



The Role of Self-Esteem on the Perceptions on Collaborative Capacity among Healthcare Workers Federal University Teaching Hospital in Abakaliki, Ebonyi State, South-East, Nigeria

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Abstract

This study examined the role of Self-esteem on the perceptions on collaborative capacity among healthcare workers Federal University Teaching Hospital in Abakaliki, Ebonyi State, and South-East, Nigeria. A total of 274 health workers were conveniently selected from AEFUTHA, Ebonyi State, Nigeria were sampled. Medical doctors 34(12.4%), Nurses and midwives 56(20.4%), Laboratory technologists 31(11.3%), Psychologists, 14(5.1%) Radiographers 26(9.4%), Pharmacists 23(8.3%), Ophthalmologists 17(6.2%), Social workers 34(12.4%), General practitioners GP's 20(7.2%) and Physiotherapists 19(6.9%). The ages ranged from 22 to 61 with a mean of 31.43 years and SD of 2.32. Relevant data were gathered through with the Rosenberg Self-Esteem Scale (RSES) and the Collaborative Capacity Questionnaire (CCQ). Linear regression analysis was then used to test objective of this study. Results from the study showed that self-esteem significantly predicted collaborative capacity among health workers. Based on the contribution of all the independent variable (self-esteem) to the prediction of collaborative capacity. Based on the findings of this study, the researcher recommends that colleges of medicine and various institutions under the auspices of the Ministry of Health in Nigeria should take adequate steps to inculcate collaborative capacity structures that suit and encourage the organizational and environmental demands of collaborative capacity competencies. Clinicians who work in healthcare environments in Nigeria shall acquire career development possibilities and leadership training like those in Europe who are already reaping the dividends of collaborative capacity.

Keywords: Collaborative Capacity; Healthcare Workers; Clinicians

Abbreviations

RSES: Rosenberg Self-Esteem Scale; CCQ: Collaborative Capacity Questionnaire; IT: Information Technology;

AEFUTHA: Alex Ekwueme Federal University Teaching Hospital; SPSS: Statistical Package for Social Sciences; AE-FUNAI: Alex Ekwueme Federal University Ndufu-Alike.

Introduction

At the time when the demand for healthcare services is on the increase, the need for health workers to engage in collaborative capacity is of highest importance. The complexity of healthcare practice fuels the need for collaborative capacity development in this sector. The need for improved patient outcome and the inter-disciplinary approach to healthcare management implicates the importance of collaborative capacity building. As a result, it is imperative that medical team members need to obtain the necessary skills and competencies and develop the leadership competence skills needed to perform shared responsibilities efficiently in collaborative healthcare management practice.

Given the importance of collaborative healthcare capacity the World Health Organization clamoured for the development collaborative models in several areas of healthcare practice in a bid to improve healthcare outcomes and services [1]. The WHO defined inter-professional collaboration (in healthcare settings as occurring when multiple health workers from different professional grounds provide comprehensive services by working with patients, families, caregivers and communities to deliver the highest quality of care across settings. Importance is attached to concepts that hinge on the need for collaboration in terms of how to improve shared responsibilities, how collective decisions are reached and implemented, improved inter-professional communication, training and education [2,3]. Also, Weinberg, et al. described collaborative capacity as the degree to which healthcare workers have influence over how their behaviours are crucial to the overall team, including their level of individual and mutual capacity to bring about enhanced provision and delivery of patient-centred care.

Self-esteem has been linked to a number of psychological dispositions. The role of self-esteem in healthcare cannot be undermined. Funk W, et al. [4], define self-esteem as when one has a good opinion of oneself. Self-esteem is the way people think about themselves and how worth-while, they feel. Baumeister RF, et al. [5] assert that when a person's self-esteem is high he or she tends to be motivated and performs his job or task better. Self-esteem is a state of mind, it is the way you think and feel about yourself having high self-esteem means having feelings of confidence, worthiness and positive regard for one's self [5,6]. People with high self-esteem often feel good about themselves, feel a sense of belonging, self-respect and appreciate others [7]. People with high self-esteem tend to be successful in life because they feel confident in taking on challenges and risking failure to achieve what they want. Clinicians with recognizable self-esteem have more energy for positive pursuits because their energy is not wasted on negative emotions, feelings of inferiority or working hard to take care of or please others at

the expense of their own self-care [5].

