

## **The Role of Inter Professional Rivalry in Trade Disputes Among Medical Personnels in Teaching Hospitals in The Southeast.**

**Obianuju Chinyelu Udeobasi<sup>1</sup> and Austin Nkemdilim Nnonyelu<sup>2</sup>**

<sup>12</sup>Department of Sociology/Anthropology, Nnamdi Azikiwe University, Awka.

**Corresponding Author: Obianuju Chinyelu Udeobasi**

**Email: [oc.udeobasi@unizik.edu.ng](mailto:oc.udeobasi@unizik.edu.ng)**

### **Abstract**

The Nigeria healthcare professionals are the pillars of the health system and a lack of teamwork amongst them is the bane of trade disputes in the sector. The challenges of inter professional rivalry in the health sector particularly in the teaching hospitals is affecting the quality of healthcare delivery in the country. This study examined the role of inter professional rivalry in teaching hospitals in the southeast and incorporate the understanding into meaningful health policies. A sectional design and convergent parallel mixed method research strategy used administer questionnaires and interviews to healthcare personnel. Data were analyzed using Statistical Package for Social Sciences while qualitative data was analyzed using thematic content analysis. A total of 625 respondents were randomly drawn from the teaching hospitals. Findings revealed that majority of the respondents indicated that inter-professional rivalry and trade disputes are prevalent in health sector. findings also indicate that fractionalization of unions whereby each profession wants to be recognized and given precedence by government has ridden the health sector with disputes. It is on this score that this study recommends that government should conduct regular wage reviews so as to bridge the gap in wage differentials among Nigerian health workers and decrease the lingering industrial disharmony and frequent strikes by respective unions. Also all health workers should work together in harmony and respect each other, learn to relate or coexist with one another peacefully without interference.

**Keywords:** Wage, Benefits, Trade Disputes, Rivalry, Health Professionals,

### **Introduction**

Wage constitutes an essential aspect of industrial relations in the world of work and wage-related trade dispute has a bearing on the present economic situation in the country. This is because trade disputes have become a frequent occurrence in the health sector often giving

rise to gross system collapse with severe implications on the populations health. Wage related trade dispute issues in the Nigerian health sector are related to working conditions, salaries, allowances, consultancy status and the supremacy tussle or inter-professional rivalry among health care professional unions. The unhealthy rivalry among health professionals has led to the proliferation of trade unions in the health sector, and to the dysfunction of the health system. The different health professional unions/associations like Nigerian Medical Association (NMA), National Association of Resident Doctors (NARD), Joint Health Workers Union of Nigeria (JOHESU) are always at each other's neck. The medical, non-medical health professional dichotomy has been a major hindrance to the effective delivery of health services. Often, when one strike of NARD/NMA is resolved, JOHESU makes similar demands and commence their strike to maintain relativity or vice versa. This "cat and mouse game" between the unions is a recurring reason for strike and counter- strike (Nnonyelu, 2002). The implication of all these disputes and prolonged work stoppages impair the health of patients which in some cases, have sent many people to their untimely graves. Not only that it erodes confidence on the capacity of the state to protect the citizens, it also undermines healthcare delivery services and incapacitates the health system economic-wise. Lending credence to the above, Chiegil, Ademola,Sanni, Orenyi, Paul,Joseph, and Dakwat,( 2018) noted that the import of these disputes are diverse because of unavailability of alternative health care, poor socio-economic circumstances, poor infrastructures and poor quality of health care service delivery . This has exacerbated recurrent demand for pay rise, often accompanied by prolonged strike actions with its attendant effect on national output. The result of these disputes in the Nigerian healthcare system have been described as "very intense, deep-rooted and crippling. Hence the need to examine the centrality of inter union or professional rivalry of the teaching hospitals in the south East.

### **Literature Review**

According to Obeta, Etukudoh, Udenze and Eze (2020) inter- professional teamwork is where various professionals such as doctors, pharmacists' medical laboratory scientist, medical laboratory technicians, medical laboratory assistants, nurses, physiotherapist, radiographers, health information officers, human resource managers and others who

work in the healthcare institutions work together with patients, care givers, families and communities to deliver the highest quality of care. Bolaji (2018) submits that effective teamwork among health professionals is recognized as an essential tool for patient-centered health service delivery. However, Bolaji noted that a lack of teamwork leads to poor coordination of patient care, poor utilization of care, patient dissatisfaction, medical errors and patient mortality. Yux (2004) emphasized that trade dispute as a result of inter-professional rivalry is a challenge common in the healthcare sector. Adim, Odili and Aigboje (2020) opine that the Nigerian health sector has witnessed unhealthy rivalry among healthcare professionals for decades. Available evidence reveals the existence of incessant malice among healthcare professionals in the country, with a number of such resentment degenerating into full-blown conflict and sometimes trade dispute, (Mohammed, 2022). Adeloje, David, Olaogun, Auta, Adesokan, Gadanya, Opele, Owagbemi, Iseolorunkanmi (2017) noted that in Nigeria, healthcare workers belonging to different groups engage in fight for supremacy, the crises that erupt from this process consequently prevents optimal healthcare delivery to Nigerians.

