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Industrial Actions by Nigerian Medical Doctors: Implications on the Patients and Health Care System

[1]TSADO, WinifredKashi, [2]DUWA, Job Yisa, [3]DAUDA, Juliana Hussaina
[1]*Department of General Studies, The Federal Polytechnic ,Bida, Nigeria*
E-mail: winifred075@gmail.com GSM: +2348035055909
[2]*Department of General Studies, The Federal Polytechnic, Bida, Nigeria*
[3]*Department of Sociology, Ibrahim Badamasi Babangida University, Lapai, Nigeria*

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Abstract
As industrial actions by Nigerian medical doctors keep reoccurring, it becomes worrisome and difficult to conclude whether or not the government has done something significant enough that will reflect improvement on our health care system. Therefore, this study is designed to examine whether or not there is plethora of empirical evidence of silent positive impacts of the industrial actions by Nigerian medical doctors on the health care system. The study adopted archival research design – using library and desk. Thus, secondary data were used which were sourced from the dearth of existing empirical studies on the subject matter through the internet and journals. Findings from the study indicate that empirical research has focused exclusively on the immediate negative impact of the industrial actions on the health care system. However, existing records reveals that the sector still suffering from poor funding by the government which is reflected in the continuous decrease in the budget allocation to the sector over the last five years. Based on the findings, the study concluded that empirical research has not focused attention on the positive impact of industrial actions by the Nigerian medical doctors on the health care system, however it can be inferred from the available records that Nigerian government has not done much that will reflect significant improvement on our health care system. The study recommended that Federal government should encourage private individuals, particularly religious bodies that have the resources to invest heavily in the health sector.

Keywords: *Employee; Government; Hospital; Strike; Work*

Introduction

Industrial action stems from the perspective of social conflict theory by Karl Marx which is described by Russell (1980) as the other side of the coin with industrial relations. It is seen as a conflict between the employees and the employers resulting from imbalances in the social structure or arrangement designed by the employer.

All over the word, including the developed nations, industrial action is inevitable. This is because any socio – economic system would always produce internal tension. However, the number of industrial actions recorded in the developed nations has been on decline in recent years, compare to the developing nations where it is on the rise. This could be attributed to the fact that there are poor industrial relations coupled with poor economic situations and corruption in the developing nations than the developed nations.

Industrial actions don't just emanate without reasons. They are as a result of poor industrial relationships between the employer and the employees. Some of the factors that cause industrial actions include work stress, work place structure and culture, appointment and promotions

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issues, lack of proper communication, and lack of motivation.

The existence of incessant industrial action in the Nigerian health sector is a pointer to many social issues in the structure. Over the years, industrial action has become a yearly event in Nigeria health sector. The Nigerian health sector comprises many different workers under the umbrella of different unions which include Nigerian Medical Association (NMA), National Association of Resident Doctors (NARD) and Joint Health Sector Unions (JOHESU) which comprises other workers other than medical doctors.

One of the most frequently cited sources of friction and reason for embarking on industrial actions is the failure of employers, being government or private, to work by the terms of negotiated welfare agreements. For example, the industrial action embarked up on in 2013 and 2014 were as a result of failure of government to honour and implement some of the agreements reached with the health sector employees during previous industrial actions in 2010, 2011 and 2012 respectively (Adekunle, Adekunle, Folorunso&Onakoya, 2017).

In Nigeria, there are two major unions belonging to the medical doctors, the NMA and NARD. Some of the agitations of NMA in some of their previous industrial actions were: discontinuation of recognition of non – medical doctors as directors and consultant title to any other health worker other than medical doctors, appointment of Surgeon – General of the federation, payment of clinical duty and hazard allowances and withdrawal of Central Bank of Nigeria circular on medical laboratory equipment. Similarly, the NARD has also had their demands in their previous industrial actions which include: addressing of persistent shortfalls and unpaid arrears of salaries earned in both federal and state tertiary health institutions, enrolment of residents doctors into the Integrated Personal Payroll Information System (IPPIS), implementation of adjusted House Officers' Entry grade level equivalent and improved work environment. These are issues of major concern that can affect the morals of medical doctors thereby influencing the quality of their services.

Statement of the Problem

Every year, about 700 Nigerian doctors emigrate to Europe (UK), North America, Australia, West Indies and South Africa in search of jobs (Omoluabi, 2014). Yet, it has been reported that Nigeria's physician density is among the lowest in the continent With 0.17 doctors to 1000 population, and compares very unfavourably with Tunisia (11.9), Algeria (12.1), Libya (19.0), Brazil (17.2), Mexico (28.9); and developed countries, such as Greece (60.4), Austria (47.5) and Italy (42.4) (see Omoluabi, 2014). Most of them complained of poor work condition and work environment as the reason that made them to leave Nigeria. This could be one of the reasons for persistent industrial action in the sector.

