

Application of Dialogue in Resolving Industrial Conflict of Nigerian Medical Doctors: A Study of Ebonyi State

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Abstract: *The purpose of this paper is to understand how dialogue could be used to resolve perennial industrial conflicts of the Nigeria medical Doctors in Ebonyi State. The method adopted for this study was survey; the population was about 500 medical doctors serving in Federal Teaching Hospital (FETHA I and FETHA II.). The sample size was 150 medical doctors who were randomly selected. This paper was focused on the Conflict Process Theory (CPT). The findings revealed that the major reasons why dialogues fail include abuse of agreement by the Government and high demands by medical professionals. The consequences of not adopting dialogue are brain drain, increase death rate and medical tourism. Based on the findings, it was recommended that there should be commitment to agreement by Government at all level and the media should as a matter of their constitutional responsibility emphasize the high death rate in the society if dialogue is not used to resolve the perennial conflict between doctors and the government.*

Keywords: *Dialogue, Resolutions, Industrial Conflicts and Nigeria Medical Doctors.*

I. Introduction

Industrial conflict in Nigeria health system has been a reoccurring decimal over the years; although successive government has tried to provide a lasting solution to this problem in Nigeria health system but little or no success has been achieved. Dialogue/negotiation of varying degree has been used by government at both state and federal levels to address this healthcare challenge with no significant result. Accusation and counter-accusation by Nigeria Medical Associations' leadership and Federal/State Government representative over unfruitful dialogue/negotiations on the best way of resolving this conflict over time has assumed worrisome dimension.

In the area of health care development the Ebonyi State Government since its creation in 1996 has been striving to develop and implement health friendly policies to meet the demands of the population. Though, industrial conflict in this sector has not allowed this policies to yield the desired fruits. When the state was created in 1996, Ebonyi State has two major tertiary health facilities. These include Ebonyi State Teaching Hospital and the Federal Medical Center – both in Abakaliki metropolis (ebonyionline.com).

During his presidential campaign in 2011 the former President of Nigeria, His Excellency President Goodluck Ebele Jonathan promised to upgrade the Federal Medical Centre to the status of Federal Teaching Hospital. On December 7 of that year, the President fulfilled his election promise by proclaiming the Centre a Federal Teaching Hospital. He further directed that Ebonyi State University Teaching Hospital be absorbed into the new mega Teaching Hospital comprising FETHA I (former FMC) and FETHA II (former EBSUTH) [1].

Probing into the causes of the industrial conflicts, Nwaebuni (2015), [2], noted that public health institutions in Nigeria are afflicted with numerous problems such as poor leadership structure, lack of government's goodwill on implementation of international best practices, underfunding/mismanagement, poor infrastructures, undue propensity on foreign health tourism among the elite, quackery, corruption, poor attitude of the health personnel, brain drain and associated challenges of shortage of manpower, indiscriminate and incessant industrial actions and supremacy tussle among health care professional unions. He further affirmed that it is regrettable that Nigeria is still categorized among the PAIN (Pakistan, Afghanistan, India and Nigeria) in healthcare delivery ratings.

On the other hand, Stuart (2010), [3], the sacred Hippocratic Oath which doctors are required to adhere carries injunction which states that "the health of my patient will be my first consideration". One wonders if Nigeria Medical Doctors attach any importance to this ethical pronouncement in discharging the sacred functions of saving lives.

However, emphasising the important of dialogue in resolving industrial conflict, Linda (2012), [4], asserts that the use of dialogue in resolving conflict still remains the only socially acceptable form of interacting in the workplace, especially for taking decisions over issues of mutual and divergent interests. She further posits that social dialogue has positive impact on industrial relations, especially on the two parties, employers and

employees which deepens mutual respect in the process of dialogue/negotiation when there are industrial conflicts. In management of industrial conflict in Nigeria Health System (NHS), the effectiveness of dialogue often come to question as the only socially acceptable form of finding a lasting solution to the difficult-to-manage industrial crisis in Nigeria Health System (NHS).

Corroborating the assertion of Linda (2012), [4], Oyewunmi and Oyewunmi (2014), [5], stressed that the concept of social dialogue through collective bargaining has been advocated as an antidote for effective resolution of industrial conflict of any magnitude, they also averred that for a complete departure from 'bread and butter issues' being the centre piece of collective bargaining in the light of other competing issues such as infrastructure, capacity building and quality assurance in the resolution of industrial impasse in Nigeria's public health sector. Also the frequency of industrial conflict in Nigeria Health System (NHS) and the untold hardship that comes with it, especially on the poor, low income earners and 70 percent population of the country that live in the rural areas had compounded the volatile nature of Nigeria Health System (NHS) and as well defiles all social dialogue for possible solutions [6].

