



Industrial Action and Welfare Related Disputes in Nigerian Public Health System: Using Arbitration Strategies in the Resolution of Potential Job Insecurity Issues

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Abstract

The paper investigated issues of industrial actions and likely arbitration strategies that could be deployed towards the minimization of job insecurity in Nigeria. Over the time, industrial action has become a regular issue, as dispute between the Federal, States government and public health employees remain worrisome. However, several outcomes are being anticipated. The study objectives are to determine the effects of industrial action on patients or sick persons seeking medical services in public hospitals in Nigeria; and to evaluate how health worker's welfare are handled by government for participating in industrial action. Two research questions formulated for this study are, what are the effects of industrial action on patients in public hospitals in Nigeria? How are health workers' welfare handled for participating in industrial action in Nigeria? Further, the study adopted deprivation theory of social movement and the descriptive survey design. The study sampled 400 respondents, which were administered well-structured questionnaires to obtain primary data. However, secondary data were sourced from journals, books and newspapers. Retrieved data were analyzed and presented in percentage. Based on the findings, the study recommends that government should exercise the political will to fulfill every agreed and bargained terms between government and health workers in order not to endanger the lives of sick individuals. Government should advocate for dialogue and collective bargaining during industrial action rather than mishandling welfare issues of health employees.

Keywords: industrial action, healthcare workers, arbitration strategy, job insecurity

1.0 Introduction

Industrial action among health care practitioners in the public sector is seen as a reprisal strategy to compel government and management to attend to stringent issues arising as a result of existing disagreements or collapse of negotiation(s) affecting health workers' welfare. It is also known as strike action which refers to a temporary halt of work. The pursuance of grievances by healthcare employees as a result of the breakdown in the negotiation of both parties prompts the arising of strike actions (Dauda, 2007). In this regard, strike action usually occurs when workers view that their welfare and rights are being neglected. As strikes continue to trend in the healthcare sector, health workers and the healthcare system plunge into the ditch of irregular service delivery and the temporary collapse of the healthcare industry. Sometimes, the disagreement between employers, union, and employees make workers embark on strike action to express their collective solidarity regarding their general interest.

The health sector in Nigeria has witnessed unending industrial actions in various capacities organized by healthcare associations. The associations include consultants, resident doctors, nurses, and public health workers. Despite incessant decimation in the realm of healthcare services and the insufficiency of healthcare facilities and infrastructural dilapidation within the sector, striking healthcare workers have added to the partial collapse of the health sector. As striking workers in healthcare delivery continue in their industrial action, there are calls by the government to disengage participators. Thus, owing to the fact that workers in the sector are seeking redress to their welfare, threats from government and its agencies tend to create fear of job insecurity which most often give room to further agitation and disagreements.

In view of the foregoing, no doctor, nurse, pharmacist and other public health practitioners want to encounter any job loss. There is difficulty in getting any employment soon in Nigeria, particularly in the healthcare industry. Most of the striking workers ignore this fact as well as the threat of no work no pay echo from the government. Job insecurity is a major issue across Nigeria with regard to the recklessness of government policies, which affects essential health workers. These practitioners are custodians of Nigeria's healthcare services. The perception of job insecurity among striking doctors does not compel them to call off strike without proper negotiation and bargaining to resolve all outstanding matter fostering the industrial action. Most of them have their private clinics and hospitals which they fall back to for their sustenance, while those sick folks who can't afford the expenses requested by private hospitals or clinics are left with the option to likely die as the strike action remains unabated.

1.2 Statement of the problem

It is instructive to note that over the time of service, healthcare workers at various category and at different era had embarked on strike, this evidently had unleashed incessant consequences or effects on public health. Sick folks who anticipate to receive healthcare services from healthcare providers usually get frustrated on hearing news that they are on strike. These individuals may have little or no money to afford to pay for alternative private clinics or hospitals. At such, the sick persons are left untreated, and their illness conditions get worsened or they are likely to die of the illness. In this regard, industrial action renders healthcare workers idle in public healthcare delivery service. On this note, there are suggestions and calls to disengage striking doctors, nurses, and other public healthcare workers.