Most of the root causes of strained employee - employer relationship are issues relating to welfare and social status. This forms the centre piece and manifestation of an exchange of relationship between the employer and employees (Adekunle et al., 2017). Apart from the low wages, other justifications for their industrial actions given by medical doctors include poor working conditions, poor infrastructure and substandard quality of health services (Olukoye, 2007).

Rennie (2009) has argued that welfare package of Nigerian medical doctors can go a long way to affecting their behaviours, patient trust and doctor – patient relationship. Many other scholars have also concurred that the breakdown of activities arising from poor reward related issues which triggered industrial conflict could bring untold hardship to the society, especially the patients

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(Adekunle et al., 2017). Most of the studies looked at the effects of those industrial actions from a moral perspective. It is important to know that all the industrial actions taken by Nigerian Medical doctors were in Public hospitals.

There is no doubt; there are private hospitals that can compete favourably with public hospitals in Nigeria. Many studies have also reported that most of the private hospitals which patients are referred to during the strike periods are owned and or managed by doctors from public hospitals. With this, there is possibility that the doctors will give patients better attention than in the public hospitals. In addition, this may prompt some of them either through partnership or using any other means to buy functional equipment that will enhance better health care delivery.

However, it is not known whether or not existing studies have reported some of these silent positive impacts of the industrial actions by Nigerian medical doctors on the patients and the general health care system. Furthermore, as industrial actions keep reoccurring, it becomes worrisome and difficult to conclude whether or not the government has done something significant enough that will reflect improvement on our health care system. Thus, this shows existence of a knowledge gap and the filling of this vacuum forms the basic problem that this study is designed to achieve. In other words, present study tends to look into the gap regarding their reports on improvement in the quality of health care services resulting from the industrial actions.

Objective of the Study

The objective of this study is to examine whether or not there is plethora of empirical evidence of silent positive impacts of the industrial actions by Nigerian medical doctors on the health care system.

Conceptual Clarifications

Industrial action is a wider concept that also means industrial conflict which includes strike. However, the two terms are often used interchangeably. In other words, it is a collective measure taken by trade unions or any other organized labour aimed at reducing productivity in a workplace. Industrial action could occur in the form of a labour dispute or could be meant to correct political or social changes within the organization (Rood, 2001). According to Velden (2006), industrial action occurs when employees perform work in a way different from the way it is normally done, or when employees adopt a practice that restricts limits or delays the performance of work, ban, limitation or restriction by employees on performing or accepting work, a failure or refusal by employees to attend work or perform any work the lockout of employees from their employment by their employer thus affecting the normal work routine and the provision of quality services.

Research has long documented the nexus between industrial action and organizational effectives (Steve, 2006). According to Steve (2006), industrial action has been used as a means of getting economic and political benefits, to change the balance of power between labour and capital within single organization, entire industries, or even the nation.Industrial action has also been reported to influence operations in many organizations in the developing countries, Africa in particular. For example, it has been reported that, many employees' union in Nigeria often have used industrial action to protest lack of commitment of on the part of the government to honour most of the agreements reached during the negation periods (Shosanya, 2013).

Industrial action could come in different forms which include: general strike, sit-in strikes, walk out strikes, go slow strikes, picketing, work

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stoppage etc. The most commonly used by the Nigerian medical doctors is work stoppage.

Overview of medical doctors' industrial actions in Nigeria since independence and situational analysis of the sector

Industrial actions in the Nigerian health sector have largely been embarked upon by the state and federal government workers. Although nurses and other organized health professionals embark on strike action from time to time, Medical doctors under the umbrella of the NMA and the NARD have been engaged more frequently in work stoppage than other unions within the sector. Going down to the history, the NMA had embarked on several industrial actions in the past (specifically in the following years 1964, 1975, 1978, 1982, 1984 and 1985) (Ndukaeze, 2014). There was relative peace in the sector between 1990 and mid 2000s. According to Ndukaeze (2014), occurrence of industrial actions by the Nigerian medical doctors are sometimes determined by the temperament of the NMA leadership, attitude of government and general socio-economic and political condition prevailing in the country.

However, this peace was broken in 2007 when the NMA staged a 14–day warning strike between February and March which was then followed by the main industrial action that began from March, 5. In some years, the industrial actions were not national, but some chapters of either NMA or NARD, for example in Lagos State, the branch of NMA embarked on strike action four times between 2010 and 2012. One important thing to note is that in most of their agitations, they focused more on their welfare than work environment and work condition.

