



Assessment of Administrative Challenges Confronting Community Health Practitioners at Primary Health Centres in Oyo, Oyo State, Nigeria

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Abstract

The study investigated administrative challenges confronting CHPs at primary health centres in Oyo, Oyo State. A descriptive research design of the survey type was used. The population of the study comprised all registered CHPs working at the PHCs in the four local government areas in Oyo, Oyo State. The total population for the study was 144 staff. A purposive sampling technique was used to select the sample size of 144. A validated structured questionnaire was used for data gathering. The reliability coefficient of 0.72 was obtained through split-half method using Spearman-Brown Rank Order. All the research questions were answered and presented using frequency and percentage. The study revealed that, favouritism 84(73.7%), lack of proper accountability 82(71.9%), not being pre-informed before posting students on practical 104(91.2%), no thorough supervision of students on practical 99(86.8%), denial of both departmental 101(88.6%) and facility headship 93(81.6%) despite being qualified were among the most administrative challenges confronting CHPs. The study concludes that, CHPs were confronted with toxic leadership, weak students' clinic support and power tussles at PHCs in Oyo, Oyo State. It was recommended that there is a need for a continuous leadership training programme for CHPs to be organized by the state executive of the Association of Community Health Practitioners of Nigeria. The leadership of CHPs at the local government level should liaise with the head of the department to initiate a committee/unit for the effective management of students' practicals; and appeal to the concerned authority to adhere to the scheme of service in decision-making about PHC headship.

Key words: Administration, Challenges, Health, Community Health, Community Health Practitioners

Introduction

The success of Primary Health Care (PHC) in Nigeria rests on the effectiveness, versatility and efficient delivery of its components by Community Health Practitioners (CHPs). The focus of PHC is on the health needs of people at all levels of care, including preventive, promotive, curative and rehabilitative (Robertson, et. al., 2016). PHC forms an integral part of a country health system. It is the main focus that constitutes the first element of a continuing healthcare process made accessible and affordable to the community to maintain their health and development (Druetz, 2018). Also, PHC services must be made culturally acceptable to the populace. Durowade et. al. (2020) submitted that the health sector requires requisite deployment of human, financial and material resources for it to succeed in providing qualitative healthcare services to the generality of the Nigerian populace. CHPs are well trained to achieve universal health coverage by bringing health services to the grassroots level and providing basic health care services that meet the health needs of the populace. CHPs are professionally competent, trained, and licensed personnel capable of performing all functions under PHC. According to Ibama and Dennis (2016), presently in Nigeria, CHPs are sub-divided into four cadres namely: Community Health Officers (CHOs); ii) Community Health Extension Workers (CHEWs); iii) Junior Community Health Extension Workers (JCHEWs); and iv) PHC Tutors presently called PHC Educators. Leadership in every organization is fundamental for the maximum achievement of the organizational objectives and goal. Tingvoll et. al. (2016) defines leadership as the



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process of influencing people towards accomplishing the particular goal of an organization. Leadership in health deals with the ability to identify priorities, provides strategic directions and kin commitment towards improving health services (Reich et. al. 2016). According to Ngui (2024), poor leadership is also known as weak, toxic or bad leadership. Poor leadership is described as leaders who either fail to demonstrate typical leadership qualities such as vision, integrity, decisiveness, communication, feedback, motivation or accountability and exhibit traits or behaviours that negatively affect their team, organization or performance (Ngui, 2024). At various PHCs in Oyo town, among the CHPs, the researchers observed that some junior staff perceived their seniors to be incompetent due to the fact that, some lack proper accountability when it comes to issue of money and this leads to building no trust in them. Sizeable numbers of leaders are unable to find timely solutions to teething problems of their followers leading to little or no recognition of their seniors. Poor administration flood with eye service, favouritism among others were further noticed. Ngui (2024) outlined the features of poor leadership to include: non-supportive team culture, lack of unity, paying too much attention to team members' faults and mistakes, rather than recognizing their strengths and achievements, interference with subordinates' autonomy and creativity, lack of trust and confidence, requesting constant updates from their team due to lack of trust, lack of integrity, breaking promises and lying. Due to perceived weaknesses in leadership among CHPs, many who are in the directorate level that is, grade level 15-17 were denied headship of PHC department. In community health training and practice, clinical experience is very important. Clinical placement is the period spent by students in approved clinical facilities and other learning sites to ensure that the outcomes of the training are achieved. According to Law Insider (2024), this learning might include: taking history, performing physical examinations, participating in clinical team meeting and patient case discussions; and the opportunity to observe and/or contribute to practical procedures as deemed appropriate by the clinician(s) responsible for the supervision of students.

