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MEDICAL PEACE EDUCATION: AN ANTIDOTE TO CONFLICT INCIDENCE IN HEALTHCARE SETTINGS

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ABSTRACT: *Extant literature reveals that conflict is ubiquitous in healthcare institutions, and constitutes a major stumbling block in the achievement of their objectives. This is because doctors, nurses, pharmacists and other shades of workers confront different forms of conflicts that often endanger their potentials to adequately discharge their duties. While health personnel suffer severely from conflict, the brunt of its effects is borne by patients. Based on this, medical peace education is considered as a veritable programme that can stem the tide of conflicts in the health system. The idea of medical peace education arises from the fact that it encapsulates values that will engender and promote peace amongst healthcare providers and consumers. This will empower them to peacefully resolve their differences instead of resorting to violent means, which may distort the whole process of achieving set goals. Therefore, the issues analysed in this review include conflict and the nature of conflict in healthcare settings, as well as the causes and consequences of conflict in the system. In addition, the term "medical peace education" was conceptualised with its importance expatiated. Thus, this study brought to the fore the potency of medical peace education as the real antidote for conflict, because it will ensure that health practitioners constructively mitigate conflict for their good and smooth operations of the system.*

KEY WORDS: medical peace education, peace education, conflict, healthcare system

INTRODUCTION

The health system is a major sector that influences the economies of nations. This is because it defines and determines the wellbeing, capabilities and fitness of individuals in a given society. The system plays fundamental roles in helping to keep people fit and healthy for productive engagements, which will consequently stimulate the growth and development of a country. Thus, the performance of a country is a function of the health outlooks and outcomes of its workforce. A country without a healthy and viable workforce is bound to experience underperformance and stagnation. Hence, the huge importance of health institutions in the lives of people and consequently on the productivity of societies, portrays the sector as one of the most sacred and revered, and thus should be protected and accorded priority at all times to enhance its efficiency and effectiveness.

The sacredness of the health system and other allied institutions is attested to thus: certain institutions, such as faith-based organisations, education and health are often treated as sacred, even in war times. Such places are revered and are never attacked. But in this 21st century, these institutions have witnessed severe attacks (Ayeni, 2013).

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The sacredness of health institutions is anchored on the fact that their services are dedicated to aiding people, and therefore should be revered and steered to be devoid of social vices and decadence that seem to permeate other institutions. Despite its importance to humanity and national development in this era of global terrorism, the health system is one of the institutions that has come under heavy 0attacks of terrorists around the world.

For instance, a study conducted on terrorist attacks on hospitals for the period 1981-2013 reveals: 775 casualties in 43 countries. The study concluded that many health care workers have already been confronted with terrorism as a victim. The motives of the terrorists were diverse, ranging from ideas derived from nationalistic to communist to Islamic beliefs (Ganor, and Wernli, 2013).

Also, a study conducted by the World Health Organisation reported that from January 2014 to December 2015, there were 594 reported attacks on healthcare that resulted in 959 deaths and 1561 injuries in 19 countries with emergencies. The report further indicated that sixty-two per cent of the attacks were reported to have intentionally targeted healthcare (World Health Organisation, 2016). These outcomes raise questions concerning the motive for the rising cases of the violation of the sacredness of the health system in this 21st Century, at a time when sustainable healthcare is most paramountly needed to improve the wellbeing of mankind worldwide. However, terrorists' attacks on health facilities have been strongly condemned by the United Nations in Security Council Resolution of 2286. Yet, the most horrendous violation of the sacredness of health organisations has to do with conflicts occurring within the system. Conflict is considered as the most debilitating element to the health institutions, because it is silent and internal and frequently occurs with devastating outcomes. The intensity and frequency at which conflicts occur internally in health institutions make it qualify as a conflict ridden sector. It was reported by the Occupational Safety and Health Administration that: from 2002 to 2013, incidents of serious workplace violence (those requiring days off for the injured worker to recuperate) were four times more common in healthcare than in private industry on average. In 2013, the broad "healthcare and social assistance" sector had 7.8 cases of serious workplace violence per 10,000 full-time employees than other large sectors such as construction, manufacturing, and retail all had fewer than two cases per 10,000 full-time employees (Occupational Safety and Health Administration, 2015).