The use of dialogue/collective bargaining in resolution of industrial conflict in Nigeria Health System (NHS), is relatively low with nothing or marginal results to show for it. This can be attributed to sometimes conflicting roles of government as both employer and regulator. Another reason for the marginal successes of dialogue/collective bargaining in Nigeria Health System is caused by long stay of military in Nigeria political domain [7 and 8].

Policy inconsistencies in Nigeria Health System (NHS), absence of political will towards insuring good labour relation over a prolong period of time by government at all levels in Nigeria Health System (NHS), government incessant breach of collective agreement, acceptance of difficult to attain demands of Nigeria Medical Doctors by government, professional ethnocentrism, abandonment of the ethics of the profession in pursuit of financial gains, supremacy tussle among groups of different medical professionals, egocentric tendencies on the part of the medical doctors these and more has resulted to unending industrial conflicts in Nigeria Health System Omisore (2011) in [5].

According to OECD (2005), [9], dialogue is an important tool for strengthening governance and democracy, preventing violent conflict and building peace, it facilitates a shared understanding of complex societal problem. In as much as dialogue can achieve these in conflict prevention, management and protection, one wonders why it has not been able to do same in resolving an intractable industrial conflict in Nigeria Health System where medical doctors routinely embarked on strike with slightest provocation. There are many types of dialogue, these include, sustained dialogue, reflective dialogue, generative dialogue and democratic dialogue. However, dialogue as an approach and as a process share a common denominator; any type of dialogue basically aimed at creating a quality of conversation that facilitates the transformation of inter-personal relations, sustain industrial harmony and shared understanding of complex problem [9]. Appraising the inevitability of dialogue in conflict resolutions, Jide (2009), [10], opined that one important mechanism which has become almost unavoidable in conflict resolution is dialogue.

To deal constructively with industrial conflict, Norbert (2004), said that "Dialogue can be viewed as one means, if not the classical one of dealing constructively with conflicts. He further stated that it is only dialogue that provides an opportunity for disputants to enter inter formal discussion in order to avoid dispute". It therefore presupposes that disputants in Nigeria health system should embrace dialogue to find a lasting solution to the lingering industrial conflict in Nigeria Health System.

O'Connor and Michael (2007), averred that dialogue can be describe as back-and-forth actions between teachers and students, superior and subordinates, formal and informal talk, in small and large groups, one-on-one conference and writing text to audience in other to reach a position of uniformity. The essence of such uniformity is to entrench good and coordinated approach towards ensuring industrial harmony in any organization.

Analysing the importance of dialogue in management of crisis in both circular world and labour relations UNDP (2009) argued that an effective dialogue is an inclusive process that brings together a diverse set of voices to create a microcosm of the larger society to sustained change and development.

Statement of the problem

Many professional organizations in Nigeria especially in public sector often resort to strike to drive home their demands from the government. That is why Nigerian doctor also resort to incessant strike to compel the government to attend to their demands. This study therefore seeks to evaluate alternative to strike (dialogue) in addressing industrial conflict in Nigeria Health System (NHS).

During these unending strikes, many lives are lost especially the lives of the poor once that constitutes about 75 percent of the entire population and cannot afford oversea medical trips like the few privileged once. If nothing urgent is done, these poor and unprivileged once who cannot afford treatment abroad will continue to die.

It is on this note that this paper wants to find out why the Nigeria Medical Association often resorts to strikes instead of dialogue in pressing home their demands from the government.

Objectives of the Study

The general objective of this study is to examine the application of dialogue in resolving industrial conflict of Nigerian Medical Doctors.

1. To determine why dialogue fails to address Nigeria Medical Doctors' strike
2. To ascertain the consequences of continued failure of dialogue to address the strike of Nigeria Medical Doctors.
3. To determine how dialogue can be used effectively in resolving the industrial conflict of Nigeria Medical Doctors.

Research Questions

To guide this study, the following research questions were posed:

1. Why do dialogues often fail to address strike of Nigeria Medical Doctors?
2. What are the consequences of frequent failure of dialogue in addressing strike of Nigeria Medical Doctors?
3. To what extent can dialogue effectively help in resolving the industrial conflict of Nigeria Medical Doctors?