Healthcare teams comprise professionals from varied backgrounds bringing their perceptions to bare in the team they are part of, who aim to work efficiently by synergizing knowledge, and skill and professionalism to provide care to meet patient healthcare goals and outcomes [8,9]. In other for healthcare professionals to meet with these goals, it is important that each member of the team, significantly contribute to collective goals by making sure their inputs are channeled in such a way that efforts are synergized to achieve set goals and improve patient care and outcomes. There are several challenges that confront collaborative capacity among healthcare workers; chief among these is the poor self-perceptions, communication and leadership problems and this owing to the multi-cultural diversity and differences that emanate for inter-disciplinary approaches adopted by different disciplines [10]. However, the difficulties that emerge from collaborative capacity especially in hospitals have been linked to personal and situational factors which vary in terms of organizational culture, geography and technological advancement. Individual's makeup medical teams and each individual bring along with them their personalities, convictions and level of knowledge as such, factors as this have had significant implications for healthcare practice such as poor organizational citizenship, in-group favouritism, role ambiguity, and poor or inexistent decision latitude. Other factors such as implicates situational factors that affect the realization of effective collaborative capacity can be linked to poor planning and strategizing, financial implications, and a lack of resource capacity.

Throughout healthcare management practice, developing and sustaining, health professionals in healthcare collaborative capacity is an arduous task requiring urgent attention from healthcare management and other stakeholders. Poorly managed healthcare collaboration have been linked to poor healthcare outcomes for patients and their families, poorly documented medical records, misdiagnosis, medical negligence, delayed healthcare attention and poor crisis management leading to, poor drug adherence, high relapse rates, incurred medical expenditure, poor consultation services and preventable loss of life. Coupled with the increasing healthcare burden that have financial and healthcare implications, the problems associated with poor healthcare collaboration in this regards, often emanate from poor leadership and oversight, and lack of coordination and treatment continuity that tend to plague healthcare institutions. In other to avoid or prevent these problems, this paper considers it important to integrate the role of governance and collaborative (open forum) administration styles as well as clinical leadership practice [11] within healthcare institutions.

Statement of Problem

Given the now well-known benefits of collaborative capacity in healthcare practice, only a handful of studies have focused on this subject matter from a behavioural standpoint that seeks to understand collaborative capacity as a learned construct which is reinforced by the individual's own frame of reference. This perspective is highly undermined in scientific literature; as such this paper intends to shed more light on the perceptions of collaborative capacity within healthcare from this perspective. In order to accord this subject-matter the attention it deserved, empirical data in the context of collaborative capacity efficacy was collected and analyzed, and this was done in order to fill the gap in literature which is obviously lacking and limited in empirical data. It is important to note that advancement in Information Technology (IT) has drastically changed the landscape of collaborative capacity in healthcare and studies, it is therefore important, that contemporary studies such as this paper emphasize the importance of IT and development of artificial intelligence as it relates to collaborative healthcare management system.

Related Studies

Contemporary studies related to collaborative healthcare practice have reported need for inter-professional education and practice as well as the reformulation of existing policies to incorporate current realities in today's healthcare system. Djaharuddin I, et al. [12] conducted a mixed-method study that examined factors influencing implementation of inter-professional collaborative practice at a teaching hospital in Indonesia. Results from their study demonstrated that factors in leadership, systemic and organizational factors significantly influence implementation of inter-professional collaboration. Geese F, et al. [13] conducted a study that examined the experiences of healthcare professionals (nurses and allied professionals) concerning complex patient care transition and the potential of inter-professional collaboration in Switzerland. These authors made use of a qualitative and quantitative method while employing triangulation design to develop themes that were identified. These authors found that healthcare collaborative practice significantly improve the multifaceted nature of patient care outcome.