A summary of industrial actions by the medical doctors between 2010 and 2016 is presented in the table below:

Table 1: A summary of industrial actions by the medical doctors between 2010 and 2016

Type of industrial action	Health works' Union	Period	Themes identified
National	Nigerian Medical Association (NMA)	July–August 2014	Administration, funding, remuneration, supremacy challenge
National	National Association of Resident Doctors (NARD)	2011, 2013 and 2016	Administration, governance, policy, funding, remuneration
Local	NMA Lagos chapter	2013	Welfare, funding
Local	Association of Resident Doctors (ARD)—	2010 – 2016	Administration, leadership, health workforce

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	selected local hospital chapter		distribution, welfare

Source: Adeloye, David, Olaogun, Auta, Adesokan, Gadanya, Opele, Owagbemi, and Iseolorunkanmi, (2017)

Looking at the situational analysis of Nigerian health sector, one of the most common expressed reasons for embarking on industrial action is the failure of government to adhere to the terms of negotiated welfare and work conditions. This situation is not only peculiar to Nigeria, but even developed nations have at a point refused to honour agreement reached with the unions. For example, health care workers in California, USA (nurses and hospital assistants) had once embarked on industrial action citing their employer for not giving them the 10% salary increase promised, while planning to implement a 25% increase in charges for healthcare services (Chima, 2013).

Theoretical Framework

Many theories have been propounded in the field of industrial relations to explain certain circumstances surrounding industrial action. For example, In this study, social conflict theory was adopted as theoretical base.

Social conflict theory was propounded byKarl Marx**.** The Conflict Theory is a macro-level theory propounded to investigate the larger social, national, regional, or global levels of sociological issues (Hammond, 2009). However, the theory can be applied in micro level within the society such as organization, family, unions etc. According to Hammond (2009), the theory is also useful especially in analysing a wide range of social phenomena such as war, economic disparity, revolutions, political strife, exploitation, discrimination and prejudice, domestic violence, rape, child abuse, slavery, and other conflict-related social phenomena.

Many other scholars have made significant contributions to the work of Karl Marx (see for example the work of Lewis, 1957; Ralf, 1958; Wieviorka, 2010). Ralf (1958) in his contribution contends that post capitalist society has institutionalized class conflict into state and economic spheres. According to Ralf (1958), class conflicts in modern days have been habituated through unions, collective bargaining, the court system, and legislative debate which have made the severe class strife typical of Marx's time to be irrelevant.

The basic assumption of this theory is that conflict arises as a result of unequal distribution of resources, for example differences in salary and other benefits, uneven distribution of power, social prestige and education. Many studies have also used Social conflict theory to explain relationships in terms of conflict management in organizations (see for example Jacek, 2013).

Situating present study within the context of social conflict theory, the controversies surrounding the continuous existence of industrial action by the Nigerian medical doctors could be view from two assumptions of social conflict theory: social prestige and unequal distribution of resources. For example, in one of their previous industrial actions, medical doctors under the NMA demanded that discontinuation of recognition of non – medical doctors as directors and consultant title to any other health worker other than medical doctors, appointment of Surgeon – General of the federation (social prestige)and payment of clinical duty and hazard allowances and withdrawal of Central Bank of Nigeria circular on medical laboratory equipment (unequal distribution of resources).

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Review of Empirical Findings from other Countries

Generally, most existing empirical studies have focused on the moral implications of industrial actions by the medical doctors. However, it is important to know that industrial action is a legal tool which employees can use to correct some social deviations within the organization and which the customers/patients are supposed to benefit from either directly or indirectly.

In a recent study carried out by (Muhudhia, 2017) in Kenya on ethico-legal issues surrounding the industrial actions by the medical doctors, the author reported that aside from the increase in the welfare of doctors, other benefits resulting from the strike were:

> ....more doctors were employed and the Government agreed on a plan to buy new equipment, improve supplies of drugs and improve infrastructure of the public health facilities. The Government allocated money for the purchase of equipment and for employment of additional doctors. (Muhudhia, 2017, p. 65)

These benefits no doubt will be of high benefits to the patients through improvement in the quality of services from "happier" doctors working in better equipped facilities. The increased number of doctors, better supplies of drugs and other materials would result in better standards of health care services. The gap in the empirical research is whether or not the incessant industrial actions by the Nigerian medical doctors have brought about positive changes in the overall health care system.

Methodology

The study adopted archival research design – using library and desk. Thus, secondary data were used which were sourced from the dearth of existing empirical studies on the subject matter through the internet and journals. Data were collected on the industrial actions embarked upon by the Nigerian medical doctors from 1999 till date.

