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Strategic Leadership and Conflict Management: Insights from Ogun Central State Hospitals

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ABSTRACT

Conflict management in healthcare is a persistent organisational challenge, with unmanaged conflict undermining staff well-being, team effectiveness and patient safety. International evidence links workplace conflict, violence and incivility among healthcare workers to burnout, organisational silence and reduced patient safety competence (Kim et al., 2022; Aunger et al., 2025; Han et al., 2025). In Nigeria, chronic resource constraints, heavy workloads and role ambiguity further intensify conflict in public hospitals (Ayodele & Akinmoladun, 2023; Olabode et al., 2022; Valentine & Lavizzo-Mourey, 2025). This study examined the relationship between strategic leadership and conflict management at State Hospital Ijaye, Abeokuta, and State Hospital Ifo, Ogun State, using a convergent mixed-methods design. From a population of 418 staff, Taro Yamane's formula yielded a sample of 204, with 165 usable questionnaires and 20 semi-structured interviews. Conflict management (constructive styles, dysfunctional conflict, team effectiveness) and strategic leadership (vision, participation, staff support) were measured with validated Likert scales; Cronbach's alpha exceeded 0.80, and factor analysis supported construct validity. Descriptive statistics showed moderately high levels of constructive conflict management ($M = 3.72$), team effectiveness ($M = 3.79$), and strategic leadership dimensions (Ms = 3.76–3.88), alongside nontrivial dysfunctional conflict ($M = 3.45$). Pearson correlation revealed that strategic leadership correlated positively with constructive conflict styles ($r = 0.68$, $p < 0.01$) and team effectiveness ($r = 0.72$, $p < 0.01$) and negatively with dysfunctional conflict ($r = -0.56$, $p < 0.01$). Qualitative findings indicated that clear communication, participative decision-making and supportive leadership foster collaborative conflict cultures, whereas distant or biased leadership, compounded by resource shortages and unclear policies, sustains destructive conflict. Although limited by self-report, two-hospital scope, and cross-sectional design, the evidence suggests that strategic leadership, embedded in a supportive culture and adequate resources, is a key lever for improving conflict management in Nigerian state hospitals.

Keywords: strategic leadership, conflict management, team effectiveness, organisational culture, state hospitals, Nigeria

INTRODUCTION

Healthcare organisations are multifaceted settings where physicians, nurses, allied health professionals and administrators work under time pressure and resource constraints, creating conditions that make conflict inevitable. Global studies indicate that interpersonal conflicts, incivility, and workplace violence in hospitals damage communication, teamwork, and patient safety, and increase burnout and turnover intentions (Kim et al., 2022; Aunger et al., 2025). A recent report from the United States Centres for Disease Control and Prevention noted that the proportion of healthcare workers reporting work-related harassment more than doubled in 2022 compared to 2018, highlighting conflict and aggression as rising threats to workforce sustainability (CDC, 2026). Cross-sectional evidence from Europe and Asia further shows that workplace violence and conflict reduce nurses' patient safety competence by increasing organisational silence and reluctance to speak up about unsafe conditions (Han et al., 2025; Yilmaz & Ozdemir, 2022).

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In Nigeria, chronic understaffing, inadequate equipment and low wages amplify conflict pressures in public hospitals. Studies report that interprofessional disputes among doctors, nurses and administrative staff compromise the quality of care, morale and retention, particularly in resource-constrained settings (Ayodele & Akinmoladun, 2023; Olabode et al., 2022; Valentine & Lavizzo-Mourey, 2025). Resource scarcity, communication challenges and competing professional logics have been identified as systemic drivers of conflict in African hospitals, suggesting that conflict arises not only from interpersonal issues but also from deeper organisational and institutional processes (Healthcare Conflict Management in Resource-Constrained Settings, 2026). In Ogun Central Senatorial District, State Hospital Ijaye, Abeokuta, and State Hospital Ifo are major secondary care facilities, and recurrent conflicts at these hospitals have implications for staff well-being and patient safety.

