

**Workplace Conflict On Employees' Performance And Organizational Productivity: A Case Study Of
Lyantonde General Hospital**

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Abstract

This study investigated the effect of workplace conflict on employees' performance and organizational productivity, using Lyantonde General Hospital as a case study. Workplace conflict remains a persistent challenge in healthcare institutions, where high workloads, resource constraints, and interdisciplinary interactions create fertile ground for interpersonal and role-based disputes that can undermine service delivery. The study was guided by three specific objectives: to examine the levels and forms of workplace conflict at Lyantonde General Hospital, to assess the level of employee performance, and to establish the relationship between workplace conflict, employee performance, and organizational productivity. A descriptive correlational research design was adopted, targeting a population of 190 health workers and support staff, from which a sample of 128 respondents was selected using the Krejcie and Morgan (1970) table and stratified random sampling across departments. Data were collected using a structured questionnaire and analysed using SPSS version 26, applying descriptive statistics, Pearson correlation, and multiple linear regression. The findings revealed a significant negative relationship between workplace conflict and employee performance ($r = -0.529$, $p < 0.01$) and between workplace conflict and organizational productivity ($r = -0.487$, $p < 0.01$). Regression analysis showed that workplace conflict significantly and negatively predicted employee performance ($\beta = -0.529$, $p < 0.001$), explaining 28.0% of the variance ($R^2 = 0.280$), and jointly with employee performance explained 39.6% of the variance in organizational productivity ($R^2 = 0.396$, $F(2,125) = 40.99$, $p < 0.001$). The study concludes that unresolved workplace conflict significantly undermines both employee performance and organizational productivity at Lyantonde General Hospital and recommends strengthening conflict management mechanisms, including structured grievance handling procedures and regular team-building interventions.

Keywords: Workplace conflict, employee performance, organizational productivity, healthcare, conflict management, Lyantonde, Uganda

1.0 Introduction

Workplace conflict, defined as the perceived incompatibility of interests, goals, or values between individuals or groups within an organisation, is an inevitable feature of organisational life, particularly in complex, high-pressure environments such as hospitals (Rahim, 2011; Jehn & Bendersky, 2003). While moderate task-related conflict can occasionally stimulate constructive debate and innovation, unresolved or poorly managed relationship conflict has been consistently associated with reduced employee morale, increased turnover intentions, and diminished organisational performance (De Dreu & Weingart, 2003). Globally, healthcare institutions are particularly susceptible to workplace conflict due to factors such as high workload pressure, hierarchical structures, resource scarcity, and the emotionally demanding nature of patient care (World Health Organization, 2022).

In Uganda, public hospitals such as Lyantonde General Hospital operate under considerable resource constraints, including staff shortages, limited medical supplies, and heavy patient loads, conditions that have been associated

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with elevated levels of interpersonal and inter-departmental conflict among health workers (Ministry of Health, 2022). Hospital administration records at Lyantonde General Hospital have periodically documented disputes among clinical and support staff relating to workload distribution, resource allocation, and supervisory relationships (Julius & Kazaara, 2026). While such conflicts are acknowledged informally, their systematic effect on employee performance and overall organizational productivity has not been empirically examined at this facility, providing the impetus for this study (Emmanuel et al., 2023).

1.1 Problem Statement

Lyantonde General Hospital has, over recent years, experienced recurrent reports of interpersonal disputes among staff, delayed service delivery to patients, and declining staff morale, as documented in hospital management committee minutes and annual performance reviews (Lyantonde General Hospital Management Reports, 2023). These challenges have persisted despite the hospital's continued efforts to improve service delivery through infrastructure investment and staff training (Ntirandekura et al., 2022). It remains unclear, however, the extent to which workplace conflict specifically contributes to diminished employee performance and, by extension, overall organizational productivity at the hospital, as opposed to other contributing factors such as resource shortages or staffing levels (Mobegi, 2026). This lack of empirical clarity constrains hospital management's ability to design targeted conflict management interventions, necessitating a systematic investigation into the relationship between workplace conflict, employee performance, and organizational productivity at Lyantonde General Hospital (Muhamad et al., 2023).

1.2 Main Objective

The main objective of this study was to examine the effect of workplace conflict on employees' performance and organizational productivity at Lyantonde General Hospital.