Implications of industrial actions by Nigerian medical doctors on the patients and health care delivery system

The objective of this study is to examine whether or not there is plethora of empirical evidence of silent positive impact of the industrial actions by Nigerian medical doctors on the health care system. Indeed, there is a large volume of empirical researches on the impact of industrial actions by Nigerian medical doctors on the health care delivery system; however none of these studies looked into the positive aspect of the industrial action (see . For example, most of the previous studies have revealed that patients were denied access to medical treatments during the strike which led to issues like referral to private hospitals and death of many patients who could not afford the cost of medical bill in private hospitals (Aturaka et al, 2018).

However, from the available records other than empirical research, many stake holders in the health sector have lamented lack of sufficient funding as the major hindrance to the development of Nigeria's health sector (See Ndukaeze, 2014). For example, rather to increase the budgetary allocation, in the 2018 Budget of Nigeria, only N340.45 billion, representing 3.9 percent of the N8.6 trillion expenditures is allocated to the health sector. The allocation is less than the 4.16 percent and 4.23 percent made to the health sector by the administration in the 2017 and 2016 budgets, and far less than the 2015 and 2014 budgets (Onyeji, 2017). This also falls short of African Union's15 percent health funding commitment and WHO's 13 percent requirement. This is happening in spite of incessant industrial actions by Nigerian medical doctors on the need

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to fund the existing hospitals properly.This implies that even the government is not sincere in addressing most of the issues always raised by the medical doctors during the various industrial actions.

The issue of brain – drain has still continuedespite the various industrial actions, for example it was revealed by the President of NMA that over 600 medical doctors left Nigeria for other countries between 2016 and 2017 (Obina, 2017). As a result, the country's doctor-patient ratio is now 1 doctor to 4,000 patients, which is contrary to the 1 doctor to 600 patient's ratio recommended by the WHO. This has led to the shortage of manpower i.e too many patients and not enough doctors. Incidences of attendant effects of shortage of medical doctors are manifested in excessively long queues, abnormal waiting times, and patients' dissatisfaction. Most medical doctors pointed at poor work environment and work condition as the reasons they left Nigeria.

In a recent survey by Phillips Consulting Limited (2017), it was reported that Nigeria still lack modern medical laboratories for medico - legal issues such as paternity testing and Genetic studies in both public and private hospitals. Only very few diagnostic equipment are available in the country and mostly in the private hospitals. Even the few available are often not in good condition because there are no many servicing companies available for now in Nigeria. There is need for more Biomedical engineering companies. Most public hospitals are under-equipped due to budgetary constraints (Phillips Consulting Limited, 2017).This indicate that.....

Despite incessant industrial actions, one can boldly say that the government of Nigeria has not done much to reposition Nigerian health sector such that will curb the possibility of future industrial actions. On the side of the patients, the poor Nigerians are left with no option than to take to their fate; because despite many inconveniences and untold hardship they do suffer during doctors' industrial actions, situations have not improved. According to Editorial (2018), health infrastructure in Nigerian public hospitals have gone so bad to the extent that even the Aso Rock clinic, which reportedly received a budgetary allocation of N4 billion naira, the President's wife and daughter at a point raised an alarm that the clinic couldn't even boast of common syringe or paracetamol. Recall that when the president's son was involved in an accident, he had to be rushed to a private hospital in Abuja because of lack of confidence in the Aso Rock clinic.

Although, little efforts have been made to bring about..... there has been enormous improvement in relation to the last decades, with current statistics claiming 33,303 general hospitals, 20,278 primary health centres and posts, and 59 teaching hospital and federal medical centres. Yet, this does not match the growing population, as a result the existing medical facilities get dilapidated faster than expected.

Conclusion and Recommendations

The dynamism in the economy especially in Nigeria has continued to change the values and expectation of workers generally, thereby putting pressure on employers to review upwards the contents of any compensation package. This has also affected cost of operation of medical facilities. More so, the growing population has continued to put pressures on the existing health facilities and demand for more doctors. Thus, the Nigerian medical doctors like every other worker would continuethrough their unions to agitate for better work conditions and environment (Adekunle et al., 2017). Therefore, base on the findings, the study concluded that empirical research has not focused attention on the positive impact of industrial actions by the Nigerian medical doctors on the health care system, however it can be inferred from the available records that Nigerian government has not done much that will reflect significant improvement on

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our health care system despite the incessant industrial actions in the sector. Suffix to say that the incessant industrial actions by the Nigerian medical doctors have not had much positive implications on the patients and overall health care system.

The study recommended that there is the need to declare a state of emergency in Nigeria's health sector, and do an aggressive investment in her infrastructure for five consistent years. Federal government should encourage private individuals to invest heavily in the health sector. For example, religious bodies that have money and private individuals can establish standard hospitals with modern laboratory equipment just like the education sector. This will go a long way in reducing medical tourism in Nigeria.

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