Student clinical posting is a kind of practical-based learning where students translate theories learnt in the class to practical sessions. Lawal et. al. (2015) asserted that student clinical practice provides opportunity for them to apply the theoretical knowledge into actual healthcare provision. Cruess et. al. (2015); Haraldseid et. al. (2015) opined that, clinical posting provides the necessary practical skills that the students needed; and it is also provide an environment where students among others socialize into their professions. Further benefits of clinical posting include: bridging the theory-practical gap as students gain hand-on experience, assessing patients in a guided and supported environment by the preceptor or the clinical instructor, enhance collaboration with other health care team members and obtain experience with different patient populations (Walsh University, 2023). Among the CHPs, as observed by the researchers, there was weak supervision and monitoring; and poor coordination of students on practical which manifests in inability to organize series of lectures for students on practical; sister's professionals distributing community health students on practical to different units and PHCs without the knowledge of the most head CHP in that local government; and undue delay in signing students' log books to mention a few. In a similar profession, a study conducted by Rajeswaran (2017) in Bostwana revealed that nursing students failed to apply theory into practice because they lack adequate supervision in the clinical area which results to low performance in their clinical practices. Similarly, the report of the study carried out in school of nursing, Oregon Health and Science University, Portland on evaluating the clinical judgment of newly hired staff nurses revealed that new graduate nurses had difficulties in meeting job expectations and struggled to make and implement independent nursing interventions due to low clinical teaching while they were undergraduates (Lasater et. al., 2015). According to Australia (2011), clinical supervision is the direct or indirect supervision by a clinical supervisor in professional projects or performed processes by a student or group of students in a clinical setting to guide the provision of feedback and professional and educational personal evaluation for the presentation of better and high quality care to patients. Clinical supervision aims to improve personal and professional growth and development; and to ensure the patient's safety (Essoil et. al., 2024). Clinical supervision provides an opportunity for identifying good practices, effective communications, increased interdisciplinary teamwork, respectful and reassuring relationships with colleagues, sharing beliefs with colleagues, receiving feedback and facilitating nursing reviews on care problems (Purfarзад et. al., 2019).

During the clinical posting, with thorough guidance, supervision and monitoring, community health students are expected to perform some clinical tasks. According to Office of Medical Education (2024), during the clinical posting, students are expected to perform all patient care activities under the direct supervision unless the clinical supervisor specifically approves indirect supervision. Students also must be aware of their own limitations and request assistance in any aspect of



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patient care that they are competent in without the fear of any consequence related to their evaluation, assessment or advancement (Office of Medical Education, 2024). At the PHCs, among all the health workers, there is strive and all forms of idea for each cadre to occupy available positions without minding other professionals. Greer and Van Kleef (2010) define power struggles as the competition among health team members over valuable, but limited organizational resources and their controllability. Team members that is, health workers often engage in specific behaviours called power struggles in order to gain more resources or positions than others and increase their resource controllability within a team (Van Bunderen et. al. 2018). Most often, field experience of researchers shows that, CHPs faced power tussle and struggle with other sister professional colleagues in the area of: i) headship of PHC most especially when either CHEWs/ CHOs are on the same grade level with nurses (single/double qualified); ii) becoming local government programme officers among sister professionals of the same grade level; and iii) becoming head of the PHC department despite possession of relevant higher qualifications with the corresponding years of experience. However, Mohammed et. al., (2022) reported that other healthcare professionals had also clamored for sovereignty in power similar to the physicians in such a manner that they can also administer management within and outside their respective departments Disharmony is primarily prevalent in tertiary institutions but it has spread to secondary and primary health care settings (Brown et. al., 2011). The experience of the researchers showed that CHPs are bewildered with challenges ranging from toxic leadership, weak support for community health students on clinical posting/practical and poor career advancement among others. Also, some community health students were sent by their training institutions to clinical posting without adequate supervision throughout the period spent. Some students absconded from practical unpunished. In the locale of this study, there is no scholarly works on challenges confronting CHPs with respect to administration and there is paucity of information on the present study. Therefore, the researchers assess the extent of administrative challenges confronting CHPs at PHCs in Oyo, Oyo State with the view of making workable recommendations where necessary.