Conflict management, the dependent variable, refers to the methods and mechanisms used to prevent, contain and resolve disagreements in ways that minimise harm and support collaboration. Ideally, state hospitals would experience low levels of dysfunctional conflict, rely on collaborative problem-solving and maintain robust early-resolution mechanisms, thereby supporting safe and reliable care (Kim et al., 2022; Aunger et al., 2025). In reality, many public hospitals rely heavily on avoidance or dominance strategies and lack structured dispute resolution processes, leading to unresolved disputes, communication breakdowns, and an increased risk of adverse events (Ayodele & Akinmoladun, 2023; Olabode et al., 2022; Tanimola et al., 2024). Organisational culture, policy frameworks and resource constraints can either exacerbate or mitigate these dynamics, yet they are often overlooked in day-to-day conflict management (Kiyumi, 2023; Conflict Management in Healthcare, 2023).

The gap between the ideal of constructive, learning-oriented conflict management and the observed reality of recurrent, unresolved conflicts suggests that leadership quality is a crucial explanatory factor. Strategic leadership, the independent variable, encompasses leaders' capacity to set direction, align people and resources, and foster cultures of safety, openness, and learning within the constraints of resource-limited systems (Samimi et al., 2022; Collins et al., 2023). Evidence from emergency care and hospital settings shows that transformational and supportive leadership styles promote collaborative conflict strategies and better team functioning, whereas authoritarian and toxic leadership styles are associated with avoidance, destructive conflict and poorer outcomes (Collins et al., 2023; Aydogdu, 2025). Recent reviews also highlight that effective conflict management in healthcare leadership requires emotional intelligence, ethical behaviour and proactive attention to communication and resource issues (Kiyumi, 2023; StatPearls, 2023). This study therefore investigates how strategic leadership relates to conflict management in State Hospital Ijaye, Abeokuta and State Hospital Ifo, taking into account the broader organisational context.

Objectives of the Study

The main objective of this study is to examine the relationship between strategic leadership and conflict management in Ogun Central State Hospitals.

The specific objectives are to:

1. assess the effect of strategic leadership on the use of constructive conflict management styles among healthcare professionals in State Hospital Ijaye and State Hospital Ifo; and
2. determine the influence of strategic leadership practices on the incidence of dysfunctional conflict and perceived team effectiveness in State Hospital Ijaye and State Hospital Ifo.

Hypotheses

H_{01}: Strategic leadership has no significant effect on the use of constructive conflict management styles among healthcare professionals in State Hospital Ijaye and State Hospital Ifo.

H_{02}: Strategic leadership practices have no significant influence on the incidence of dysfunctional conflict in State Hospital Ijaye and State Hospital Ifo.

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H_{03}: Strategic leadership practices have no significant effect on perceived team effectiveness in State Hospital Ijaye and State Hospital Ifo.

Conceptual Review

Conflict Management

Conflict management is the process by which individuals and organisations address disagreements, using strategies ranging from avoidance and competition to collaboration and compromise. In healthcare, effective conflict management involves early recognition of disputes, open communication and integrative approaches that address underlying causes and preserve working relationships (Kim et al., 2022; Collins et al., 2023). Scholars distinguish between constructive conflict, which focuses on tasks and can stimulate innovation and learning, and dysfunctional conflict, which is personal, entrenched and associated with stress, errors and poor performance (Aunger et al., 2025; Aydogdu, 2025).

Empirical studies have documented the consequences of poor conflict management in hospitals. Han et al. (2025) found that workplace violence and conflict reduced nurses' patient safety competence by increasing organisational silence. Yilmaz and Ozdemir (2022) reported that persistent nurse–patient and nurse–relative conflicts eroded nurses' confidence and safety practices. In contrast, collaborative conflict strategies have been associated with stronger team cohesion and improved safety climate (Aunger et al., 2025; Tanimola et al., 2024). In resource-constrained African hospitals, conflict is further influenced by communication breakdowns, competing professional priorities, and scarcity, suggesting that conflict management must address both interpersonal and systemic drivers (Healthcare Conflict Management in Resource-Constrained Settings, 2026).

In this study, conflict management is operationalised through three dimensions: constructive conflict management styles (integrating and compromising), the incidence of dysfunctional conflict (frequency of unresolved disputes), and perceived team effectiveness (cohesion, communication, and shared goal achievement).