Theoretical Support

This study is anchored on the Conflict Process Theory (CPT), this theory is most suitable in addressing the concept of industrial conflict in Nigeria health system. One of the basic tenets of this theory is that all groups in the society are born from conflict and as such conflict is inevitable. This theory was propounded by [11 and 12]. The theory believed that the observation of conflict pertaining to major organizational offices is a reliable procedure for sampling the developmental tendencies of the organization. On so many occasions, Nigeria medical doctors often use conflict (industrial actions) to resolve problems in a critical area like health sector. On the other hand, lack of commitment to prompt resolution of industrial conflict through swift utilization of the instrumentality of dialogue by the government unarguably cast serious aspersions on the developmental capabilities of government and governance in Nigeria.

Conceptual Explanations and Support

Thisdaylive (2014), [13], reported that after several days of strike that claimed the lives of hundreds of innocent Nigerians, health workers across the country, under the auspices of Joint Health Sector Union (JOHESU), at the weekend agreed to return to work. Coming only a few weeks after medical doctors under the auspices of the Nigerian Medical Association (NMA) ended their three months industrial conflict (strike). Thisdaylive (2014), [14], further affirmed that the JOHESU action was both ill-timed and unfortunate. As critical as health sector developments in Nigeria are; successive government both military and civilian had sung billions of dollars by the way of annual budget and other statutory provisions for the development of Nigeria health system.

Acknowledging the perennial nature of industrial conflict in Nigeria health system, Thisdaylive (2014), [14], quoted the former minister of Health Professor Onyebuchi Chukwu saying that "for some years, Nigeria health sector has been perennially embroiled in one strike after another... investigation have shown that beyond ego and pecuniary interests of the leader, there are also supremacy battles among the divers professional groups within the health care delivery system fuelling the industrial conflict even as government officials appear flummoxed in the whole affair". Is it doctor's ego or pride, or leadership tussle among health professionals or making difficulty to attain demands by medical doctors, or government inconsistency in implement an agreement or better still lack of proper dialogue approach in solving industrial related issues is the bane of health care development in Nigeria health system [14].

The scathing criticism by Nigerians over medical doctor's attitude towards non- deployment of dialogue in solving industrial conflict in Nigeria health system cannot solve the problems created by industrial disharmony in Nigeria health sector. Government inability to adopt proactive measures to eliminate all forms of industrial conflicts in the health sector corroborated Olawumi (2013), [15], assertion that "Industrial disharmony in the health sector remains a great challenge and has contributed much to the scathing criticism of the Nigeria doctors".

Lamenting on the need to prevent avoidable deaths in the nation's hospital, Guardians (2014), [11], opined that "The needless deaths, disability and confusion the strike has so far generated are avoidable; the stakeholders should have done everything to prevent it at least for humanitarian reason". This tragic circumstance can be avoided if both parties commit themselves to dialogue to resolve all industrial conflict that may arise in Nigeria health sector. In fact, the number of qualified health practitioners that emigrate from

Nigeria to the West (Europe and America) is far higher than any other developing country in the world because of uncontrollable industrial crisis in Nigeria health system [16] in [17].

According to Fejiro (2013), [18], what manner of self-inflicted ego that has been battered which will make a beneficiary order her benefactor to take money from a general purse to fund what benefit them alone? He further stated that if all graduates of the various courses begin to demand for training in their various field of endeavour, where do we turn to in getting the finances to foot the bills?. This question goes on to buttress some unattainable demands of medical doctors which in most cases, the decline of government in providing such demands results to industrial conflicts.

Eme, Uche and Uche (2014), [19], opined that “inadequate and obsolete equipment in Nigeria hospitals had over the years contributed to the exodus of Nigerian doctors and other health personnel abroad in search of better opportunities”. These and more has been the bane of health care development in Nigeria and as such need to be address through the effective application of dialogue by relevant stakeholder to address the perennial industrial conflict in Nigeria health system.

II. Methods

This study sets out to understand how dialogue could be used to resolve the perennial industrial conflicts between doctors in Nigerian. The method adopted for this study was survey method; the study was conducted in Ebonyi State with three basic levels of health care services which includes; primary levels of health care administered by local government, secondary health care which state is directly in charge of and finally tertiary health care which federal government oversees its functionalities. The study is descriptive study carried out in Abakaiki metropolis the capital of Ebonyi State South-East Nigeria to access the application of dialogue in resolving industrial conflicts of Nigeria medical doctors in the state. This study was conducted using the only tertiary health facility in the state (FETHA I and FETHA II). About 500 medical doctors serving in this facility formed the target population of the study.

A random sample of 150 medical doctors were selected to represent doctors from the only tertiary health care facility in the state (FETHA I and FETHA II). Semi structured questionnaire was developed and distributed to the respondents, 142 medical doctors responded.

