

Research Article

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An Assessment of Factors Influencing Disputes between Nurses and Patients at Adult Hospital at University Teaching Hospital - Lusaka Province

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Abstract: The disputes between medical staff and patients have become one of the major social issues that seriously affect the provision of health care service delivery today. The specific problem that the study intended to address was the continued existence of disputes between nurses and patients at University Teaching Hospital (UTH)-Adult Hospital despite measures put in place. The main objective of the study was to assess factors influencing disputes between nurses and patients at Adult Hospital in UTH. The specific objectives of the study were to assess the current factors influencing dispute between nurses and patients, describe the impact of Humanistic quality on nurse-patient dispute, investigate the effect of patient's recognition of nursing work on nurse-patient dispute and determine the role of personality traits in nurse-patient disputes. A cross-sectional descriptive design was used. The study targeted a population of 800 nurses and patients in UTH from which a sample of 266 was drawn using purposive and simple random techniques. The study used questionnaires and interviews to collected data and 200 were full answered representing 75% response rate. Data was analyzed using descriptive statistics with the aid of a statistical package for social science (SPSS) software too. A chi-square test was used to test the association between variables and a p-value of 0.05 or less was considered statistically significant. The results indicate that most nurses differed with patients more than two times per hospital stay. The highest number of respondents experienced more than 2 times disputes with the patient. Similarly, most patients differed with nurses more than two times per hospital stay. Further, the results of Chi-square test revealed a statistically significant association between nurse-patient dispute and Humanistic quality, Patient's recognition of nursing work, Personality traits ($p < 0.05$). The study concluded that nurse-patient disputes were associated with humanistic quality, patients' recognition of nurses' work and personality traits. The study recommended that UTH-Adult hospital management should improve in communication by listening to nurses' challenges and give response in time and Nurses should also explain well about the disputes to patients to make them understand.

Keywords: Humanistic Quality, Patients' Recognition of Nursing Work, Personality Traits.

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1. INTRODUCTION AND BACKGROUND

1.1 Introduction

Worldwide, Nurse-patient conflicts is a complex dysfunctional behavior in healthcare settings, Disputes range from dissimilarities to main to main disagreements that may lead to violence. Nurses patient Disputes can result in poor quality of nursing care and less patient -centered care. (Abdulrahman Saeed, 2022).

Globally, the disputes between medical staff and patients have become one of the major social issues that seriously affect the provision of health care service delivery today (Wang and Lu, 2021). As an important part of the medical conflict, nurse-patient dispute is an

important factor hindering the good relationship between nurses and patients. Nurses have the most frequent contact with patients and their families, and are also prone to a variety of disputes.

In Africa, Sub-Sahara Africa in particular, patients' full participation or nonparticipation in the care process, compliance with medical advice, and taking personal control of their health, to some extent, are influenced by the quality of nurse-patient interaction and communication (Kwame and Petrucka, 2019). The impact of poor communication among nurses can be detrimental to the quality of care, nursing practices, and safety, which suggests that communication competence,

is a required skill in the nursing profession. Nurse patient communication has been poor in Africa, with care providers dominating the process. Most nurses neglect patient needs and concerns as well as abuse and humiliate them, especially in maternal/antenatal and primary healthcare settings in public healthcare facilities. Excessive workload, shortages of nursing staff, poor communication skills, and lack of involvement of nursing managers in the care process negatively impacts on nurses' ability to interact effectively with their clients (Kwame *et al.*, 2019).

The disputes between nurses and patients also called nurse-patient disputes refers to the conflicts between nursing staff and patients that arise for various reasons in clinical nursing work and usually occur in the process of nursing staff serving patients (Walker and Breitsameter, 2013). In this study, a dispute is defined as an incident that undermines the good relationship between the health care profession and the care recipient (or family), and requires the mediation of the third party (Wang *et al.*, 2021). The study will be conducted in Adult Hospital at the University Teaching Hospital (UTH). UTH, which was opened in 1934 is the largest hospital. It is a teaching hospital and as such is used to train medical students, nurses and other health professionals which is the largest public health institution in Zambia. It is located in the capital city of Lusaka about four kilometers east of Lusaka city Centre (Ministry of Health, 2021).

1.2 Statement of the Problem

According to health information management system at Adult hospital there is increased cases of patient-nurses' dispute, the following are the statistics of disputes in Adult Hospital at the University Teaching Hospital;

For the year 2019 the estimated number of disputes was 127, in 2020 it was 160 and 79 in 2021 due to covid-19 pandemic the numbers dropped drastically. (Records office at Adult hospital).

Disputes interferes with quality Nursing care which eventually leads to ineffective patient care and affects patient's health. In order to prevent this trend Adult hospital management-UTH embarked on conducting workshops and in-service trainings on quality care delivery for nurses. In addition, the ministry of health also employed more nurses to reduce the workload which was one of the contributing factors of dispute.

Despite the above measures been put in place, nurse-patient dispute still existed. Therefore, this study seeks to assess the factors contributing to nurse-patient disputes in UTH- Adult hospital.

1.3 Study Justification

More research focus on the factors influencing nursing and patients' family members disputes. Little research

has focused on nurse-patient dispute in Zambia and in a hospital set-up in particular.

The fact that nurse-patient disputes continued to exist and also that no study has been conducted in Adult Hospital justified conducting the research. Further, findings would create the basis for prevention of nurse-patient disputes and continuous improvement of nursing quality In Adult Hospital. The study was expected to benefit the patients and nurses as it made considerable contribution in highlighting the basis for the prevention of disputes and the continuous improvement of nursing quality.

1.4 Study Objectives

1.4.1 General Objective

The main objective of the study was to assess factors influencing disputes between nurses and patients at Adult Hospital in UTH.

1.4.2 Specific Objectives

The following were specific objectives of the study:

1. To assess the current factors influencing dispute between nurses and patients at Adult Hospital?
2. To describe the impact of Humanistic quality on the dispute between nurse and patient at Adult Hospital
3. To investigate the effect of patient's recognition of nursing work on the dispute between patients and nurses at Adult Hospital
4. To determine the role of personality traits in disputes between nurse and patient

1.5 Research Questions

The following were research questions of the study:

1. What are the current factors influencing disputes between nurses and patients at Adult Hospital?
2. What impact does Humanistic quality has on the dispute between nurse and patient at Adult Hospital?
3. What is the effect of patient's recognition of nursing work on the dispute between patients and nurses at Adult Hospital?
4. What role does personality traits play in disputes between nurse and patient at Adult Hospital?

1.6 Research hypothesis

The study tested the following research hypotheses:

H₀: Nurse patient dispute is independent of Humanistic quality; Patient's recognition of nursing work, Personality traits affects nursing patient disputes

H₁: Nurse patient dispute is not independent of Humanistic quality; Patient's recognition of nursing work, Personality traits affects nursing patient disputes



1.7 Conceptual framework

A conceptual framework is regarded as a map for understanding the relationships between and among the

variables in quantitative studies (Rudestam and Newton, 1992). The conceptual framework is a causal network displaying the independent and dependent variables in a naturalistic study.

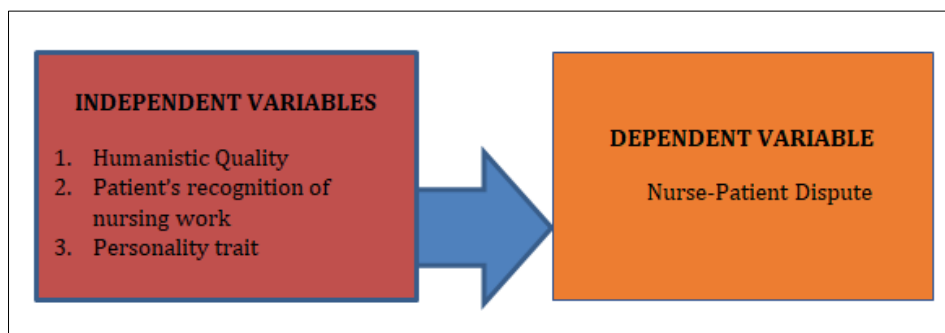


Figure 1.0: The Nursing-Patient Communication Model

The Nurse-Patient Dispute Model assumes that Humanistic quality, Patient's recognition of nursing work, Personality traits affects nurse patient dispute

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This section outlines the review of related studies locally and abroad on factors influencing nurse-patient disputes in health institutions. The chapter used objectives of the study as sectional headings. The first section contains studies related to the current status of disputes between patients and nurses in health institutions. The second section is composed of studies on the impact of humanistic quality on the dispute between nurse and patient disputes. The third section reviews studies on the effect of patient's recognition of nursing work on the dispute between patients and nurses and the fourth on the role of personality traits in disputes between nurse and patient.

2.2 Current Status of the Dispute between Nurses and Patients

Wang and Lu (2021) analyzed the factors influencing nurse-patient disputes in public hospitals in Zhejiang Province, China. The study was cross-sectional and used convenience sampling method to sample 879 patients. The data was collected using three self-designed questionnaires based on clinical experience and literature review. The results indicate that 9.6% of patients reported having a dispute with nurses.

In other countries, nurse patient disputes are still a problem in medical environment (Feo, Rusmussen, Wiechula, 2017). In a survey of 1,526 healthcare workers conducted by (Gordon *et al.*, 2010), 52.6% had experienced workplace violence and 18.3% had experienced physical violence. Clinet *et al.*, results indicate that of 171 medical dispute cases, 96% involved physical and verbal assault and the other involved property assault, but there was no difference in gender. The destructive behavior manifest in nurse-

patient disputes may have negative effects on both parties and may have a negative impact on the quality of care (Asaye, *et al.*, 2018). It also leads to stress, anxiety, depression, and anger, which in turn hinder communication and collaboration between nurses and patients, resulting into medical errors and poor quality of care (Jun *et al.*, 2013).