Thus, the health system appears to be more susceptible to conflict incidents than most other organisations. This idea seems correct because it was revealed that staff working in healthcare centres are at a higher risk of violence and aggression than in most other professions (Strachan and Baden, 2009), and that conflict in healthcare organisations occurs on a daily basis, in a variety of forms as well as in different sections and departments, ranging from the least cadre in the workforce to the highest positions in the system (Alshammari, and Dayrit, 2017). Therefore, conflict occurs frequently in different forms with serious devastating and deleterious consequences on medical workers, patients, and the entire system, with its ripple effects felt by members of the public. The magnitude and intensity of conflicts occurring in the healthcare system is one of the most frustrating hazards and obstacles to the achievement of its laudable objectives. The doctors, nurses, pharmacists and other workers within the system, confront different forms of conflicts

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which often endanger their potentials and capabilities as well as the efficiency with which they discharge their duties.

Thus, while healthcare personnel suffer severely from conflict, the brunt of its consequences is borne by the patients, to the extent that sometimes it results in the death of some of them. Based on this, the introduction of medical peace education is considered as an antidote to the various conflicts that often manifest within the healthcare system. The point is that the impartation of medical peace education to health practitioners will obviously equip them with the knowledge and skills which will able them to constructively mitigate conflict in order to enhance their productivity for the optimal performance of the system. This is because medical peace education will inspire health workers to be peace-abiding, just, caring, tolerant and honest to the extent that they will always seek a nonviolent way of resolving issues.

The idea of medical peace education is based on the philosophies of peace education and non-violence education. It encompasses the acquisition of peace related knowledge and skills by healthcare practitioners with the motive of transforming behavioural and attitudinal dispositions positively to embrace a more peaceful way of handling conflicts or complicated issues that may arise from time to time within the system. Medical peace education will help in the development of peace making values that will proactively enhance health practitioners' conducts and ways of interaction in their occupational environments. This has become necessary because conflict often endangers the productive capabilities of healthcare providers with grave consequences on all the stakeholders in the system. Thus, this study considers medical peace education imperative in order to expose practitioners to the intricacies of conflicts inherent in the system for constructive mitigation for optimal performance of the system.

Understanding Conflict and the Nature of Conflicts in Healthcare Centres

Conflict is an inevitable element in organisations. It is a phenomenon that is overly present everywhere and at all times provided that people are engaging and interacting with one another. The dynamic nature of conflict warrants its diverse interpretations from scholars. For instance, Darling and Fogliasso (1999) described conflict as a situation in which the concerns of two or more individuals operating within the unit appear to be incompatible. The presence of incompatibility presupposes the existence of sharp differences among parties in respect of their ideas, actions, interest or goals in a system (Alimba, 2017). Thus, conflict is viewed as a state of disagreement between individuals arising from differences in interests, goals, values and even perceptions. It occurs when two or more people engage in a struggle over values and claims to status, power and resources in which the aims of the opponents are to neutralise, injure or eliminate the rivals (Jeong, 2000). It is a social situation in which a minimum of two actors (parties) strike to acquire at the same moment in time an available set of scarce resources (Wallensteen, 2002). These expositions reveal that conflict is intricately linked to diverse values, and therefore can be caused by multifarious factors depending on the situation and parties concerned. Some salient issues inherent in these definitions for better understanding of conflict, as revealed by Alimba, (2005) as follows:

(i) Conflict is a process. Conflict involves series of activities before it erupts among people. These series of activities also bring about the idea of dynamism as a feature of conflict.
(ii) Conflict depends on interdependence to take place. For conflict to occur, people must be connected in one way or the other. Thus, conflict does not occur in isolation, people must be connected by their goals, ideas, needs or aspirations. The closer the forces bringing them together, the more the conflict.
(iii) Conflict can be expressed in manifest or in latent form. When conflict is expressed in manifest form, people are aware of its existence and can easily intervene in order to contain it. In its latent form however, its existence is hidden from people, due to the fact that the parties to the conflict will not want people to know about its existence.
(iv) Needs and interest are central to conflict occurrence. Needs and interests are the core issues at the heart of conflict initiation. Needs are those things that are crucial to people, which they must satisfy as soon as the purchasing power is available. Interests, on the other hand, are mere desires. These elements especially needs are at the heart of most conflicts.
(v) Interference or opposition attracts conflict. Interference or opposition usually creates the pathway for conflict to thrive, because it encourages antagonism especially when parties are pursuing their goals within the same social space(Alimba, 2005).
(vi)
It is clear from the above descriptions that conflict can occur anywhere, and the health system inclusive. Thus, the health system being people oriented organisation makes it to be highly susceptible to conflict incidents. Also, the complexity of the health system "makes conflict a part and parcel of its everyday operational milieus"(Alimba, and Vandi, 2018).Despite the constant nature of conflict in the health system, its diverse forms and intensities need to be understood for a good grasp of their behaviours for proactive resolution. Though, different forms of conflicts exist generally in organisations, the well documented ones are intrapersonal conflict, interpersonal conflict, intragroup conflict and intergroup conflict. The intrapersonal conflict is a form of conflict that occurs within an individual, while interpersonal conflict occurs between two or more individuals. Intragroup conflict is a conflict that occurs within a group, while intergroup conflict occurs between two or more groups. These conflict types are well replicated in the healthcare sector. For instance, health professionals do experience intrapersonal conflict, as it occurs within an individual, while conflict that ensues between a doctor and a nurse, patient and nurse, doctor and patient, etc are cases of interpersonal conflict. Also, conflict occurring within the body of doctors or body of nurses is referred to as intragroup conflict. When conflict ensues between the body representing doctors and those representing pharmacists or nurses, it is called intergroup conflict. Equally, the management of the health system as a group, can experience conflict with any of the other groups, that is doctors, nurses and so on, as well as the government with individual groups or collectively.

When this happens, it is regarded as intergroup conflict. These conflict types are well documented in the literature on healthcare centres. For instance, in the health care environments, conflict occurs between doctors and nurses, between nurses and patients, between doctors and doctors, and between doctors and patients (Alimba and Vandi, 2018). These conflict forms are entirely interpersonal, and they are perceived as the most prevalent conflicts in hospitals. Brown, Lewis

and Ellis(2011) observed that nurses as first-line healthcare providers experience conflicts at sufficiently great rates, on a regular basis, and most reports identify that interpersonal and intragroup conflicts are the most common sources. Equally, patients are prone to having conflict with health care employees such as physicians, nurses, and technologists because of the complex nature of their works and stressful environments in which they are operating (Pinto, 2003). By implication, conflict can occur between patients and physicians, between patients and nurses and between patients and technologists. Therefore, a variety of individuals, including doctors, nurses, co-workers, managers and administrative workers can experience conflicts in healthcare environments (Guidroz, Wang and Pere, 2012). Apart from doctors experiencing conflict with nurses, they can also be in conflict with managers and administrative workers. In the same vein, Jafaru (2019) pointed out that "student nurses often encounter conflict with nurses, doctors, patients and their colleagues. However, student nurses commonly encounter conflict with nurses and patient relatives in hospitals". This review attests to the fact that healthcare settings are conflict ridden. This probably account for why the system is stress-loaded, which is because conflict is a stress inducing phenomenon. Therefore, it becomes expedient to acknowledge the fact that if health workers are not knowledgeable on how to constructively mitigate conflicts, it potents danger and a lot of things will be compromised including their health and that of their patients.

