the relationship or interaction among employees. In all, values are considered as an essential component of conflict management. Korle Bu Teaching hospital has been noted for its unflinching support to society. Most often especially on occasions such as breast cancer days, the hospital organize free breast screenings at vantage places in various communities which one way or the other contributes to community development. The Hospital also shares reports of disease outbreak as well as incident of diseases to the society and advise such as how to prevent these diseases which also contributes to community development since wellness affects the productivity of the members of the community and hence, when people are well, they can be able to work and contribute to the development of the community and the society in general.

Chapter 7: Summary and recommendations

7.0 Chapter introduction

The study sought to provide answers to the following research objectives: the nature of, the factors influencing, and how conflicts are managed and transformed at the Korle-Bu Teaching Hospital. The study relied on a sample of 8 employees who were purposively selected and interviewed. The results were analyzed thematically.

7.1 Findings

The conflict transformation framework and the non-violent communication model were used as the overarching theoretical perspective to inform the study.

First, the study determined the nature of conflict among employees at the hospital. The study showed that conflict perception was mainly negative among employees. And this perception emanated from the fact that conflict was considered destructive. However, there was evidence that conflict is seen to be positive because it is considered as inevitable in organizations because it leads to the development of superior outcomes.

The second objective of the study was to analyze the factors influencing the occurrence of conflict among employees. The causes were thematically organized under three objectives: (i) individual factors; (ii) organizational factors; and (iii) societal factors. At the individual level, various factors identified included incongruent individual values, and negative behaviors portrayed by employees.

At the organizational level, numerous factors were further identified to cause conflict among employees. These factors included differences in organizational and individual values; perceived organizational support; unsafe working environments; task interdependence; and disregard for subordinates. At the societal level, tribalism and gender role expectations and conformity were identified to cause conflict among employees at the hospital. Furthermore, conflict management and transformation were examined in this study. It was shown that a non-violent approach involving a modification in the actors, the rules and the relationship, culture of peace, negotiation and conscientization were used to transform and manage conflicts at the hospital.

7.2 Suggestions for further research

The current study investigated conflict management at the Korle-Bu Teaching Hospital with a sample of 8 employees. This limits the ability of the researcher to generalize the study's findings to the health sector in Ghana. Research that addresses the problem from a quantitative approach is required to enhance a holistic policy intervention in the health sector in Ghana to address conflict. This study further focuses on conflict among employees, however, there is evidence of conflict among employees and customers (patients). This needs to be examined to inform health care policies and research in Ghana.

7.3 Recommendations

Considering the finding above, the following recommendations will be useful to address conflict in the organization.

1. Conflict was found to be perceived by the employees as having overly negative implications on organizational outcomes such as low employee morale, stress and anxiety among employees. From the study, it shown that conflicts do occur among employees though minimal. There is the need for the hospital to put in place measures to counteract the negative outcomes associated with conflict among employees to enhance the outcome of conflicts.

2. Policy needs to be developed by the hospital management to reflect various individual, organizational and societal causes of conflict. For instance, the negative employee behaviors need to be discouraged.
3. Also, there is the need for the organization to provide sufficient resources and create an enabling working environment to reduce conflict among employees. Also, at the societal level, there is the need for gender policy to be developed to address the gender roles permissible in the organization to reduce barriers posed to women to reduce conflict among female and male employees.
4. Conflict transformation and management at the hospital needs to be supported with policy. This is because there is an absence of a well-defined policy that helps to manage conflict within the organization.
5. By recognizing a value conflict and allowing each team member to stay true to their values rather than sacrifice them for the sake of the work, employees can start to work more collaboratively and authentically without the pressure of doing what makes them uncomfortable.

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Appendix i: Interview Guide

Interview Guide for staff

1. Please tell me what you do in your work
 - a. What is your job title?
 - b. How long have you been in your current position?
2. Conflicts provide the opportunity for change. Do you agree with this statement? Explain your answer.
3. Have you ever witnessed a conflict between staff in this Hospital before?
 - a. Who and who was involved?
 - b. What led to the conflict (causes)?
 - c. What were the effects or the consequence of the conflict on the hospital environment?
 - d. What were the effects or the consequence of the conflict on the parties involved?
4. At what level does conflict mostly occur in this Hospital?
5. Are staff aware of the available procedures for conflict management in this Hospital?
6. If you have experienced conflict at the workplace before, how comfortable did you feel about confiding in your boss about the issue?
7. If you have experienced conflict at the workplace before, how comfortable did you feel about confiding in your boss about the issue?
8. How efficient do you consider the conflict management processes in this Hospital?