2.3 Impact of Humanistic Quality on the Dispute between Nurse and Patient

Zhou (2013) analyzed the existing conflicts between nurses and patients and how nurses humanistic quality would have improved the situation. The study specifically analyzed the Influence of Nurses' Humanistic Qualities on Nurse-Patient Conflict in Ningbo Medical Treatment Centre Lihuili Hospital. A total of 192 nurses in Lihuili Hospital were surveyed with questionnaires the importance of humanistic quality in nurses work as well as the relationship between medical humanity education and nurse-patient's conflicts were investigated and discussed. The results revealed that most conflicts between nurses and patients were caused by poor work attitudes which were related to their humanistic attitudes. Further, the results indicate that nurses did not receive enough humanity education, and lacked standardized regulations pertaining to medical humanities. The study concluded that it was urgent to improve nurses' humanistic qualities because of the currently advocated humanistic care. There was need of creating a sound cultural environment within the hospital so as to reduce conflicts between nurses and patients.

Wang and Lu (2021) analyzed the factors influencing nurse-patient disputes in public hospitals in Zhejiang Province, China. The study was cross-sectional and used convenience sampling method to sample 879 patients. The data was collected using three self-designed questionnaires based on clinical experience and literature review. The results of binary logistic regression analysis indicated those patients' humanistic



qualities had a negative predictive effect on nurse-patient disputes.

2. 4 Effect of Patient's Recognition of Nursing Work on the Dispute between Patients and Nurses

Wang *et al.*, (2021) analyzed the factors influencing nurse-patient disputes in public hospitals in Zhejiang Province, China. The study was cross-sectional and used convenience sampling method to sample 879 patients. The data was collected using three self-designed questionnaires based on clinical experience and literature review. The results of binary logistic regression analysis indicated that patients' recognition of nursing work had a negative predictive effect on nurse-patient disputes.

Kwame and Petrucka (2019) assessed Communication in Nurse-patient interaction in health care settings in Sub-Sahara Africa. To undertake this scoping review, key-words such as nurse-patient, provider-patient, nurse-client, nurse-healthcare consumer, interact, communication, relationship, Africa, and Africa south of the Sahara were used and combined with the Boolean operators. The study was a desktop review and used systematic methodological framework to undertake this scoping review following sections. The study found that in many of the healthcare areas studied, nurse patient communication has been poor, with care providers dominating the process. Most nurses neglect patient needs and concerns as well as abuse and humiliate them, especially in maternal/antenatal and primary healthcare settings in public healthcare facilities. Excessive workload, shortages of nursing staff, poor communication skills, and lack of involvement of nursing managers in the care process negatively impacts on nurses' ability to interact effectively with their clients. The study argued inclusion of communication skills in nursing training programs as well as the engagement of nursing managers and healthcare administrators in strengthening communication within the nurse-patient pair was critical.

2.5 Role of Personality Traits in Disputes between Nurse and Patient

Wang *et al.*, (2021) analyzed the factors influencing nurse-patient disputes in public hospitals in Zhejiang Province, China. The study was cross-sectional and used convenience sampling method to sample 879 patients. The data was collected using three self-designed questionnaires based on clinical experience and literature review. The results of binary logistic regression analysis indicated that patients' agreeableness in personality traits had a negative predictive effect on nurse-patient disputes.

Amoah *et al.*, (2019) conducted a qualitative assessment of perceived barriers to effective therapeutic communication among nurses and patients at a teaching hospital in Ghana. The study aimed at exploring the perceived barriers to effective therapeutic

communication among patients and nurses at a teaching hospital. The study was Exploratory qualitative and employed purposive sampling techniques and interviews were used to gather data. Data collected was analyzed using thematic analysis. The results revealed that patients' characteristics such as age, cultural, and religious beliefs affected nurse-patient communication. Further, nurse patient relationships and communication were affected by misconceptions, patients' disease, and pain state. Language barriers affected therapeutic communication among nurses and patients. Inadequate nurses, lack of good communication skills among nurses, and patients' dissatisfaction with care affected nurse-patient communication. Nurses' no tolerant of patients or caregivers' views and concerns affected communication in the care process. Environmental factors such as noise, mosquitoes, work overload, and patients being new to the hospital all affected nurse patient communication/ interaction.

2.6 Research Gaps

Several studies including the ones indicated above by (Wang *et al.*, 2021; Feo, *et al.*, 2017; Asaye, *et al.*, 2018; Jun *et al.*, 2013; Zhou, 2013; Kwame *et al.*, 2019 and Amoah *et al.*, 2019) have been done in developed countries and have revealed important results on nurse-patient disputes. However, in Sub-Saharan Countries such as Zambia, very little work has been done specifically focusing on current status, humanistic quality, patient's recognition of nursing work; personality traits affect nursing patient disputes. This has created an information gap in knowledge.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter focused on the study research design and methodology paying particular attention to research design, research setting, study population, sample selection, sample size, data collection tool, validity and reliability. The chapter also includes data collection technique, pilot study, ethical and cultural consideration, inclusion criteria, exclusion criteria, data analysis and presentation.

3.2 Research Design

The study used cross sectional descriptive study design. This answered questions on the current status on the factors influencing disputes between nurses and patients in Adult Hospital.

3.3 Research Setting

The study was conducted on patients and nurse in Adult Hospital at UTH. UTH is the largest public health institution located in the heart of Lusaka about 4 kilometers south east of Lusaka city center. The Adult Hospital was chosen as a case study because it had a large number of patients and nurses and was therefore



expected to be characterized with nurse-patients disputes.

3.4 Target Population

The study targeted a population of 800 patients (Ministry of Health, 2021). This was the population of number of beds that Adult Hospital has. The justification of using the number of beds was to make it easier to estimate the population that Adult Hospital can accommodate at a particular time if it operated on full capacity with regards to patients' space.

3.5 Inclusion and Exclusion Criteria

3.5.1 Inclusion Criteria

The study included nurses and patients aged above 18 years, nurses and patients who were willing to participate.

3.5.2 Exclusion Criteria

The study excluded patients below the age of 18 years, nurses and patients who were not willing to participate in the study and nurses who were on leave.

3.6 Sample Selection

The study used simple random sampling techniques and convenience sampling was used. The justification of using Simple random sampling was to have an equal chance of selecting each respondent and also to reduce biasness. The justification of using convenience sampling is to take advantage of patients and nurses' own convenient time.

3.7 Sample Size

The study sampled 266 respondents. This was composed of 100 nurses and 166 patients. The sample estimate was arrived at by the application of the formula below.

$$n = N / (1 + Ne^2)$$

Where n=Sample size

N=population

e=Degree of accuracy or precision = $\pm 5\%$, or ± 0.05

Therefore, estimated sample size= $n = 800 /$

$$(1 + 800(0.05)^2)$$

$$n = 800 / 5.1375 =$$

$$n = 266$$

3.8 Data Collection Tool

In this study a Semi-structured interview schedule and questionnaires with closed ended and open-ended questions were used to collect data from participants. The self-designed questionnaires based on clinical experience and literature review were used to collect the current status of the disputes between nurses and patients and assess patients' humanistic qualities and patients' recognition of nursing work. The personality questionnaire was used to assess the five personality traits of patients. The questionnaire had predefined questions formatted in standardized questionnaires which provided access to quantitative and qualitative information.

3.9 Validity

Validity of a test or evaluation device can be defined as the degree to which the test measures what it is intended to measure. It is rare, if nearly impossible, that an instrument be 100% valid, so validity is generally measured in degrees (Ghosh 2013). In this study the questionnaires were tested for validity to see whether they were designed to measure what they intended to.

3.10 Reliability

Reliability concerns the republication of the study under similar circumstances (Sidhu, 2011). This means consistency. In this study reliability was achieved by piloting the interview schedule on a sample of 15 respondents at Kabwata Clinic. These were nurses and patients who attended clinic.

3.11 Data Collection Technique

The researcher established the time when respondents were at the Hospital. The field work was carried out over a period of one month by the researcher.

3.12 Pilot Study

The questionnaires were piloted on a small sample of 15 respondents in Kabwata Clinic before they were employed on full scale in the main study. The objective of this exercise was to check phraseology, clarity of questions and any problem with the presentation of questions and methods of explanation that the researcher used. Pilot study also checked the reliability and validity of these instruments and made adjustment for any ambiguities.

3.13 Ethical Consideration

Ethical clearance was sought from ERES Converge IRB to conduct the study. Since this study involved human subjects, it was paramount to obtain consent from the participants at Adult Hospital. It therefore followed that all relevant parties were required to obtain informed consent prior to data collection. In this vain, letters expressing purposes benefits and risks were sent/given to all eligible participants and authorities. The participants in this study were assured of confidentiality to the extent permitted by law. None of the information identified the premises or participant by name. Pseudonyms were used and all information provided by participants was considered confidential. Research data was destroyed at the end of the study. This guaranteed the participants that no any other person had information related to them.

3.14 Data Analysis and Presentation

The data was analyzed with the use of statistical package for social sciences (SPSS) software version 23.0. Raw data was first be edited for completeness and accuracy. The statistical data was presented in table form, in an explanatory manner with all percentages presented. Chi square test was conducted to test for independence of variables. A P-Value of 0.05 or less



was considered statistically significant.

4. RESULTS

4.1 Introduction

This chapter presents data in Tables and graphs that was collected from the questionnaires on factors influencing disputes between nurses and patients at Adult Hospital in the University Teaching Hospital (UTH), Lusaka. The data is composed of responses from nurses and patients. It is divided into three main sections. The first

section presents data for nurses while the second one for Patients. The last section contains tables based on cross-tabulations after hypothesis testing.

4.1 Nurses

4.1.1 Social Demographic Variables

This section dealt with social demographic characteristics of the respondents who were nurses in UTH.

