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## HEALTH WORKER'S PERCEPTION OF THE USE OF STRIKES AS A TOOL FOR DISPUTE RESOLUTION IN LAGOS STATE NIGERIA

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### ABSTRACTS

The use of strikes by health care workers in settling disputes with their employers is a common occurrence in this part of the world. As patients suffer from the aftermath of short or long term interruption of health care services, this study examines the intricacies behind such strategies and ways of strike prevention in future. Descriptive cross sectional study of causes, implications and solution to strike actions among 400 health care workers using multi stage sampling method in sample selection Research instruments were semi structured, self administered questionnaires, and data was analyzed using the SPSS soft wares. Common causes of strikes include demand for better salary and welfare in 372(93.0%), and disagreement on some work related principles 211(52.8%). Three hundred and seventy two (97.0%) believed that it disrupts health care services, discharges of patients from hospital without completeness of care 321(80.3%), limited care to clients 382(95.5%), and high rate of referrals to private hospitals 216 (54.0%). Ways of averting frequent strikes include both financial and professional motivation of health care staffs 391(97.8%), and strengthening of the health systems 219 (54.8%). Strikes are preventable ways of dispute resolution in the health care system. Health managers should carry employees along in issues that have to do with their welfare and the health systems

Keywords: Strikes, Health Care Workers, Health Systems

### INTRODUCTION

Disputes are bound to occur between employers and employees. Such disputes have the potentials of affecting the confidence entrenched in worker-employer's relationship, productivity and client's satisfaction. Strike is a strategy used by a group of employees in an attempt to force the employer to meet their demands. Generally, strikes are discussed in terms of the economic nature of the events. A third party involvement may ultimately pressurize the employees and employer to settle a strike. In the event of a health care strike, the impact of the strike may extends beyond the economic, which raises questions of mortality, morbidity, and the misalignment of health care resources and expenditures caused by unnecessary hospitalizations or by patients dropping out of care.

The Nigerian health sector was characterized by frequent strikes which lingered for long, in some cases as a result of non caring attitude on the part of stakeholders involved. The spread of the recent cholera outbreak to some parts of Nigeria could have been averted if Doctors and other medical workers were on ground and responded appropriately to the management of the epidemics. <sup>1</sup> A study in Cameroon showed that wages issues," lack of

promotional opportunities, poor living conditions and a desire to gain experience" are some of the reasons workers goes into disputes with their employers. <sup>2</sup>

Assessing reasons for strikes and the behaviour of employees towards management and conflict resolution could assist policy makers and health administrators in handling and prevention of future strikes in the interest of their patients who are bound to suffer in case of eventualities. The objective of this paper is to assess health workers perception of the causes and implication of strike actions in the health sectors, and proffering ways for the prevention and management of future strike actions.

## **METHODS**

Lagos state is one of the commercial nerve centers in Nigeria. There are three levels of health care existing in the state namely the primary level of care administered by the local government, the secondary level of health (mostly general hospitals) administered by the state government and the tertiary level administered by the federal government. This is a descriptive cross sectional study carried out among health care workers in Lagos in Southwestern Nigeria. Only secondary health facilities were selected to take part in this study. All health care workers in secondary health facilities in the state constitute the target population.

Using the sample size calculation for population less than ten thousand, <sup>3</sup> sample size of 400 was calculated. A multistage sampling method was employed in sample selection. In stage I, two out of the three geopolitical zones were selected by simple random sampling employing simple balloting. A list of health facilities in the two selected geopolitical zones was obtained from the state ministry of health, and questionnaires were proportionately allocated to each. In stage two, 5 general/secondary health facilities were selected per zone by simple random sampling, Questionnaires were also proportionately allocated. In each facility, questionnaires were distributed systematically to nurses and doctors in the ratio of 2:1 until allocated questionnaires were exhausted.

Data collection instruments were semi structured, self administered pre tested questionnaires that were divided into three sections. Study variables include causes of strikes embarked upon by health care staffs, implications for the health sector and suggested ways out. Data was analyzed using the SPSS software version 13.0 after data cleaning and validation. Frequency tables were produced and associations between categorical variables was determined using chi squared test at a significance level of  $P < 0.05$ .

