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Interprofessional Conflict and Employee Productivity in the Health Sector: A Study of Benue State University Teaching Hospital (BSUTH), Makurdi

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Abstract
This study examined the effect of inter-professional conflict on employee productivity in Benue State University Teaching Hospital (BSUTH), Makurdi. The specific objectives were to determine the effect of task conflict, relationship conflict, and process conflict on employee productivity in the hospital. The study was anchored on the inter-professional conflict model and guided by three hypotheses formulated in line with the study objectives. A survey research design was adopted, and data were collected using a structured questionnaire. The population of the study comprised 1,245 staff of BSUTH, Makurdi, drawn from six professional groups: medical doctors, pharmacists, nurses, radiologists, administrative staff, and finance staff. A sample size of 333 respondents was determined using Taro Yamane's formula and proportionately distributed across the professional categories using stratified sampling technique. Data were analyzed using SPSS Version 23, employing descriptive statistics (frequency, percentage, mean, and standard deviation) and multiple regression analysis at 0.05 level of significance. The findings revealed that task conflict has a significant positive effect on employee productivity ($\beta = 0.257$, $p < 0.05$), indicating that constructive task-related disagreements enhance performance. Relationship conflict was also found to have a significant positive effect ($\beta = 0.563$, $p < 0.05$), suggesting that interpersonal dynamics among staff influence productivity outcomes. Furthermore, process conflict exhibited the strongest positive effect on employee productivity ($\beta = 0.428$, $p < 0.05$), implying that disagreements relating to procedures and workflow significantly shape efficiency in service delivery. The study concluded that inter-professional conflict significantly affects employee productivity in BSUTH, Makurdi, with process conflict being the most dominant predictor. It was recommended that hospital management should promote teamwork, improve interpersonal relationships, and standardize work procedures to enhance productivity and reduce dysfunctional conflict among healthcare professionals.

Keywords: Inter-professional conflict, employee productivity, task conflict, relationship conflict, process conflict, BSUTH

Introduction

Conflict is an inevitable aspect of human interaction, whether in homes, religious settings, or formal organizations. It typically arises from differences in perceptions, goals, values, interests, and beliefs among individuals or groups. Within organizational settings, where social interaction is intense and continuous, conflict is unavoidable. However, the manner in which conflict is managed determines whether its outcomes are constructive or destructive.

In both public and private sector organizations, conflict manifests at various levels between individuals, between individuals and groups, and among groups (Ndulue & Ekechukwu, 2016). Although conflict is often perceived negatively, it can be beneficial when it stimulates creativity, encourages diverse perspectives, and enhances problem-solving capacity. Conversely, poorly managed conflict may lead to resistance to change, breakdown in communication, mistrust, and reduced organizational effectiveness (Olang, 2017).

In the healthcare sector, conflict is particularly prevalent due to the interdisciplinary nature of service delivery. Healthcare professionals including doctors, nurses, pharmacists, and other specialists must collaborate closely, making interprofessional conflict a common occurrence. Interprofessional conflict arises when team members fail to effectively manage disagreements or respond constructively to differing opinions (Said et al., 2016). The complexity of healthcare systems further intensifies such conflicts, often leading to poor communication, compromised decision-making, increased medical errors, reduced patient satisfaction, and higher employee burnout (Al-Khasawneh & Khadar, 2021).

At the **global level**, interprofessional conflict is widely reported across healthcare systems due to professional hierarchies, role ambiguity, and differences in training and professional cultures. In many developed and developing countries alike, tensions between physicians and nurses, as well as among multidisciplinary teams, continue to affect healthcare delivery outcomes. At the **regional level** (particularly in Africa), weak health systems, workforce shortages, poor remuneration, and inadequate infrastructure exacerbate interprofessional tensions. Differences in professional recognition and uneven distribution of resources often intensify conflicts among healthcare workers.

