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THE EFFECT OF PUBLIC SECTOR HEALTH CARE WORKERS STRIKE: NIGERIA EXPERIENCE

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Abstract

Strike actions or agitations occur when employees feel their rights and welfare is been neglected, tempered with or ignored by their employer and the only viable means which their grievances can be heard and attended is by resolving to strike. Trade unions therefore provide a medium in which the employees' voice and grievance will get to the employer through a single unit and forum representing a particular profession, specialization or the whole work force having similar or same interest. The paper examines the effect of public sector health workers strike on service delivery with reference to Nigeria experience. The paper observes that minimizing the incidence and effects of health care workers strike will require ethical approach from all stakeholders and re-cognition that all parties have an equal moral obligation to serve the best interest of society. It recommends that, employers should implement legitimate collective bargaining agreement and the strike employees should desist from making unrealistic wage demands which could bankrupt governments-employers relationship hamper provision of other equally important social services to the general public. However, the paper concludes that motivation for doctor and health care workers include the natural pressure to fulfil human needs and modern medical practice to managed healthcare and consumer right.

Keywords: Trade union, bargaining, health care workers, strikes, employer/employees

Introduction

Health workers strike usually arises due to a breakdown in negotiation as well as disagreements between employer(s) and the employees. Strikes connote a temporary stoppage of work resulting from the pursuance of grievance(s) by a given group of workers (Fashoyin, 1992; Fajana 2000; Otobo, 2000; Adesina, 2003; Dauda, 2007). It could equally arise as a result of fall out in negotiation and also as a result of disagreements in the behaviour of the employer (and their association) and the employees (and their representatives). Though it is usually very difficult to disconnect one from the other as employers at times lock out workers and workers on the other hand can embark on strike actions and other forms of grievance expression.

Nigeria health care sector has been rocked by strikes and near misses. Since 1999 till day health care workers across the country have engaged in or threatened various forms of job action. In some cases the disputes have lasted over a month or more. In all cases the health care system has been thrown into turmoil. In a situation where the health care labour relations disputes occurred simultaneously in different parts of the state then these disputes would be seen by all as a symptom of a national crisis of epic proportions – a crisis of health care employment (Ojobo 2005).

It has been argued that to deny any group of workers, including “essential workers” the right to strike is akin to enslavement which is ethically and morally indefensible (Rennie 2009:133). While medical strikes occur globally, the impact appears more severe in developing countries challenged by poorer socio-economic circumstances, embedded infrastructural deficiencies, and lack of viable alternative means of obtaining healthcare.

Striking involves withdrawing services by employees (in any sector) in a democratic state to realize particular goals in the workplace. Striking is generally the last resort to solving a problem and occurs when the collective bargaining process makes insufficient inroads and the unions are not satisfied with management’s offer to correct the situation (Fashoyin, 2008). Strikes are common worldwide. Since the 12th century BC, strikes were (and still often are) believed to be the only method by which employees could express discontent with their working environments and achieve desired outcomes.

Healthcare worker strikes pose difficult questions, especially considering their ethical codes and professional cadets. The Hippocratic Oath states, that doctor undertake to act in the best interests of the safety, welfare, health and well-being of all those entrusted to their care, and the citizens. Stuarck (2010) noted that the World Medical Association has published many declarations and codes of conduct which underscore the importance of the fiduciary relationship. In modern medicine science, the fiduciary relationship between healthcare worker and patient must be honoured to achieve maximum satisfaction. International studies reveal that the foremost reason for strikes in the medical field is poor working conditions, followed by wage, and other incentives. (Bloomsbury, 2002).

Many discussions of industrial action simply refer to strikes. Strikes are the most overt and the most significant aspect of industrial conflict. But they are unfortunately only a part of the phenomenon of conflict (Fashoyin, 2005 and Fajana, 2000). It has been argued that the examination of conflict should be expanded to include “the total range of behavior and attitudes that express opposition and managers on the one hand, and working people and their organizations on the other (Kornhauser, Dubin and Ross, 1954:102 cited in Fashoyin, 2005:92). Ogundele (2005) quoted Iwuyi (1985) that a system of trade disputes settlement however is provided by policy makers to protect the interest of the public. Where the trade disputes are in essential services, it is generally agreed that the activities in these areas are of such importance to

the communities as to justify, subjecting the settlement of labour disputes to rules in order to limit the damage they can cause.

