








## Original Research

# Understanding the factors affecting conflict between managers and healthcare providers in UAE hospitals: A case study from the perspectives of nurses, pharmacists, and physicians

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### Abstract

**Background:** To provide high-quality care, it is necessary to minimize conflict and other negative effects on the health team's environment. Providing healthcare services necessitates the collaboration of numerous teams of nurses, surgeons, physicians, and pharmacists, and addressing challenges takes time. Regardless of the case, it is a critical responsibility for physician leaders. At any point, conflicts between medical staff members can erupt into violence or a lawsuit. **Objectives:** Identifying and analyzing factors that contribute to conflict between healthcare providers and managers in UAE hospitals. **Methods and Materials:** As part of the qualitative technique utilized in this study, face-to-face interviews were done. Just two public hospitals were chosen, with a sample size of 30 participants (ten nurses, ten pharmacists, and ten doctors) in two public hospitals. **Result:** In the examined hospitals, three important reasons were identified as a conflict between medical staff members: organizational factors, a lack of satisfaction, and workload. **Conclusion:** This study attempted to provide an in-depth understanding of the factors influencing the relationship between hospital managers and healthcare providers. This study investigated the elements that influence conflict in hospitals, as well as the reasons for and forms of workplace conflicts. These problems not only endanger patients and the quality of services they receive, but they also have an impact on leadership and managerial qualities.

**Keywords:** conflict, satisfaction, workload, physicians, pharmacists, nurses and healthcare provider

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## INTRODUCTION

Ineffective management within healthcare institutions is a major concern. It often results in low profitability, high staff turnover, decreased productivity, internal conflict, and patient dissatisfaction. Characteristics of poor management include negligence, a lack of business acumen, and entrenched negative attitudes. Conversely, effective management is crucial to ensuring the productivity and sustainability of healthcare systems. Competent leadership defined by a combination of relevant skills can predict sustainability outcomes. These outcomes, consistent with the literature, span social, economic, and environmental dimensions. Higher education and healthcare sectors can foster sustainability by integrating core management and leadership competencies into their curricula, thereby supporting long-term development<sup>1</sup>. Among other things, the ability to reduce conflicts and other possibilities that may have a negative impact on the environment within the health team is essential for hospitals to provide high-quality healthcare services<sup>2</sup>. It takes a lot of time to resolve conflicts among various healthcare teams, including nurses, surgeons, physicians, pharmacists, and others, in order to provide the best possible care to patients. The task is, however, a necessary one for physician leaders, who must be careful. Arguments and disagreements among medical professionals can happen at any time, with a variety of outcomes ranging from disagreements and controversies to violence or litigation<sup>3</sup>.

Differences in values, interests, and needs are often perceived to be the source of conflict. Patients and their relatives,



administrators, physicians, nurses, and other supporting staff may all become embroiled in disagreements with one another in the healthcare field<sup>4</sup>. Among the most significant causes of disagreement are: organisational values, structure, roles, and beliefs; interpersonal relationships; communication and information gaps; and a conflicting interest. In the opinion of one study, workplace conflicts among health care workers can have negative consequences for patient care as well as for productivity and morale of the workforce<sup>5</sup>.

Patients' rights to adequate information and their overall interests may be compromised by insufficient oversight and a lack of clear legal requirements for information disclosure. This often results in limited information being shared during clinical consultations. In public hospitals, many patients base their choice of healthcare providers on cost rather than quality, largely due to financial constraints. The combination of high patient volumes and minimal financial incentives can discourage doctors from offering thorough explanations or sharing comprehensive health information. While some doctors in private hospitals attempt to improve the patient experience through better communication, others prioritize relationships with health insurance companies over open dialogue with patients. Poor communication across the healthcare industry contributes to uncertainty regarding patient involvement in decision-making and leads to unnecessary expenditures. Additionally, the team-based nature of clinical practice, particularly in surgical settings, makes it challenging to assess individual physician performance, thereby reducing accountability and increasing the potential for conflict between management and providers<sup>6</sup>. Transformational leadership has been linked to improved safety outcomes in healthcare by fostering a culture of safety that shapes professional behaviors and attitudes. It emphasizes intellectual stimulation, inspirational motivation, and individualized consideration. The influence of transformational leadership on nurse safety practices is mediated by a strong patient safety culture defined by open communication, learning from errors, and shared accountability. These cultural elements help raise care standards, reduce errors, and enhance patient outcomes. When nurses adopt these principles, they provide safer, more compassionate care. Strengthening transformational leadership among nurse managers and consistently evaluating patient safety culture can improve nursing practices and reduce tensions between clinical staff and management<sup>7</sup>.