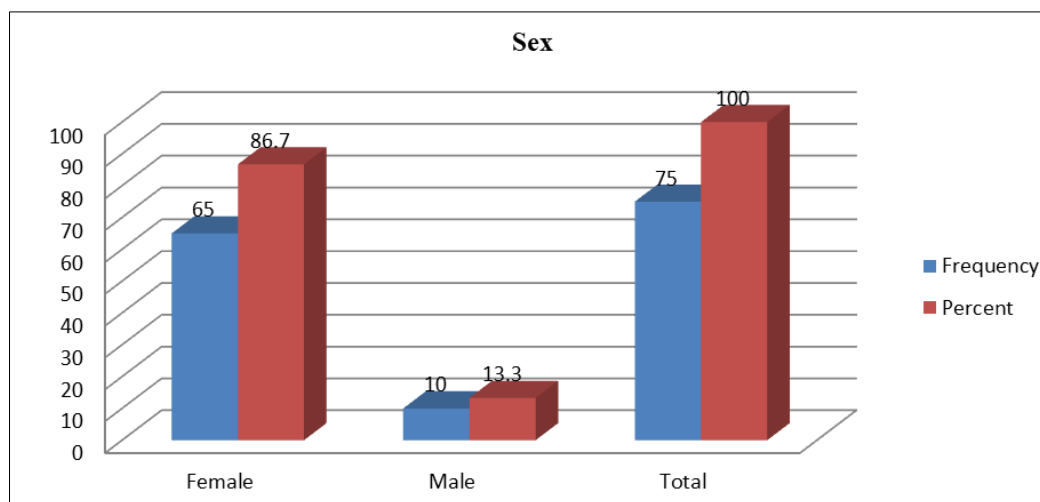


Figure 4.1: Sex of Respondents

The respondents were asked to state their sex and the results are presented in Figure 4.1

The results in Figure 4.1 look at the sex of respondents at Adult Hospital. The frequency shows that of the 75

who answered the question, the majority 65(86.7%) were females. The other 10 (13.3%) were males. It is clear from these findings that most respondents in were females.

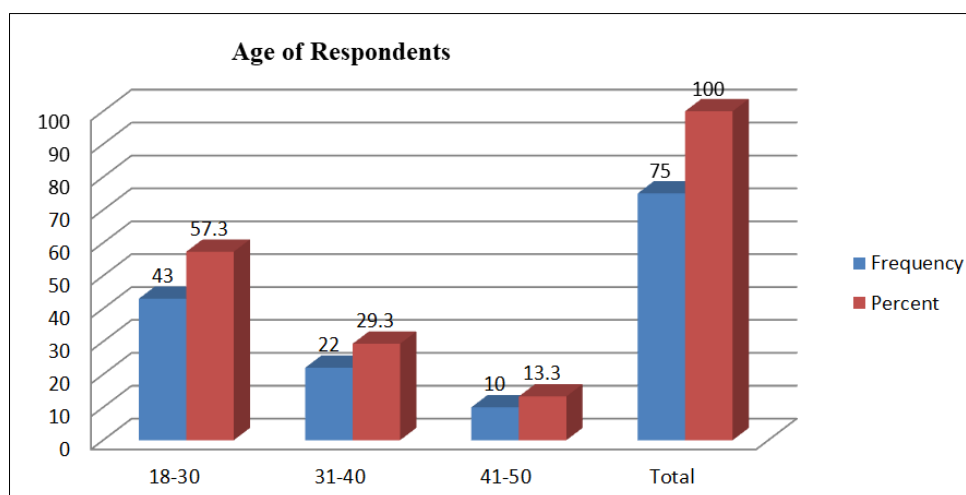


Figure 4.2: Age of Respondents

The respondents were asked to state their age and the results are presented in Figure 4.2

The findings presented in Figure 4.2 looks at the age of respondents. The frequency shows that of the 75(100%)

who answered the question, the highest number 43(57.3%) of participants were aged 18-30 years. On the other hand, the lowest figure 10(13.3%) were aged 41-50. This means that most respondents were aged 18-30.

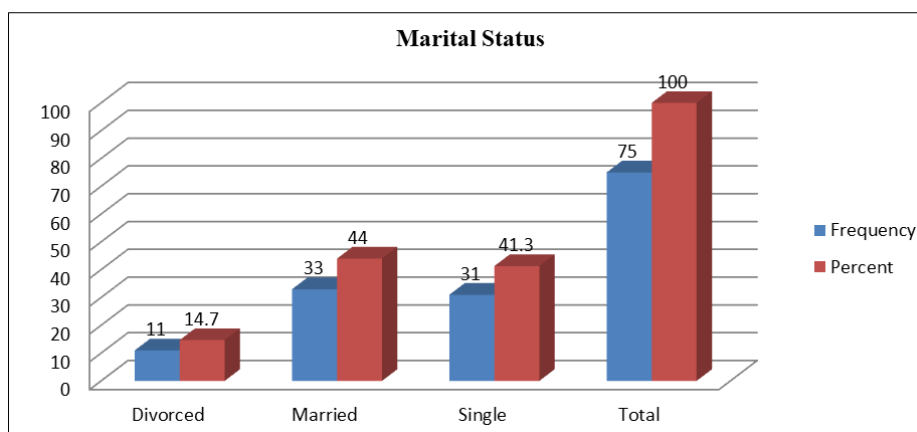


Figure 4.3: Marital Status

The respondents were asked to state their marital status and the results are presented in Figure 4.3:

The findings presented in Figure 4.2 shows that the highest number of respondents 33(44%) were married; while the lowest value 11(14.7%) were single. This means that most respondents were married.

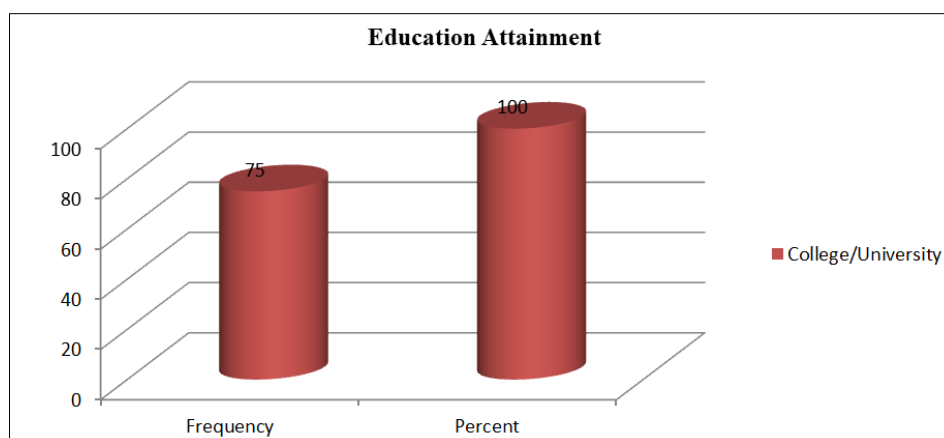


Figure 4.4: Education Attainment

The respondents were asked to state their highest level of education that they attained and the results are presented in Figure 4.4:

The results presented in Figure 4.4 shows that all respondents 75(100%) attained college/University qualification. This means that all nurses who participated in the study had sufficient level of education for nursing job.

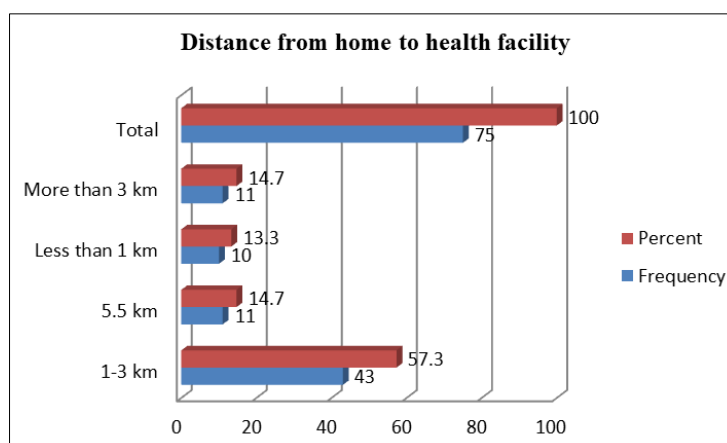


Figure 4.5: Distance from home to health facility

The respondents were asked to state distance from home to health facility and the results are presented in Figure 4.5:

The results presented in Figure 4.5 shows that the highest number of respondents 43(57.3%) lived 1-3km from the health facility, while the lowest value

10(13.3%) lived more than 3km from the health facility. This means that most respondents lived within 1-3km from UTH-Adult Hospital.

4.1.2 Current Status of the Disputes between Nurses and Patients

Table 4.1: Times of Dispute per hospital stay of patient

Times of Disputes		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More than 2 times	43	57.3	57.3	57.3
	Twice	32	42.7	42.7	100.0
	Total	75	100.0	100.0	

The results presented in Table 4.1 shows that the highest number of respondents 43(57.3%) experienced more than 2 times disputes with the patient, while the lowest value of nurses 32(42.7%) differed twice with

patients at the time of patients stay at Adult Hospital. This means that most nurses differed with patients more than two times per hospital stay.

Table 4.2: Causes of Nurse-Patient Disputes

Cause of nurse-patient disputes		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bad attitudes of some patients	10	13.3	13.3	13.3
	Complicated procedure	11	14.7	14.7	28.0
	Hospital environment such as long waiting hours	44	58.7	58.7	86.7
	Medical charges	10	13.3	13.3	100.0
	Total	75	100.0	100.0	

In the results presented in Table 4.2, the highest number of respondents 44(58.7%) stated that the main cause of nurse-patient disputes was the hospital environment such as long-waiting hours. On the other hand, the lowest value of nurses 10(13.3%) showed that bad attitudes of some patients was the main cause.

Similarly, another 10(13.3%) stated that it was medical charges. This means that most nurses differed with patients mostly as a result of the hospital environment such as subjecting patients to long hours of waiting to be attended.

Table 4.3: Action Taken over Nurse-Patient Disputes

Action Taken		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No action	65	86.7	87.7	100.0
	Reporting to hospital management	10	13.3	13.3	13.3
	Total	75	100.0	100.0	

The results presented in Table 4.3 shows that the highest number of respondents 65(86.7%) stated that no action was taken; while the lowest value of nurses 10(13.3%) indicated that they reported the matter to the hospital management. This means that there was no

action taken by management in most cases as a result of nurse-patient disputes.

4.1.3 Effects of Patient's Recognition of Nursing Work on the Dispute between Patients and Nurses

Table 4.4 Feeling after Action Taken following disputes with patients

Feeling after Action		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	44	58.7	58.7	58.7
	Satisfied	11	14.7	14.7	73.3
	Somewhat satisfied	10	13.3	13.3	86.7
	Very dissatisfied	10	13.3	13.3	100.0
	Total	75	100.0	100.0	

The findings presented in Table 4.4 shows that the highest number of respondents 44(58.7%) stated that they were dissatisfied with the action taken; while the

lowest value of nurses 10(13.3%) were somewhat/very dissatisfied. This means that nurses were not satisfied with the action taken following disputes with patients.