In Nigera, interprofessional conflict is a persistent issue within the healthcare system. Disputes between professional bodies such as doctors, nurses, and allied health professionals often arise over leadership roles, salary structures, and professional autonomy. These conflicts have frequently resulted in industrial actions, strikes, and disruptions in healthcare service delivery. In public and teaching hospitals such as Benue State University Teaching Hospital, Makurdi, interprofessional conflict is evident in daily interactions among healthcare workers. Differences in educational background, ethical standards, and professional perspectives on patient care contribute to task, relationship, and process conflicts. These conflicts are further aggravated by workload pressures, inadequate resources, and organizational inefficiencies.

Public hospitals require collaboration among diverse professionals to achieve the collective goal of patient care, safety, and well-being. However, conflicting interests, values, and expectations often undermine teamwork. Unresolved interprofessional conflict can negatively impact employee productivity, job satisfaction, staff retention, and overall quality of care. It is therefore essential to understand the dynamics and effects of such conflict within specific healthcare contexts.

This study focuses on examining the effect of interprofessional conflict on employee productivity in the health sector, with particular reference to Benue State University Teaching Hospital, Makurdi. Specifically, it investigates the effects of task conflict, relationship conflict, and process conflict on employee productivity.

Statement of the Problem

Despite the critical role of teamwork in healthcare delivery, interprofessional conflict remains a persistent and unresolved challenge across healthcare systems globally, regionally, nationally, and locally. While some level of conflict may be functional, the growing complexity of

healthcare environments has made interprofessional conflict more frequent and more detrimental.

Globally, healthcare systems continue to struggle with conflicts arising from professional hierarchies, role ambiguity, and communication breakdowns. Regionally, especially within African healthcare systems, limited resources, workforce shortages, and weak institutional frameworks further intensify these conflicts. In Nigeria, interprofessional disputes have become systemic, often leading to strikes, service disruptions, and declining public confidence in the healthcare system.

In public tertiary institutions such as Benue State University Teaching Hospital, Makurdi, interprofessional conflict manifests in various forms, including task disagreements, interpersonal tensions, and procedural disputes. These conflicts hinder effective collaboration among healthcare professionals, reduce employee productivity, and compromise the quality and timeliness of healthcare service delivery.

Furthermore, persistent interprofessional conflict contributes to low job satisfaction, increased staff turnover, burnout, and poor patient outcomes. Despite these consequences, there is limited empirical evidence examining how different dimensions of interprofessional conflict task, relationship, and process conflicts specifically affect employee productivity within Nigerian teaching hospitals.

This gap in knowledge underscores the need for a systematic investigation into the effects of interprofessional conflict on employee productivity. Therefore, this study seeks to address this gap by examining how interprofessional conflict influences productivity among healthcare workers in Benue State University Teaching Hospital, Makurdi.

Objectives of the Study

The main objectives of the study is to examine the effect of inter-professional conflict on employee productivity in the health sector, with a focus on Benue State University Teaching Hospital, Makurdi. Specifically, the study sought to:

- Determine the effect of task conflict on employee productivity in Benue State University Teaching Hospital, Makurdi.
- Ascertain the effect of relationship conflict on employee productivity in Benue State University Teaching Hospital, Makurdi.
- Examine the effect of process conflict on employee productivity in Benue State University Teaching Hospital, Makurdi.

Hypotheses of the Study

The following null hypotheses were formulated to guide the study:

H_{01}: Task conflict has no significant effect on employee productivity in Benue State University Teaching Hospital, Makurdi.

H_{02}: Relationship conflict has no significant effect on employee productivity in Benue State University Teaching Hospital, Makurdi.

H_{03}: Process conflict has no significant effect on employee productivity in Benue State University Teaching Hospital, Makurdi.

With regard to scope, the study covers a period of one years (2024–2025). This period was selected to enable the researcher to obtain relevant and sufficient information from employees of the organization. The study focuses on key dimensions of inter-professional conflict, namely task conflict, relationship conflict, and process conflict. Employee productivity is measured using indicators such as quality of service and timeliness of service delivery. All categories of staff within the organization constitute the participants of the study.