Different studies have evaluated the issue of conflict in hospitals but none of them explored the rationale behind those workplace conflicts and their types. Since these challenges are not only threatening for patients and the quality of services they get, they are also affecting the leadership and managerial abilities. Conflicts depends on beliefs and culture and there is lack of studies outlining. Therefore, there is a need to study the conflicts arising between the professionals in the UAE's hospitals and propose some feasible solutions to address them. This study aimed to identify and analyse factors leading to conflict between healthcare providers and managers in the

hospitals of UAE.

## METHODS AND MATERIALS

It was determined that a qualitative approach was the most effective way to achieve the study's goals and objectives, which included providing an in-depth understanding of the factors influencing the conflict between hospital administrators and healthcare providers in the UAE.

### The study instruments

The researcher gathered data through semi-structured (face-to-face) interviews. These studies enrolled nurses and physicians who were medically qualified to participate. These nurses, pharmacists, and physicians were questioned about their educational and professional backgrounds, as well as their perceptions of the factors that may contribute to the rise in conflict between managers and healthcare providers. Permission forms and information packets were distributed to those who expressed an interest in participating in the study.

### Sample size for the study

The sample for this qualitative study consisted of pharmacists, nurses and physicians from two governmental hospitals in the UAE. This study interviewed a total of 30 people from two different hospitals. This study interviewed nurses, pharmacists, and physicians. Only ten of the interviewees were female, including four nurses, two pharmacists, and two physicians. The remaining participants were all men and held various positions within the company. Nobody declined the opportunity to be interviewed among those contacted. The researcher ensured that all participants' privacy and confidentiality were protected. To protect the interviewees' privacy and confidentiality, their names will not be revealed. Each participant in the study was identified using abbreviated codes such as 'Interviewee D1' or 'Interviewee PH1'. The interviews were conducted using a convenience and purposive sampling technique, resulting in a final sample size of 30 hospital nurses, pharmacists, and physicians. The sampling strategy for this study was designed to ensure that the findings could be generalized and applied to other contexts or larger populations by recruiting and selecting informants who possessed a thorough understanding of the issues under investigation.

### Data gathering

After ethical approval, data were collected from two hospitals via face-to-face interviews. The current study was approved by two different UAE hospitals' ethics committees. Participants who agreed to an interview were contacted by email to schedule one. Participants signed consent forms and received information sheets. Participants were given a participant information sheet explaining the study, data collection and analysis methods, and data use. They were also told they could leave at any time. A consent form was signed the day of the interview to emphasize that participants' needs came first. These interviews are only possible with their consent. The interviews were recorded in



real time, as were the notes. The interviewee was introduced and given information before signing the informed consent form. The interviewee's demographics were gathered first. The interviews lasted between 20 and 35 minutes. The shortest interview lasted slightly more than 25 minutes. Each interview lasted five minutes and included an overview of the research context, a presentation of the study topic, an explanation of the research gap, and a discussion of the support for the investigation.

### Data analysis

Our qualitative data analysis software NVivo processed 30 interviews. Interviews were audio recorded and then verbatim transcribed before data analysis. They were then imported into NVivo, a qualitative data analysis software, to help conceptualize. Thematic analysis was chosen for this study's data analysis.

### The Interviewees' Characteristics

There were only ten female participants in the survey. The vast majority of participants, on the other hand, were over the age of 35 and had at least a bachelor's degree. At least eight years' experience was required for each position they held in the hospitals, and most had 15 to 20 years' experience.

## RESULTS

### Factors that may influence the conflict between management and employees

The following are the main themes that emerged from the data analysis of the interviews conducted with AUE hospital managers and healthcare providers.

#### Thematic Analysis

Three major themes emerged from the data analysis, the first theme was characterized

#### Organizational Factors:

Which included a lack of policies, HR and Director of Nursing management split, and operational issues caused by other departments. Nurses lack clear standards and methods to streamline work, promote consistency, and foster accountability. Several participants mentioned patient visitation policies, staff leave regulations, and wage scale policies, for reasons that will be made clear in the following viewpoints.