Causes and Consequences of Conflict in the Health System

There are numerous factors that can give rise to conflict in organisations. Some of these are power differentials, competition over scarce resources, tendencies to differentiate rather than converge, negative interdependence between work units, ambiguity over responsibility or jurisdiction or a denial of one's self-image or characteristics identification (Hendel, Fish, and Galon, 2005). In addition, competition for inadequate resources, contradicting value systems, psychological needs of groups and individuals and manipulation of information give rise to conflict in organisations (Albert, 2001). An obvious issue that is peculiar with conflict causes is that as there are different types of conflict, there are also different causes even in healthcare environments. The point is that factors that will induce doctor-nurse conflict are likely going to be different from those that will be responsible for nurse-patient conflict as well as doctor-patient conflict. However, a line of convergence may exist among these causes. In hospitals, individual professionals come from different cultural, religious backgrounds and have different values and beliefs making conflict unavoidable in hospitals (El Dahshanand Moussa, 2019). These background issues play a dominant role in the ways medical officers conduct themselves in their workplaces. This is true to the extent that the variation in their orientations will influence the degree of their conducts and compliance. Similarly, Morgan and McCann (1983) observed that conflicts can arise due to gender differences, gaps in education and socio-economic status, lack of understanding and the clash that arises when a nurse tries to take on more professional responsibilities. Among nurses, the three common factors that lead to conflict are workload, work shift and position (Sabila, Abub, Kasumac, and Lizzan, 2016). These factors are issues that are central to medical profession. They are not only linked to nurses alone, other groups working in the health system also face such challenges. Therefore, workload issues, work shift dynamics and quest for positions are factors that breed conflict among medical practitioners. The uniqueness of these three factors lies in the fact that they transverse the occupational distribution of the system. When these causes are not

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proactively attended to, the outcomes may be devastating not only on the parties, but also on the system. Therefore, the consequences of conflict in healthcare settings are often deleterious in nature, to the extent that it can result in fatalities. The point is that conflict affects health practitioners in diverse ways as it decreases their job satisfaction and productivity, leading to grievous omissions in care, medication errors, substandard care and impaired patient safety (Hutton and Gates, 2008). It also results in decreased commitment, absenteeism, increased incidence of grievances, increased turnover rates, and even increased occurrence of thoughts to leave the profession (Almost, 2006 and Tabak and Koprak, 2007). Stress is a common consequence of conflict among health personnel. Thus, stressed people have less ability to focus, experience memory lapses, slow healing, and diminished nutritional uptake(Forte,1997),and it can result in psychosomatic illnesses such as stomach ache, headache, depression, and anxiety (Patton, 2014). Such illnesses tend to be prevalent among health practitioners, who often experience workplace stress as a result of conflict that often confront them. Conflict can undermine individual's self-esteem and confidence level (Johnson, 2009) and can result in hospital's litigation costs (Patton, 2014). These consequences have the potential to weaken the productivity edge of health workers as well as their personal health. Minor mistakes that often occur that take a devastating toll in healthcare settings are usually motivated by unresolved conflicts existing among health personnel. The consequences of unresolved or poorly managed conflicts in hospitals are likely to result in adverse outcomes on health workers, and this will consequently manifest on how patients are attended to or cared for and on the general delivery potential of the system.

A Discourse on Medical Peace Education

Logically, based on this discourse, the words that are constant in the term "medical peace education" are 'medical' and 'peace education'. Medical has to do with medicine, which is the treatment of illness. Biggers (2018) observed that "medicine is the field of health and healing. It includes nurses, doctors, and various specialists. It covers diagnosis, treatment, and prevention of disease, medical research, and many other aspects of health". Thus, medicine is the art, science and practice of caring for patients by preventing and treating their injuries or diseases. It encompasses a variety of healthcare practices which have to do with the maintenance and restoration of the health of people by preventing and treating their illnesses and diseases. Thus, peace education is a process whereby people learn ideologies, values, attitudes, moral standards, sensitivities to others and new perceptions such that they are moved to take different actions than they did in the past (Fisk, 2000). Thus, peace education is a programme that positively influences people towards being tolerant and empathetic to others. This description presupposes that peace education has the tendency to change the physical, intellectual, emotional, and spiritual abilities of people within the context of their cultural, political and social milieus for peaceful and harmonious living (Alimba, 2013). In essence, peace education has the potential to transform mind-sets, which is a determining factor in the way people behave and act. Peace education promotes the knowledge, skills and attitudes that allow people of all ages, and at all levels, to develop the behavioural changes that can prevent the occurrence of conflict, resolve conflict peacefully, or create the social conditions conducive to peace (Isaac, 1999).It is a peace promoting endeavour that permits the inculcation of peace making values, which are necessary for creating a culture of peace in societies.