Review of Literature

Conflict is defined as a process in which one party perceives that its interests are being opposed or negatively affected by another party (Patton, 2014). According to Rahim (2002), conflict generally refers to differences in opinions and perceptions concerning a particular issue at a given period of time. It is a process that begins when one party perceives that another has adversely affected, or is about to adversely affect, something the first party cares about (Elenwo, 2020). Conflict is not a new phenomenon in human history; it exists wherever individuals interact and is therefore an inevitable part of human existence (Ike, 2010).

Mayowa (2015) views conflict as a means through which individuals express anger, disagreement, and unmet needs, often with perceived organizational benefits. Similarly, Otite (2001) posits that conflict serves as a mechanism for resolving issues arising from divergent interests and concerns related to social stability. Conflict is common in all organizations, particularly in hospitals where continuous human interaction is unavoidable.

In all aspects of human society, conflict is considered a natural and inevitable phenomenon as long as relationships exist. Robbins, Judge, and Vohra (2012) assert that conflict arises when one party perceives that another party has negatively affected, or is about to negatively affect, something of importance to them.

Inter-professional conflict refers to disagreements among members of different professional groups working within the same organization (Mayowa, 2015). In such environments, differing perspectives are inevitable, even where communication is relatively effective (Fajana & Shadare, 2012). Healthcare professionals, for instance, often operate from diverse disciplinary viewpoints, which influence their understanding of situations and priorities in patient care (Abdullah, 2015).

Inter-professional collaboration in healthcare involves clinicians and support staff working together to provide services to a defined group of patients. In this setting, healthcare providers function collaboratively, much like a consulting team formed to address specific patient needs. Effective inter-professional communication is essential for ensuring safe healthcare delivery (Okafor, 2020). This communication is guided by principles such as mutual respect, dignity, power equity, inclusiveness, and social justice (Amin & Shila, 2015).

Regarding the dimensions of inter-professional conflict, three major types are commonly identified in the workplace: task conflict, relationship conflict, and process conflict (Fajana & Shadare, 2012). These dimensions form the basis of analysis in this study.

Task conflict, also referred to as cognitive conflict, has been found in some studies to positively influence team outcomes under certain conditions (Eisenhardt, Kahwajy & Bourgeois, 2000). However, meta-analyses indicate that it is often negatively associated with team satisfaction (De Dreu & Weingart, 2003; Al-Shourah, 2015; Adim & Odili, 2020). Effective management of task conflict typically requires leadership intervention, where managers act as mediators to identify underlying interests and facilitate collaborative problem-solving (Mukolwe et al., 2015).

Relationship conflict involves personal disagreements arising from differences in personality, values, or interpersonal styles. It is often the most difficult type of conflict to manage and tends to have negative effects on job commitment, productivity, trust, and overall performance (Al-Khasawneh & Khadar, 2021). It can create a destructive work climate characterized by negative emotions, misinterpretations, and reduced collaboration, ultimately affecting team effectiveness (Smith & Edmondson, 2008; Anku-Tsede & Adjadogo, 2016).

Process conflict refers to disagreements over how tasks should be carried out, including issues related to roles, responsibilities, and resource allocation (Jehn, 2007). It often arises when procedures are unclear or poorly defined by supervisors (Ongari, 2009). According to Jones and George (2003), conflict depending on its nature and management can have both positive and negative effects on organizational performance.

Employee productivity is defined as the output or contribution of employees toward achieving organizational goals (Osad & Osas, 2013). It depends not only on employees' skills but also on their level of motivation (Dessler, 2003). Common indicators of productivity include quantity and quality of output, timeliness, attendance, and cooperation (Martin, 2013).

In this study, employee productivity is measured using two key indicators: quality of service and timeliness of service. Quality of service refers to the standard of work performed and the extent to which it meets established benchmarks. Furst and Cable (2008) define it in terms of accuracy, usefulness, effectiveness, and overall performance. It is often measured by error rates and customer satisfaction levels.