Objectives of the Study

The general objective of this study was to assess the administrative challenges confronting CHPs at PHCs in Oyo, Oyo State. The specific objectives of this study were to:

1. examine if CHPs are confronted with toxic leadership at PHCs in Oyo, Oyo State;
2. assess if there is weak students' clinical support among CHPs at PHCs in Oyo, Oyo State; and
3. investigate if CHPs are confronted with power tussles at PHC, in Oyo, Oyo State

Research Questions

The following questions were answered in this study:

1. Are CHPs confronted with toxic leadership at PHCs in Oyo, Oyo State?
2. Is there weak students' clinical support among CHPs at PHCs in Oyo, Oyo State?
3. Are CHPs confronted with power tussles at PHCs in Oyo, Oyo State?

Methodology

The study adopted a descriptive research design of the survey type. The population for this study comprised all registered CHPs working at the PHCs in the four (4) local government areas (Afijio, Atiba, Oyo East and Oyo West) in Oyo. The total population was 144 staff comprising 76 permanent CHPs and 68 non-permanent CHPs such as ad-hoc, basic health and voluntary. The study was carried out in 2024. Due to limited number of CHPs in the locale of the study, a purposive sampling technique was used to select all the permanent and the non-permanent staffs that is, 144 as the sample size for the study. The study excludes all PHC staff who are not CHPs.

Researchers' designed structured questionnaire titled "Administrative Challenges Confronting CHPs at the PHCs (ACCCHPPHC)" was used to obtain qualitative data from the respondents. The instrument was validated by three experts that is, two (2) from the field of Community Health and one (1) from the field Public Health. The reliability of the instrument was carried out using split half method and data obtained were correlated using Spearman-Brown Rank Order formula which yielded 0.72r. The permission to carry out the study was obtained from the CHPs' Chairmen/Chairperson in the four local government areas of the study. The consent of each respondent was sought; participation in the study was voluntary and confidentiality of the information was maintained. Four trained research assistants helped in the instrument administration. Data entry, processing and analysis were done using Statistical Package for the Social Science (SPSS) version 25.0. All the research questions were answered and presented using frequency and percentage.



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Presentation Results

Research Question 1: Are CHPs confronted with toxic leadership at PHCs in Oyo, Oyo State?

Table 1: Leadership among CHPs at PHCs in Oyo, Oyo State

S/n	Items	Yes	No
1	Leaders are unable to press home members' demands as expected	71 (62.3%)	43 (37.7%)
2.	There is delay in finding solutions to members' problems.	75 (65.8%)	39 (34.2%)
3.	Leaders lack of proper accountability on monetary issue.	82 (71.9%)	32 (28.1)
4.	There is poor motivation of members by leaders.	41 (36.0%)	73 (64.0%)
5.	Leaders intimidate their subordinates at workplace.	35 (30.7%)	79 (69.3%)
6.	Leaders lack transparency towards subordinates at workplace.	76 (66.7%)	38 (33.3%)
7.	Leaders exhibit favouritism in the workplaces among subordinates	84 (73.7%)	30 (26.3%)
8.	Leaders unnecessarily escalate members' faults without solutions.	73(64.0%)	41 (36.0%)
Total		537 (58.9%)	375 (41.1%)

Table 1 showed that CHPs were faced with a lot of leadership challenges. The topmost among them is favouritism 84 (73.7%) followed by lack of proper accountability on monetary issue 82 (71.9%), lack of transparency towards subordinates at workplace 76 (66.7%), delay in finding solutions to members' problems 75 (65.8%), unnecessary escalation of members' weaknesses/errors 73 (64.0%) and inability to press home members' demands as expected 71 (62.3%).

Research Question 2: Is there weak students' clinical support among CHPs at PHCs in Oyo, Oyo State?