There may be an atom of fear of job loss during or after any industrial action embarked upon by healthcare workers. The associations of which doctors, nurses and other healthcare delivery workers in public sector are members to, are poised to protect their members from threats emanating from the government, and its monitoring agencies assessing the impact of strike action at any time. Job loss or job insecurity has been recognized as a key risk factor leading to psychological imbalance (Leka and Jain, 2010). Labour laws are provided to prevent job termination of striking workers, but such laws are continually being ignored by the employers in Nigeria. However, job insecurity characterizes the economic trend of any period of time in a country like Nigeria. There is usually a consensus and cohesion among workers to seek for better welfare package at workplace after a period of time which triggers industrial action (Bridges, 1994).

Whenever the issue of downsizing and dismissal are raised due to economic or industrial action reasons, some workers become turbulent and fearful for possibility of job loss. Job insecurity presents psychological burden in the minds of health workers which is capable of destabilizing the wellbeing and health condition of some individuals in the health sector. Healthcare workers are not to be penalized for whatsoever reason resulting from involvement in strike actions. It is the right of essential workers to demand for welfare improvement from time to time as the need arises (Rennie, 2009) especially where their conditions of service make provisions for that. Since medical industrial action involves withdrawing from services in public hospital, management or government representative should avoid the option of employment termination. In developing countries, striking is seen to be the last resort to solving welfare problems through collective bargaining between unions and government delegates (Fashoyin, 2008).

However, the Hippocratic Oath commits medical doctors to abide to acts in the best interests of health, welfare, safety and wellbeing of citizens entrusted to their care. Studies have shown that health care practitioners embark on industrial action for various reasons. Often time, healthcare workers go on strike due to lack of healthcare facilities and infrastructures, poor wages and poor working conditions, and other incentives (Bloomsbury, 2002). Therefore, this paper investigates the notion of improved welfare among healthcare workers into participating in strike action, and to the neglect of medical services to the public.

2.0 Conceptual Review

In the globe and in every organization, the term industrial action exists among employers and employees, government and people, union members and management. Industrial action is the outcome of dispute

between government or employers and employees which arises due to disparity of interest. It is a collective action of solidarity and conflicts among union members who have collective pursuit of desired goal and collective interest (Rennie, 2009). Industrial action occurs when there is power imbalance between employer-employee and management-union conflicts.

As has been observed, this is a situation where the stronger party imposes its policies on the weaker side to facilitate constitutional resolution. More so, where there is no consensus, agreement and balance of power between the parties to the employment relationship, industrial relation will become distorted and the consequence will turn out to become industrial action. Therefore, as the stronger party unilaterally imposes its will on the weaker party, the weaker side is left with the option of using the strike weapon against the employer through its trade unions and associations, who in turn unleash industrial actions (Farnham and Pimlott, 1992). Furthermore, strike is the opposition to neglect of welfare matters of employees that has lingered overtime, and begging for fair address.

As could be seen, Industrial action in this context signifies struggle and dispute between two opposing parties, with interfering goals and open hostility (Sherlekar, 2001). Industrial action refers to all ways of antagonistic attitude and opinion among groups in organizations. It is a legitimate weapon used by workmen to vent their collective demands. Strike or industrial action is aimed at coercing management to reverse any decision or action not favourable to organized labour. Furthermore, doctors', nurses and other healthcare practitioners resort to industrial action to air their displeasure to resisted demand on improved welfare, advocating for modern healthcare facilities and services for patients, and for job security measures. All of these quest create tension between employers and healthcare workers'. On the purview of improved welfare, it is the right of doctors' and other health workers' to raise alarm through temporary cessation from work when there is disagreement between the labour force and management or government.

2.1 Strike: A Global Phenomenon

In several countries, doctors' and other healthcare employees have embarked on strike for one reason or the other. This however narrates that striking is a global matter that has gained prominence among workers in the healthcare industry of nations. As a global phenomenon, strike exists in developed and developing democratic nations. It promotes collective bargaining and negotiation among employers and employees over disputes. There are reports of strikes in developed societies like United Kingdom, United States of America, France and New Zealand. Meanwhile, developing countries like Nigeria, Zambia, and Malawi have also precarious cases of strikes (Kennie, 2009). However, strike affects doctor-patient relationship, and have other negative socio-economic impacts on the society. Strike or industrial action poses threat to patients' lives in developing countries unlike that of developed societies that have better wage plan, adequate manpower, viable alternative means of accessing healthcare services, and conducive working conditions.