*"The lack of clear standards and methods for nurses to streamline work, promote consistency, and foster accountability, in my opinion, is a major problem."* ( N9)

*"It's possible that this is due to a lack of clear guidelines"* (D5)

*"based on my personal experience, I believe wage scale policies"* ( ph3)

#### lack of Satisfaction:

The second issue identified in this study is that a lack of satisfaction results in conflict between nurses and their managers as a result of decisions made without taking into

account the requirements and ideas of staff professionals. For example

*"For me, we attempted to voice our concerns to the director of the department, but he dismissed our concerns"* (PH9)

*"I see [...] yah...our boss never discussed our department's concept with us"* (N7).

*"decisions are made without considering the needs and opinions of the department's employees"* (N10).

Poor economic decisions as a result of lack of exposure; lack of training and understanding of financial management; and pressure to function within financial constraints despite additional healthcare regulations **Workload:**

Another finding of this study was the high need for managerially skilled personnel as a result of the job responsibilities and institutional workload, as well as pressure from the need to balance the needs of the organization with those of its employees and their preferences. As a result of a disparity in the amount of work assigned to healthcare providers based on their level of expertise, conflicts have arisen among health care workers, who believe they are being given work they cannot handle or are oppressed.

*"may be ....Because there is a workload"* (D4)

*"I think there aren't enough staff to do all the work, so there is a lot of work"* (N8)

*"Yes ..[...] workload"* (Ph3)

*"Work has to be done, which will make the boss and staff more angry. There is a lot of work to be done, which increases the tension between the boss and his or her staff"* (N5)

## DISCUSSION

Three themes have emerged from the interviews, according to the findings. Consistent wage scale policies and lack of HR policies were found to be factors in the interview with nurses, physicians and other medical staff. Improper HR policies and task interdependencies lead to inconsistency and errors, according to one study<sup>8</sup>. Increased task interdependence amongst groups or individuals can lead to disagreements and misunderstandings. Even a minor disagreement can quickly escalate into a major problem when there is a lot of task interdependence<sup>9</sup>.

Another factor that contributes to the conflict among healthcare professionals is a lack of satisfaction. The findings support the findings of one study, who determined that a lack of training and skill development opportunities is the primary cause of workplace dissatisfaction, resulting in a disconnect between employees' desired outcomes and actions<sup>10</sup>. This disconnect can be influenced by both internal feelings and external circumstances. Apart from the training and development aspects of the job, a study stated that micromanaging leaders lead to employee disengagement and frustration, resulting in conflicts among team members<sup>11</sup>. Healthcare providers are under pressure to operate within economic constraints



regardless of healthcare regulations. Managers, on the other hand, can easily manage low employee engagement by valuing employees' voices, listening to their concerns, and acting accordingly<sup>12</sup>.

Workload is the third and final theme that increases the likelihood of conflict among employees in healthcare facilities. Rising conflicts, according to a study, are caused by a lack of staff members and unclear job expectations<sup>13</sup>. The majority of hospitals in the UAE lack sufficient skilled workers, putting additional strain on existing healthcare professionals. According to a study, when organisations lack human resources to carry out their operations, the pressure on employees to fulfil their roles and responsibilities increases<sup>14</sup>. This additional workload can become overwhelming at times. Employees are pushed too hard to perform their duties, which leads to resentment toward coworkers and conflicts<sup>15</sup>.

Concerning lack of clarity and job responsibilities, one study stated that there is a lack of clarity among employees in the healthcare sector about their roles and responsibilities<sup>12</sup>. Employees may believe that a particular job aspect is not their responsibility and that other members should carry it out. Furthermore, poor management, workplace discrimination, changes within internal systems, a lack of opportunities, and annoying leadership habits all contribute to conflict between managers and healthcare professionals.

There may be limitations to this study due to its qualitative approach and the fact that it only included two public hospitals and a total of 30 participants (ten doctors, ten nurses, and ten pharmacists). As a result, the researcher strongly suggests that the subject be investigated further utilizing patients from other private institutions. It is also necessary to collect data from a diverse range of people from various backgrounds and professions, including hospital administrators and doctors, as well as policymakers and other health care providers, in order to better understand the advantages and drawbacks of hospital

accreditation. Researchers believe that by examining the issue of healthcare provider-manager conflict, UAE hospitals will be better able to provide better care.