Table 4.5: Patients recognition of nursing work affects disputes

Response		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Agree	11	14.7	14.7	14.7
	Somewhat agree	42	56.0	56.0	70.7
	Strongly agree	22	29.3	29.3	100.0
	Total	75	100.0	100.0	

The results presented in Table 4.5 shows that the highest number of respondents 42(56%) somewhat agreed, while the lowest value of nurses 11(14.7%) agreed that patients recognition of nursing work

affected nurse-patient disputes. This means that disputes between nurses and patients were affected by patients' recognition of nursing work.

Table 4.6: Effect Patient recognition of nursing work

Effect Patient recognition of nursing work		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Improved patient-nurse relationship	64	85.3	85.3	85.3
	Reduction in patient-nurse disputes	11	14.7	14.7	100.0
	Total	75	100.0	100.0	

The findings presented in Table 4.6 shows that the highest number of respondents 64(85.3%) stated that patients' recognition of nursing work resulted into improved patient-nurse relationships; while the lowest value of nurses 11(14.7%) indicated that it reduced nurse-patient disputes. This means that patients' recognition of the work that nurses did resulted into an improvement in relationships between the two sides.

Table 4.7: Recommendations

Recommendations		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Management should listen to nurses challenges and give response in time	11	14.7	14.7	14.7
	Nurses should explain well about the disputes to patients to make them understand	11	14.7	14.7	29.3
	Senior nurses/matrons should focus on improving the professional quality of nurses	53	70.7	70.7	100.0
	Total	75	100.0	100.0	

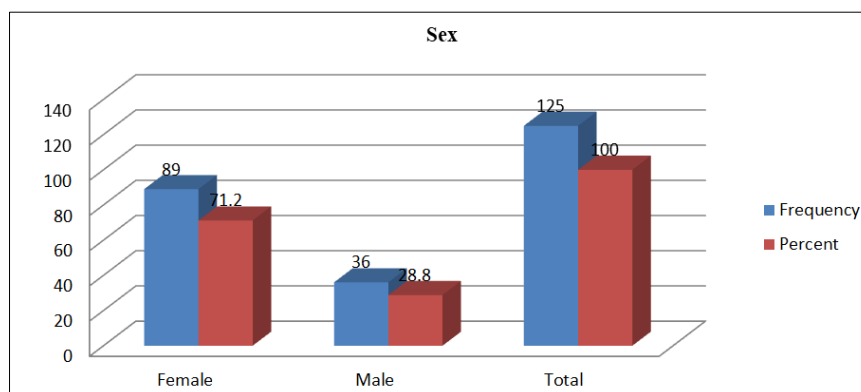
The findings presented in Table 4.6 shows that the highest number of respondents 53(70.7%) suggested that senior nurses/matrons should focus on improving the professional quality of nurses. On the other hand, the lowest numbers of nurses cumulative 22(23.3%) recommended that management should listen to nurses' challenges and give response in time and Nurses should

explain well about the disputes to patients to make them understand.

4.2 Patients

4.2.1 Social Demographic Variables

This section dealt with social demographic characteristics of the respondents who were patients in UTH.

**Figure 4.6: Sex of Respondents**

The respondents were asked to state their sex and the results are presented in Figure 4.6

The results in Figure 4.6 look at the sex of respondents at Adult Hospital. The frequency shows that of the

125(100%) who answered the question, the majority 89(71.2%) were females. The other 36 (28.8%) were males. It is clear from these findings that most respondents in were females.

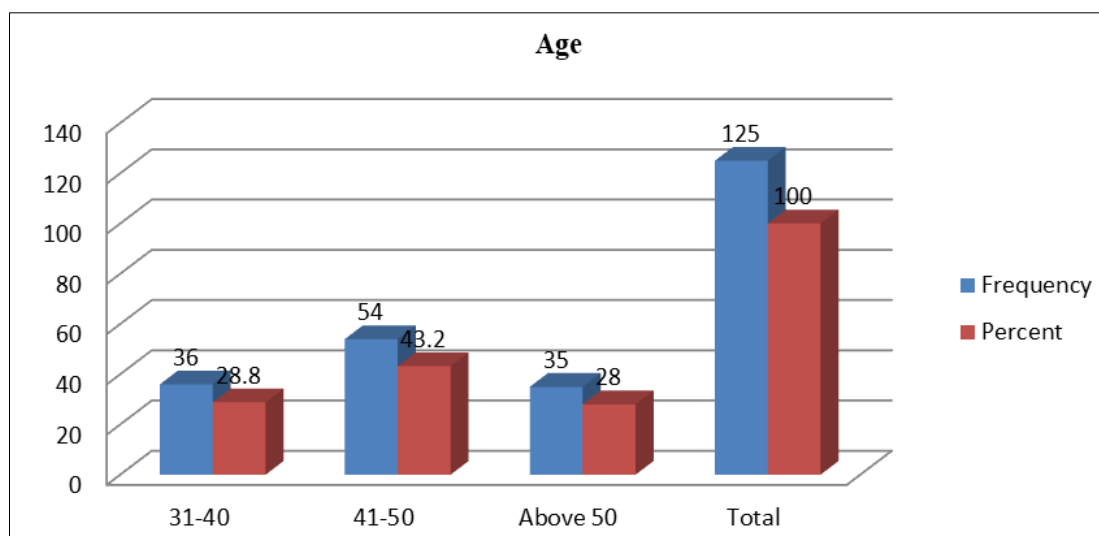


Figure 4.7: Age of Respondents

The respondents were asked to state their age and the results are presented in Figure 4.7:

The findings presented in Figure 4.7 looks at the age of respondents. The frequency shows that of the

125(100%) who answered the question, the highest number 54(48.2%) was aged 41-50 years. On the other hand, the lowest figure 35(28%) were aged above 50. This means that most respondents were aged 41-50 years.

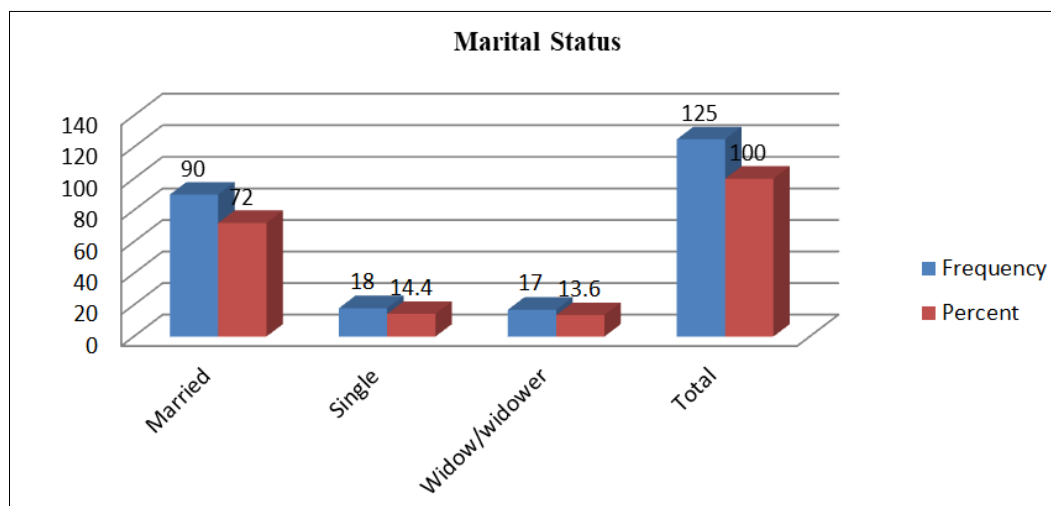


Figure 4.8: Marital Status

The respondents were asked to state their marital status and the results are presented in Figure 4.8

The findings presented in Figure 4.8 shows that the highest number of respondents 90(72%) were married;

while the lowest value 17(13.6%) were widow/widowers. This means that most respondents were married.

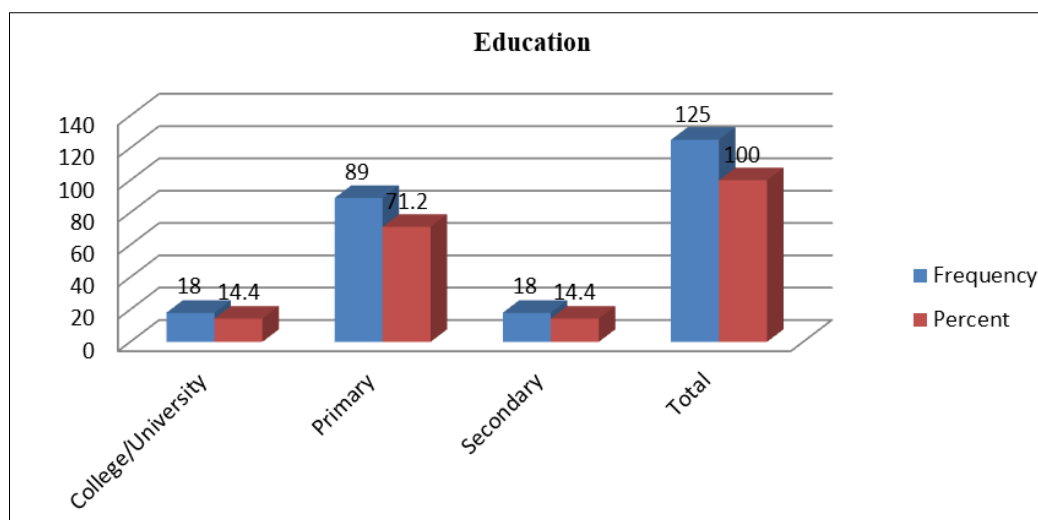


Figure 4.9: Education Attainment

The respondents were asked to state their highest level of education that they attained and the results are presented in Figure 4.9:

The results presented in Figure 4.9 shows that the highest number of respondents 89(71.2%) attained

primary education; while the lowest value 18(14.4%) attained secondary education. This means that most respondents who were patients attained primary education.