Al-Worafi YM [14] examined the implementation of inter-professional practice among health workers in developing countries in Asia (UAE, and Yemen). This study revealed collaborative healthcare practice in developed countries is not fully formed largely due to government neglect and poor governance by regulatory bodies within healthcare systems in these countries. McLaney E, et al. [15] explored the Sunnyside framework for advancing team competencies

and behaviours using inter-professional team collaboration in a hospital setting in Canada. These authors found that the framework for inter-disciplinary professional team collaboration improved inter-disciplinary professional collaboration among highly diversified medical teams. Saragih I, et al. [16] conducted a study among healthcare professionals to test the effects of inter-professional education on healthcare professional's collaborative practice using random effect model among healthcare professionals. These authors found that inter-professional education increased professional health workers' attitudes towards amity and comradeship in healthcare collaborative practice. Showande S, et al. [17] examined the role of inter-professional education and collaborative practice in Nigeria among a selected sample of pharmacists. These authors found that scholastic pharmacists showed significant positive attitudes towards inter-professional education and inter-professional collaborative practice, while alluding to poor health policies from public administrations as a major culprit.

These studies buttress the fact that healthcare workers' perceptions of collaborative capacity are well documented in literature. However, these studies did not demonstrate consistency in what seem to be the extent to which healthcare workers perceive collaborative capacity in their daily routine in healthcare delivery and patient outcomes. Therefore, this study was conducted to examine the perceptions of healthcare workers in Nigeria in this context. It is imperative that collaborative capacity among health workers is the right step forward in patient-centred care. The outcomes of this study would enhance healthcare managers and workers identify strategies to stimulate collaborative capacity in healthcare delivery.

Study Objectives

The objective of this study was to examine healthcare workers' perceptions about collaborative capacity in Nigeria. However, the specific objectives of the study were to:

- Determine whether self-esteem would predict collaborative capacity among healthcare workers in Nigeria from multi-disciplinary perspective.

Method and Design

Study Design

This study made use of a cross-sectional survey design, using self-report structured questionnaire to collect data from various students at a particular point in time in the study.

Locale of Study

The study was carried out at the Alex Ekwueme Federal University Teaching Hospital (AEFUTHA) in Abakaliki, in

Ebonyi State, South-East Nigeria. Before now, the hospital was a medical centre until it was transformed into AEFUTHA by the Federal government of Nigeria which commenced full-fledged operation in 2012. The hospital is a teaching hospital where medical training and examination is carried by healthcare professionals to training upcoming and currently practicing healthcare professionals. AEFUTHA caters to in-and-out patients that visit the facility for treatment and consultation. The hospital was purposively chosen for the reason that it has a large influx of patients from the south-eastern region of Nigeria. AEFUTHA has over three thousand staff and over one hundred fifty consultants from diverse specialty. The hospital has about 600 beds and over 400 medical doctors, though this number is dwindling due to the recently high migration levels in country for medical practitioners.

Sampling Technique and Data Collection

The representative sample for this study population included all clinicians who provide direct care to patients in the hospital. Although, two hundred and eighty-two (282) questionnaires were given out, nonetheless two hundred and seventy-four (n=274) questionnaire were completed. This yielded a response rate of 97%. Convenient sampling was used to sample the participants, this sampling technique was adopted because of limited ease of access for clinicians were mostly busy with their tasks and could barely afford to give the researchers time to conduct a more rigorous sampling technique and the nature of the duty-schedule for most clinicians made even more difficult to book appointments with them in respect of questionnaire administration. Therefore, the researchers made use of convenient sampling so as to obtain as much responses as possible.