Table 1: Students' Clinical Support among CHPs at PHCs in Oyo, Oyo State

S/n	Items	Yes	No
1	There is no thorough monitoring of community health students on practical by in-service CHPs.	98 (86.0%)	16 (14.0%)
2.	There is no thorough supervision for community health students on practical by in-service CHPs.	99 (86.8%)	15 (13.2%)
3.	There is no formal orientation organized for community health students on practical by in-service CHPs.	81 (71.1%)	33 (28.9%)
4.	There is no lecture sessions organized for community health students on practical by in-service CHPs.	92 (80.7%)	22 (19.3%)
5.	There is no general evaluation of community health students on practical at the end of the exercise by in-service CHPs.	89 (78.1%)	25 (21.9%)
6.	Students' log books were signed occasionally.	38 (33.3%)	76 (66.7%)
7.	CHPs' leaders were not pre-informed before posting community health students to PHCs for practical experience.	104 (91.2%)	10 (8.8%)
Total		601 (75.3%)	197 (24.7%)

In the table 2, the topmost challenge was that CHPs' leaders were not pre-informed before posting community health students to PHCs for practical experience 104 (91.2%). Others include: no thorough supervision for community health students on practical 99 (86.8%), no thorough monitoring of community health students on practical 98 (86.0%), no lecture sessions organized for community health students on practical 92 (80.7%), no general evaluation of community health students on practical at the end of the programme 89 (78.1%) and no formal orientation organized for CHPs on practical 81 (71.1%).

Research Question 3: Are CHPs confronted with power tussles at PHCs in Oyo, Oyo State?

Table 3: Power Tussles among CHPs at PHC in Oyo, Oyo State

S/n	Items	Yes	No
1	Many qualified CHPs' leaders were denied appointment into the position of PHC Coordinators	101 (88.6%)	13 (11.4%)
2.	Many qualified CHPs were denied leadership of health facilities among sister's professionals.	93 (81.6%)	21 (18.4%)
3.	Many CHPs were marginalized from becoming programme officers despite having requisite experiences and qualifications.	89 (78.1%)	25 (22.0%)



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4.	In many PHCs, on the clinic roasters, CHPs were put under some sisters' professionals despite their higher grade level and requisite qualifications.	90 (78.9%)	24 (21.1%)
5.	In many PHCs, on the staff nominal roll, CHPs were put below some professionals despite having both higher grade level and requisite qualifications.	96 (84.2%)	18 (15.8%)
Total		469 (82.3%)	101 (17.7%)

In the table 3, the topmost challenge reported among respondents was that many qualified CHPs' leaders were denied appointment into the position of PHC Coordinators 101 (88.6%). Others include: on the staff nominal roll, CHPs being put below some professionals despite having both higher grade level and requisite qualifications 96 (84.2%). Many qualified CHPs were denied leadership of health facilities among sister's professional 93 (81.6%). In many PHCs, on the clinic roasters, CHPs were put under sister's professional despite their higher grade level and requisite qualifications 90 (78.9%). Also, many CHPs were marginalized from becoming programme officers despite having requisite experiences and qualifications 89 (78.1%)

Discussion of Findings

The results in the table 1 showed that CHPs were confronted with toxic leadership at PHCs in Oyo, Oyo State. The top most challenged from the study was that CHPs' leaders exhibited favouritism in the workplaces 84 (73.7%) follows by lack of proper accountability on monetary issue 82 (71.9%), lack transparency in the workplace 76 (66.7%), delayed in finding solution to members' problem 75 (65.8%), escalates members' fault without solutions 73 (64.0%) among others. Toxic leadership breeds discord, eye service, votes of no confidence, suspicion and slander among the subordinates leading to intra-professional acrimony. This finding, corroborate the assertion of Ngu (2024) that poor leadership manifests in non-supportive team culture, lack of unity, paying too much attention to team members' faults and mistakes, interference with subordinates' autonomy and creativity, lack of trust and confidence in the abilities of subordinates, lack of integrity and breaking promises and lying.

The results from the table 2 showed that there was a weak students' clinic support among CHPs at PHCs in Oyo, Oyo State. The study revealed that larger proportion the respondents 104 (91.2%) agreed that CHPs' leaders were not pre-informed before posting community health students to PHCs for practical. There was no thorough supervision 99 (86.8%) and monitoring 98 (86.0%) of those students. Also, there was no lecture sessions organized 92 (80.7%), no general evaluation 89 (78.1%) and no formal orientation organized 81 (71.1%) for community health students on practical positing at the PHCs in Oyo, Oyo State. The culminating effects of weak students' clinic support manifests in poor mastery knowledge of some clinical procedures, low capacity in handling clinical procedures and poor knowledge of clinical skills.

