



## Research article

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### Industrial actions and effective administration of Nigerian healthcare systems

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#### ABSTRACT

**Background/Objectives:** Strike action is a common mechanism through which workers express their dissatisfaction with their working conditions in order to achieve a desired result. The problem of contention between government, labour unions, management, inter-professional conflicts and employees and employers has become a recurrent decimal in the Nigerian healthcare industry. This has greatly affected the morale of the workforce and the work process with the corresponding consequences is often on the patients. This study therefore sought to identify the causes of industrial actions in Nigerian hospitals, ascertain the effects of industrial actions on effective administration on Nigerian hospitals, and examine its consequences on healthcare services in Nigeria. **Design/Methods:** This study employed descriptive survey, which provide a picture of a situation as it naturally happens. **Results:** The study reveals that if there is no conducive working environment and up-to-date working equipment in the health facilities, the workers will lose interest in the job, thereby resulting to low productivity or poor service delivery. It was also discovered that some of the industrial unrest in the health sector was as a result of battle for supremacy among healthcare professionals. **Conclusion:** Patients are at high risk of avoidable deaths and the huge financial burden they face in sourcing for medical care at the private hospitals during industrial actions. Administration of the hospitals becomes ineffective and often leads to the collapse of administration functions in Nigeria hospitals. Government and/or hospital management needs to keep to their words by implementing agreement entered with health workers, industrial actions in the health sector will be reduced to the barest minimum.

**Keywords:** Effective administration; Industrial action; Industrial harmony; Nigeria hospitals; Strike action

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#### INTRODUCTION

Industrial action refers collectively to any measure taken by trade unions or other organized labour meant to address some grievances, but slows down productivity in a workplace<sup>1</sup>. Industrial action may take place in the context of a labour dispute or may be to effect political or social change. Nowadays, strikes have literally become a certainty worldwide, especially in

countries such as Canada, China, South Africa, Ghana, Nigeria, Zimbabwe and Kenya<sup>2-7</sup>. According to a study, strike action is perceived as a global phenomenon due to its prevalence worldwide<sup>4</sup>.

Studies have also suggested that the university education systems in Ghana, South Africa and Nigeria continue to suffer from perennial interruptions of academic sessions as a

result of constant strikes being embarked upon by the employees of the universities, as well as by students<sup>7,8</sup>. Strike action is a common mechanism through which workers express their dissatisfaction with their working conditions in order to achieve a desired result. They are legitimate deadlock breaking tactics used by employees when negotiations between trade unions and management reach an impasse<sup>8</sup>.

Throughout history, work stoppages have been used for economic and political purposes, to alter the balance of power between labour and capital within single workplaces, entire industries, or nationwide. Industrial action has further fostered new forms of workers' organization such as industrial unions that were badly needed because of corporate restructuring and the reorganization of production. According to Brenner, who reported that strikes have acted as incubators for class consciousness, rank-and-file leadership development and political activism<sup>9</sup>. In other countries, strikers have challenged and changed governments that were dictatorial and oppressive (plus union leadership that is no longer accountable to the members). He further indicated that in nations like Korea, France and Spain, where strike action helped democratize society, general strikes are still being used for mass mobilization and political protest<sup>9</sup>. In Europe, millions of workers have participated in nationwide work stoppages over public sector budget cuts, labour law revisions, or pension plan changes sought by conservative governments.

Industrial action has also been noted to influence operations in many organizations in Africa, for example, in Nigeria, physicians issued a threat of strike to protest the lack of commitment of the government to the payment of outstanding salaries and arrears<sup>10</sup>. According to a 2005 study, weeks after the suspension of a strike in 2004, health workers in most of the teaching hospitals and federal medical centres were not paid<sup>11</sup>. The workers had to contend with the anti-worker's policy of no work, no pay as they were only paid few days out of the period of the strike<sup>12</sup>.

For good 36 months, the Nigerian health system experienced more than eight different strikes involving physicians, nurses and allied healthcare workers<sup>13,14</sup>. These strikes have negatively impacted the healthcare system, leading to several avoidable deaths, complications and outgoing medical tourism, as the wealthy sought health services abroad<sup>15</sup>. The impact of these strikes is worst, when they occur at periods of national health emergencies such as the Ebola viral disease outbreak in 2014, Lassa fever or cholera outbreaks or even man-made emergencies like Boko Haram suicide bombings with mass casualties<sup>16</sup>. Reasons abound why healthcare workers go on strike in true underlying causes of industrial action in Nigeria. These include career stagnation, perceived discriminatory policies and demoralization from working in systems with poor infrastructure, manpower shortages and poor personal remuneration<sup>17</sup>.