This signifies that peace education has the potential to help people cultivate values that will encourage them to mitigate conflict and live peacefully in the society (Alimba and Isah, 2017).

The point is that: the problems and challenges that peace education seeks to tackle are multi-faceted and interwoven, so necessarily the nature and content of peace education is just as far reaching. There is no one defined approach to the content matter of peace education. However, various educational fields deal with aspects of peace education, and their angles are dependent on the specific problems or issues they are seeking to address (Heaton, 1999).

The foregoing ideas provide the impression that peace education can be employed in different places to address different problems. Peace education has been accorded different labels across boundaries, for instance, in Japan, it was conceived as “anti-nuclear bomb education”; “education for mutual understanding in Ireland” and as “re-unification education” in Korea. Whereas in countries in the Southern Hemisphere, peace education was considered as “development education” and in North America and Europe the discourse on peace education is guided by “conflict resolution education”(Seltz, 2004).These labels bring to mind two distinct characteristics of peace education: (i) peace education can be adopted in different socio-cultural contexts and (ii) peace education can be employed to solve diverse problems that can manifest at micro and macro levels of social engagements (Alimba, 2020). In this regards, peace education is about empowering people with the knowledge, skills, and attitudes to:

(i) build, maintain, and restore relationships at all levels of human interaction.
(ii) develop positive approaches towards dealing with conflicts from the personal to the international.
(iii) create safe environments, both physically and emotionally, that nurture each individual.
(iv) create a safe world based on justice and human rights.
(v) build a sustainable environment and protect it from exploitation and war (Harris, 1998).

Therefore, medical peace education is the application of peace education in healthcare practices to solve social problems in order to create a peaceful environment for effective and efficient conducts of medical activities. It is an initiative that will make health professionals to acquire peace related knowledge and skills that will positively transform their behaviours and attitudes in order to cultivate a culture of peace for the advancement of medical occupation. It is all about promoting peace medicine which is central to the health sector’s contribution to all forms of violence prevention and sustainable peace building, at both macro and micro levels of society (Melf, 2004). Medical peace education is when peace-qualities, tools and opportunities are intentionally used for improving health through violence prevention and peace promotion (Melf, 2004). It is noteworthy to stress that peace medicine is the application of peace into medicine, while medical peace education is the creation of the structure and framework that will promote the application of peace in medicine or medical practice. This can be achieved by ensuring that health personnel acquire knowledge, skills, and values which are needed to change their orientations, behaviours and attitudes concerning conflict dynamics, in order to create the conditions that will allow peace to reign in their domains. Medical peace education is a process in which health professionals seek to promote peace, prevent conflict and mitigate its effects in various ways, and ensure that their own actions do no harm (Salvage, Rowson, Melf, Ertner and Palosaari, 2012). The point is that medical

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peace education will enable health practitioners to be exposed to the essential values of peace making for the promotion of a culture of peace. The importance of medical peace education lies in the fact that conflict and violence are fast becoming a growth industry in health establishments.