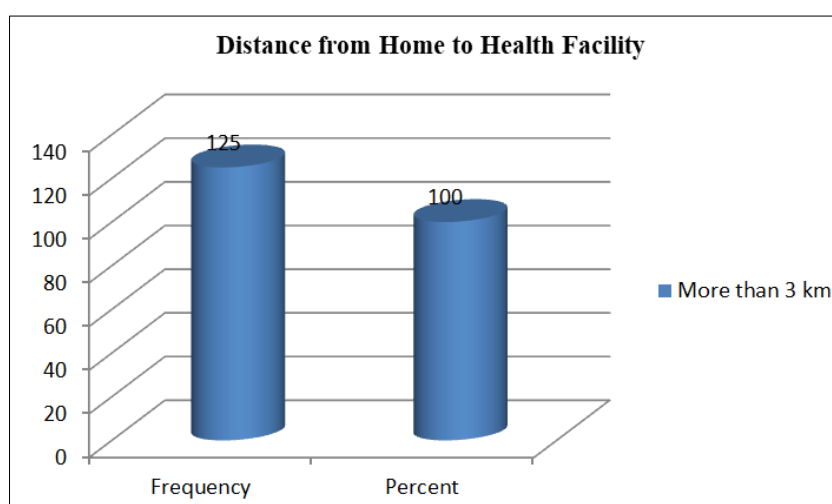


Figure 4.10: Distance from Home to Health Facility

The respondents were asked to state distance from home to health facility and the results are presented in Figure 4.10:

The results presented in Figure 4.5 shows that all respondents 125(100%) lived more than 3 kilometers

from Adult Hospital. This means that all patients who participated in the study lived far from Adult Hospital.

4.2.2 Current factors influencing dispute between nurses and patients at Adult Hospital

Table 4.8: Number of Times of disputes per patient stay

Times of Disputes		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	More than 2 times	89	71.2	71.2	71.2
	Nil	18	14.4	14.4	85.6
	Once	18	14.4	14.4	100.0
	Total	125	100.0	100.0	

The results presented in Table 4.8 shows that the highest number of patients 89(71.2%) experienced more than 2 times disputes with the nurses, while the lowest value of patients 18(14.4%) differed twice/no disputes

with patients at the time of patients stay at Adult Hospital. This means that most patients differed with nurses more than two times per hospital stay.

Table 4.9: Causes of Nurse-Patient Dispute

Causes of nurse-patient Disputes		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Attitudes of medical staff	52	41.6	41.6	41.6
	Complicated procedures	19	15.2	15.2	56.8
	Hospital environment such as long waiting hours	36	28.8	28.8	85.6
	Lack of equipment	18	14.4	14.4	100.0
	Total	125	100.0	100.0	

In the results presented in Table 4.2, the highest number of patients 52(41.6%) stated that the main cause of nurse-patient disputes was attitudes of medical staff. On the other hand, the lowest number of participants

18(14.4%) showed that lack of equipment was the main cause. This means that most patients differed with nurses mostly because nurses had bad attitudes.

Table 4.10: Action taken over nurse-patient disputes

Action Taken		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No action	125	100.0	100.0	100.0

The results presented in Figure 4.10 shows that all respondents 125(100%) lived more than 3 kilometers

from Adult Hospital. This means that all patients who participated in the study lived far from Adult Hospital.

Table 4.11: Satisfied with response from action taken involving nurse-patient dispute

Satisfaction from action taken		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	72	57.6	57.6	57.6
	Somewhat satisfied	53	42.4	42.4	100.0
	Total	125	100.0	100.0	

The results presented in Table 4.11 indicate that the highest number 72 (57.6%) of respondents were dissatisfied with action taken, while the lowest value of

patients 53(42.4%) were somewhat satisfied. This means that most patients were not satisfied with action taken.

4.2.3 Impact of Humanistic Quality on the Dispute between Nurse and Patient at Adult Hospital

Table 4.12: Moral Quality

Moral Quality		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Completely non-conforming	18	14.4	14.4	14.4
	Conforming	36	28.8	28.8	43.2
	Somewhat conforming	71	56.8	56.8	100.0
	Total	125	100.0	100.0	

The results presented in Table 4.12 show that the highest number 71(56.8%) of respondents stated that moral quality somewhat conformed to nurse-patient disputes, while the lowest value of patients 18(14.4%)

indicated that it was completely non-conforming. This means that moral quality was completely conforming to the disputes between nurses and patients.

Table 4.13: Cultural Quality

Cultural Quality		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Completely conforming	53	42.4	42.4	42.4
	Conforming	18	14.4	14.4	56.8
	Non-conforming	18	14.4	14.4	71.2
	Somewhat conforming	36	28.8	28.8	100.0
	Total	125	100.0	100.0	

The findings presented in Table 4.13 show that the highest number 53(42.4%) of respondents stated that cultural quality completely conformed to nurse-patient disputes, while the lowest value 18(14.4%) indicated

that it was non-conforming. The other 18(14.4%) stated that it was conforming. This means that cultural quality was completely conforming to the disputes between nurses and patients.

Table 4.14: Legal Quality

Legal Quality		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Completely conforming	107	85.6	85.6	85.6
	Completely non-conforming	18	14.4	14.4	100.0
	Total	125	100.0	100.0	

The results presented in Table 4.14 indicate that the highest number 107(86.5%) of respondents stated that legal quality completely conformed to nurse-patient disputes, while the lowest value 18(14.4%) indicated

that it was completely non-conforming. This means that legal quality was completely conforming to the disputes between nurses and patients.

Table 4.15: Aesthetic Quality

Aesthetic Quality		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Completely conforming	54	43.2	43.2	43.2
	Completely non-conforming	18	14.4	14.4	57.6
	Conforming	18	14.4	14.4	72.0
	Somewhat conforming	35	28.0	28.0	100.0
	Total	125	100.0	100.0	

The findings presented in Table 4.15 indicate that the highest number 54(43.2%) of respondents stated that aesthetic quality completely conformed to nurse-patient disputes, while the lowest value 18(14.4%) indicated

that it was completely non-conforming. This means that aesthetic quality was completely conforming to the disputes between nurses and patients.

Table 4.16: Psychological Quality

Psychological Quality		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Completely conforming	72	57.6	57.6	57.6
	Completely non-conforming	35	28.0	28.0	85.6
	Conforming	18	14.4	14.4	100.0
	Total	125	100.0	100.0	

The results presented in Table 4.16 indicate that the highest number 72(57.6%) of respondents stated that psychological quality completely conformed to nurse-patient disputes, while the lowest value 18(14.4%) indicated that it was conforming. This means that

psychological quality was completely conforming to the disputes between nurses and patients.

4.2.4 Role of Personality Traits in Disputes between Nurse and Patient

Table 4.17: Neuroticism

Neuroticism		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Completely consistent	36	28.8	28.8	28.8
	Consistent	17	13.6	13.6	42.4
	Inconsistent	18	14.4	14.4	56.8
	Somewhat consistent	36	28.8	28.8	85.6
	Totally inconsistent	18	14.4	14.4	100.0
	Total	125	100.0	100.0	

The findings presented in Table 4.17 indicate that the highest number 36(28.8%) of respondents stated that neuroticism was completely consistent with nurse-patient disputes, while the lowest value 17(13.6%)

indicated that it was consistent. This means that neuroticism was completely consistent with the disputes between nurses and patients.

Table 4.18: Consciousness

Consciousness		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Completely consistent	90	72.0	72.0	72.0
	Inconsistent	35	28.0	28.0	100.0
	Total	125	100.0	100.0	

The results presented in Table 4.18 indicate that the highest number 90(72%) of respondents stated that consciousness was completely consistent with nurse-patient disputes, while the lowest value 35(28%)

indicated that it was inconsistent. This means that consciousness was completely consistent with the disputes between nurses and patients.

Table 4.19: Agreeableness

Agreeableness		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Completely consistent	36	28.8	28.8	28.8
	Consistent	18	14.4	14.4	43.2
	Inconsistent	36	28.8	28.8	72.0
	Somewhat consistent	35	28.0	28.0	100.0
	Total	125	100.0	100.0	

The results presented in Table 4.19 indicate that the highest number 36(28.8%) of respondents stated that agreeableness was completely consistent with nurse-patient disputes while the other similar value 36(28.8%)

indicated that it was inconsistent. The lowest number 18(14.4%) stated that it was consistent. This means that agreeableness was equally consistent and inconsistent with the disputes between nurses and patients.

Table 4.20: Openness

Openness		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Completely consistent	54	43.2	43.2	43.2
	Inconsistent	36	28.8	28.8	72.0
	Somewhat consistent	17	13.6	13.6	85.6
	Totally inconsistent	18	14.4	14.4	100.0
	Total	125	100.0	100.0	

The results presented in Table 4.20 indicate that the highest number 54(43.2%) of respondents stated that agreeableness was completely consistent with nurse-patient disputes while the lowest value 18(14.4%)

stated that it was totally inconsistent. This means that openness was completely consistent with the disputes between nurses and patients.

Table 4.21: Extroversion

Extroversion		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Completely consistent	53	42.4	42.4	42.4
	Inconsistent	18	14.4	14.4	56.8
	Somewhat consistent	36	28.8	28.8	85.6
	Totally inconsistent	18	14.4	14.4	100.0
	Total	125	100.0	100.0	

The findings presented in Table 4.21 indicate that the highest number 53(42.3%) of respondents stated that extroversion was totally consistent with nurse-patient disputes while the lowest value 18(14.4%) stated that it

was totally inconsistent. This means that extroversion was totally consistent with the disputes between nurses and patients.

Table 4.22: Recommendations

Recommendations		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Government should improve humanistic quality of the public and their recognition of nursing work	18	14.4	14.4	14.4
	Nurses should pay attention to influence of patients personality traits on nurse-patient disputes	107	85.6	85.6	100.0
	Total	125	100.0	100.0	



The findings presented in Table 4.22 shows that the highest number of respondents 107(85.6%) suggested that nurses should pay attention to influence of patients personality traits on nurse-patient disputes. On the other hand, the lowest value 18(14.4%) recommended that Government should improve humanistic quality of the public and their recognition of nursing work.