Participants

Two hundred and seventy-four participants (n=274) made up the total number of participants in the study. However, these participants were selected from various cadres and units with the hospital. The participants age ranged from 22 to 61 with a mean of 31.43 years and SD of 2.32. Participant's specialty showed that; Medical doctors 34(12.4%), Nurses and midwives 56(20.4%), Laboratory technologists 31(11.3%), Psychologists, 14(5.1%), Radiographers 26(9.4%), Pharmacists 23(8.3%), Ophthalmologists 17(6.2%), Social workers 34(12.4%), General practitioners GP's 20(7.2%) and Physiotherapists 19(6.9%). In terms participant's cadre, 69(25.1%) at senior level, 88(32.1%) intermediate level and 117(42.7%) entry level clinicians, who have been practicing for at least 1 year. Participants gender showed that males 116 (42.3%) and female 158 (57.6%). In terms of years of experience, majority of the participants 178(65%) reported less than 10 years of work experience and 96(35%) reported less than 10 years of working experience.

Inclusion and Exclusion criteria

Inclusion criteria stipulated for this study were as follows:

- Only clinicians (those who directly provided care for patients) were permitted to partake in the study.
- Only health workers who could communicate, read and write in English languages were allowed to take part in the study.
- Only full-time and consultant health workers partook in the study.
- Only health workers who have been working for at least one year in the AEFUTHA were allowed to participate in the study.

Exclusion criteria stipulated for this study were as follows:

- Health workers who did not provide any form of care such as ambulance drivers, security guards and cleaners were not part of this study.
- Health workers who could speak, read and write English language were disqualified.
- Health workers on contract or part-time as well as, interns were not allowed to participate in this study.
- Health workers who have been working for less than one year in the AEFUTHA were not allowed to participate in the study.

Instrument

The questionnaire was designed in such a way that the first page contained only demographic information from participants such as, cadre, specialty, years of experience and gender. The researchers made use of collaborative capacity questionnaire that was developed by the researchers. The Collaborative Capacity Questionnaire (CCQ) is a 10-item multi-dimensional self-report questionnaire on a 5-point Likert type scale that measured collaborative capacity among health workers with responses ranging from "All the time (4) to Never (0)". The items were adapted from Nuno-Solinis et al. The dimensions of the were; shared goals, patient-oriented approach, mutual knowledge sharing, mutual trust, strategy guidelines, shared leadership, support for innovation, forums for meeting, protocolization and information systems. There was only one question per dimension. The samples of items include; "Do you have channels for relevant information when information on the previous level of care is not available", "Are there systems or mechanisms in place makes it possible to negotiate how to share the responsibilities of each professional" and "Do you consider professional forums for meetings to deliberate of patient care? "Does the hospital provide platform for employee innovation"?

The Rosenberg Self-esteem Scale (RSS) is a widely used self-report instrument for evaluating individual self-esteem. The RSS was developed by Rosenberg M [18]. The RSS is a 10-item scale that measures global self-worth by measuring

both positive and negative feelings about the self. The scale is uni-dimensional. All items are answered using a 4-point Likert type scale format ranging from strongly agree to strongly disagree. Scoring: Items 2, 5, 6, 8, and 9 are reverse scored. Give "Strongly Disagree" 1 point, "Disagree" 2 points, "Agree" 3 points, and "Strongly Agree" 4 points. The scores are on a continuous scale. Higher scores indicate higher self-esteem. Samples items included: "I am able to do things as well as most other people". Byrne showed that the RSES had adequate internal reliability, and test retest correlation of 0.61 over a 7-month period in Ontario, Canada. Baumeister RF, et al. [5] reported a Cronbach's Alpha coefficient of 0.86.