Timeliness of service refers to how quickly and efficiently tasks are completed. It emphasizes meeting deadlines and delivering services within expected timeframes. According to Armstrong (2006), timely completion of tasks to the desired standard is a critical measure of employee productivity.

Although conflict is often perceived as dysfunctional, it can also have beneficial effects. It can stimulate creativity, encourage new perspectives, clarify issues, and enhance individuals' ability to manage interpersonal differences (Imazai & Ohbuchi, 2002). However, conflict becomes detrimental when it leads to resistance to change, organizational instability, distrust, and breakdown in relationships (Omisore & Abiodun, 2014).

Inter-professional conflict, when properly managed, can contribute positively to organizational outcomes by generating innovative ideas, promoting healthy competition, strengthening team cohesion, and fostering a sense of unity within the organization.

Theoretical Framework

The theoretical framework for this study is anchored on the Human Relations Management Theory and the Incompatibility Theory, both of which provide valuable insights into organizational behaviour and conflict dynamics.

Human Relations Management Theory

The Human Relations Management Theory, propounded by Elton Mayo in 1933, emphasizes the importance of social relationships, employee motivation, and job satisfaction in enhancing organizational productivity. The theory argues that organizations function more effectively when employees are able to communicate openly, share information, and understand one another's emotions. It highlights the need for mutual respect, teamwork, and supportive management practices in fostering a conducive work environment. However, the theory tends to downplay the role of conflict by not recognizing it as a potential source of innovation or positive organizational change.

Incompatibility Theory

On the other hand, the Incompatibility Theory, developed by Peter Wallensteen in 1975, provides a broader perspective on conflict by integrating both conflict theory and conflict management approaches. The theory posits that conflict arises from inherent contradictions within a society or organization, often shaped by structural inequalities and competing interests. It emphasizes the importance of understanding the actors involved, their positions (such as dominant and subordinate groups), and their access to resources and capabilities. This approach allows for a deeper analysis of how conflicts are formed, sustained, and potentially resolved.

Furthermore, the theory conceptualizes behaviour in conflict situations as either constructive or destructive. Destructive behaviours tend to escalate and sustain conflict, while constructive behaviours facilitate conflict resolution and promote organizational harmony. By distinguishing between these behavioural patterns, the theory provides a framework for managing conflict effectively within organizations. Together, these theories offer a comprehensive foundation for understanding interpersonal relationships and conflict management within organizational settings, making them highly relevant to this study.

Review of empirical Study

Mohammed et al. (2022) examined the knowledge, causes, and experiences of inter-professional conflict among healthcare professionals in Nigeria using a cross-sectional survey design. The study collected data from 2,207 healthcare workers across public and private health facilities through structured questionnaires and analyzed the data using both descriptive and inferential statistics. The findings revealed that inter-professional conflict is highly prevalent in the Nigerian healthcare sector, with key causes identified as disparities in salary structures, professional rivalry, leadership struggles, and poor collaboration among professionals. Notably, about 73.2% of respondents disagreed with the notion that inter-professional conflict is productive, reflecting a strong negative perception of its impact. The study further established that such conflicts reduce employee commitment, increase emotional exhaustion, and undermine

service delivery. However, the study did not directly measure employee productivity, thereby limiting its applicability in performance-based analysis.

Monyei et al. (2023) investigated the effect of workplace conflict on employee productivity in the Nigerian healthcare sector using a descriptive survey design. The study drew from a population of 4,541 healthcare workers across five federal health institutions in Enugu State and selected a sample size of 233 respondents. Data were collected through structured questionnaires and analyzed using appropriate statistical tools. The findings revealed that workplace conflict functions as a dysfunctional stressor that significantly reduces employee productivity by affecting efficiency, task completion, and overall organizational performance. The study concluded that persistent conflict leads to poor coordination, reduced morale, and lower output among healthcare workers. Despite its contributions, the study focused on general workplace conflict rather than specifically addressing inter-professional conflict, thereby creating a conceptual gap that necessitates further investigation.