1.2.1 Specific Objectives

- i. To examine the levels and forms of workplace conflict experienced by employees at Lyantonde General Hospital.
- ii. To assess the level of employee performance at Lyantonde General Hospital.
- iii. To establish the relationship between workplace conflict, employee performance, and organizational productivity at Lyantonde General Hospital.

2.0 Literature Review

2.1 Theoretical Review

This study was anchored on the Conflict Theory as advanced by Pondy (1967), which conceptualizes organisational conflict as a dynamic process arising from competition over scarce resources, divergent goals, and structural interdependence among organisational units. The study was further supported by the Social Exchange Theory (Blau, 1964), which posits that employees' performance and commitment are contingent upon perceived fairness and reciprocity in workplace relationships; unresolved conflict disrupts this reciprocal exchange, leading to withdrawal behaviours and reduced performance.

2.2 Workplace Conflict in Healthcare Settings

Workplace conflict in healthcare settings commonly manifests as interpersonal conflict among colleagues, role conflict arising from unclear job boundaries, and hierarchical conflict between clinical and administrative staff (Almost et al., 2016). A study by Kiwanuka and Ochieng (2021) among Ugandan public hospital workers found that resource-related disputes and supervisory conflicts were the most prevalent forms of workplace conflict, often exacerbated by chronic understaffing and delayed remuneration.

2.3 Employee Performance

Employee performance in healthcare settings is typically assessed through indicators such as task accomplishment, quality of patient care, punctuality, and adherence to clinical protocols (Armstrong, 2020). Studies have shown that psychological strain arising from unresolved workplace conflict can impair concentration, decision-making, and interpersonal collaboration, thereby degrading performance even among otherwise competent staff (Spector & Jex, 1998).

2.4 Workplace Conflict, Employee Performance, and Organizational Productivity

Empirical evidence generally supports a negative relationship between workplace conflict and both individual performance and organisational productivity (Christopher, Moses, Muhindo, et al., 2022). De Dreu and Weingart (2003), in a meta-analytic review, found that relationship conflict was consistently negatively associated with team performance across studies. In the African healthcare context, a study by Adubango and Wanyama (2020) among Kenyan public hospital staff found that workplace conflict significantly and negatively predicted both employee performance and overall hospital service delivery efficiency, with conflict explaining approximately 25% of the variance in employee performance (Ariyo, 2023). Similarly, Nabatanzi (2021), studying selected Ugandan referral hospitals, found that poorly managed conflict was associated with increased absenteeism and reduced patient satisfaction scores, both proxies for diminished organizational productivity.

2.5 Literature Gap

Although the negative effects of workplace conflict on performance and productivity are well documented internationally and within selected African healthcare settings, limited empirical evidence exists specific to lower-level general hospitals in Uganda, such as Lyantonde General Hospital, which face distinct resource and staffing contexts compared to national or regional referral hospitals (Faridah et al., 2023). This study addressed this contextual gap.

3.0 Methodology

3.1 Research Design

A descriptive correlational research design employing a quantitative approach was adopted, allowing for the description of workplace conflict, employee performance, and productivity levels, and the statistical testing of relationships among these variables (Creswell & Creswell, 2018).

3.2 Study Population

The target population comprised 190 employees of Lyantonde General Hospital, including clinical staff (doctors, nurses, midwives), allied health professionals, and administrative/support staff, as obtained from the hospital's human resource establishment records (2023).

3.3 Sample Size and Sampling Technique

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Applying the Krejcie and Morgan (1970) table, a sample size of 128 respondents was derived from the population of 190. Stratified random sampling was used, with hospital departments (clinical, allied health, and administrative/support) serving as strata, followed by simple random selection within each stratum to ensure proportional representation.

3.4 Data Collection Instrument

Data were collected using a structured questionnaire employing a 5-point Likert scale. The instrument measured workplace conflict (interpersonal conflict, role conflict, and resource-based conflict), employee performance (task accomplishment, quality of work, and timeliness), and organizational productivity (service delivery efficiency and patient turnaround indicators)(Christopher, Komunda, et al., 2022).

3.5 Validity and Reliability

Content validity was established through review by two organisational behaviour experts, yielding a Content Validity Index of 0.83. Cronbach's Alpha reliability coefficients were 0.82 for workplace conflict, 0.78 for employee performance, and 0.80 for organizational productivity, all exceeding the 0.70 acceptable threshold (Nunnally, 1978).