Importance of Medical Peace education

The goals of medical peace education are to prevent conflict and promote peace in all its ramifications, in order to guarantee success in medical endeavours. This becomes necessary because "health personnel do not always contribute to peace (and health). Physicians are more likely to be guilty of violence than other health professionals, because of their high social and professional position in most societies"(Melf, 2004). The fact that healthcare personnel are considered as eminent factors in conflict causation legitimises the significance of medical peace education. Apart from this, seeing conflict and violence as a public health threat, justifies the need for health personnel to be exposed to skills and knowledge that will address these altercations for their good, and that of their patients. For instance, the report that Dr Benjamin Spock and Claire Culhane were vocal advocates of the cessation of conflict, showed that they have the knowledge and skills on what to do, how and when in any given conflict period. Thus, they and others played important role in revealing how conflict has impacted on health (MacQueen and Barbara, 2000). This is a clear recognition of the potency of acquiring the values of medical peace education. The acquisition of such values will give healthcare practitioners the leverage to engage in advocacy and public enlightenment programme geared towards ending violent conflict and promoting peace. This is a reflection of the essential nature of medical peace education in medical practice. Therefore, navigating war zones or conflict ridden environments by health practitioners will require them to have knowledge and skills which can only be gained through medical peace education to make tangible impressions. This is because addressing conflict situation is an art or science that should be learnt in order to make meaningful impact, like the way surgeons are taught the art of conducting surgery. Peace through Health (PTH) arrangement was made for cease-fires in areas of conflict, to allow for the vaccination of children (Pinto, 2003). For health workers to navigate violent terrains to save lives and fight for patients or victims for adequate care, involve having the prerequisite knowledge and skills that will help them to understand the terrain for effective performance. Medical peace education should, therefore, be seen as a route through which health actors can be empowered to act consciously in defence of peace for proactive discharge their responsibilities in complex terrains. Also, collaboration is a common event in healthcare settings for successful conduct of activities; as it defines and determines how health personnel can work with others for smooth operations to effect the needed change. Collaboration, however, demands the conscious exhibition of diverse skills to be able to work with other people from different backgrounds with diverse views, interests and goals to carry out assignments in the system. Thus, collaboration is highly fundamental to effective medical practice and delivery. According to Kucukarslan, Peters, Mlynarek and Nafziger, 2003), collaboration improves patient outcomes such as reducing preventable adverse drug reactions, and decreases morbidity and mortality rates (Wheelan, Burchill, and Tilin, 2003), and optimizing medication dosages(Martinez, Saef, Paszczuk, Bhatt-Chugani, 2013). Therefore, it is within the domain of medical peace education to moderate behaviours for effective and successful collaboration for a better healthcare delivery. Effective collaboration depends on the level of medical peace education values that

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health workers have acquired for action. The importance of collaboration in the health circle further reinforces the significance of acquiring values such as tolerance, empathy, justice, respect for others and the likes, which can easily be acquired through medical peace education, to encourage positive collaborative behaviours and attitudes for easy and successful service delivery in healthcare settings.

Medical Peace Education and Conflict Mitigation in Healthcare Settings

It is needful to stress that medical peace education can solve many of the human problems playing out in healthcare settings. Also, it is imperative to state that those problems emanating from the health system vary from one place to another, and therefore will be wrong to assume that the same medical peace education values should be adopted for all the problems at all times. The nature of problem existing in a particular medical facility will determine the type of medical peace education values that will be prescribed for its remedy. This is necessary for the effectiveness of the medical peace education programme that will be recommended as antidote to a particular problem. Some of the medical peace education skills that are needed are perseverance, orderliness, self-awareness, critical thinking, cooperation, self-control, compassion, active listening, patience, and so on. In addition, some of the medical peace education knowledge that can be learned are: justice, nonviolence, conflict resolution, religious harmony, inter-racial accommodation, human rights duties and rights of people and etc. The nature of values that are related to medical peace education attitudes formation are empathy, tolerance, obedience, honesty, open-mindedness, fair play, caring, sense of solidarity, respect for differences, transparency, appreciation, reconciliation, equality, appreciation etc.

The acquisition of these values will effectively change the behaviour and mindset of health practitioners to enable them find ground for amicable resolution of conflict. Medical peace education values can be acquired formally or non-formally by health practitioners. The formal acquisition involves introducing medical peace education into health or medical schools and other formal institutions' curricula to educate practitioners on the issues of peace and its related values. The acquisition of medical peace education through non-formal channel involves training medical personnel on issues of conflict and peace through workshops, seminars and conferences. Also, medical peace education can be conducted non-formally in primary, secondary and tertiary healthcare centres to increase the scope of health actors that will receive it. These values can equally be garnered informally from the family setting, peer group circles, and other social settings that have bearing on practitioners and involving close associates, like mentor-mentee relationships, etc. Therefore for the health sector to prevent conflict, promote peace, reduce infirmities and diseases and promote health, it becomes relevant to train health workers in peace (Melf, and Chayakul, 2014). The need for health workers to be trained to prevent conflict and promote peace motivated international assortment of initiatives for training doctors and other health professionals in peace – from model curricula for medical schools, such as Medicine and Nuclear War and Medicine and Peace, to new theoretical frameworks for training and practice, such as Health as a Bridge to Peace, Peace through Health and Medical Peace Work (Melf, and Chayakul, 2014).These kinds of training programmes in peace and conflict are created in recognition of the efficacy of