Strategic Leadership

Strategic leadership refers to leaders' capacity to anticipate and interpret environmental conditions, develop and communicate strategic vision, make informed choices under uncertainty and mobilise people and resources toward organisational goals (Samimi et al., 2022; Collins et al., 2023). In hospitals, strategic leaders interpret complex policy and resource environments, communicate priorities, involve staff in decisions and foster cultures of accountability and learning within the constraints of public systems (Kiyumi, 2023; StatPearls, 2023). Their behaviours shape norms around conflict, participation and safety.

Key dimensions of strategic leadership relevant to conflict management include visionary communication, participative decision-making and staff support. Visionary communication provides a sense of direction that guides responses to conflict situations; participative decision-making encourages staff ownership and collaborative strategies; staff support reduces stress and gives employees confidence that leaders will handle disputes fairly (Ayodele & Akinmoladun, 2023; Olabode et al., 2022). In this study, strategic leadership is measured through staff perceptions of leaders' clarity of vision, inclusiveness in decision-making and supportiveness during conflict episodes.

Conceptual Model

The conceptual model posits that strategic leadership influences conflict management outcomes in State Hospital Ijaye and State Hospital Ifo. Specifically, strategic leadership is expected to be positively related to constructive conflict management styles and team effectiveness and negatively related to the incidence of dysfunctional conflict. Organisational culture, policy frameworks and resource availability are recognised as contextual factors that may condition these relationships but are not directly modelled in the current analysis.

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THEORETICAL FRAMEWORK

This study draws on Transformational Leadership Theory and the Thomas–Kilmann Conflict Mode Theory. Transformational Leadership Theory suggests that leaders who display idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration foster trust, commitment, and a willingness to engage in prosocial behaviours, including constructive conflict handling (Collins et al., 2023; Sarcevic et al., 2021). In healthcare, transformational leaders are associated with better teamwork, safety culture and resilience.

The Thomas–Kilmann Conflict Mode Theory identifies five conflict management styles based on assertiveness and cooperativeness: avoiding, competing, accommodating, compromising and collaborating. Studies in healthcare show that overreliance on avoidance and competition is associated with unresolved disputes and safety risks, whereas collaboration and compromise are linked to stronger team functioning and better outcomes (Aunger et al., 2025; Aydogdu, 2025). Strategic and transformational leadership is expected to shift prevailing conflict styles away from avoidance and dominance toward collaboration and compromise by modelling constructive behaviours, reinforcing equitable processes and providing training (Kiyumi, 2023; StatPearls, 2023).

Empirical Review

International research highlights the interplay between leadership, conflict management and outcomes in healthcare. Kim et al. (2022) reported that a stronger patient safety culture, including leadership support and teamwork, was associated with reduced workplace violence and improved health outcomes among healthcare workers. Aunger et al. (2025) showed that unprofessional behaviours and incivility among healthcare staff threaten patient safety by impairing communication. Aydogdu (2025) found that unmanaged interpersonal conflict in nursing damaged relationships and teamwork. Han et al. (2025) observed that workplace violence reduced nurses' patient safety competence via organisational silence.

Narrative and systematic reviews have emphasised the central role of leadership in conflict management. Kiyumi (2023) argued that conflict management is a core leadership competency in healthcare and highlighted the role of emotional intelligence, ethical behaviour and proactive communication in mitigating conflict. A recent review on conflict management in nursing found that educational programmes focusing on mediation and negotiation foster more constructive conflict styles and better outcomes (Conflict Management in Nursing, 2024). StatPearls (2023) noted that leadership style influences conflict resolution and team dynamics and recommended training leaders in collaborative approaches.

African and Nigerian studies echo these insights. Valentine and Lavizzo-Mourey (2025) argued that unresolved conflicts in African healthcare organisations reduce patient satisfaction and organisational performance, especially in resource-constrained settings. Ayodele and Akinmoladun (2023) found in a Nigerian teaching hospital that integrating and compromising strategies were positively associated with staff performance, while avoiding and competing were negatively associated, and emphasised leadership involvement as a key factor. Olabode et al. (2022) reported that leadership-supported conflict management strategies improved staff satisfaction and reduced absenteeism. Tanimola et al. (2024) showed that positive conflict styles were associated with higher perceived team effectiveness among healthcare professionals in South-West Nigeria.