4.3 Association between Variables-Cross Tabulations

4.3.1 Relationship between Humanistic Quality and Nurse-Patient Dispute

Table 4.23: Association between Moral Quality and Nurse-patient dispute (n=125)

Moral Quality		Nurse-Patient Disputes			Total
		More than 2 times	Nil	Once	
Completely non-conforming	Count	18(14.4%)	0(0%)	0(0%)	18(14.4%)
Conforming	Count	36(28.8%)	0(0%)	0(0%)	36(28.8%)
Somewhat conforming	Count	35(28%)	18(14.4%)	18(14.4%)	71(56.8%)
	Count	89(71.2%)	18(14.4%)	18(14.4%)	125(100%)

(Fishers Exact, 40.572 df=4, p-value=0.001; $\alpha=0.05$ -significant).

The results presented in Table 4.23 show that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, most of them 36(28.8%) had moral qualities that conformed to disputes. On the other hand, of the 18(14.4%) of those who never had disputes, most of them 18(14.4%) had moral qualities

that somewhat conformed to disputes. Of the 18(14.4%) who experienced dispute once, the majority 18(14.4%) had moral qualities somewhat conformed to disputes (p-value<0.05 statistically significant). This means that nurse-patient dispute was associated with moral quality.

Table 4.24: Association between Cultural Quality and Nurse-patient dispute (n=125)

Cultural Quality		Nurse-Patient Dispute			Total
		More than 2 times	Nil	Once	
Completely conforming	Count	53(42.4%)	0(0%)	0(0%)	53(42.4%)
Conforming	Count	0(0%)	0(0%)	18(14.4%)	18(14.4%)
Non-conforming	Count	0(0%)	18(14.4%)	0(0%)	18(14.4%)
Somewhat conforming	Count	36(28.8%)	0(0%)	0(0%)	36(28.8%)
Total	Count	89(71.2%)	18(14.4%)	18(14.4%)	125(100%)

(Fishers Exact, 175.465 df=6, p-value=0.001; $\alpha=0.05$ -significant).

The findings presented in Table 4.24 indicate that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, the majority, 53(42.4%) had cultural qualities that completely conformed to disputes. On the other hand, of the 18(14.4%) of those who never had disputes, most of them 18(14.4%) had cultural

qualities that were non-conforming. Of the 18(14.4%) who experienced dispute once, the majority 18(14.4%) had cultural qualities that were non-conforming to disputes (p-value<0.05 statistically significant). This means that nurse-patient dispute was associated with cultural quality.

Table 4.25: Association between Legal Quality and Nurse-patient dispute (n=125)

Legal Quality		Nurse-Patient Disputes			Total
		More than 2 times	Nil	Once	
Completely conforming	Count	89(71.2%)	0(0%)	18(14.4%)	107(85.6%)
Completely non-conforming	Count	0(0%)	18(14.4%)	0(0%)	18(14.4%)
Total	Count	89(71.2%)	18(14.4%)	18(14.4%)	125(100%)

(Fishers Exact, 93.522, df=2, p-value=0.001; $\alpha=0.05$ -significant).

The findings presented in Table 4.25 indicate that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, all 89(71.2%) had legal quality that completely conformed to disputes. On the other hand, of the 18(14.4%) of those who never had disputes, all of them 18(14.4%) had legal qualities that

were completely non-conforming to disputes. Further, of the 18(14.4%) who experienced dispute once, all 18(14.4%) had legal qualities that completely conformed to disputes (p-value<0.05 statistically significant). This means that nurse-patient dispute was associated with legal quality.

Table 4.26: Association between Aesthetic Quality and Nurse-patient dispute (n=125)

Aesthetic Quality		Nurse-Patient Disputes			Total
		More than 2 times	Nil	Once	
Completely conforming	Count	54(43.2)	0(0%)	0(0%)	54(43.2%)
Completely non-conforming	Count	0(0.0%)	18(14.4%)	0(0%)	18(18.4%)
Conforming	Count	18(14.4)	0(0%)	0(0%)	18(18.4%)
Somewhat conforming	Count	17(13.6%)	0(0%)	18(14.4%)	35(28%)
Total	Count	89(71.2%)	18(14.4%)	18(14.4%)	125(100%)

(Fishers Exact, 131.013, $df=6$, $p\text{-value}=0.001$; $\alpha=0.05$ -significant).

The results presented in Table 4.26 show that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, the majority 54(43.2%) had aesthetic qualities that completely conformed to disputes. On the other hand, of the 18(14.4%) of those who never had disputes, all of them 18(14.4%) had

aesthetic qualities that were completely non-conforming to disputes. Further, of the 18(14.4%) who experienced dispute once, all 18(14.4%) had aesthetic qualities that somewhat conformed to disputes ($p\text{-value}<0.05$ statistically significant). This means that nurse-patient dispute was associated with aesthetic quality.

Table 4.27: Association between Psychological Quality and Nurse-patient dispute (n=125)

Psychological Quality		Nurse-Patient Dispute			Total
		More than 2 times	Nil	Once	
Completely conforming	Count	72(56.7%)	0(0%)	0(0%)	72(56.7%)
Completely non-conforming	Count	17(13.6%)	18(14.4%)	0(0%)	35(28%)
Conforming	Count	0(0%)	0(0%)	18(14.4%)	18(14.4%)
Total	Count	89(71.2%)	18(14.4%)	18(14.4%)	125(100%)

(Fishers Exact, 135.679, $df=4$ $p\text{-value}=0.001$; $\alpha=0.05$ -significant).

The findings presented in Table 4.27 show that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, the majority 72(56.7%) had psychological qualities that completely conformed to disputes. On the other hand, of the 18(14.4%) of those who never had disputes, all 18(14.4%) had psychological qualities that were completely non-conforming to disputes. Further, of the 18(14.4%) who

experienced dispute once, all 18(14.4%) had psychological qualities that were completely non-conforming to disputes ($p\text{-value}<0.05$ statistically significant). This means that nurse-patient dispute was associated with psychological quality.

4.3.2 Relationship between Patients Recognition of Nursing Work and Nurse-Patient Dispute

Table 4.28: Association between patients' recognition of nursing work and Nurse-Patient Dispute (n=75)

Recognition of Nursing Work		Nurse-Patient Dispute		Total
		More than 2 times	Twice	
Improved patient-nurse relationship	Count	32(42.7%)	32(42.7%)	64
Reduction in patient-nurse disputes	Count	11(14.7%)	0(0%)	11(14.7%)
Total	Count	43(57.3%)	32(42.7%)	75(100%)

(Fishers Exact, 9.53, $df=1$, $p\text{-value}=0.002$; $\alpha=0.05$ -significant).

The findings presented in Table 4.28 indicate that of the 43(57.3%) of patients who had more than 2 times disputes with nurses, the majority 32(42.7%) had improved relationship with patients following patients recognition to nursing work. On the other hand, of the 32(42.7%) of those who experienced dispute once, all 32(42.7%) had improved relationship with patients after

patients recognized nursing work ($p\text{-value}<0.05$ statistically significant). This means that recognition of nursing work by patient is associated with nurse-patient dispute.

4.3.3 Relationship between Personality Traits and Nurse-Patient Dispute (n=125)

Table 4.29: Association between Neuroticism and Nurse-patient dispute (n=125)

Neuroticism		Nurse-Patient Dispute			Total
		More than 2 times	Nil	Once	
Completely consistent	Count	36(28.8%)	0(0%)	0(0%)	36(28.8%)
Consistent	Count	17(13.6%)	0(0%)	0(0%)	17(13.6%)
Inconsistent	Count	18(14.4%)	0(0%)	0(0%)	18(14.4%)



	Somewhat consistent	Count	18(14.4%)	0(0%)	18(14.4%)	36(28.8%)
	Totally inconsistent	Count	0(0%)	18(14.4%)	0(14.4%)	18(14.4%)
Total		Count	89(71.2%)	18(14.4%)	18(14.4%)	125(100%)

(Fishers Exact, 125.255, $df=8$ p -value=0.001; $\alpha=0.05$ -significant).

The results presented in Table 4.29 indicate that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, the majority 36(28.8%) had neuroticism that was completely consistent with disputes. On the other hand, of the 18(14.4%) of those who never had disputes, all 18(14.4%) had neuroticism

that was somewhat consistent with disputes. Further, of the 18(14.4%) who experienced dispute once, all 18(14.4%) had neuroticism that was somewhat consistent with disputes (p -value<0.05 statistically significant). This means that nurse-patient dispute was associated with neuroticism.

Table 4.30: Association between Consciousness and Nurse-patient dispute (n=125)

Table 4.58: Association between Consciousness and Nurse-patient dispute (n=125)						
Consciousness			Nurse-Patient Dispute			Total
			More than 2 times	Nil	Once	
	Completely consistent	Count	72(57.6%)	0(0%)	18(14.4%)	90(72%)
	Inconsistent	Count	17(13.6%)	18(14.4%)	0(0%)	35(28%)
Total		Count	89(71.2%)	18(14.4%)	18(14.4%)	125(100%)

(Fishers Exact, 54.914, $df=8$ p -value=0.001; $\alpha=0.05$ -significant).

The results presented in Table 4.30 indicate that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, the majority 72(57.6%) had consciousness that was completely consistent with disputes. On the other hand, of the 18(14.4%) of those who never had disputes, all 18(14.4%) had

consciousness that was inconsistent with disputes. Further, of the 18(14.4%) who experienced dispute once, all 18(14.4%) had consciousness that was completely consistent with disputes (p -value<0.05 statistically significant). This means that nurse-patient dispute was associated with consciousness.

Table 4.31: Association between Agreeableness and Nurse-patient dispute (n=125)

Agreeableness			Nurse-Patient Dispute			Total
			More than 2 times	Nil	Once	
	Completely consistent	Count	36(28.8%)	0(0%)	0(0%)	36(28.8%)
	Consistent	Count	18(14.4%)	0(0%)	0(0%)	18(14.4%)
	Inconsistent	Count	0(0%)	18(14.4%)	18(14.4%)	36(28.8%)
	Somewhat consistent	Count	35(28%0	0(0%)	0(0%)	35(28%)
Total		Count	89(71.2%)	18(14.4%)	18(14.4%)	125(100%0

(Fishers Exact, 129.051, $df=6$, p -value=0.001; $\alpha=0.05$ -significant).