Alubo and Hunduh (2017) aver that dispute over salaries, allowances, consultancy status and who heads the health sector have continued to emerge among different factions. Adim, Odili, and Aigboje, (2020) submits that there is wide disparity in the remuneration of health workers of the same grade level across the federal, state, and local governments, as well as in the remuneration of health workers of different professions. According to Disu and Obeta (2018) the disputes are over salaries, reward and allowances among other factors which have continued to emerge on daily basis. Bolaji (2018) opine that the claim of superiority over others; the struggle for leadership positions; and the disparity in remuneration of health workers are some of the key drivers of disharmony and unhealthy rivalry among health professionals in Nigeria. Oleribe, Udofia and Oladipo (2018) reported that poor remuneration and wages, poor welfare of the healthcare workforce have led health workers to embark on industrial action due to several month salaries owed. Mayaki and Stewart (2020) observed that payment and rewards are determined based on the position and levels of the professional and this therefore can be mistaken as a means of underrating a particular worker. Mayaki and Stewart observed further that various salary structures such as consolidated medical salary structure(CONMESS), salary scale for

medical doctors and consolidated health salary COHESS for other healthcare professionals puts medical doctors more important in healthcare than other professionals. This salary structure is why they request for frequent review of CONMESS. Adeloye, Rotimi, Adenike, Asa, Adedapo, Muktar, Jacob, Opele, and Alexander, (2017) posit that most health workers have alleged that the Nigerian health system was designed to favor doctors mainly, who due to their perceived authority over other health professionals continue to dominate. This mixed feelings of superiority and inferiority among health professionals is a red flag for the continuation of trade disputes. Oluyemi and Adejoke, (2020) observed that this battle for supremacy between these professional giants has resulted in incessant industrial strike actions and numerous lawsuits. Aregbesola (2018) assert that the Joint Health Sector Union (JOHESU) and other bodies like Medical and Health Workers Union of Nigeria (MHWUN) was set up to challenge this perceived or real dominance. Aregbesola (2018) observed that distrust, dissensions and recurring disputes among different professional groups in the health sector are now emerging. Nnonyelu (2000) in analyzing this occurrence opines that inter-union struggle for supremacy and recognition is a strong weapon for strikes in Nigerian because the status quo is that any wage concession gained by one union makes others to make similar demands, a situation that results in industrial unrest. The brunt of these strike actions has not only brought untold hardship to patients and dearth of trust but has also made the system weak (Olawale, 2017).

Furthermore, Olufemi and Adejoke (2018) in a study “Rivalry among health professionals in Nigeria: A tale of two giants, using in-depth interview of 16 participants in two professions. Result showed that, rivalry among these two professional bodies is as a result of the struggle for headship in the laboratory, patient ownership, remuneration and the fear of a profession going extinct. Omisore, Adesoji, and Abioye-Kuteyi (2017) in a study titled Inter-Professional Rivalry in Nigeria's Health Sector: A Comparison of Doctors and Other Health Workers' Views at a Secondary Care Center, using a descriptive cross-sectional study involving 120 health workers (24 doctors and 96 other health workers) at the State Specialist Hospital, Okitipupa, Ondo State, Nigeria, revealed that Doctors and other workers had significantly divergent opinions on the leadership of the health team, patient management, establishment positions, and monetary issues as well as on the effects

of IPR with more doctors recognizing its hazards. Nearly half of the respondents believe that strikes are justifiable and the most recommended antidote is for the government to attempt to meet group needs.

### **Research Hypotheses**

Based on the objective of the study and review of the literature, the following hypothesis was formulated and tested.

H1: There is positive correlation between inter-professional rivalry and trade disputes in teaching hospitals in the southeast Nigeria.

### **Methods**

This study adopted a descriptive cross-sectional survey and convergent parallel mixed method research design using a structured self-administered questionnaire and in-depth interview.

. The survey was conducted in four (4) different randomly selected teaching hospitals in the southeast Nigeria. They are Nnamdi Azikiwe University Teaching Hospital, Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, University of Nigeria Teaching Hospital and Enugu State University Teaching Hospital. All the teaching hospitals have had its fair share professional rivalry that has precipitated trade disputes and eventually a full blown strike over the years. The population of the study is 7,876 but the target population is 4912 which includes the medical staff of the selected teaching hospitals. Using Taro Yamane statistical formula, a sample of 625 respondents were selected from the teaching hospitals and constitute the study participant. The multi-stage random sampling method was utilized. Data were analyzed using SPSS software (version 20) and thematic content analysis. Results were presented in frequencies and percentages.