In recent times however, there has been a division of opinion on pinpointing the true underlying causes of industrial action<sup>18,19</sup>. As health workers' strikes continue to be seen and accepted as normal behaviour in the Nigerian health sector. The problem of contention between government, labour unions, management, inter-professional conflicts and employees and employers has become a recurrent decimal in the Nigerian healthcare industry. This has greatly affected the morale of the workforce and the work process with the corresponding consequences is often on the patients. The reasons for these displeasure are usually due to various factors within and outside the organization.

Due to the failure of government or hospital managements to implement the terms of agreements entered with the labour unions representing the workforce in organizations, poor working condition, lack of equity in resources allocation, suppression of rights and privileges as displayed by the Nigerian Medical Association (NMA) against Joint Health Sector Union (JOHESU) sometimes ago. In view of the above, employees of organizations manifest traits of industrial discontent such as lateness to work,

absenteeism and refusal to put in their effort in carrying out management orders. In extreme cases, there are industrial disputes and strike actions.

A general strike also falls within the categories of strike. According to Odeku, this form of strike is usually embarked upon by all the registered trade unions in a country to enforce demands common to all the employees or workers across the country<sup>20</sup>. A general strike is most often planned to exert political pressure on the ruling government rather than on any single employer. General strike is an extension of sympathy strikes by all the trade unions to express their concerns. For example, In South Africa, the 1992 Rand Rebellion is a classic example of general strike. Another example of a general strike is in 1948 in Ghana, when several pro-independence politicians were arrested in a struggle for freedom. The arrest of these pro-independence politicians led to a nationwide strike action by the Trade Union Congress (TUC) and this resulted in the release of the politicians. Similarly, in 2014, all registered trade unions in Ghana went on a nationwide strike in protest against poor conditions of service in the country<sup>21</sup>.

It is worthy of note that strikes may have an unpleasant effect on physicians and other healthcare providers, when compared to patients. Striking healthcare 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<sup>22</sup>. Furthermore, there could be derangement of working relationships as well as loss of established leadership<sup>23</sup>.

Whether or not their demands are eventually met, health workers in Nigeria have been involved in strikes, in most cases 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 physicians in Lagos State reported an “overwhelming feeling of complete lack of

confidence and trust in the hospital management team<sup>24</sup>.

The impact of such movements could be as severe as occurred in Lagos State University Teaching Hospital, which nearly lost its accreditation due to a prolonged physicians’ strike,<sup>23</sup>. It could also lead to a situation, where close to 25% of physicians nationwide threatened to quit their jobs and leave the country unless they receive wage increases, as was reported in a Federal Medical Centre in 2014<sup>25</sup>. Federal Medical Centre doctor’s strikes led to major disruptions in healthcare service delivery in the centres and regions affected. This study therefore sought to identify the causes of industrial actions in Nigerian hospitals, ascertain the effects of industrial actions on effective administration on Nigerian hospitals, and examine its consequences on healthcare services in Nigeria.

## METHODS

### Study setting

The study was carried out at Federal Teaching Hospital Abakaliki Ebonyi State. This is the only Federal / government health facility in the metropolis that is providing primary, secondary and specialized healthcare services to the people. The hospital came into existence in February 2012 after the merger of the defunct Ebonyi State University Teaching Hospital with the Federal Medical Centre; hence the hospital has two campuses within the metropolis and a comprehensive health centre at Nwezenyi, which is not part of this study.

### Study design

This study employed descriptive survey, which provide a picture of a situation as it naturally happens.

### Study population

All the staff of the Federal Teaching Hospital Abakaliki Ebonyi State, which cuts across all departments and all categories of personnel in the hospital.

**Sample size**

The sample size of Four Hundred and forty four (444) was chosen from the overall population of the study that was randomly selected from all departments in the hospital.

**Sampling techniques**

A simple random sampling technique was deployed for the study.

**Data collection tools**

The study used questionnaire and direct face to face interview for the collection of data. In the design of the questionnaire, four (4) point likert scale method was adopted.

**Data analysis and management**

The data was analyzed using simple percentage count and frequency distribution tables to analyse the collected data.

**Ethical considerations**

Ethical approval was obtained from the hospital’s Health Research Ethics Committee. Informed consent was duly obtained from the participants.

**RESULTS**

Four Hundred and forty four (444) questionnaires were distributed but four hundred and twenty two (422) were returned, indicating a 95% response rate. More than half (240, 56.9%) of participants were female. Less than one-third (127, 30.1%) of them were aged between 31 and 40 years. Almost half (208, 49.3%) possess Higher National Diploma, about two-third (172, 40.8%) had worked for between 1 to 10 years.