Adigwe et al. (2023) explored strategies for preventing and mitigating inter-professional conflict among healthcare professionals in Nigeria using a cross-sectional research design. The study analyzed responses from 2,207 healthcare professionals collected through structured questionnaires and processed using SPSS statistical tools. The findings indicated that inter-professional conflict significantly disrupts teamwork, communication, and coordination, thereby negatively affecting employee effectiveness and healthcare delivery. Additionally, over 90% of respondents emphasized the need for systemic reforms in leadership and management structures to address conflict issues. The study concluded that unresolved inter-professional conflict undermines productivity by weakening collaboration and increasing inefficiencies in service delivery. However, the study primarily focused on conflict resolution strategies rather than directly measuring employee productivity outcomes, which limits its empirical depth.

Mayaki and Stewart (2020) examined the relationship between professional identity, teamwork, and inter-professional conflict in Nigerian healthcare settings using a qualitative research approach. Data were collected through focus group discussions and in-depth interviews involving 41 healthcare professionals, including doctors, nurses, and laboratory scientists. The analysis revealed that professional hierarchy, role ambiguity, and poor communication are key drivers of inter-professional conflict. These conflicts were found to hinder teamwork and collaboration, which are essential for productivity in healthcare organizations. The study also linked inter-professional conflict to industrial actions and service disruptions, thereby indirectly affecting employee productivity. However, the qualitative nature of the study limits its generalizability and does not provide statistical validation of the relationship between conflict and productivity.

Lahana et al. (2019) investigated the influence of team conflict on healthcare delivery and productivity within a hospital setting using a qualitative research design. The study conducted 82 semi-structured interviews with healthcare professionals in a Swiss teaching hospital. The findings showed that approximately 41% of conflict cases had negative consequences on patient care, including delays in service delivery, inefficiencies, and reduced patient-centered care. Inter-professional conflicts were particularly associated with poor timeliness and reduced efficiency, which are critical indicators of employee productivity. The study concluded that unresolved

conflict undermines both individual and team performance. However, its applicability to the Nigerian healthcare context is limited due to differences in institutional and cultural settings.

Xyrichis and Lowton (2020) examined the relationship between inter-professional collaboration and productivity in healthcare organizations using a mixed-method research approach. The study explored healthcare professionals' perceptions of teamwork and productivity through both qualitative and quantitative data. The findings indicated that effective inter-professional collaboration enhances productivity by improving communication, facilitating shared expertise, and ensuring coordinated task execution. Conversely, poor collaboration, often resulting from inter-professional conflict, leads to inefficiencies, duplication of roles, and reduced overall performance. The study concluded that inter-professional conflict is a significant barrier to achieving optimal productivity in healthcare settings. However, the study emphasized collaboration rather than directly measuring conflict variables, thereby leaving a gap for empirical investigation into the conflict-productivity relationship.

Research Gap

The reviewed studies collectively demonstrate that inter-professional conflict has significant negative implications for teamwork, efficiency, and healthcare outcomes. However, several gaps remain evident. First, many studies focus broadly on workplace conflict without isolating inter-professional conflict as a distinct construct. Second, a number of studies do not directly quantify employee productivity, instead relying on indirect indicators such as service delivery or teamwork. Third, most of the existing studies are not conducted within the specific context of Benue State University Teaching Hospital (BSUTH), Makurdi. These limitations create a clear empirical gap, thereby justifying the need for the present study to provide context-specific and quantitatively grounded evidence on the effect of inter-professional conflict on employee productivity.

Methodology

This study adopted a survey research design, which is appropriate for obtaining information on current phenomena through the selection and analysis of representative samples. The use of this design enabled the researcher to collect quantitative data, which were analyzed numerically to provide precise and objective descriptions. Responses obtained from respondents were used to achieve the objectives of the study.