### **Results**

#### **Sociodemographic characteristics of the Participants**

Findings on socio-demographic characteristics revealed that 156 (25%) of the total respondents were male while 469 (75%) were female. The majority of the respondents (44.2%) fall within the age bracket of 18-28 years while the minority (2.1%) of the respondents fall within the age bracket of 51 and 61 years. Furthermore, most of the respondents (61.1%) were single (never married), while the minority (.3%) of the respondents were divorced and widowed respectively. Also, majority (78.4%) of the respondents indicated that they are Christians, while (.3%) minority of the respondents were Muslims. Similarly, most of the respondents (94.7%) had higher education while the minority (2.6%) of the respondents had primary school education. The majority of the respondents (20.3%) had an average monthly income of ₦180,000 and above while minority of the respondents (2.1%) had an average monthly income of ₦60,000 - ₦79,000. In addition, majority (45.6%) of the respondents reported that they are members of NANNM trade union while the minority (4.5%) of the respondents did not indicate their particular trade union.

### **Perception of respondents on whether they think wage related issues is a source of unhealthy rivalry between unions.**

The observation from the Table 1 revealed that most (80.6%) of the respondents believed that wage related issues is a source of unhealthy rivalry between unions while (12.5%) responded in the negative and the minority (6.9%) of the respondents stated that they did not know. Thus, it could be seen that wage related issues is a strong source of unhealthy rivalry between unions. The IDI participants all concur that inter professional rivalry is prevalent in the health sector. One specifically said

*Inter professional rivalry especially in Nigeria health sector has been there over the years, over the decade for a very long time now. May be because of abuse of existing law or ethics governing any of the profession especially among doctors and nurses. When it comes to the teaching hospital they will tell you this is the underlying rule. You are not meant to carry out a procedure, that is meant for the doctors or nurses as the case may be. However, during nurses training they are exposed to some of these procedures but due to existing law in teaching hospital they cannot do the procedure. Rivalry between doctors and nurse comes in different forms; there is lack of team work. This profession will tell you they are number one likewise the other professions. It is a kind of competition which profession is the most superior in health Care. Is it*

*pharmacist, lab scientist etc. there is a lot of rivalry especially in teaching hospital and it is really affecting the patient (Female 45 years).*

Another one had this to say

*Let's just say that human beings are prone to that kind of controversies. Most often once you increase any unions wage the other union will want an increase. But the truth about it is that I do not think it is reasonable for this kind of inter union rivalry. In the health sector, the doctors are not nurses and nurses are not doctors likewise every other profession. What is important is that government should always try to address all these issues because if they are working in the same place they should be paid based on where they belong because if you pay one group and you don't pay the other group, they will definitely make noise. If they go on strike and they are paid, you wouldn't expect the other people to keep quiet they will join. But if government is addressing an issue raised by one union, they should not wait for other corresponding unions to raise the same problem. if it came out from one union, solve it across! they won't have this kind of rivalry. However, whether you like it or not whatever you do for one union the other people must complain provided it is what is statutory to them because if you pay doctors call duty allowance the nurses should not say they should be paid Call duty allowance. They don't take calls.*

**Table 1: Perception on whether they think wage related issues is a source of unhealthy rivalry between unions.**

<b>Responses</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	504	80.6
No	78	12.5
I don't know	43	6.9
Total	625	100.0

*Source: Field Survey, 2023.*

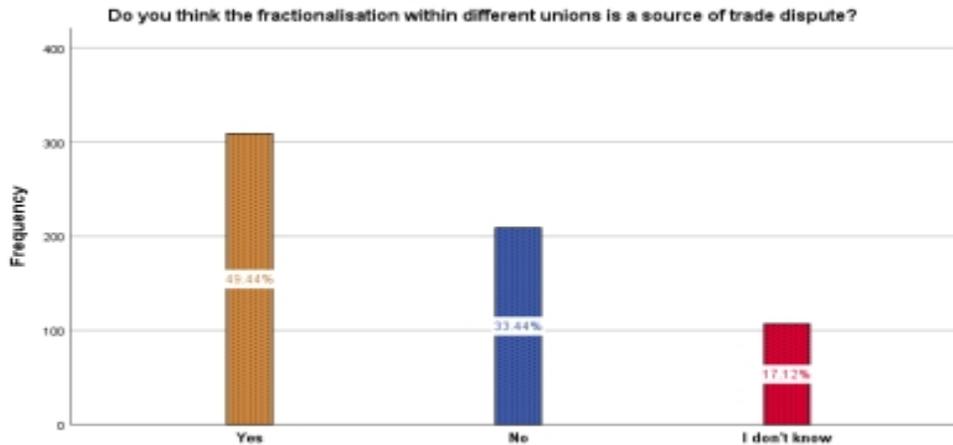
### **Perception on whether the fractionalization within different unions is a source of trade dispute.**