The findings presented in Table 4.31 show that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, the majority 36(28.8%) had agreeableness that was completely consistent with disputes. On the other hand, of the 18(14.4%) of those who never had disputes, all 18(14.4%) had

agreeableness that was inconsistent with disputes. Further, of the 18(14.4%) who experienced dispute once, all 18(14.4%) had agreeableness that was inconsistent with disputes (p -value<0.05 statistically significant). This means that nurse-patient dispute was associated with agreeableness.

Table 4.32: Association between Openness and Nurse-patient dispute (n=125)

Openness			Nurse-Patient Dispute			Total
			More than 2 times	Nil	Once	
	Completely consistent	Count	54(43.2%)	0(0%)	0(0%)	54(43.2%)
	Inconsistent	Count	0(0%)	18(14.4%)	18(14.4%)	36(28.8%)
	Somewhat consistent	Count	17(13.6%)	0(0%)	0*(0%)	17(13.6%)
	Totally inconsistent	Count	18(14.4%)	0(0%)	0(0%)	18(14.4%)
Total		Count	89(71.2%)	18(14.4%)	18(14.4%)	125(100%)

(Fishers Exact, 129.051, $df=6$, p -value=0.001; $\alpha=0.05$ -significant).

The results presented in Table 4.32 show that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, the majority 54(43.2%) had openness that was completely consistent with disputes. On the other hand, of the 18(14.4%) of those who never

had disputes, all 18(14.4%) had openness that was inconsistent with disputes. Further, of the 18(14.4%) who experienced dispute once, all 18(14.4%) had openness that was inconsistent with disputes (p -



value<0.05 statistically significant). This means that nurse-patient dispute was associated with openness.

Table 4.33: Association between Extroversion and Nurse-patient dispute (n=125)

Extroversion		Nurse-Patient Dispute			Total
		More than 2 times	Nil	Once	
Completely consistent	Count	53(42.4%)	0(0%)	0(0%)	53(42.4%)
Inconsistent	Count	0(0%)	18(14.4%)	0(0%)	18(14.4%)
Somewhat consistent	Count	18(14.4%)	0(0%)	18(14.4%)	36(28.8%)
Totally inconsistent	Count	18(14.4%)	0(0%)	0(0%)	18(14.4%)
	Count	89(71.2%)	18(14.4%)	18(14.4%)	125(100%0

(Fishers Exact, 129.685, df=6, p-value=0.001; $\alpha=0.05$ -significant).

The findings presented in Table 4.33 indicate that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, the majority 53(42.4%) had extroversion that was completely consistent with disputes. On the other hand, of the 18(14.4%) of those who never had disputes, all 18(14.4%) had extrovert that was inconsistent with disputes. Further, of the 18(14.4%) who experienced dispute once, all 18(14.4%) had extroversion that was somewhat consistent with disputes (p-value<0.05 statistically significant). This means that nurse-patient dispute was associated with extroversion.

4.4 Summary of the Chapter

This chapter has shown that there is an association between Humanistic quality, Patient's recognition of nursing work, Personality traits and nurse- patient disputes(p<0.05). The next chapter discusses the findings of the study.

CHAPTER 5

DISCUSSION OF FINDINGS

5.1 Introduction

This chapter discusses findings on factors influencing disputes between nurses and patients at Adult Hospital in the University Teaching Hospital (UTH), Lusaka. The discussions are based on specific objectives of the study. The chapter is divided into four sections. The first section discusses social demographic data of participants. The second part focuses on humanistic quality and third patients' recognition of nursing work. The last part discusses personality traits. This chapter combines the discussion of nurses with patients' respondents.

5.2 Social Demographic Variables

The study identified sex and marital statuses of both nurses and patients as similar. In both cases, most were female with nurses representing 86.7 % (Figure 4.1) and patients 71.2 % (Figure 4.6) respectively. Further, there were more nurses and patients who were married representing 72 % (Figure 4.3) and nurses 44 % (Figure4.8), this shows that patients were relatively more in terms of marital status than nurses.

The study also found differences in age, education attainment and distance from the health facility. As far

as nurses are concerned, most of them 57.3% were aged 18-30 years (Figure4.2), while patients were of the age range 41-50 years (Figure4.7). With regards to education attainment, all nurses 100% attained college/university education (Figure4.4) while most patients' highest education representing 71.2% was lower primary (Figure 4.9). With regards to education, Zhou (2013) indicates that the type of education matters in nurse-patient disputes. Zhou (2013) revealed that disputes were partly due to nurses who did not receive enough humanity education, and lacked standardized regulations pertaining to medical humanities. Further, most nurses, 57.3% lived within 1-3km (Figure4.5) while all patients lived more than 3km from health facility (Figure4.10).

5.3 Current Factors Influencing Dispute between Nurses and Patients at Adult Hospital

The study revealed that most nurses differed with patients more than two times per hospital stay. In Table 4.1, the highest number of respondents 57.3% experienced more than 2 times disputes with the patient. Similarly, most patients differed with nurses more than two times per hospital stay. The results presented in Table 4.8 shows that the 89(71.2%) of patients experienced more than 2 times disputes with the nurses. This results as similar with Wang and Lu (2021) whose findings revealed that that 9.6% of patients reported having a dispute with nurses in China. However, Wang did not bring out the frequency of disputes per patient hospital visit. These results are also consistent in parts with(Gordon *et al.*, 2010) whose findings indicates that 52.6% had experienced workplace violence and 18.3% had experienced physical violence with 96% involves physical and verbal assault and the other involved property assault, but there was no difference in gender. Nevertheless, the study in UTH Adult Hospital did not focus on the type of violence but disputes.

5.4 Impact of Humanistic Quality on the Dispute between Nurse and Patient at Adult Hospital

5.4.1 Moral Quality

The results presented in Table 4.12 show that the highest number 71(56.8%) of respondents stated that moral quality somewhat conformed to nurse-patient disputes, while the lowest value of patients 18(14.4%) indicated that it was completely non-conforming. This



means that moral quality was completely conforming to the disputes between nurses and patients. These findings are similar to those of Zhou (2013) who indicates that moral quality affected nurse-patient disputes. In situations where morals are poor, disputes results and the opposite is the case.

5.4.2 Cultural Quality

These findings indicated that cultural quality was completely conforming to the disputes between nurses and patients. The findings presented in Table 4.13 show that the highest number 53(42.4%) of respondents stated that cultural quality completely conformed to nurse-patient disputes. This finding is supported by Zhou (2013) whose results indicate that most conflicts between nurses and patients were caused by poor work attitudes which were related to their humanistic attitudes.

5.4.3 Legal Quality

The study revealed that legal quality was completely conforming to the disputes between nurses and patients. The results presented in Table 4.14 indicate that the highest number 107(86.5%) of respondents stated that legal quality completely conformed to nurse-patient disputes. This result consistent with Wang, (2021) as there was an association between legal quality and nurse-patient disputes. However, Zhou, (2013) argues that the medical regulations are important and contribute to reduced nurse-patient disputes if followed.

5.4.4 Aesthetic Quality

The study found that psychological quality was completely conforming to the disputes between nurses and patients. The results presented in Table 4.16 indicate that the highest number 72(57.6%) of respondents stated that psychological quality completely conformed to nurse-patient disputes. This is consistent in parts with Zhou (2013) who indicates that a set of principles underlining the work of nurses exist to guide the nursing profession. Impliedly, these can be acquired through workshops, reading guidelines such as those provided by the Heath Professional Council of Zambia, Nurses Association of Zambia and Zambia Union of Nurses (ZUNO).

5.4.5 Psychological Quality

The findings showed that psychological quality was completely conforming to the disputes between nurses and patients. The results presented in Table 4.16 indicate that the highest number 72(57.6%) of respondents stated that psychological quality completely conformed to nurse-patient disputes. This result is similar to Assaye *et al.*, (2018) who indicates that psychology plays an important role in nurse patient disputes. Impliedly in situation where disputes arise, both the patient and nurse become psychologically affected. The can have a lasting effect on the minds of both patients and nurses.

5.5 Effect of Patient's Recognition of Nursing Work on the Dispute between Patients and Nurses at Adult Hospital

The study indicated that disputes between nurses and patients were affected by patients' recognition of nursing work. The results presented in Table 4.5 shows that the highest number of respondents 42(56%) somewhat agreed that patients recognition of nursing work affected nurse-patient disputes. The results revealed that patients' recognition of the work resulted into an improvement in relationships between the two sides. The findings presented in Table 4.6 shows that the highest number of respondents 64(85.3%) stated that patients' recognition of nursing work resulted into improved patient-nurse relationships. This results conforms to Assaye *et al.*, (2018), in which destructive behavior that occurs in in nurse-patient disputes may have negative effects on both nurses and patients more especially as far as quality of health care is concerned. Further, June *et al.*, further added that nurse patient disputes can result into stress, anxiety, depression, and anger, which in turn affect effective communication between nurses and patients, resulting into medical errors and poor quality of health. Sometimes patients may not recognize nurses' work due to perceived negative factors that patients may have. Kwame *et al.*, (2019) found that in many of the healthcare Sub-Sahara Africa in areas studied, nurse patient communication has been poor, with care providers dominating the process.

5.6 Role of Personality Traits in Disputes between Nurse and Patient

5.6.1 Neuroticism

The study found that neuroticism was completely consistent with the disputes between nurses and patients. The findings presented in Table 4.17 indicate that the highest number 36(28.8%) of respondents stated that neuroticism was completely consistent with nurse-patient disputes. This result is similar to Assaye *et al.*, (2018) who indicates that neuroticism plays an important role in nurse patient disputes.

5.6.2 Consciousness

The results showed that consciousness was completely consistent with the disputes between nurses and patients. The results presented in Table 4.18 indicate that the highest number 90(72%) of respondents stated that consciousness was completely consistent with nurse-patient disputes. These results are similar to that of Kwame *et al.*, (2019) who found that in many of the healthcare Sub-Sahara Africa in areas studied, consciousness of patients plays an important role in disputes between nurses and patients.