## CONCLUSION

Face-to-face interviews were conducted as part of this study, which used a qualitative methodology. The selection of only two public hospitals, with a sample size of 30 people (comprising 10 nurses, 10 pharmacists and 10 doctors). The purpose of this study is to identify and analyze the elements that contribute to conflict between healthcare providers and managers at hospitals in the United Arab Emirates. As a result, several causes were discovered, including organizational factors, a lack of happiness with the job, and a high level of workload.

## CONFLICTS OF INTEREST

The authors have indicated that they have no conflicts of interest regarding the content of this article.

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## References

1. Allari, R. S., & Abu-Dames, M. (2025). Correlation between management and leadership competencies and sustainability measures in Jordanian governmental hospitals: managers' perception. *Frontiers in Sustainability*, 5:1483667.
2. Almost, J., Wolff, A. C., Stewart-Pyne, A., McCormick, L. G., Strachan, D., & D'Souza, C. (2016). Managing and mitigating conflict in healthcare teams: an integrative review. *Journal of advanced nursing*, 72(7), 1490-1505.
3. Antão, H. S., Sacadura-Leite, E., Manzano, M. J., Pinote, S., Relvas, R., Serranheira, F., & Sousa-Uva, A. (2020). Workplace violence in healthcare. *Acta medica portuguesa*, 33(1), 31-37.
4. Dossett, L. A., Vitous, C. A., Lindquist, K., Jagsi, R., & Telem, D. A. (2020). Women surgeons' experiences of interprofessional workplace conflict. *JAMA network open*, 3(10), e2019843-e2019843.
5. Haraway, D. L., & Haraway, W. M. (2015). Analysis of the effect of conflict-management and resolution training on employee stress at a healthcare organization. *Hospital Topics*, 83(4), 11-17.
6. Dahiyat, E., El-Dahiyat, F., El Refae, G., & Babar, Z.-U.-D. (2023). Exploring the factors impacting physicians' attitudes toward health information exchange with patients in Jordanian hospitals.
7. Hamdan, M., Jaaffar, A. H., Khraisat, O., Issa, M. R., & Jarrar, M. (2024). The Association of Transformational Leadership on Safety Practices Among Nurses: The Mediating Role of Patient Safety Culture. *Risk Management and Healthcare Policy*, 17, 1687-1700.
8. Simpaio, A. F. (2013). Conflict management in the health care workplace. *Physician Exec*, 39(6), 54-6.
9. Randle, J., Stevenson, K., Grayling, I., & Walker, C. (2017). Reducing workplace bullying in healthcare organisations. *Nursing*



Standard (through 2013), 21(22), 49.

10. Pitafi, A. H., Khan, A. N., Khan, N. A., & Ren, M. (2020). Using enterprise social media to investigate the effect of workplace conflict on employee creativity. *Telematics and Informatics*, 55, 101451.
11. Lindquist, K. M., Vitous, C. A., Dossett, L. A., Jagsi, R., & Telem, D. A. (2021). Women Surgeons' Perspectives on System-level Strategies to Address Interpersonal Workplace Conflict. *Annals of Surgery*, 273(3), 494-499.
12. Kim, S., Bochatay, N., Relyea-Chew, A., Buttrick, E., Amdahl, C., Kim, L., ... & Lee, Y. M. (2017). Individual, interpersonal, and organisational factors of healthcare conflict: A scoping review. *Journal of interprofessional care*, 31(3), 282-290.
13. Jakobsson, J., Axelsson, M., & Örmon, K. (2020). The face of workplace violence: Experiences of healthcare professionals in surgical hospital wards. *Nursing research and practice*, 2020.
14. Jerng, J. S., Huang, S. F., Liang, H. W., Chen, L. C., Lin, C. K., Huang, H. F., ... & Sun, J. S. (2017). Workplace interpersonal conflicts among the healthcare workers: Retrospective exploration from the institutional incident reporting system of a university-affiliated medical center. *PLoS One*, 12(2), e0171696.
15. Algunmeeyn, A., El-Dahiyat, F., Alfayoumi, I., & Alrawashdeh, M. (2021). Exploring staff perspectives of the barriers to the implementation of accreditation in Jordanian hospitals: Case study. *International Journal of Healthcare Management*, 14(4), 1422-1428.