More recent work in resource-constrained hospitals highlights how organisational culture, policy constraints and resource availability interact with leadership to shape conflict. A 2026 study of two Ghanaian hospitals found that conflict emerged from communication breakdowns, competing professional priorities and shortages, showing that deeper organisational logics and resource limitations contribute to conflict beyond interpersonal factors (Healthcare Conflict Management in Resource-Constrained Settings, 2026). Similar patterns have been reported in Nigerian federal hospitals, where conflict management styles are linked to employee performance yet strongly influenced by resource constraints and workload (Maleghemi, 2024). These findings suggest that strategic leadership must be understood within the broader context of organisational culture and resources.

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METHODOLOGY

A convergent mixed-methods design was adopted, combining a quantitative survey with qualitative, semi-structured interviews to capture both the breadth and depth of the relationship between strategic leadership and conflict management in Ogun Central State Hospitals (Creswell & Creswell, 2023).

Population, Sample and Sampling Procedure

The study covered State Hospital Ijaye, Abeokuta and State Hospital Ifo. Hospital records showed 342 staff in Ijaye and 76 in Ifo, giving a total population of 418 healthcare professionals.

Table 1 Population distribution of staff

Hospital	Population (N)
State Hospital Ijaye, Abeokuta	342
State Hospital Ifo	76
Total	**418**

Taro Yamane's formula for finite populations was applied at a 5 per cent margin of error (Yamane, 1967; StatStudyHub, 2026).

$n = N / [1 + N(e^2)]$

$n \approx 418 / 2.045 \approx 204$

A sample of 204 was proportionally distributed between the hospitals.

Table 2 Proportional sample size distribution

Hospital	Population (N)	Proportion (%)	Sample (n)
State Hospital Ijaye, Abeokuta	342	81.8	167
State Hospital Ifo	76	18.2	37
Total	**418**	**100.0**	**204**

A structured questionnaire was administered to 204 staff selected through proportionate stratified sampling across professional groups. Of these, 171 questionnaires were returned, and 165 were correctly completed and usable, yielding a valid response rate of 89.7 per cent (Kim et al., 2022).

Measurement Instruments and Scales

The questionnaire consisted of three sections: demographic information, conflict management, and strategic leadership.

Conflict management was measured using a 15-item scale adapted from previous studies on conflict management in healthcare (Han et al., 2025; Tanimola et al., 2024). The scale captured three dimensions:

- Constructive Conflict Management Styles (6 Items, E.G., "When Disagreements Arise, Staff in My Unit Look For Solutions That Satisfy Everyone Involved").
- Incidence of Dysfunctional Conflict (5 Items, E.G., "Conflicts in My Unit Often Remain Unresolved and Resurface Later").
- Perceived Team Effectiveness (4 Items, E.G., "Members of My Team Work Together Effectively to Solve Problems").

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Strategic Leadership was Measured with A 12-Item Scale Adapted from Strategic and Transformational Leadership Research In Healthcare And Public Organisations (Samimi Et Al., 2022; Collins Et Al., 2023). It Included:

- Visionary Communication (4 Items, E.G., "Leaders in This Hospital Communicate a Clear Direction For The Future").
- Participative Decision-Making (4 Items, E.G., "Leaders Involve Staff When Making Decisions That Affect Their Work").
- Staff Support (4 Items, E.G., "Leaders Provide Support to Staff When Conflicts Occur").

All items were rated on a five-point Likert scale (1 = strongly disagree to 5 = strongly agree).

Content validity was established through expert review by two healthcare management scholars and a senior hospital administrator, who assessed item clarity and relevance. Wording was refined based on their feedback.

Reliability and Validity

A pilot study with 30 healthcare workers at another Ogun State hospital, not included in the main sample, produced Cronbach's alpha values above 0.80 for both the conflict management and strategic leadership scales. In the main study, Cronbach's alpha remained above 0.80, with subscale values ranging from 0.77 to 0.85, indicating acceptable internal consistency.

Exploratory factor analysis (EFA) using principal component extraction and varimax rotation was conducted to assess construct validity. The Kaiser–Meyer–Olkin measure exceeded 0.70, and Bartlett's test of sphericity was significant ($p < 0.001$), confirming suitability for factor analysis. Items loaded strongly (> 0.60) on their intended factors with minimal cross-loadings, supporting convergent and discriminant validity.