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medical peace education to contain conflict and promote peace. Therefore, medical peace education has the potentials to:

(i) promote conflict management, in the sense that it will make contending groups to resolve, lessen, or contain conflict through "medical diplomacy" or health oriented superordinate goals;
(ii) promote group solidarity. It will make people and groups working together to expand peace in difficult situations to be supported by health care workers and groups with more power or freedom of action;
(iii) strengthen the social fabric. The bonds uniting social groups such as ethnicity, social class e.t.c will be reinforced through effective health care delivery that is guided by reconciliation and healing;
(iv) encourage dissent. This is causing disagreement in love and in a legitimate manner, which will allow disagreement to be peacefully expressed in actions and words; and
(v) restrict the destructiveness of war. This can be achieved by ensuring that healthcare workers get involve in advocacy for the restriction or abolition of such policies or weapons and work with others to have the restrictions embodied in international law(MacQueen and Barbara 2000).

The forgoing indicates clearly that medical peace education promotes amicable conflict resolution behaviour in the healthcare system. Therefore, exposing healthcare practitioners to medical peace education will help them understand conflict sensitivity and culturally appropriate interventions to prevent violence and foster individual and societal empowerment and resilience (the capacity to do well in difficult circumstances) (Arya, Buhmann, and Melf, 2008). At this point, the fundamental question that should be raised is whether peace must be pursued in order for health to flourish? Not only will the answer be in the affirmative, but it is also "obviously possible for health workers to contribute in a unique way to peace-making"(MacQueen and Barbara 2000). To this end, there is a need for a new discipline of "peace through health" or medical peace education to be made compulsory for health personnel. The relevance of medical peace education in helping healthcare workers to attain greater insight on conflict management dynamics and how they can develop nonviolent behaviour and mindset to promote a culture of peace is highly relevant to their profession in this modern time. Therefore, the practice of medical peace education has the potency to make healthcare workers to proactively address challenges that might confront them in order to encourage the achievement of the broader health objectives.

CONCLUSION

The frequency and intensity of conflict dynamics operating in this era of globalisation has been appalling in the way it manifests in social relations and organisation. In the health system, for instance, conflict constitutes serious threat to the productivity of practitioners as well as the effectiveness of the system. This is because conflict as a phenomenon robs health personnel of their time, energy and resources, and makes them compromise their health condition based on its devastating outcomes, which directly manifest adversely in their service delivery potentials. Therefore, this study has made a case for the domestication of medical peace education in

healthcare institutions in order to improve the knowledge and skills of practitioners for amicable resolution of conflict for the enthronement of peace. The knowledge and skills that will be acquired through medical peace education will transform the behaviours and attitudes of medical workers to the extent that they will be inspired to handle conflict constructively so that they can function appropriately to enhance their productivity and its smooth operation of the system for the achievement of its set goals. Thus, issues such as conflict and the nature of conflict in healthcare settings were critically reviewed to provoke learning about its behavioural trends in healthcare system. Also, the causes and consequences of conflict were discussed in detail, revealing the imperativeness of medical peace education in order to promote orderliness and peace in the system. The relevance of medical peace education was explored to bring to bear the antidote reagents inherent in its acquisition for health practitioners to live a life style of a peacemaker for their good and that of others in the society. Thus, the values which medical peace education will impart will go a long way to better prepare health workers for constructive mitigation of conflict. This will reveal the potency and transformative power of medical peace education to change behaviours and attitudes for the achievement a culture of peace, which is essential for effective and efficient service delivery in healthcare settings. Therefore, medical peace education should be seen as a crucial element that should be domesticated for medical practitioners during and after their trainings to make them react proactively to conflicts that might come their way in the course of discharging their duties. They should be made to engage in it as a field of study, with the theoretical basis and model of practices situated within medicine to promote the acquisition of knowledge, attitudes and skills conducive to conflict prevention and peace promotion among health practitioners in order to achieve the broader goals of the health system in the society.

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