Thus, industrial action alters doctor patients' relationship in public health sector, thereby paving way to high cost of accessing medical care at private hospitals owned by the same doctors that suspended providing medical care in public healthcare hospitals. In advanced societies, there is a paradigm shift of doctors from employment option in public sector to self-employment in private practice (Onoka, 2010). However, this opines that in the future there could be collective bargaining and wage negotiation between physicians and employing healthcare organizations. It is pertinent to note that this changes in healthcare service, medical bills, and medical practice may explore a change in Hippocratic oath of the medical profession, paving way to ethical and moral imbalance which could severely affect doctor-patient relationship. This can result to dilemma between medicine and society (Bankole, 2003).

3.0 Public Health Employees Welfare in Nigeria

Welfare package of public health workers constitutes wages, salary, allowances, and other benefits. However, by definition, welfare refers to anything compensated to employees for physical, moral, intellectual and economic betterment, and of services rendered to customers on behalf of the employer. Hence, welfare

packages to the labour force of any industry or organization is flexible and elastic (Nnamdi, 2013). Furthermore, welfare is dependent on the work done within a workplace, the statutory provision of typology of the industry, result of undertakings of employees, intellectual expertise of the employees, and social security of workers in any organization.

Obviously, the hazardous elements surrounding the healthcare service industry all over the world compel public health workers to demand adequate attention to safe working condition and commensurate pay. The health institution is an essential part of humanity that should never be allowed to degenerate, thereby posing danger to individual's accessibility to health facilities. Whenever people fall sick, or are in need of medical help from doctors, nurses, pharmacists and other health workers, they usually have to go to the public hospitals. But where these key health workers are unavailable due to industrial action the sick individual suffers denial of medical service.

More so, healthcare employees pursue prompt consideration to improved welfare demands from government and management overtime. The decadence of public health infrastructures, the gullible environment prone to infectious micro-organisms, and the sick folks with various diseases seeking medical treatment on daily basis, put the lives of health employees at risk. So it behooves the healthcare workers to fathom ways on how to improve their working environment and welfare by insisting on pressurizing the employer through industrial action (Nnamdi, 2013).

A report by (Opera news, 2021) posits that weeks after suspension of Nigerian Association of Resident Doctors (NARD) industrial action, the Federal government is yet to comply with their demands despite signing memorandum of understanding. To be precise, the demands of NARD was to compel the Federal government to prevent delay in disbursing the medical residency training funds to resident doctors and delays in salary payment. However, instead of heeding to their welfare request, the Federal government took the association to industrial court where certain agreement was reached on the payment of residency training fund, review of hazard allowance, and payment of salary arrears of which the Federal government is yet to put the agreement into action. NARD further asserts that the Federal government has reluctantly refused to withdraw the suit from the industrial court. On this note, there is still disagreement between resident doctors and the government which is tantamount in escalating further argument and industrial action being a dominant cause (Onoka, 2010).

In addition, scholars like (Ogunbanjo, 2015) and (Ogundele, 2005) have argued that the working conditions of resident doctors, nurses and other health workers are the reasons for industrial action. These has generated more agitations for improvement. The deplorable state of public healthcare infrastructure, optimal management attitudes, hazard allowance and irregular salary payment remain boiling issues between the Federal government and public healthcare workers. Furthermore, efforts have been made in classifying the reasons why doctors, nurses and other health employees embark on industrial action. These may include demand for changes in organizing healthcare services in public sector to meet international standards, apparent refusal of government to abide by collective bargaining agreements for improved working condition, periodic review of salary and wages or allowance.

In addition to the foregoing, absence of support from the employer and unavailability of required drugs as well as inadequate healthcare equipment triggers healthcare workers to a united industrial action. Where the Federal and State governments fail to actuate or implement what has been bargained and documented in a memorandum of understanding for progress in the healthcare service, the employees in the sector will not hesitate to declare industrial action or strike (Bankole, 2003).