The results above support the findings of Rajeswaran (2017) in Bostwana which revealed that nursing students failed to apply theory into practice because they lack adequate supervision in the clinical area which results to low performance in their clinical practices. The result is further in line with the submission of Lasater et. al. (2015) that among the school of nursing in Oregon Health and Science University, Portland, newly hired graduate nurses had difficulties in meeting job expectations and struggled to make and implement independent nursing interventions due to low clinical teaching while they were undergraduates

The results from the table 3 showed that CHPs were confronted with power tussles at PHCs in Oyo, Oyo State. The study revealed that high number of respondents 101 (88.6%) pointed to the fact that many qualified CHPs' leaders were denied appointment into the position of PHC Coordinators. On the staff nominal roll, CHPs were put below some professionals despite having both higher grade level and requisite qualifications 96 (84.2%), denied leadership of health facilities among sister's professional 93 (81.6%). put under sister's professional on the roaster despite having higher grade level and requisite qualifications 90 (78.9%) and marginalized from becoming programme officers despite having requisite experiences and qualifications 89 (78.1%). This result is in support of the submission of Mohammed et. al., (2022) that other healthcare professionals had also clamored for sovereignty in power similar to the physicians in such a manner that they can also administer management within and outside their respective departments.

Conclusion



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Based on the findings of this study, it was concluded that:

1. CHPs were confronted with toxic leadership at PHCs in Oyo, Oyo State.
2. There was weak students' clinic support among CHPs at PHCs in Oyo, Oyo State.
3. CHPs were confronted with the power tussles at PHCs in Oyo, Oyo State.

Recommendations

Based on the conclusion of the study, it was recommended that:

1. There is need for continuous leadership training programme for CHPs at the local government level. This can be organized by the zonal branch or state executive of Association of Community Health Practitioners of Nigeria.
2. The leadership of CHPs at the local government level should liaise with the head of department to initiate a committee/unit for effective management of students' practical affairs.
3. The leadership of CHPs at the local government level should make consistent advocacy visits and appeal constructively to the concerned authority to adhere to the contents of scheme of service in decision making about PHC headship.

References

- Australia, H. (2011). National clinical supervision support framework: health workforce Australia. Retrieved on March 29, 2024 from <http://www.ntrtn.com.au/sites/default/files/hwa-national-clinical-supervision-supportframework-201110.pdf>.
- Bahrami, M., Keshvari, M., Rafiei, M., Sivertsen, N. & Cert, G. (2019). Effective factors for development of gerontological nursing competence: a qualitative study. *The Journal of Continuing Education in Nursing*, 50(3), 127–133
- Brown, J., Lweis, L., Ellis, K., Stewart, M., Freeman, T. & Kaperski, M. J. (2011). Conflict on inter-professional primary health care teams- can it be resolved? *J. Interprof Care*. 25(1), 4-10. Doi.10.3109/13561820.2010.497750.
- Cruess, R. L., Cruess, S. R., Boudreau, J. D., Snell, L. & Steinert, Y. A. (2015). Schematic representation of the professional identity formation and socialization of medical students and residents: A guide for medical educators. *Acad Med*. 90:718–25.
- Essoil, S., Houdali, G., Mansouri, A., Mansoury, O., Adarmouch, L., Amine, M. & Sebbani, M. (2024). Clinical supervision of medical students in primary health care services: general practitioners' perspectives in Morocco. *Journal of Advances in Medical Education professionalism*, 12(1): 18-27. doi:10.30476/JAMP.2023.100060.1868.
- Cullati, S., Bochatay, N., Maitre, F., Laroche, T., Muller-Juge, V., Blondon, K. S., Perron, N. J., Baiwa, N. M., Vu, N. V., Kim, S., Savoldelli, G. L., Hudelson, P., Chopard, P. & Nendaz, M. R. (2019). When team conflicts threaten quality of care: a study of health care professionals' experiences and perceptions. *Mayo Clin Proc. Innov Qual Outcomes*, 3(1): 43-51. doi:10.1016/j.mayocpiqo.2018.11.003
- Druetz, T. (2018). Integrated primary health care in low- and middle-income countries: A double challenge. *BMC Medical Ethics*, 19, 48. 10.1186/s12910-018-0288-z
- Durowade, K. A., Kadiri, I. B., Durowade, S. B., Sanni, T. A., Ojuolape, M. A. & Omokanye, L. O. (2020). Leadership styles versus health workers' job satisfaction, relationships, correlates and predictors in tertiary hospitals in Ekiti state, southwest Nigeria. *Nigeria Journal of Clinical Practice* 23(12): 1702-1710. doi: 10.4103/njcp.njcp_525_18
- Greer, L. L. & Van Kleef, G. A. (2010). Equality versus differentiation: the effects of power dispersion on group interaction. *Journal of Applied Psychology*. 95, 1032-1044. doi.10.1037/a0020373.
- Haraldseid, C., Friberg, F. & Aase, K. (2015). Nursing students' perceptions of factors influencing their learning environment in a clinical skills laboratory: A qualitative study. *Nurse Educ Today*.35:e1–6.
- Ibama, A. S. & Dennis, P. (2016). Role of community practitioners in national development. The Nigeria situation. *International Journal of Clinical Medicine*, 7: 511-518.
- Lasater, K., Nielsen, A. E., Stock, M. & Ostrogorsky, T. L. (2015). Evaluating the clinical judgment of newly hired staff nurses. *J Continu Educ Nurs*, 46:563–71.
- Lawal, J., Weaver, S., Bryan, V. & Lindo, J. L. (2015). Factors that influence the clinical experience of nursing students at a Caribbean school of nursing. *Journal of Nursing Education and Practice*, 6(4). doi: <https://doi.org/10.5430/jnep.V6n4p32>.
- Law Insider (2024). Clinical placement definition. Retrieved on April 24, 2024 from <https://www.lawinsider.com/dictionary/clinical-placement>