The questionnaire examined the following variables: (a) why do dialogues fail (b) what are the consequences of its failure, (c) to what extent can dialogue effectively work. The first variables; why does dialogue fail, was operationalised to determine the frequency and percentages of about 8 features/items (abuse of agreement, difficulty to attain demands, poor leadership, supremacy tussle, and policy inconsistencies etc). The second variable; what is the consequence of its failure was also operationalized and 8 features/items (brain drain, medical tourism, quackery etc) was also tested to access the frequency and simple percentages of its occurrence.

The data collection instrument was administered after it had been pre tested to ensure that the instrument had an accurate and valid measurement in line with the objective of the study. The data generated was analysed using SPSS software version 14.0 after data validation. Frequency table and simple percentages occurrences were produced and associated with categories of variables.

III. Result

The table indicated why dialogue failed is because of abuse of agreement in 138 (97.1%), difficult to attain demands of Nigeria medical doctors and poor leadership at both divides (Government and Nigeria Medical Association), 100 (70.4%) and 134 (94.4%) respectively. The table also shows that supremacy tussle in 120 (84.5%), policy inconsistencies 65 (45.8%), while absence of political will to address challenges of health care administration 128 (90.1%), abandonment of professional ethics and quest for materialism in 44 (30.9%) and 39 (26.8%) of respondents respectively.

Consequences of dialogue failure to address strikes of Nigeria medical doctors include brain drain 140 (98.6%), medical tourism 128 (90.1%), quackery 104 (73.2%), increased death rate 110 (77.5%), high referrals to private hospitals 84 (59.2%), while dilapidated health facilities 42 (29.6%) and proliferation of private hospitals 39 (27.5%) of respondents.

What will make dialogue work include adoption of sustainable and democratic dialogue in 132 (92.9%), advocating the implications of withdrawal of service of Nigeria medical doctors 137 (96.5%), fostering dialogue through commitment to agreement 140 (98.6%), attracting public attention/empathy through the media 126, (88.8%), wearing black bangles 87 (61.3%), lobbying political clouts and use of social media to vent their anger 94 (66.2%) and 58 (40.9) of respondents respectively.

IV. Discussions

In this study, abuse of agreement, poor leadership and absence of political will to tackle health care challenges in Nigeria are some of the major reasons why application of dialogue in addressing industrial conflict

of Nigeria medical doctors always fail to yield any positive result. This is supported by similar study by Evans (2013), [17], who identified that government inability to place key priority on health care provisions, non-adherence to agreement reached with medical doctors and other health professional organizations are some of the major causes of frequent strike in Nigeria health system.

This study also revealed that abandonment of professional ethics and insatiable quest for materialism by Nigeria medical doctors contributed to frequent failure of dialogue to address healthcare problems in Nigeria health system. This is supported by a study done by Stuart (2010), [3], who queried if the the sacred Hippocratic Oath which doctors are required to adhere to with the injunction that states that 'the health of my patient will be my first consideration' has any meaning in Nigeria context.

It has also been observed in this study that the major consequences of dialogue failure to address the strike of Nigeria medical doctors are brain drain, medical tourism and increased death rates at the nation hospitals. This is supported by the study done by (Khakiq2009), [16], in (Evans 2013), [17], the study noted that the number of qualified health practitioners that emigrate from Nigeria to the West (Europe and America) is far higher than any other developing country in the world because of uncontrollable industrial crisis in Nigeria health system.

Evidence of dilapidated health facilities especially in government health institution has further endangered healthcare administration and management in Nigeria. Many government healthcare institutions have been described as 'glorified mortuaries'. High referrals to private hospitals and proliferations of private hospitals in Nigeria are some of the consequences of dialogue failure to address healthcare problems in Nigeria. These and more are some of the feelings of the respondents in this study.

If dialogue must work in addressing these healthcare challenges in Nigeria, it is the view of the respondents that stakeholders should adopt workable dialogue approach (sustainable and democratic dialogue), advocate the implication of withdrawal of service by Nigeria medical doctors and try to foster dialogue through commitment to agreement to enable Nigerians ripe the benefit of good health facilities, commitment to duties by Nigeria medical doctors and other health professionals to stop strike and medical tourism.

From the above findings from the study, it is evident that application of dialogue in resolving industrial conflicts of Nigeria medical doctors needs to be advocated by stakeholders. Health policy makers and other stakeholders in this sector can embrace dialogue at all times in the management of any form of industrial conflict (strike) of Nigeria medical doctors.