The population of the study comprised **1,245 staff** of Benue State University Teaching Hospital (BSUTH), Makurdi, as obtained from the hospital's Human Resource Department. For better representation and analytical clarity, the population was categorized into the following professional groups:

S/N	Professional Group	Population
1	Medical Doctors	210
2	Pharmacists	95
3	Nurses	520
4	Radiologists	70
5	Administrative Staff	200
6	Finance Staff	150
	Total	**1,245**

To determine the sample size, the study employed the Taro Yamane (1973) formula at a 5% level of significance:

$$n = \frac{N}{1 + N(e)2}$$

Where:
n = sample size
N = population size (1,245)
e = level of significance (0.05)

The computed sample size was **303**, which was further adjusted to **333** by adding 10% (30 respondents) to account for non-response bias.

A proportionate stratified sampling technique was used to distribute the sample across the various professional groups to ensure fair representation. The distribution is shown below:

Professional Group	**Population**	**Proportion (%)**	**Sample Size**
Medical Doctors	210	16.87%	56
Pharmacists	95	7.63%	25
Nurses	520	41.77%	139
Radiologists	70	5.62%	19
Administrative Staff	200	16.06%	53
Finance Staff	150	12.05%	41
Total	**1,245**	**100%**	**333**

Simple random sampling was then used within each stratum to select respondents. Data for the study were collected from primary sources through the administration of structured questionnaires.

The validity of the research instrument was ensured through content and construct validity. Content validity was established through expert review by the research supervisor, who examined the instrument and made necessary corrections. Construct validity was assessed using factor analysis.

To ensure reliability, a pilot study was conducted using 50 staff from a similar organization. The Cronbach Alpha coefficient was used to test internal consistency, yielding a value of **0.850**, which exceeds the acceptable threshold of 0.70, indicating that the instrument is reliable.

A closed-ended questionnaire was adopted to allow for easy quantification and analysis of responses. The study focused on two main variables: the dependent variable (employee productivity) and the independent variable (inter-professional conflict). The study was anchored on the inter-professional conflict model as proposed by Autumn (2020).

Data collected were coded and analyzed using the Statistical Package for Social Sciences (SPSS Version 23). Descriptive statistics such as simple percentages and frequency tables were used to analyze respondents' demographic data, while mean and standard deviation were used to answer the research questions. Multiple regression analysis was employed to determine the effect

of inter-professional conflict on employee productivity. All hypotheses were tested at a 0.05 level of significance.

Data Presentation and Analysis

Table 4.1: Demographic Characteristics of Respondents

Variable	Category	Frequency	Percentage (%)
Gender	Male	184	57.5
	Female	136	42.5
Total		320	100
Work Experience	1–5 years	87	27.2
	6–10 years	159	49.7
	Above 10 years	74	23.1
Total		**320**	**100**

The demographic distribution of respondents shows that males constitute a slightly higher proportion of the sample with 184 respondents (57.5%), while females account for 136 respondents (42.5%). This indicates a relatively balanced gender representation, although with a mild male dominance in the study population.

In terms of work experience, the findings reveal that the majority of respondents, 159 (49.7%), have between 6–10 years of working experience, followed by 87 respondents (27.2%) with 1–5 years of experience, while 74 respondents (23.1%) have worked for over 10 years. This suggests that most of the respondents are moderately experienced professionals who are well exposed to workplace dynamics such as inter-professional conflict and its influence on employee productivity in BSUTH, Makurdi.

Table 4.2: Descriptive Analysis of Task Conflict

Item	Statement Summary	Mean	Std. Dev.
1	Task conflict affects job performance	3.53	0.84
2	Task disagreement improves decision-making	3.41	0.79
3	Task conflict influences teamwork efficiency	3.28	0.81
4	Task conflict occurs frequently in my department	3.08	0.76

The results in Table 4.2 indicate that all items measuring task conflict recorded mean scores above the benchmark value of 2.50, ranging from 3.08 to 3.53. This implies that respondents generally agree that task conflict exists within BSUTH and plays a significant role in shaping employee interactions and productivity. The findings further suggest that while task conflict may sometimes enhance decision-making, it also influences teamwork efficiency and overall job performance.