Interview Guide for leaders

1. What are the laid down procedures available in this hospital for the management of conflict?
2. What are the procedures that are followed in the management of conflict in this Hospital?
3. How effective have these procedures been in the management of conflict in this Hospital?
4. What has been the challenge in the management of conflict in this Hospital?
5. What has been done to tackle this hospital's root cause of conflict?
6. How have the effects of the conflicts been managed?

Appendix ii: Information letter and Consent form

Are you interested in taking part in the research project?

“Conflict management in an organization: A case study of the Korle Bu Teaching hospital, Accra, Ghana”?

This is an inquiry about participation in a research project where the main purpose is to carry out interviews of some selected persons.

In this letter we will give you information about the purpose of the project and what your participation will involve.

Purpose of the project

To study the opinions of health professionals to first increase our understanding of how they handle conflict, the causes, the effects of conflict, and last but not the least, the possible solution that could be employed in resolving conflicts in the chosen organization.

Who is responsible for the research project?

VID Specialized University is the institution responsible for the project.

Why are you being asked to participate?

Since the focus of this research is on conflicts in hospitals purposive sampling technique would be used to choose 6 employees and 2 leaders of Korle Bu Teaching Hospital. Employees and leaders whose ages ranges between 20-55 would be asked to take part in the research.

What does participation involve for you?

If you choose to take part in this project, you will be interviewed for about 45minutes on what your experiences and perceptions are about the conflicts in the organization, the causes, the effects of conflict, and last but not the least, the possible solution that could be employed in resolving

conflicts in the chosen organization. Your information provided will be recorded electronically and notes taken down on paper.

Participation is voluntary

Participation in the project is voluntary. If you chose to participate, you can withdraw your consent at any time without giving a reason. All information about you will then be made anonymous. There will be no negative consequences for you if you chose not to participate or later decide to withdraw.

Your personal privacy – how we will store and use your personal data

We will only use your personal data for the purpose(s) specified in this information letter. We will process your personal data confidentially and in accordance with data protection legislation (the General Data Protection Regulation and Personal Data Act).

I will be the only one who will have access to your personal information and will process your personal data by replacing your name, contact number and address with respective codes which shall be kept confidentially locked on my computer away from every collected data

What will happen to your personal data at the end of the research project?

The project is scheduled to end 30th June 2022 by which time all personal information written down and recorded will be anonymised.

Your rights

So long as you can be identified in the collected data, you have the right to:

- access the personal data that is being processed about you
- request that your personal data is deleted
- request that incorrect personal data about you is corrected/rectified
- receive a copy of your personal data (data portability), and
- send a complaint to the Data Protection Officer or The Norwegian Data Protection Authority regarding the processing of your personal data

What gives us the right to process your personal data?

We will process your personal data based on your consent.

Based on an agreement with VID Specialized University, NSD – The Norwegian Centre for Research Data AS has assessed that the processing of personal data in this project is in accordance with data protection legislation.

Where can I find out more?

If you have questions about the project, or want to exercise your rights, contact:

- VID Specialized University via Associate Professor James Hathaway on his email address: james.hathaway@vid.no. You could also contact me via my mobile number on +4741294748 or my email: psiteeeskwaku@gmail.com
- Our Data Protection Officer: VID Specialized University.
- Data Protection Services, by email: (personverntjenester@sikt.no) or by telephone: +47 53 21 15 00.

Yours sincerely,

Project Leader: James Hathaway

Student: Paul Nti Ababio

Consent form

I have received and understood information about the project “Conflict management in an organization: A case study of the Korle Bu Teaching hospital in Ghana” and have been given the opportunity to ask questions. I give consent to participate in an interview and for my personal data to be processed until the end date of the project, approx. 30th June, 2022.

(Signed by participant, date)