5.6.3 Agreeableness

The findings revealed that agreeableness was equally consistent and inconsistent with the disputes between nurses and patients. The results presented in Table 4.19 indicate that the highest number 36(28.8%) of



respondents stated that agreeableness was completely consistent with nurse-patient disputes. This is consistent with Wang *et al.*, (2021) whose findings indicate that patients' agreeableness in personality traits negatively predictive effect on nurse-patient disputes.

5.6.4 Openness

This study found that openness was completely consistent with the disputes between nurses and patients. The results presented in Table 4.20 indicate that the highest number 54(28.8%) of respondents stated that agreeableness was completely consistent with nurse-patient disputes. This is in agreement with Wang (2021) who revealed that lack of openness by nursing staff affected communication between nurses and patients.

5.6.5 Extroversion

The results of the study indicated that extroversion was totally consistent with the disputes between nurses and patients. The findings presented in Table 4.21 indicate that the highest number 53(42.3%) of respondents stated that extroversion was totally consistent with nurse-patient disputes. This is in agreement with Assaye *et al.*, (2018), who revealed that lack of openness by nursing staff affected communication between nurses and patients.

5.7 Relationship between Humanistic Quality and Nurse-Patient Dispute

5.7.1 Association between Moral Quality and Nurse-patient dispute (n=125)

The study revealed that nurse-patient dispute was associated with moral quality. The results presented in Table 4.23 show that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, most of them 36(28.8%) had moral qualities that conformed to disputes. On the other hand, of the 18(14.4%) of those who never had disputes, most of them 18(14.4%) had moral qualities that somewhat conformed to disputes. Of the 18(14.4%) who experienced dispute once, the majority 18(14.4%) had moral qualities somewhat conformed to disputes (p -value<0.05 statistically significant). These results are supported by Zhou (2013) who indicates that moral quality affected nurse-patients disputes.

5.7.2 Association between Cultural Quality and Nurse-Patient Dispute (n=125)

The results indicated that nurse-patient dispute was associated with cultural quality. The findings presented in Table 4.24 indicate that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, the majority, 53(42.4%) had cultural qualities that completely conformed to disputes. On the other hand, of the 18(14.4%) of those who never had disputes, most of them 18(14.4%) had cultural qualities that were non-conforming. Of the 18(14.4%) who experienced dispute once, the majority 18(14.4%) had cultural qualities that were non-conforming to disputes (p -value<0.05

statistically significant). This is supported by Zhou (2013) whose results indicate that most conflicts between nurses and patients were caused by poor work attitudes which were related to their humanistic attitudes.

5.7.3 Association between Legal Quality and Nurse-Patient Dispute (n=125)

The study found that nurse-patient dispute was associated with legal quality. The findings presented in Table 4.25 indicate that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, all 89(71.2%) had legal quality that completely conformed to disputes. On the other hand, of the 18(14.4%) of those who never had disputes, all of them 18(14.4%) had legal qualities that were completely non-conforming to disputes. Further, of the 18(14.4%) who experienced dispute once, all 18(14.4%) had legal qualities that completely conformed to disputes (p -value<0.05 statistically significant). This result is similar to Wang, (2021) who indicates that an association exists between legal quality and nurse-patient disputes. However, Zhou, (2013) further argues that the medical regulations are important and contribute to reduced nurse-patient disputes if followed.

5.7.4 Association between Aesthetic Quality and Nurse-Patient Dispute (n=125)

The findings showed that there was an association between nurse-patient dispute and aesthetic quality. The results presented in Table 4.26 show that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, the majority 54(43.2%) had aesthetic qualities that completely conformed to disputes. On the other hand, of the 18(14.4%) of those who never had disputes, all of them 18(14.4%) had aesthetic qualities that were completely non-conforming to disputes. Further, of the 18(14.4%) who experienced dispute once, all 18(14.4%) had aesthetic qualities that somewhat conformed to disputes (p -value<0.05 statistically significant). This agrees in parts with Zhou (2013) who indicates that a set of principles underlining the work of nurses exist to guide the nursing profession.

5.7.5 Association between Psychological Quality and Nurse-Patient Dispute (n=125)

The results showed that there was an association between nurse-patient dispute and psychological quality. The findings presented in Table 4.27 show that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, the majority 72(56.7%) had psychological qualities that completely conformed to disputes. On the other hand, of the 18(14.4%) of those who never had disputes, all 18(14.4%) had psychological qualities that were completely non-conforming to disputes. Further, of the 18(14.4%) who experienced dispute once, all 18(14.4%) had psychological qualities that were completely non-conforming to disputes (p -value<0.05 statistically significant). This result is similar to Assaye *et al.*,



(2018) who indicates that psychology is associated with nurse-patient disputes. Impliedly in situation where disputes arise, both the patient and nurse become psychologically affected.

5.8 Relationship between Patients Recognition of Nursing Work and Nurse-Patient Dispute

5.8.1 Association between Patients' Recognition of Nursing Work and Nurse-Patient Dispute (n=75)

The results showed that there was an association between nurse-patient dispute and patients' recognition of nurses work. The findings presented in Table 4.28 indicate that of the 43(57.3%) of patients who had more than 2 times disputes with nurses, the majority 32(42.7%) had improved relationship with patients following patients recognition to nursing work. On the other hand, of the 32(42.7%) of those who experienced dispute once, all 32(42.7%) had improved relationship with patients after patients recognized nursing work (p-value<0.05 statistically significant). These results conforms to Wang *et al.*, (2021) whose findings indicate that that patients' recognition of nursing work had a negative predictive effect on nurse-patient disputes. Kwame *et al.*, (2019) study in Sub-Sahara Africa concluded that patients need to understand that nursing work is sometimes characterized with excessive workload, shortages of nursing staff, poor communication skills, and lack of involvement of nursing managers in the care process. All these may negatively impact nurses' ability to interact effectively with their clients especially if these factors are not properly understood by patients.

5.9 Relationship between Personality traits and Nurse-Patient Dispute (n=125)

5.9.1 Association between Neuroticism and Nurse-Patient Dispute (n=125)

The study revealed that there was an association between nurse-patient dispute and neuroticism. The results presented in Table 4.29 indicate that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, the majority 36(28.8%) had neuroticism that was completely consistent with disputes. On the other hand, of the 18(14.4%) of those who never had disputes, all 18(14.4%) had neuroticism that was somewhat consistent with disputes. Further, of the 18(14.4%) who experienced dispute once, all 18(14.4%) had neuroticism that was somewhat consistent with disputes (p-value<0.05 statistically significant). This is consistent with Wang (2021) whose results indicate the existence of an association between neuroticism and nurse-patient dispute.

5.9.2 Association between Consciousness and Nurse-Patient Dispute (n=125)

The study indicated that there was an association between nurse-patient dispute and consciousness. The results presented in Table 4.30 indicate that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, the majority 72(57.6%) had

consciousness that was completely consistent with disputes. On the other hand, of the 18(14.4%) of those who never had disputes, all 18(14.4%) had consciousness that was inconsistent with disputes. Further, of the 18(14.4%) who experienced dispute once, all 18(14.4%) had consciousness that was completely consistent with disputes (p-value<0.05 statistically significant). This is consistent with Zhou, (2013) whose results indicate the existence of an association between consciousness and nurse-patient dispute.

5.9.3 Association between Agreeableness and Nurse-Patient Dispute (n=125)

The findings showed that there was an association between nurse-patient dispute and agreeableness. The findings presented in Table 4.31 show that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, the majority 36(28.8%) had agreeableness that was completely consistent with disputes. On the other hand, of the 18(14.4%) of those who never had disputes, all 18(14.4%) had agreeableness that was inconsistent with disputes. Further, of the 18(14.4%) who experienced dispute once, all 18(14.4%) had agreeableness that was inconsistent with disputes (p-value<0.05 statistically significant). This is consistent with Wang (2021) whose results indicate the existence of an association between agreeableness and nurse-patient dispute.

5.9.4 Association between Openness and Nurse-Patient Dispute (n=125)

The results revealed that there was an association between nurse-patient dispute and openness. The results presented in Table 4.32 show that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, the majority 54(43.2%) had openness that was completely consistent with disputes. On the other hand, of the 18(14.4%) of those who never had disputes, all 18(14.4%) had openness that was inconsistent with disputes. Further, of the 18(14.4%) who experienced dispute once, all 18(14.4%) had openness that was inconsistent with disputes (p-value<0.05 statistically significant). This is consistent with Zhou, (2013) whose results indicate the existence of an association between openness and nurse-patient dispute.

5.9.5 Association between Extroversion and Nurse-Patient Dispute (n=125)

The study showed that there was an association between nurse-patient dispute and extroversion. The findings presented in Table 4.33 indicate that of the 89(71.2%) of patients who had more than 2 times disputes with nurses, the majority 53(42.4%) had extroversion that was completely consistent with disputes. On the other hand, of the 18(14.4%) of those who never had disputes, all 18(14.4%) had extrovert that was inconsistent with disputes. Further, of the 18(14.4%) who experienced dispute once, all 18(14.4%) had extroversion that was somewhat



consistent with disputes (p-value<0.05 statistically significant). This is conforming to Wang (2021) whose results indicate the existence of an association between extroversion and nurse-patient dispute.

5.10 Summary of the Chapter

This chapter has discussed association between Humanistic quality, Patient's recognition of nursing work, Personality traits and nurse- patient disputes. The next chapter concludes and draw recommendations of the study based on the findings.

CHAPTER 6

CONCLUSIONS

5.1 Introduction

This chapter concludes the study and draws recommendations of the study. In view of this, the following is the conclusion and recommendations of the study.

5.2 Conclusion

The results indicate that most nurses differed with patients more than two times per hospital stay.

The highest number of respondents experienced more than 2 times disputes with the patient. Similarly, most patients differed with nurses more than two times per hospital stay.

The study has found that there was an association between Humanistic quality, Patient's recognition of nursing work, Personality traits affects and nurse-patient disputes(p<0.05). The next chapter discusses the findings of the study.

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