Qualitative Component

For the qualitative strand, 20 personnel (doctors, nurses, other clinical staff and administrative staff) were purposively selected from the two hospitals. Semi-structured interviews explored participants' experiences of conflict, leadership behaviour during disputes, and the influence of organisational culture, policy constraints, and resource availability on conflict management. Interviews were audio-recorded with consent, transcribed verbatim and thematically analysed.

Data Analysis and Design Limitations

Quantitative data were analysed using SPSS. Descriptive statistics summarised respondents' characteristics and mean scores on key constructs. Pearson Product-Moment Correlation was used to test the hypotheses at a 0.05 significance level. Qualitative themes were integrated with quantitative findings to enrich interpretation.

The design has limitations. The reliance on self-reported questionnaires introduces potential response bias and common method variance, which may inflate associations between variables despite efforts to assure anonymity. The sample is limited to two state hospitals in one region, restricting generalisability to other regions or types of healthcare facilities.

The cross-sectional design captures associations at a single point in time and cannot establish causality; correlations should therefore be interpreted as associative rather than causal. Finally, although organisational culture, policy frameworks and resource availability were explored qualitatively, they were not modelled quantitatively and thus remain important contextual factors rather than tested predictors.

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RESULTS

Descriptive Statistics

Table 3 Descriptive statistics for key variables (n = 165)

Variable	Mean	Standard deviation	Interpretation
Constructive conflict management styles	3.72	0.68	Moderately high
Incidence of dysfunctional conflict (rev.)	3.45	0.74	Moderate (lower is better)
Perceived team effectiveness	3.79	0.71	Moderately high
Strategic leadership – vision	3.88	0.69	Moderately high
Strategic leadership – participation	3.81	0.72	Moderately high
Strategic leadership – staff support	3.76	0.75	Moderately high

The results indicate reasonably favourable perceptions of constructive conflict management, strategic leadership and team effectiveness, yet the mean for dysfunctional conflict suggests that unresolved or destructive conflicts are still present and that there is scope for improvement.

Correlation Analysis

Table 4 Correlation between strategic leadership and conflict management (n = 165)

Relationship	r	p-value
Strategic leadership vs. constructive conflict management	0.68	< 0.01
Strategic leadership vs. dysfunctional conflict (rev.)	−0.56	< 0.01
Strategic leadership vs. perceived team effectiveness	0.72	< 0.01

Strategic leadership is positively and significantly associated with constructive conflict management styles ($r = 0.68, p < 0.01$) and perceived team effectiveness ($r = 0.72, p < 0.01$), and negatively associated with the incidence of dysfunctional conflict ($r = -0.56, p < 0.01$). Although the cross-sectional nature of the design precludes causal claims, these associations are consistent with theoretical expectations that stronger strategic leadership relates to more constructive conflict handling and better team functioning.

Qualitative Findings

Interview data provided nuanced insights that help explain the quantitative patterns. Many respondents described leaders who communicated expectations clearly, listened to staff and intervened early in disputes as promoting fair and respectful resolution. Nurses recounted examples of unit heads convening joint meetings with conflicting parties, allowing each to present their perspective and facilitating mutually acceptable solutions, illustrating how strategic leadership can foster collaborative conflict cultures.

Conversely, participants reported that conflicts were more likely to escalate or remain unresolved when leaders were perceived as distant, biased or unresponsive. In such units, staff tended to avoid confronting issues or harboured resentment, consistent with higher levels of dysfunctional conflict. Interviewees also noted that resource shortages, unclear policies and ambiguous role expectations often triggered or intensified conflicts, suggesting that leadership operates within broader organisational and resource constraints (Healthcare Conflict Management in Resource-Constrained Settings, 2026).

DISCUSSION

The findings substantiate the proposition that strategic leadership is closely linked to conflict management patterns in State Hospital Ijaye and State Hospital Ifo. The positive association between strategic leadership and constructive conflict styles suggests that leaders who articulate clear visions, involve staff in decisions and provide support during disputes encourage collaborative and compromising approaches to conflict resolution. This is consistent with Transformational Leadership Theory and with prior work showing that transformational

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and supportive leadership promote constructive conflict strategies and resilience (Collins et al., 2023; Sarcevic et al., 2021).