3.1 Job Insecurity of Health Workers in Nigeria

Striking health workers are usually confronted with denial of pay during temporal cessation of job. However, other dilemmas facing healthcare workers for participating in industrial action are emotional distress and trauma, loss of income and job insecurity. The striking health workers are often disenfranchised and are in

loss of established leadership (Nnenna, 2013). Thus, job insecurity is a phenomenon that describes the perception resulting from threat of job loss (Mohr, 2000). It is also characterized of future existence on a job placement of an employee. Therefore, job insecurity results based on an individual's perception of his or her continuity in a work environment. The uncertainty of a person remaining in a job explains how subjective job insecurity is a major concern to health workers involved in industrial action. This uncertainty is interpreted differently by various employees in healthcare designations.

It should be noted that certain health workers may fear work dismissal irrespective of no cogent reason to job loss. More so, job insecurity refers to the feeling of losing a job when the chances of being sacked or dismissed is slim. This reveals a lack of confidence on the employer. The expression here is that a person does not know whether there will be job retention or job loss in the future. To this end, the employee who feels about job insecurity barely prepares to take drastic action that down play such feelings. This agrees with the argument that job insecurity is involuntary in nature (Sverke and Hellgren, 2002). What a person wish and its outcome is correlated. Uncertainty of remaining in current job breeds the perception of losing it in the future.

Job insecurity is bedeviled with psychosocial hazards which causes physical and emotional harm to employees (Leka and Jain, 2010). The consequences of job insecurity are detrimental to the well-being of health workers. It is a work stressor that affects the physical and mental wellness of employees. As a stressor, job insecurity permits anxiety, and high blood pressure to destabilize the employee, reducing job inclination and satisfaction. However, the underlining element apparent is that it is harmful to feel insecure in any job. In a study conducted by (Sverke *et al*, 2002), and (Ceng and Chan, 2008), the health and well-being of employees were shown to indicate a strong correlation.

Table 1 Overview of two results in association of job insecurity

Health and well-being		
Job satisfaction	-41	-43
Mental well-being	-24	-28
Physical health	-16	-23

Source, Sverke *et al* (2002)

3.2 Arbitration Strategy in Minimizing Job Insecurity

The concept of arbitration has severally been utilized over the past centuries in dispute settlement for all types of industrial and commercial disputes. In recent times, it has been regarded as a necessary method for handling disputes among humankind in order to promote harmony in the workplace. Several concerns arise in resolving disputes in various industries, particularly among healthcare workers. Most countries have embraced arbitration as a cogent means of mitigating complex disputes amidst economic benefits for an industry perceived to be arbitration-friendly. However, arbitration may not be necessary for every situation because it has some drawbacks due to some peculiar circumstances in each case. Arbitration settings in commercial disputes lack inherent powers to make far reaching awards since their jurisdiction centers on the parties involved in the particular arbitral hearing.

Furthermore, arbitration in its commercial sense is termed as a form or method of dispute resolution which is conceived from the agreement of parties under the regulations enforced by the State. In this situation, it is required that parties maintain their contractual and binding resolve to a meaningful agreement. More so, the State expect all parties to abide by contractual obligation as to ensure support to enforcement of arbitral agreed awards. The disputes on wages among healthcare workers is such that require the attention of arbitrators to handle to achieve harmony between the employer and employees as expected often time. Arbitration is a way of amicably resolving disputes, (Latham and Watkins, 2014).

Arbitration requires strategic steps that may include:

- a) identification of claims and request of disputers
- b) identification of counterclaims

- c) replies to counterclaims
- d) hire of arbitrators or arbitration tribunal
- e) setting up a timetable for the arbitration hearing
- f) claimant's statement for the arbitration hearing
- g) counterclaim and full defense of respondents
- h) claimants defense to counterclaim
- i) exchange of available witness statements
- j) exchange of arbitrators' reports
- k) arbitrator's agreement on dispute
- l) exchange of pre-hearing statement submission
- m) hearing
- n) post-hearing submissions
- o) awards to parties

The adoption of listed steps in commercial and service workplaces can mitigate between employees and employers in issues of wage and bonus disputes.