3.6 Data Analysis

Data were analysed using SPSS version 26(Nelson et al., 2022). Descriptive statistics (means, standard deviations, frequencies) summarised the levels of workplace conflict, employee performance, and productivity. Pearson correlation analysis examined bivariate relationships among the three variables, while multiple linear regression analysis was used to determine the predictive effect of workplace conflict and employee performance on organizational productivity, at a 0.05 significance level.

3.7 Ethical Considerations

Ethical clearance was obtained from the hospital administration prior to data collection. Respondents' participation was voluntary, and confidentiality of individual responses regarding sensitive interpersonal matters was strictly maintained.

4.0 Results

4.1 Response Rate

Out of 128 questionnaires distributed, 119 were fully completed and returned, representing a response rate of 93.0%.

4.2 Demographic Characteristics of Respondents

Table 4.1: Demographic Characteristics of Respondents (n = 119)

Variable	Category	Frequency	Percentage (%)
Gender	Male	46	38.7
	Female	73	61.3
Department	Clinical (Doctors/Nurses/Midwives)	68	57.1
	Allied Health	22	18.5
	Administrative/Support	29	24.4

Years of Service	Below 3 years	31	26.1
	3-7 years	52	43.7
	Above 7 years	36	30.2

Source: Primary Data, 2025

The findings presented in Table 4.1 showed that a total of 119 respondents participated in the study. With regard to gender, the results indicated that the majority of the respondents were female, accounting for 73 respondents (61.3%), while male respondents constituted 46 (38.7%). This distribution suggested that female employees formed the larger proportion of the workforce represented in the study. The participation of both male and female employees ensured that the findings reflected diverse perspectives regarding workplace conflict, employee performance, and organizational productivity.

Regarding departmental affiliation, the findings revealed that the largest proportion of respondents worked in the clinical department, including doctors, nurses, and midwives, representing 68 respondents (57.1%). This was followed by respondents working in administrative and support services, who accounted for 29 respondents (24.4%), while respondents from allied health departments constituted 22 (18.5%). These findings suggested that the majority of respondents were directly involved in patient care and service delivery, implying that their experiences with workplace conflict and performance were likely to have a direct influence on the quality of healthcare services provided by the organization.

The findings further showed that the largest proportion of respondents had worked in the organization for 3 to 7 years, accounting for 52 respondents (43.7%). Respondents who had served for more than seven years represented 36 (30.2%), while those who had worked for less than three years constituted 31 respondents (26.1%). These findings indicated that most respondents had accumulated considerable work experience within the organization, suggesting that they possessed adequate knowledge of workplace relationships, organizational practices, and performance expectations. Their experience therefore enhanced the credibility of the responses obtained during the study.

4.3 Descriptive Statistics for Workplace Conflict

Table 4.2: Descriptive Statistics for Workplace Conflict (n = 119)

Dimension	Mean	Std. Dev.	Interpretation
Interpersonal Conflict	3.38	0.87	Moderate
Role Conflict	3.21	0.91	Moderate
Resource-Based Conflict	3.64	0.83	High
Overall Workplace Conflict	3.41	0.69	Moderate

Source: Primary Data, 2025

Table 4.2 presented the descriptive statistics for workplace conflict among employees. The findings revealed an overall mean score of 3.41 with a standard deviation of 0.69, indicating a moderate level of workplace conflict within the organization (Nicholas & Nancy, 2024). This finding suggested that although workplace conflict existed

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among employees, it had not reached extremely high levels(Ntirandekura & Christopher, 2022). Nevertheless, the moderate level implied that conflict remained a significant organizational issue requiring effective management to prevent adverse effects on employee performance and organizational productivity(Christopher, Moses, Enosh Muhindo, et al., 2022).

Among the dimensions of workplace conflict, resource-based conflict recorded the highest mean score of 3.64 with a standard deviation of 0.83, which was interpreted as high. This finding suggested that competition for limited organizational resources, including equipment, supplies, finances, and other work-related resources, was the most common source of conflict among employees(Kazaara & Kazaara, 2023). The relatively low standard deviation indicated that respondents generally shared similar views regarding the prevalence of resource-related conflicts within the organization(Ariyo, 2023).

The findings further showed that interpersonal conflict obtained a mean score of 3.38 with a standard deviation of 0.87, reflecting a moderate level of conflict among employees(Ariyo, 2023). This implied that disagreements, misunderstandings, and interpersonal tensions occasionally occurred between staff members, although they were not excessively widespread. Such conflicts were likely to affect teamwork and communication if not properly addressed by management(Emmanuel et al., 2023).