**DISCUSSION**

This study explored the causes, effects and potential mitigation strategies for industrial actions in Nigerian hospitals, focusing on Federal Teaching Hospital, Abakaliki. Findings revealed several factors contributing to industrial actions, significant impacts on healthcare services and administration, and key strategies to reduce these actions.

**Table 1: Effects of industrial actions on effective administration on Nigeria hospitals**

	SA	A	D	SD	Total
The industrial actions by the employees affects the effective administration of Nigerian hospitals.	228	152	26	16	422
Industrial actions by health workers results to high mortality rate in the hospitals.	305	91	17	9	422
Industrial actions by the employees do not affect the effective administration on Nigerian hospitals.	16	26	152	228	422
Patients are highly at risk during industrial actions in the Nigerian hospitals	302	108	8	4	422

The findings confirmed that a breach of agreed terms and conditions of employment, lack of union recognition and unpopular public policies are key triggers of industrial actions in Nigerian hospitals. These align with previous research, highlighting that unresolved grievances and perceived discriminatory practices often result in strike actions<sup>8,9</sup>. Notably, the dissatisfaction arises not only from poor infrastructure and remuneration, but also from the failure of management to engage effectively with labour unions<sup>17</sup>. Industrial actions severely disrupt hospital administration and healthcare delivery, leading to significant consequences such as high patient mortality rates and financial burdens on those seeking private care. This mirrors the findings of Adebimpe *et al.*, who observed that strike actions exacerbate health inequalities and strain the healthcare system<sup>15</sup>. Additionally, participants noted that industrial actions lead to the cessation of administrative functions, as corroborated by Olatunji, who reported similar disruptions during prolonged strikes in Nigerian teaching hospitals<sup>13</sup>.

The study found that industrial actions result in service shutdowns, loss of income, emotional distress among staff, and damaged

professional relationships. These consequences echo findings from Wolfe (1979), which indicated that strikes create long-term disruptions in healthcare systems. Moreover, the study aligns with Brenner *et al.*, who described the socio-economic ripple effects of industrial disputes, including heightened mistrust among stakeholders<sup>18</sup>. The study emphasized respect for collective bargaining, adherence to agreements, and fostering cordial relationships between management and labour unions as effective strategies to reduce industrial actions. This is in tandem with recommendations by Botero *et al.*, who underscored the importance of constructive dialogue and mutual respect in industrial relations<sup>19</sup>. Furthermore, proactive engagement with union leaders and consistent welfare improvements were identified as crucial measures to prevent recurring conflicts.

**Table 2: Consequences of industrial actions on healthcare services**

	SA	A	D	SD	Total
Industrial actions lead to shutdown of all healthcare services in Nigerian hospitals	274	113	25	10	422
The consequences of industrial actions on healthcare services in Nigerian hospitals leads to loss of income to the nation’s economy and emotional distress to staff.	305	107	8	2	422
One of the consequences of industrial actions on healthcare services is the disruption of healthcare service delivery in Nigerian hospitals.	264	116	30	12	422
Industrial actions leads to destruction of interpersonal or inter-professional relationships in Nigerian hospitals.	292	102	22	6	422

The findings underscore the need for policymakers and hospital administrators to prioritize transparent communication, equitable resource allocation and consistent implementation of agreements to address the root causes of industrial actions. By fostering a collaborative

environment, hospitals can enhance workforce morale, improve service delivery and mitigate the adverse impacts of strikes. This discussion highlights the complex interplay between labour relations and healthcare outcomes, emphasizing the need for a multi-stakeholder approach to ensure sustainable solutions in the Nigerian health sector

**Limitations to the study**

The study was time consuming, eliciting data was so demanding as some participants misplaced their questionnaires. Unwillingness of some participants to take part in the exercise for fear of victimization in case their response get to the authority despite the de-identification assurance given. Financial challenges in the course of sourcing for materials from all sources of data and all other printing and reprinting of the research work.

**CONCLUSION**

Based on the findings of this study, it was concluded that patients are at high risk of avoidable deaths and the huge financial burden they face in sourcing for medical care at the private hospitals. The study reveals that industrial actions by employees affect effective administrations of the hospital management due to the fact that during strikes all the administrative functions are almost grinded. This leads to the collapse of administrative functions in Nigeria hospitals.

**Recommendations**

Government and/or hospital management needs to keep to their words by implementing agreement entered with health workers, industrial actions in the health sector will be reduced to the barest minimum.

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### **Authors Contribution:**

GA conceived of the study, initiated the design, participated in literature search, data collection, analysis and coordination. DEL, EE and AKG participated in the design, literature search, records retrieval, technical process, data analysis and coordination, and reviewed the final manuscript.