4.0 Theoretical framework

Deprivation theory of social movement is deemed appropriate for this study. This theory was first described by Robert Merton, which states that social movement arise among people or group of people who feel deprived. The emphasis of this theory is that when people compare themselves to others, they may feel that they are at a disadvantage. They join social force or movement with the hope of ending their grievances. The sense of having less than other people in the same job category in terms of money, justice, status or privilege make people feel deprived. It is such feeling of deprivation that becomes the basis for social movement that will tackle authorities to initiate collective bargaining to derive a collective resolution. Furthermore, the comparison resulting from the sense of injustice, is the key to the start of the social movement.

The study objectives are to:

- Determine the effects of industrial action on patient's in public hospitals.
- Evaluate how health worker's welfare are handled by government during and after industrial action in Nigeria

The research questions include:

- What are the effects of industrial action on patients in public hospitals?
- How do government handle health workers' welfare during and after industrial action in Nigeria?

5.0 Methodology

The paper adopted descriptive survey design method. However, the purposive and simple random sampling techniques were used to administer questionnaire to 400 respondents, comprising doctors, nurses, and other health employees in public hospital. A well-structured questionnaire was distributed to respondents to obtain primary data, while secondary data was derived through internet sources. Furthermore, the retrieved data were analyzed and presented in percentage.

5.1 Result and Discussion

Table 1: Effects of Industrial Action on Patients in Public Hospitals

Variables	Frequency	%
Most patients are not attended to during strike	365	91.3
Patients are not admitted during strike	394	98.5
Patients are denied full medical service during strike	342	85.5
Patients suffer abandonment during strike	366	91.5
Patients are left stranded in the hospital during strike	328	82
Patients die for lack of treatment during strike	173	43.3

Source: Fieldwork 2021

Data presented on table 1 shows the effects of industrial actions on patients seeking medical services in public hospitals. 365 (91.3%) respondents agree that most patients are not attended to during strikes. 394 (98.5%) agree that patients are not admitted during industrial actions. 342 (85.5%) respondents agree that patients are denied full medical service during strikes. 366 (91.5%) agree that patients suffer abandonment during strike actions. 328 (82%) respondents agree that patients are left stranded in public hospitals during strikes and 173 (43.3%) respondents agree that some patients die for lack of treatment during strikes.

Table 2: How Government Handle Health Employees Welfare Negotiations

Variables	Frequency	%
Striking health workers are threatened with no work no pay	384	96
Health employees are not paid during strike by government	293	73.3
Government delays payment of allowances after bargaining	375	93.8
Government fails to keep to memorandum of understanding	342	85.5
Government ignore to act on time to avert strike	254	63.5

Source: Fieldwork, (2021)

The data on table 2 shows how government handle health employees' welfare negotiations during and after industrial actions. 384 (96%) respondents agree that health workers are threatened with no work no pay. Meanwhile 293 (73.3 %) agree that public health employees are not paid during strikes. 375 (93.8%) agree that government delays payment of allowances after bargaining with union members. 342 (85.5%) agree that government fails to keep to memorandum of understanding with striking workers even after negotiations. Lastly, 254 (63.5%) respondents agree that government ignore to act on time to avert strike in the future.

5.2 Conclusion

Healthcare employees' welfare is an important sphere in industrial management, and any form of disagreement toward its improvement will ignite the workers to embark on industrial actions in order to drive home their demands to their employers. The salary, wages, and allowances of doctors, nurses, and other health employees in public hospitals is expected to keep being improved. However, the absence of review of healthcare employees pay will not be tolerated over a period of time by health workers' association. Industrial action has done more harm to the public, and the government approach has escalated instead of de-escalating the situation. Strike is the pursuit of legitimate desire, and a strangulation of sick individuals accessing public health facilities due to them as citizen of the country. Lastly, the after effect of industrial action should ring loudly the alarm of caution to all sides of the coin.

Recommendations

The study recommends thus:

- Governments should avoid whatever will cause any delay to paying of salary and hazard allowances to healthcare employees.
- Government should dialogue with health workers' association on regular review of pays to improve on employee welfare to meet up with counterparts in other countries.
- Government should desist from breaking up any agreement reached with healthcare employees' association and should keep to terms with any memorandum of understanding signed.

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