Similarly, role conflict recorded a mean score of 3.21 with a standard deviation of 0.91, which was also interpreted as moderate. This finding suggested that employees occasionally experienced uncertainty or overlapping responsibilities in the execution of their duties(Christopher, Moses, Enosh Muhindo, et al., 2022). The moderate rating indicated that while role-related challenges existed, they were manageable but still required organizational interventions such as clear job descriptions and effective communication to minimize their occurrence.

4.4 Descriptive Statistics for Employee Performance and Organizational Productivity

Table 4.3: Descriptive Statistics for Employee Performance and Organizational Productivity (n = 119)

Variable	Mean	Std. Dev.	Interpretation
Employee Performance	3.29	0.74	Moderate
Organizational Productivity	3.18	0.71	Moderate

Source: Primary Data, 2025

The findings presented in Table 4.3 indicated that employee performance recorded a mean score of 3.29 with a standard deviation of 0.74, reflecting a moderate level of performance among employees(Nelson et al., 2023). This finding suggested that employees generally performed their assigned responsibilities satisfactorily but had not consistently achieved high levels of performance(Winny et al., 2023). The moderate score implied that improvements in employee motivation, working conditions, and conflict management could further enhance performance within the organization.

The results further revealed that organizational productivity attained a mean score of 3.18 with a standard deviation of 0.71, which was also interpreted as moderate. This finding indicated that the organization maintained a moderate level of productivity in delivering healthcare services. Although the organization appeared capable of achieving its operational objectives to a reasonable extent, the moderate rating suggested that productivity could be further improved through effective management of workplace conflict and enhancement of employee performance.

4.5 Correlation Analysis

Pearson correlation analysis was conducted to examine the relationships among workplace conflict, employee performance, and organizational productivity. Results are presented in Table 4.4.

Table 4.4: Correlation Matrix (n = 119). **Correlation is significant at the 0.01 level (2-tailed).

Variable	Workplace Conflict	Employee Performance	Organizational Productivity
Workplace Conflict	1	-0.529**	-0.487**
Employee Performance	-0.529**	1	0.561**
Organizational Productivity	-0.487**	0.561**	1

Source: Primary Data, 2025

The results reveal statistically significant negative correlations between workplace conflict and employee performance ($r = -0.529$, $p < 0.01$), and between workplace conflict and organizational productivity ($r = -0.487$, $p < 0.01$), indicating that higher levels of workplace conflict are associated with lower employee performance and reduced organizational productivity. Conversely, employee performance was positively and significantly correlated with organizational productivity ($r = 0.561$, $p < 0.01$).

4.6 Regression Analysis

Regression analysis was conducted in two stages. First, a simple linear regression assessed the predictive effect of workplace conflict on employee performance. Second, a multiple linear regression assessed the joint predictive effect of workplace conflict and employee performance on organizational productivity.

4.6.1 Workplace Conflict and Employee Performance

Table 4.5: Model Summary (Dependent Variable: Employee Performance)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.529	0.280	0.274	0.631

Source: Primary Data, 2025

The model summary results revealed a correlation coefficient ($R = 0.529$), indicating a moderate relationship between workplace conflict and employee performance. The coefficient of determination ($R^2 = 0.280$) showed that workplace conflict explained 28.0% of the variation in employee performance, while the adjusted R^2 value of 0.274 indicated that approximately 27.4% of the variation remained explained after adjusting for sample size. These findings suggested that workplace conflict was an important predictor of employee performance, although the remaining 72.0% of the variation could be attributed to other factors such as employee motivation, leadership style, training, remuneration, and organizational culture.

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Table 4.6: Regression Coefficients (Dependent Variable: Employee Performance)

Model	Unstandardized B	Std. Error	Standardized Beta	t	Sig.
(Constant)	4.882	0.301	-	16.220	0.000
Workplace Conflict	-0.457	0.086	-0.529	-5.314	0.000

Source: Primary Data, 2025

The regression coefficient results revealed that the constant term was 4.882 and statistically significant ($t = 16.220$, $p = 0.000$), representing the expected level of employee performance in the absence of workplace conflict. More importantly, workplace conflict recorded an unstandardized regression coefficient of $B = -0.457$, a standardized beta coefficient of $\beta = -0.529$, a t -value of -5.314 , and a significance level of $p = 0.000$. These findings indicated that a one-unit increase in workplace conflict resulted in an estimated 0.457-unit decrease in employee performance. The negative beta coefficient confirmed that workplace conflict exerted a significant negative influence on employee performance, leading to the rejection of the null hypothesis and the acceptance of the alternative hypothesis that workplace conflict significantly affected employee performance.