Standardization of Instrument

Validity and Reliability

This study adapted and made use of the CCQ developed and earlier validated by Nuno-Solinis, et al. The CCQ instrument was reviewed by five content experts in the Department of Psychology and Medicine at Madonna University and Alex Ekwueme Federal University Ndufu-Alike (AE-FUNAI), Nigeria who reviewed and rated each item on the scale on a four-point scale. The Content and Face Validity Index obtained for this CCQ was calculated for each scale by calculating the percentage of experts who rated the scale items as 5 ('very relevant') or 4 ('relevant'). Their reviews 100% on all ten dimensions. Cronbach's alpha reliability coefficients for the dimensions of scales ranged from 0.76 to 0.89.

Data Analysis

All data analyses were carried using the Statistical Package for Social Sciences (SPSS) version 20. Descriptive statistics techniques were used to establish frequency and percentage of each of the professionals that participated in this study. Linear regression analysis was used to ascertain the prediction of self-esteem on the perceptions of collaborative capacity by diverse health workers in this study.

Ethical Considerations

The study was approved by the Alex Ekwueme Federal University Ndufu Alike, Ebonyi State and Madonna University's research ethics committee with an approval letter. However, AE-FUTHA provided an authorization letter to conduct the study by the Officer of Research and evaluation for the hospital. Information regarding the study was provided was made available in hard copy to all participants as they were told about the purpose and objective of the study. Also, a written and signed informed consent was obtained from all the participants. The participants were informed that their involvement in the was voluntary and they were told that they can pull out from the study at any point in time if ever want to do that. Participants were assured of their confidentiality and anonymity and they were assured that no physical or psychological harm will come to them as a result of participating in this study.

Results

A total of two hundred and seventy-four (274) healthcare workers took part in the study. Medical doctors 34(12.4%), Nurses and midwives 56(20.4%), Laboratory technologists 31(11.3%), Psychologists, 14(5.1%), Radiographers 26(9.4%), Pharmacists 23(8.3%), Ophthalmologists 17(6.2%), Social workers 34(12.4%), General practitioners GP's 20(7.2%) and Physiotherapists 19(6.9%). In terms participant's cadre, 69(25.1%) at senior level, 88(32.1%) intermediate level and 117(42.7%) entry level clinicians, who have been practicing for at least 1 year. Participants gender showed that majority of the participants were female 158(57.6%) and males 116(42.3%). In terms of years of experience, majority of the participants 178(65%) reported less than 10 years of work experience and 96(35%) reported less than 10 years of working experience. Highest level of education shoed that majority of the participants 165(60%) had bachelor's degree or its equivalent, 80(29%) with Master's degree and PhD holders were 29(10%) as shown in Table 1.

Variable	Frequency	Percentage
Gender		
Male	116	42.4
Female	158	57.6
Highest Level of Education		
Bachelor's degree	165	60.2
Msc. degree	80	29.3
PhD	29	10.5
Years of Experience		

<10 years	178	65
>10 years	96	35
Roles and/or Cadre		
Medical Doctors	34	12.4
Medical officers	8	9.3
Nurse and midwives	56	20.4
Physiotherapists	19	6.9
Psychologists	14	5.1
Radiographers	26	9.4
Pharmacists	23	8.3
Laboratory technologist	31	11.3
Ophthalmologists	17	6.2
Social Workers	34	12.4
GP's	20	7.2

Table 1: Socio-Demographic Characteristics of Health Workers (Respondents) (n =274).

The results of the Table 2 showed that self-esteem [$\beta = .28$, $p < 0.05$] independently predicted collaborative capacity behaviour among health workers. This implied

that undergraduate with high self-esteem will exhibit more collaborative capacity more than their counterparts with low levels of perceived self-esteem.

	Independent Variable	β	t	P	R	R ²	F	P
Dependent variable								
Collaborative Capacity	Self-Esteem	0.28	0.46	>05	0.26	0.053	5.16*	<.05

Note: ** $p < 0.01$, * $p < 0.05$, N =274

Table 2: Summary of Linear Regression Analysis Showing the Influence of Self-Esteem on Collaborative Capacity among Health Workers.