- Assessment of Administrative Challenges Confronting Community Health ... Oguntonji, I. O., Et. al. (2026)*
- Purfarзад, Z., Bahrami, M., Keshvari, M., Rafiei, M., Sivertsen, N. & Cert, G. (2019). Effective factors for development of gerontological nursing competence: a qualitative study. *The Journal of Continuing Education in Nursing*, 50(3), 127–133
- Mohammed, E. N. A., Onavbavba, G., Wilson, D. O. & Adigwe, O. P. (2022). Understanding the nature and sources of conflict among healthcare professionals in Nigeria: a qualitative study. *Journal of Multidiscip Healthc*, 15:1979-1995. doi:10.2147/JMDH.S374201.
- Ngui, A. (2024). Weak leadership: how bad leaders undermine success. Retrieved March 2024 from <https://itdworld.com/blog/leadership/weak-leadership/>.
- Office of the Medical Education (2024). Student supervision policy. Retrieved March 29, 2024 from <https://medicine.buffalo.edu/offices/ome/current/policies/student-superv-hm-1>
- Rajeswaran, L. (2017). Clinical experiences of nursing students at a selected institute of health sciences in Bostwana. *Health Science*, 10(6).
- Reich, M., Javadi, D. & Ghaffar, A. (2016). Introduction to the special issue on effective leadership for health systems. *Health System Reform*, 2(3), 171-175.
- Robertson, H. D., Elliot, A. M., Burton, C., Iversen, L., Muchie, P., Porteous, T. & Matheson, C. (2016). Resilience of primary healthcare professionals: A systematic review. *British Journal of General Practice*, 66(647), e423–e433. 10.3399/bjgp16X685261
- Tingvoll, W. A., Saeterstrand, T. & McClusky, L. M. (2016). The challenges of primary health care nurse leaders in the wake of New Health Care Reform in Norway. *Biomedical Central Nursing*, 15(1): 66.
- Van Bunderen, L., Greer L. L. & Van Knippenberg, D. (2018). When inter team conflict spirals into intrateam power struggles: the pivotal role of team power structures. *Acad. Manag. J.* 61, 1100-1130. doi.10.5465/amj.2016.0182.
- Walsh University (2023). What are nursing clinical? Benefits and what to expect. Retrieved March 25, 2024 from <https://online.walsh.edu/news/what-are-nursing-clinicals>.