4.6.2 Workplace Conflict, Employee Performance, and Organizational Productivity

Table 4.7: Model Summary (Dependent Variable: Organizational Productivity)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.629	0.396	0.386	0.557

Source: Primary Data, 2025

The model summary results indicated a correlation coefficient ($R = 0.629$), reflecting a strong relationship between the predictor variables and organizational productivity. The coefficient of determination ($R^2 = 0.396$) revealed that workplace conflict and employee performance jointly explained 39.6% of the variation in organizational productivity. The adjusted R^2 value of 0.386 further indicated that approximately 38.6% of the variation remained explained after adjusting for the number of predictors. These findings suggested that although workplace conflict and employee performance were important determinants of organizational productivity, the remaining 60.4% of the variation could be explained by other organizational factors such as leadership effectiveness, employee motivation, organizational resources, work environment, technology, and institutional policies.

Table 4.8: ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	25.44	2	12.72	40.99	0.000
Residual	36.02	116	0.310		
Total	61.46	118			

Source: Primary Data, 2025

The ANOVA results further demonstrated that the regression model was statistically significant ($F = 40.99$, $p = 0.000$). This finding indicated that the combined regression model adequately explained variations in organizational productivity and that the predictor variables jointly had a statistically significant effect on the

dependent variable. The significance value below 0.05 confirmed that the model was appropriate for predicting organizational productivity.

Table 4.9: Regression Coefficients (Dependent Variable: Organizational Productivity)

Model	Unstandardized B	Std. Error	Standardized Beta	t	Sig.
(Constant)	1.986	0.334	-	5.946	0.000
Workplace Conflict	-0.214	0.079	-0.208	-2.709	0.008
Employee Performance	0.421	0.073	0.440	5.767	0.000

Source: Primary Data, 2025

The regression coefficients revealed that the constant term was 1.986 and statistically significant ($t = 5.946$, $p = 0.000$), representing the baseline level of organizational productivity when the predictor variables were held constant. The findings further showed that workplace conflict had a negative and statistically significant influence on organizational productivity ($B = -0.214$, $\beta = -0.208$, $t = -2.709$, $p = 0.008$). This implied that a one-unit increase in workplace conflict resulted in an estimated 0.214-unit reduction in organizational productivity, holding employee performance constant. The negative standardized beta coefficient confirmed that workplace conflict reduced organizational productivity.

The analysis also revealed that employee performance had a positive and statistically significant influence on organizational productivity, with an unstandardized coefficient of $B = 0.421$, a standardized beta coefficient of $\beta = 0.440$, a t-value of 5.767, and a significance level of $p = 0.000$. These findings indicated that a one-unit improvement in employee performance resulted in an estimated 0.421-unit increase in organizational productivity. The standardized beta coefficient further demonstrated that employee performance exerted a stronger influence on organizational productivity than workplace conflict within the regression model.

5.0 Discussion, Conclusion and Recommendations

5.1 Discussion of Findings

These findings are consistent with Conflict Theory and Social Exchange Theory, which predict that unresolved conflict disrupts reciprocal workplace relationships and degrades performance outcomes. The results align with De Dreu and Weingart's (2003) meta-analytic findings and corroborate Adubango and Wanyama's (2020) study among Kenyan public hospital staff, which similarly found a significant negative relationship between workplace conflict and employee performance. The comparatively higher mean score for resource-based conflict (mean = 3.64) mirrors Kiwanuka and Ochieng's (2021) observation that resource scarcity is a leading driver of conflict in Ugandan public hospitals.

5.2 Conclusion

The study concludes that workplace conflict significantly undermines both employee performance and organizational productivity at Lyantonde General Hospital, with resource-based conflict emerging as a particularly prominent concern. Addressing workplace conflict is therefore critical to improving both individual and organisational outcomes at the hospital.

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5.3 Recommendations

- Hospital management should institute structured and accessible grievance handling and conflict resolution mechanisms.
- Efforts should be made to address resource allocation disputes through transparent and participatory resource distribution processes.
- Regular team-building and interpersonal skills training should be conducted to reduce interpersonal and role-based conflict among staff.

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