## **RESULTS**

The table shows that the causes of strikes include demand for better salary and welfare in 372 (93.0%), disagreement on some work related principles 211(52.8%), anti labour laws enactment by employers 169 (42.3%) and mass sack in 61(15.3%) of respondents.

Felt implications for the health systems include disruption of health care 372 (97.0%), discharges from hospital without completeness of care 321(80.3%), attending only to

emergencies 355 (88.8%), limited care to clients 382 (95.5%), high rate of referrals to private hospitals 216 (54.0%), high cost of care in private hospital 210 (52.2%), mismanagement of cases by quacks 268 (67.0%) and loss of patients to follow up care in 102 (25.5%) of respondents.

Perceived solutions to averting frequent strikes include both financial and professional motivation of health care staffs 391(97.8%), strengthening health systems in 219 (54.8%), ensuring good economy and living conditions 112 (28.0%) and carrying workers along in any decision making that affects their welfare in 270 (67.5%) of respondents.

## **DISCUSSIONS**

In this study, the demand for better salary and welfare is the reason given for going on strike by almost all respondents followed by disagreement on work related issues. This is supported by a similar study.<sup>4</sup> Even in the 70's in Nigeria, wage increment as recommended by Udoji commission led to series of strikes before many workers including those in the health sector got paid the then new minimum wage.

The factory law of 1987 in Nigeria was however explicit on employer and employees relations as regards what and what to do on issues that may lead to disagreement between staff and employers. Thus, the ability of employers to swift into action to mediate, reconcile and resolve disputes leading to strike action is an important step in reducing the eminent suffering of patients during strike actions.

It has also been observed in this study that strikes action have more negative than positive effects.<sup>5</sup> This could be corroborated with another study conducted by Uchendu in 2004 where he stressed that when strikes are not conducted in a conventional manner or when worker's tend to damage the organization's facilities, the management attempt to foil the strikers efforts and may visit strikers particularly the ring leaders with punishment, the affected workers especially the high level manpower among them eagerly search for a new job elsewhere even outside the country, and that the situation often leads to brain drain.<sup>6</sup>

The felt implications of strikes found out in this study could be supported by other studies.<sup>5</sup> During strikes, health care workers usually suspend services abruptly thus putting patients at the mercy of uncertainties. Many times, only emergencies are attended to, while many clients get discharged from their sick bed without being attended, leading to incompleteness of care.

On many occasions, clients discharge themselves in disputes involving doctors to seek care in private hospitals and traditional care houses. The high cost of these care and treatments and its quality may be a great factor to contend with. Respondents in this study felt that health managers should motivate workers as well as carry them along in decisions on health matters. This supports another study.<sup>7</sup> An important aspect of strike management which health mangers should take serious is the need to respect trade union and labour laws as well as provisions of dispute resolutions act as enshrined in the traditional laws.<sup>8</sup> This would

go a long way if parties involved in strike disputes know their rights and limitation, thus helping in the dispute resolution process.

From the foregoing, the management of health institutions should not wait for an ultimatum from workers demanding an improvement in condition of service or wait until when industrial relations have deteriorated to the extent of workers going on a strike rather the management should adopt a proactive approach to managing crisis situation like this through a collective bargaining and effective negotiation.

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TABLE

<b>Variables</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Causes</b>		
• Demand for better salary and welfare	372	93.0
• Disagreement on some principles	211	52.8
• Anti labour laws	169	42.3
• Mass sack	61	15.3
<b>Implications</b>		
• Disruption of health care	388	97.0
• Discharges	321	80.3
• Emergencies only	355	88.8
• Limited care	382	95.5
• High referrals to private hospital	216	54.0
• High private hospital cost	210	52.2
• Mismanagement by quacks	268	67.0
• Patient loss to follow up care	102	25.5
<b>Ways out</b>		
• Motivate health workers-finance and professionally	391	97.8
• Strengthening health systems	219	54.8
• Good economy and living conditions	112	28.0
• Carrying workers along in decision making on their welfare	270	67.5