Conceptual And Theoretical framework

Industrial action is inevitable in any organization. In every organization where people/employees or, and employer of different background and interest have to interact in the collective effort towards achieving a set goals, conflicts is bound to occur (Rennie, 2009). Sherlekar, (2001) sees industrial action as all kinds of opposition or antagonistic interactions in, or among individuals, groups, and/or organizations. Industrial action is a dispute, difference, or struggle between two parties that is indicated by open expression of hostility and/or intentional interference in the goal; (Fajana 2000) achievement of opposing party. Interference may be in the form of active obstacle to prevent the opponent from achieving his goal or it may be just passive resistance e.g. refusing to give necessary information or materials to the opponent.

Bloomsbury (2002) described industrial action as event occurring when two or more parties have opposing attitudes of approaches to a particular situation, issue, or person. That action from a host of roots such as different of an opinion, problematic working conditions, unrealistic work expectations through discriminatory behavior such as racism or sexism, poor communications or non-compliance with organizational norms or values.

In related terms, Bankole (2003:130) agreed that industrial action occurs when two or more people or groups perceive that they have: (i) incompatibility of goals, and interdependence of activity. Hence, industrial action is a disagreement between or among actors of industrial relations mostly over issues of divergent interest. 'This is given below:

“... the total ranges of behavior and attitudes that express opposition and divergent orientations between individual owners and managers on the one hand, and working people and their organisations on the other”.

These definitions according to Otobo, (2005) suggest that industrial action occurs between groups that is at the collective level, personality and other structural variables coming into play. He further shows that it tends to restrict the phenomenon to what transpires between two opposing groups, owners/managers versus working people and their organizations.

It has been suggested that doctor and health care worker strikes can create a tension between the obligation on doctors and other health care workers to provide adequate care to current patients versus the need to advocate for improved healthcare services for future patients and for society in general (Bloomsbury, 2002). There is also a potential conflict between doctors' role in advocating for improved healthcare service for others versus the need to advocate for justifiable wages for self and the fulfillment of basic biological needs like all humans. It has been suggested that since strikes are considered a fundamental right or entitlement during collective bargaining and labour negotiations. Therefore to deny any employee the right to strike would be an argument for enslavement of such an employee, because this would simply mean that whatever the circumstances such as individual must work! A situation deemed to be both ethically and morally indefensible (Bankole, 2003).

The study employs Hicksian theory of the causes of conflicts which is somewhat similar to the Marxist theory. The latter argues that theprocyclical movement in occurrence of industrial conflicts demonstrates that industrial conflicts are products of the bargaining power held by labuor (employees). The former analyzes the role played by industrial conflict leverage in shaping negotiated outcomes assuming that the parties are negotiating only over items that can be reduced to monetary terms represented by wages. This indicates that the bargaining powers of the employees and employers of industrial conflicts are characteristically essential during

negotiation, not just only that of labour. In the Hicks model bargainers (employees and their union and employer-its representatives) that form the bargaining unit have an expectation of what they will eventually agree on. Thus, resolution of industrial conflicts would lead to wage settlement, *ceteris paribus*.

In this case the two teams i.e. Health care workers and the management search for ways to maximize its own interest. The organization seeks to maximize service delivery using workers' services, while the employees maximize their utilities that are obtainable from offering their labour services such as comfortable wages and the likes. It is proposed that they (workers and the management) will prefer to resolve any form of strikes (especially work stoppage) and would not allow it to degenerate owing to the fact that they incur some form of losses (Mas, 2004). The employees will forgo their income while the organisation will lose output (resulting in low productivity).

Health Workers Strike In Nigeria: Doctor-Patient Relationship

Doctor and healthcare worker strikes have become a global phenomenon with increasing incidence in many countries and the potential to impact negatively on the quality of healthcare service delivery and the doctor-patient relationship which is based primarily on the fiduciary duty of trust (Ogundele 2005). Health care worker not limited to any society, group, or country regardless of their level of socio-economic development. In most democratic societies, strikes are a legitimate part of collective bargaining during labour negotiations (Bankole, 2003). Doctor and Health care worker strikes have been reported in highly developed countries such as USA, UK, New Zealand, Germany and France. Also in less developed countries such as Nigeria, Malawi and Zambia to name but a few. According to Kennie (2009) strikes occur globally, it appears the impact of strikes are more severely felt in less developed countries because of the poorer socio-economic circumstances and embedded infrastructural deficiencies. Such countries are generally confronted by issues of inadequate manpower, poor wages and working conditions, poor organizational ethics and lack of viable alternative means of obtaining healthcare for the general population, thereby fulfilling the international criteria for vulnerability as defined by UNAIDS and other authorities.