Table 4.3: Descriptive Analysis of Process Conflict

Item	Statement Summary	Mean	Std. Dev.
1	Delays in procedures affect productivity	3.55	0.82
2	Poor workflow coordination causes conflict	3.48	0.80
3	Process conflict reduces efficiency	3.32	0.77
4	Administrative procedures create disagreements	3.26	0.75

The results show that all items relating to process conflict recorded mean values between 3.26 and 3.55, which are all above the acceptable mean threshold of 2.50. This indicates that respondents strongly agree that process-related issues such as delays in procedures, poor coordination, and administrative bottlenecks significantly contribute to workplace conflict and reduced efficiency in BSUTH, Makurdi.

Table 4.4: Descriptive Analysis of Employee Productivity

Item	Statement Summary	Mean	Std. Dev.
1	Employees meet performance targets	3.67	0.81
2	Productivity is influenced by teamwork	3.52	0.78
3	Work output is generally satisfactory	3.41	0.76
4	Employees perform efficiently under pressure	3.24	0.74

The findings in Table 4.4 indicate that all items measuring employee productivity recorded mean scores ranging from 3.24 to 3.67, which are above the benchmark of 2.50. This shows that respondents generally perceive employee productivity in BSUTH as relatively high. It further suggests that despite the presence of inter-professional conflict, employees still maintain a satisfactory level of performance and efficiency in service delivery.

Table 4.5: Multiple Regression Analysis of Inter-Professional Conflict and Employee Productivity

Predictor Variables	Standardized Beta (β)	t-value	Sig. (p-value)
Task Conflict	0.257	2.999	< 0.05
Relationship Conflict	0.563	2.096	< 0.05
Process Conflict	0.428	4.006	< 0.05
Constant			

The regression results presented in Table 4.5 show the effect of inter-professional conflict dimensions on employee productivity in Benue State University Teaching Hospital (BSUTH), Makurdi. The findings reveal that all the independent variables task conflict, relationship conflict, and process conflict have positive and significant effects on employee productivity, as indicated by their respective t-values and significance levels ($p < 0.05$).

Specifically, task conflict ($\beta = 0.257$, $t = 2.999$) shows a moderate positive influence on employee productivity, suggesting that differences in task-related opinions can contribute to performance improvements when properly managed. Relationship conflict ($\beta = 0.563$, $t = 2.096$) also demonstrates a significant positive effect, indicating that interpersonal dynamics among staff play a substantial role in influencing productivity outcomes. Furthermore, process conflict ($\beta = 0.428$, $t = 4.006$) exhibits the strongest effect among the variables, implying that issues relating to workflow, procedures, and coordination have the greatest impact on employee productivity in the hospital.

Overall, the results confirm that inter-professional conflict significantly influences employee productivity in BSUTH, with process conflict emerging as the most dominant predictor among the three variables.

Test of Hypotheses

The hypotheses formulated for this study were tested at a 0.05 level of significance using the p-values obtained from the regression analysis. The decision rule was that any hypothesis with a p-value less than 0.05 would lead to the rejection of the null hypothesis, while a p-value greater than 0.05 would result in its acceptance.

For the first hypothesis, which stated that task conflict has no significant effect on employee productivity in BSUTH, Makurdi (H_{01}), the result of the analysis showed a p-value less than 0.05. Consequently, the null hypothesis was rejected. This implies that task conflict has a positive and significant effect on employee productivity in the hospital.

Similarly, the second hypothesis (H_{02}), which posited that relationship conflict has no significant effect on employee productivity in BSUTH, Makurdi, was also tested using the regression output. The p-value obtained was less than the 0.05 significance level, leading to the rejection of the null hypothesis. This indicates that relationship conflict has a positive and significant effect on employee productivity.

In the same vein, the third hypothesis (H_{03}), which stated that process conflict has no significant effect on employee productivity in BSUTH, Makurdi, was tested and found to have a p-value below 0.05. As a result, the null hypothesis was rejected. This finding reveals that process conflict significantly affects employee productivity within the hospital.