V. Conclusion

This study delved into the application of dialogue in resolving industrial conflicts of Nigeria Medical Doctors. Three research questions were developed to guide the study. It is crystal clear from the available records that dialogue failed to resolve Nigeria's Medical Doctors strike because of abuse of agreement, stringent demands by the medical professionals, abandonment of professional ethics etc. these and among other factors made it impossible for dialogue to work in resolving the incessant strikes of Nigeria's Medical Doctors in Ebonyi State.

Also, the result of the study shows that the consequences of dialogue failure to address these continuous strikes in Nigeria Health System (NHS) is what gave rise to brain drain, medical tourism, increased death rate in the public hospitals, medical quackery etc. were what Nigerian in general and by extension Ebonyian reap as consequences of neglecting dialogue as means of resolving industrial conflicts in Nigeria Health System (NHS).

For dialogue to work therefore, the result of the study show that sustainable and democratic dialogue is needed by stakeholders in Nigeria Health System (NHS) as a way of resolving industrial conflict in Nigeria health sector. Key players in this sector should learn how to compromise when issues of divergent interests is bargained. Through a sustainable dialogue, a lot of health crisis can be avoided for the sake of poor Nigerians who cannot afford a complete three square meal not to talk of oversea medical trip like the elites.

References

- [1]. The Nations, (2015), Evolution of Federal Teaching Hospital, Abakaliki, thenationonlineng.net, 28th May, 2015.
- [2]. Nwaebuni, R. (2015); How Medical Unions' Demands Tear Apart Nigerian's Health Institutions. Pointernews online.com, 9th May, 2015.
- [3]. Stuart, K., (2010), Professionalism and Healthcare Strikes, South African Journal of Bioethics and Law 3(1): 14-28.
- [4]. Linda, E., (2012), Social Dialogue Tool for Managing Industrial Conflict, Sourced from Thisdaylive.com on 23rd September, 2015.
- [5]. Oyewunmi, O. A., & Oyewunmi, A. E., (2014), Collective Bargaining in Nigeria's Public Health Sector: Evidences for an Inclusive Approach. Journal of Research on Humanities and Social Sciences, 4(23), 20-26.
- [6]. Nigeria: WorldHealth Statistics 2014, accessed from [www.http://eromonigeria.blogspot.com.ng/2014/05/world-health-statistics-2014.html](http://eromonigeria.blogspot.com.ng/2014/05/world-health-statistics-2014.html)
- [7]. Okolie, C., (2010), Trade Unionism, Collective Bargaining and Nation Building: The Nigerian Experience, www.ajol.info/index.php/og/article/viewfile/57929/46295, accessed November, 2015.
- [8]. Adebisi, M. A., (2014), Democratic Governance and the future of Collective Bargaining in Nigeria: Academic Journal of Interdisciplinary Studies, 3(1),91.

- [9]. <http://www.ebonyonline.com/about-ebonyi-state/>
- [10]. Jide, I., (2009), *The Role of Dialogue in Peace and Conflict Resolution*. UNILLORIN PRESS, University of Ilorin.
- [11]. Guardians, (2014); Health Workers Strike Makes Nigeria Vulnerable to Ebola and other Diseases; ngguardiannews.com, accessed on 27th November, 2014.
- [12]. Alade, O. A., (1998), *Conflict Management within the Nigerian Baptist Convention 1984-1994* (unpolished Ph.D Thesis, University of Ibadan).
- [13]. Thisdaylive (2014); The Politics of Health Sector Strike, Thisdaylive.com, 9th January, 2014. Accessed on 5th March, 2015.
- [14]. Thisdaylive, (2014); Health Professional Fiddle Too Far with the Health of the Nation, Thisdaylive.com, 15th December, 2014.
- [15]. Omisore, B. O., (2011), Breach Agreement: Threat to Management Union Relationship, *The Social Sciences*, 6(4), 299-306.
- [16]. Khaliq, A. A., Robert, W. Broyles, & Ari K, M., (2009); Global Nurse Migration: Its Impact on Developing Countries and Prospect for the Future, *World Health & Population*, Vol. 10, No.3 Pp. 12-24.
- [17]. Evans, S. C., Osabuohien (2013); Industrial Conflicts and Healthcare Provision in Nigeria: *Journal of Interdisciplinary Discourse on Human Condition* Vol. 4, p64-95.
- [18]. Fejiro O., (2013); ARD Strike: Nigerian 'Doctors' and Her Craze for Self Importance. Sourced from www.247ureports.com.
- [19]. Eme, O. I., Uche, O.A., & Uche, I.B., (2004); Building a Solid Healthcare System in Nigeria: Challenges & Prospects; *Academic journal of Interdisplanry Studies, Rome-Italy*, Nov. 2014, Vol. 3 No.6.