It is pertinent to observe that there is paradigm shift in the organization of healthcare services and doctors employment options in Nigeria with a change in the role of doctors from self-employment, and medical practice based on benevolent paternalism, to consumer rights and managed healthcare (Rennie 2009). Historically, doctors had the sole responsibility within the doctor-patient relationship, to determine the costs of medical care to their patients, however, current trends show that doctors are increasingly becoming employees of managed healthcare organizations (HCOs) or employees of public health services. These changes in physicians practices and methods of payment may impact on patient trust, physician behavior and decision-making, thereby permanently altering the doctor-patient relationship Onoka (2010) noted that in advanced capitalist societies like the United States, that there is an on-going shift in doctors practice options from self-employment as owners of their own practices, to doctors becoming employees of HCOs in a managed healthcare environment. The factors driving this sea change in physicians employment options have been ascribed to "the complex corporate environment coupled with the stress of high malpractice rates, the struggle for reimbursement, administrative duties and the general risks and burden of solo to small group practice". (Nnenna 2013). One can therefore anticipate that in the near future there could be more wage negotiations and collective bargaining between doctors as employees and the employing HCOs (Onoka 2010). This will be similar to the practice in systems where medicine is centralized or socialized, and where doctors

and health care workers are mostly public service employees. These ongoing changes in the organization of healthcare services and modern medical practice may denote a change in the Hippocratic tenets of the medical profession, creating ethical and moral dilemmas, which could permanently alter the nature of the relationship between doctors and patients and the putative contract between medicine and society (Bankole 2003).

Causes Of Healthcare Workers To Strike

When health care workers embark on strike, three themes appear to dominate the argument. According to Onka (2010) globally as a reason for their actions. These are generally no different from other causes of doctor disaffection which lead to work attrition or brain drain. According to Ogunbanjo (2015) argued that Lagos doctor residence have some reasons: working conditions, infrastructure challenges, optimal management, and salaries. Thus the reasons given by doctors and health care workers for embarking on strikes may be classified under three themes, On-going changes in organization of healthcare services to international standard, failure by government to honour collective bargaining agreements for improved wages and conditions of service, disempowered' doctors and health care workers who feel unable to provide the best possible care for their patients because of inadequate facilities, drugs and lack of support by employers especially elected government officials. One can attempt to analyse each of these reasons given for health care workers strikes as follows:

The changing face of healthcare delivery and the environment which it is undertaken has brought new challenges to healthcare professionals (Ogundele, 2005). Some of these changes include the rise of 'consumerism' in healthcare and the changing role of the physician from a purely professional role based on beneficent paternalism to that of a service provider and employee in a managed healthcare industry. Starting from the late twentieth century till present, the practice of medicine has changed significantly from its Hippocratic roots. While the requirement of competence endures the doctor-patient relationship has changed, with more knowledgeable and demanding patients.

Failure to honour collective bargaining agreements by employers (government). One of the most frequently cited sources of friction and reason for embarking on strikes is the failure of employers, whether government or private, to adhere to the terms of negotiated wage agreements (Bankole, 2003).

In Nigeria, health care workers strike induce as a results of failure of state governments to abide with the contents of a memorandum of understanding between the governments and health care workers regarding mechanisms for implementation of a federally negotiated salary scale. In South Africa, the public service strikes of 2010 were partly caused by failure of government to implement parts of agreements negotiated with health care workers during previous strikes in 1999 and 2007. The 2007 strike resulted in the introduction of occupational specific dispensation (OSI) salary scales. But partial or shoddy implementation of these agreements as well as refusal by government to agree on a minimum service level agreement was cited as reasons for doctors and health care workers strike (Animashaun, 2003).