Discussion

The result of this study showed that self-esteem did significantly predict collaborative capacity. One plausible reason for this outcome is that perceived self-confidence and self-esteem does not directly contribute to group success. Studies have revealed that individual's belief regarding his or her capabilities to successfully perform task that is the key causal factor [5]. Health workers who have a significant level of self-esteem are better position to contribute meaningfully in collaborative efforts given that, they belief that they have requisite skills that will benefit the entire team. Due to the presence of self-esteem healthcare professionals can raise important questions and provide innovative solution due to the internal loci presented in these individuals who by their virtue, tend to have a high sense of belonging to the shared objectives as they response to situations in terms of their own perception and they take personal responsibility in their assigned task. Group cohesion is factor facilitated by self-esteem, most individuals with high self-esteem

tend to feel a part of any group they belong, however, and some studies that suggested that self-esteem increases in-group favouritism and this could hamper shared goals and objectives [19].

Conclusion

Based on the findings, the study has empirically demonstrated that health workers or clinicians who reported high levels of self-esteem, showed higher tendency to demonstrate collaborative capacity than their counterparts. The result of this study also showed that self-esteem, predicted collaborative capacity among health workers.

Implications of the Findings

Findings of the study have practical implications for management and boards of directors in healthcare institutions in Nigeria and Africa. The findings from this study implicate the need for hospital and healthcare

management as well as personnel departments to design and develop intervention programmes that can help increase effective collaborative capacity structure and personnel development within the healthcare sector. The findings of this study also have practical implications for reviewing and updating Nigerian hospital reforms and training manual, specifically in relations to training of hospital employees. It is therefore suggested that hospital management should include measure of clinical leadership as part of assessment tools, and academic course during training. Collaborative capacity training should also form an important area of concentration in colleges of medicine, and schools of nursing. Lastly, findings from the study would serve as a reference point and stimulate more research in this direction among healthcare leaders' researchers and other stakeholders that are interested in mechanism of collaborative capacity among healthcare practitioners.

Recommendations

Based on the findings of this study, the researcher recommends as follows:

- Colleges of medicine and various institutions under the auspices of the Ministry of Health in Nigeria should take adequate steps to inculcate collaborative capacity structures that suit and encourage the organizational and environmental demands of collaborative capacity competencies. In other words, clinicians who work in healthcare environments in Nigeria shall acquire career development possibilities and leadership training like those in Europe who are already reaping the dividends of collaborative capacity.
- Since health worker engage and work directly with patients and hold the interest of the patient the most. The researcher therefore recommends that the Nigeria healthcare reforms and policies should be reviewed, specifying issues relating to training of clinicians. It is therefore recommended, that hospital management in Nigeria should include measure of collaborative capacity competency as part of their teaching and valuation tools during medical education in medical colleges, and schools of nursing. This may help hospital employee's deal with work pressures, inter-disciplinary relationship, medical team structure and functional responsibility.
- Healthcare practice needs research-based evidences that are proved by research outcomes. Integration of research evidence into collaborative capacity performance is essential for the delivery of high-quality patient care. Collaborative capacity behaviors of doctors, psychologists, nurses, especially, managers and administrators have been identified as important to support research use, evidence-based practice and patient outcomes. Yet, minimal evidence exists indicating what constitutes effective collaborative capacity for this

reason; it is recommended that research centred on these areas should be intensified.

Limitations of the Study and Direction for Future Research

Like other studies, this present study has some limitations as well. The limitations noted were: One, findings in this study should be generalized with caution due to the following reasons; data might be open to response set because data were collected using self-report questionnaires, the study only made use of 274 participants which may not be enough for generalization, and participants were drawn from only one hospital. Future studies should inculcate more clinicians across hospital in Nigeria and beyond in other to have more representation.

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