Overall, all the null hypotheses were rejected because their respective p-values were less than the critical level of 0.05 ($p < 0.05$). This provides strong statistical evidence that task conflict, relationship conflict, and process conflict all have significant effects on employee productivity in Benue State University Teaching Hospital (BSUTH), Makurdi.

Discussion of Findings

The findings of this study reveal that inter-professional conflict, when properly managed, can significantly enhance employee productivity in healthcare organizations such as BSUTH. Specifically, the positive and significant effect of task conflict suggests that constructive disagreements related to job tasks can stimulate critical thinking, improve decision-making, and ultimately enhance performance. The significant influence of relationship conflict is somewhat surprising, as prior studies often report negative outcomes. However, in this context, it may indicate that interpersonal tensions, when controlled, can foster improved communication and mutual understanding among staff.

Furthermore, process conflict emerged as the most influential factor, indicating that disagreements regarding work procedures, responsibilities, and resource allocation may lead to improved clarity, efficiency, and role definition when effectively managed. These findings align with contemporary organizational behavior theories which argue that not all conflicts are detrimental; rather, functional conflict can enhance organizational outcomes when properly handled. The study underscores the importance of effective conflict management strategies in healthcare institutions to harness the positive aspects of inter-professional conflict for improved employee productivity

Conclusion

This study examined the effect of inter-professional conflict on employee productivity in Benue State University Teaching Hospital (BSUTH), Makurdi. Based on the findings, the study concludes that task conflict has a significant influence on employee productivity, indicating that disagreements related to job tasks and responsibilities play a notable role in shaping performance outcomes within the hospital.

The study further concludes that relationship conflict significantly affects employee productivity, suggesting that interpersonal tensions among healthcare professionals can either enhance or hinder workplace efficiency depending on how they are managed. In addition, process conflict was found to have a positive and significant effect on employee productivity, implying that disagreements relating to procedures, workflow, and administrative processes can influence how effectively tasks are executed.

Overall, the study concludes that inter-professional conflict significantly affects employee productivity in Benue State University Teaching Hospital, Makurdi, and therefore remains a critical factor in organizational performance within the health sector.

Recommendations

Based on the findings of the study, the following recommendations are made:

1. **Enhancement of Teamwork and Participation in Decision-Making:** Management of Benue State University Teaching Hospital, Makurdi should promote teamwork among staff and ensure active involvement of employees in decision-making processes. In addition, timely feedback mechanisms should be strengthened. This will help reduce task-related conflicts and improve overall employee productivity.
2. **Improvement of Interpersonal Relationships:** The hospital management should discourage unhealthy rivalry and promote positive interpersonal relationships among staff. Employees should be encouraged to share ideas and collaborate effectively in order to minimize relationship conflicts and enhance workplace harmony.
3. **Standardization of Work Processes:** Clear guidelines, procedures, and operational standards should be established and communicated to all employees. Staff should also be trained to adapt to evolving organizational procedures. This will help reduce process-related conflicts and improve efficiency in service delivery.

Contribution to Knowledge

This study makes significant contributions to existing knowledge in the field of organizational behavior and healthcare management in the following ways:
First, the study provides empirical evidence from a Nigerian tertiary health institution, specifically BSUTH, Makurdi, thereby contributing to the limited literature on inter-professional conflict in public healthcare settings within developing economies.

Second, unlike many previous studies that focus broadly on workplace conflict, this research disaggregates inter-professional conflict into task conflict, relationship conflict, and process conflict, and empirically examines their individual effects on employee productivity. This

provides a more nuanced understanding of how different dimensions of conflict influence performance in healthcare organizations.

Third, the study establishes that inter-professional conflict does not only have negative implications but can also exert positive effects on employee productivity when properly managed, particularly in the case of process and task conflicts. This challenges the traditional assumption that all workplace conflict is detrimental and supports a more balanced view of conflict in organizational settings.

Finally, the study contributes a contextual model for understanding conflict dynamics in teaching hospitals in Nigeria, offering a useful reference for policymakers, hospital administrators, and future researchers interested in improving productivity through effective conflict management strategies.

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