It must be recognized that doctors and health care workers are ethically obliged to provide the best possible care for their patients. The Hippocratic Oath to which doctors are required to adhere carries injunction: "the health of my patient will be my first consideration" (Stuart 2010:20). Therefore in the circumstances where the health of the patient is threatened: for example where there is a failure to provide adequate drugs or proper facilities for patient care. Doctors may feel ethically and morally obliged to intervene on behalf of their patients and this intervention may ultimately result in a strike action or withdrawal of services, in an effort to

improve conditions for patient care. One can argue that the resulting improvement in overall quality of healthcare services when negotiated changes are implemented mitigates any immediate harmful of strike actions. Therefore indirectly, strike actions by health care workers may ultimately result in better healthcare for patients and the public in general.

Dilemmas Of Health Care Workers In Nigeria

It would appear that strikes may have a disproportionate deleterious impact on doctors and other health care workers when compared to patients. Striking health care workers frequently face a loss of income, job insecurity, and emotional distress, plus long hours of work for those who choose not to participate in the strike action (Bankole, 2005). Further, there could be derangement of working relationships as well as loss of established leadership (Nnenna, 2013). Whether or not their demands are eventually met, doctors have been involved in strikes usually end up disillusioned and demotivated and may end up emigrating overseas or relocating within the country thereby leading to either internal or external brain drain. For example, striking doctors in Lagos State reported an “overwhelming feeling of complete lack of confidence and trust in the hospital management team’ (Buhari, 2010). The impact of such movements could be as severe as occurred in Lagos State university teaching hospital who nearly lost its accreditation due to a prolonged doctor’s strike (Nnenna 2013). It could also lead to a situation where close to 25% of a national doctors threatened to quit their jobs and leave the country unless they received wage increases, as reported recently in federal medical centre (Ogunbanjo, 2015). Federal medical centredoctor’s strikes led to major disruptions in healthcare service delivery in the centers and regions affected.

Concluding Remarks: Way Forward

In a nutshell, one will see that there are three sides in any industrial conflict. At one time, it was thought best to ignore this fact, and it was said that only in those firms where management and unions were united would there be any really good human relations. Now industrial sociologists have clearly stated that conflict in itself is no bad thing. Where it is dangerous is where conflict is destructive but it is possible to use conflict in such a way that from it constructive solutions can be forthcoming.

Furthermore, it is clear that in Nigeria the only language understood by employers and government (as the largest employers of labour) is strike. That is the only weapon which serves as a last resort when workers are demanding for one thing or the other. From our discussion it will be seen in most cases that not until workers embark on strike will employers or government yield to their demands. So given the contemporary situation in industrial relations in Nigeria, strike action, as an industrial relation tool will continue to be relevant.

This analysis shows that the right to strike is so important to the functioning of modern democratic societies that its suppression would be unjustified. The right to strike is now accepted as an indispensable component of collective bargaining and perhaps a fundamental human right. However, minimizing the impact of doctor and health care worker strikes will require improved organizational ethics and the recognition by both employees and employers, especially elected officials that they are equally morally obligated to serve the interest of society.

Legitimate collective bargaining agreements must be respected and honoured in a timely manner. Similarly, employees including doctors and other workers must resist the impulse to make economic demands which are beyond the capacity of the employer or which could hamper the provision of other social services, such as education and public utilities. Furthermore when health care workers embark on a strike action, they must endeavour to provide a certain level of

minimum service, e.g. continue providing emergency medical services, thereby minimizing the impact of strikes on the general public.

Strike should always be used as a threat. It should be used only after all legitimate avenues for dialogue have been shut. That is by encouraging every motion toward achieving peace in work environment through dialogue. There is the need to discourage the adoption of any chaotic strategies and tactics to enforce any disagreement in any system, moreover when we are no more under military regime. We should also be made to separate striking issues from non-striking issues. That is not all issues necessitate a strike. Matters of discipline of erring members should be separated from welfare-oriented issues. It must be noted that while welfare oriented issues can be backed up by strike action when persuasion fails, matters of discipline of erring members however requires an appeal.

Finally, it has been observed that health care workers strike in some jurisdictions, always has the support of general public in a situation when the strikes are designed to improve the quality of healthcare service delivery for all, society is generally unsupportive of strikes where the sole purpose is the increment of wages and improved conditions for health care workers alone.

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