The negative association between strategic leadership and dysfunctional conflict indicates that leadership behaviours are important in preventing conflict escalation and reducing persistent unresolved disputes. This aligns with studies in Nigerian and other African hospitals, which find that leadership involvement and conflict resolution training are associated with fewer destructive conflicts and higher staff performance and satisfaction (Ayodele & Akinmoladun, 2023; Olabode et al., 2022; Valentine & Lavizzo-Mourey, 2025). Qualitative insights into leaders who are absent or biased during conflicts further emphasise that inaction by leaders can exacerbate rather than mitigate conflict.

The strong positive relationship between strategic leadership and perceived team effectiveness suggests that leadership influences broader team dynamics beyond individual conflicts. Teams experiencing transparent communication, participative decision-making and supportive leadership report higher cohesion and ability to work together to solve problems, which is consistent with international evidence linking leadership and safety culture to improved patient safety outcomes (Kim et al., 2022; Han et al., 2025). Qualitative findings that highlight the role of organisational culture, policies and resources remind us that leadership is a necessary but not sufficient condition: culture and resource constraints shape the context within which leadership operates (Kiyumi, 2023; Healthcare Conflict Management in Resource-Constrained Settings, 2026).

Limitations and Directions for Future Research

Several limitations should be noted. First, the reliance on self-reported questionnaire data introduces potential social desirability and common method bias, which may inflate the observed relationships between strategic leadership and conflict management despite anonymity assurances and the use of multiple scales. Future studies could supplement self-reports with supervisory ratings, objective incident reports or patient safety metrics to reduce this bias.

Second, the study focuses on only two state hospitals in a single Nigerian region, limiting the generalisability of the findings to other geographical areas, levels of care (primary or tertiary) and private or faith-based facilities. Multi-site studies covering a broader range of institutions would help differentiate context-specific from more generalisable patterns.

Third, the cross-sectional design captures associations at a single point in time and cannot establish causality. While the findings are consistent with a view that strategic leadership shapes conflict management and team effectiveness, reverse or reciprocal influences are also plausible. Longitudinal designs and experimental or quasi-experimental leadership interventions would be valuable for clarifying causal pathways.

Finally, although the study acknowledges organisational culture, policy constraints and resource availability as important contextual influences, these factors were not incorporated into the quantitative model. Future research should include such variables and use multivariate techniques, such as structural equation modelling, to examine how leadership, culture, resources and conflict management jointly influence staff and patient outcomes (Healthcare Conflict Management in Resource-Constrained Settings, 2026; Kiyumi, 2023).

CONCLUSION AND RECOMMENDATIONS

This convergent mixed-methods study at State Hospital Ijaye and State Hospital Ifo shows that strategic leadership is significantly associated with constructive conflict management styles, lower levels of dysfunctional conflict, and higher perceived team effectiveness. Qualitative evidence confirms that leadership behaviours—particularly communication, fairness, responsiveness and support—shape how staff experience and manage conflict within the constraints of organisational culture, policy and resources.

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The study recommends that Ogun State health authorities and hospital management:

1. Implement leadership development programmes for senior and middle managers focusing on communication, emotional intelligence, negotiation and mediation skills to enhance constructive conflict management.

2. Institutionalise clear, transparent conflict-management policies and accessible grievance and mediation mechanisms, ensuring that staff understand the processes and feel safe using them.

3. Foster a culture of psychological safety and open communication by encouraging staff to report concerns, responding promptly to reports of disrespect or conflict and modelling respectful behaviours at all levels of leadership.

4. Address structural and resource constraints that fuel conflict by improving staffing levels where possible, clarifying roles and responsibilities and reviewing policies that inadvertently create bottlenecks or ambiguity (Healthcare Conflict Management in Resource-Constrained Settings, 2026).

5. Support future longitudinal and multi-site research on leadership and conflict management, including interventions that test the effectiveness of specific leadership development and conflict-management programmes in Nigerian hospitals.

By strengthening strategic leadership, embedding fair and transparent conflict management structures, and attending to organisational culture and resources, Ogun Central State Hospitals can move closer to the ideal of constructive conflict handling, improved staff well-being, and safer patient care.

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