Information were obtained from respondents on whether the fractionalization within different unions is a source of trade dispute. The majority (49.4%) of the respondents reported that the fractionalization within different unions is a source of trade dispute while the minority of them reported that they did not know. An IDI participant said

*Initially we were under JOHESU but NANM has pulled out to stand on their own so that the government will recognize the input or our effort in that your profession. NANM pulled out the first quarter of this year. Likewise, pharmacist I leant everybody is fighting for their right and in all the Patients are suffering because different*

*professions are going on strike and teaching hospital is the mother to every other hospital because every other hospital will do referral then in some situations they are on strike, the patient is at the receiving end (Female 45years).*

This information is graphically represented in figure 1



**Figure 1: perception on whether the fractionalization within different unions is a source of trade dispute.**

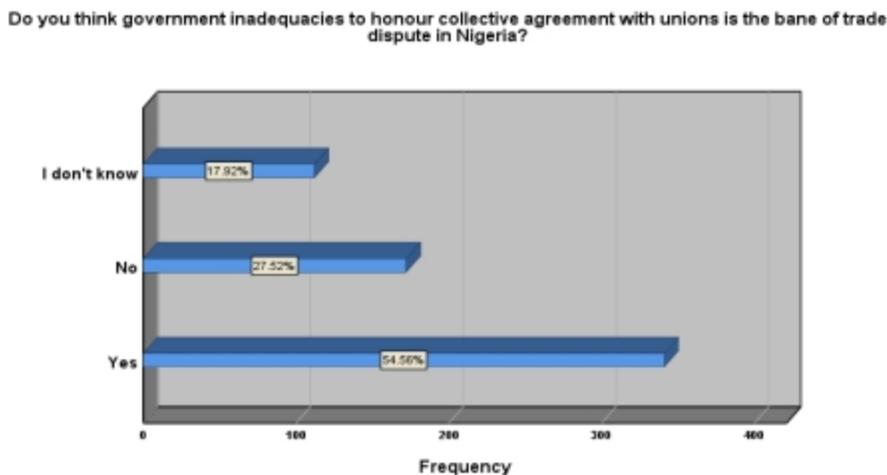
**The role of government in fueling inter professional rivalry**

Table 2 showed the respondents’ views on government inadequacies to honour collective agreement with unions as the bane of trade dispute in Nigeria. Most (50.4%) of the participants stated that government inadequacies to honour collective agreement with unions was the bane of trade dispute in Nigeria while the minority (19.5%) of them reported that they did not know. The IDI participants all affirm that the promise and fail of the government is very irresponsible and to rub pepper on the wound is the, No work No Pay clause. The implication of the clause is that government is not going to be responsible for the agreement entered into because in the history strikes it always on non-implementation of collective agreement. An IDI participant said

*This is the annoying part of it, government will tell you they accept your demands just so that the striking workers will go back to work and yet nothing is done. Unfortunately, more annoying is this rule they have started No work no Pay because they are using it as threat and intimidation of workers because strike is the only language federal government hears, apart from strike, nothing else. Now they have*

*implemented no work no pay, whenever we talk about strike we make sure that we have worked past the 15th of the month so that we can have our salary because it is assumed that by then the salary of that month is down. So the idea of go we will do this, is all lies by the government nothing has been done on the matter year to year that same issue keeps repeating. So it is really demoralizing (Male 50 years).*

**Figure 1: Perception on whether government inadequacies to honour collective agreement with unions is the bane of trade dispute in Nigeria.**



**Test of Hypotheses**

**Hypothesis I**

In order to test this hypothesis, which held on the assumption that there is positive correlation between inter-professional rivalry and trade disputes in teaching hospitals in the southeast Nigeria. The responses were tested using Chi-square ( $X^2$ ) analysis. Data in Table 3 show the computed value of chi-square is 94.092 while the value of chi-square at 0.05 level of significance with a degree of freedom (df) of 4 was 9.488. Since the computed value of the chi-square is greater than the critical value, the alternative hypothesis was accepted. This implies that inter-union struggle for supremacy and recognition is a strong weapon for strikes and counter strikes that could lead to trade dispute in the health sector. Hence, there is a significant positive relationship between inter-union struggle for supremacy and recognition and trade disputes in the teaching hospital in Nigeria.

Consequently, inter-union struggle for supremacy and recognition may be the source of trade dispute that influence wage determination in the teaching hospital.

**Table 3: Cross Tabulation between inter union struggle for supremacy and recognition and trade dispute.**

		Wage determination is source of trade disputes			$\chi^2$	
		Yes	No	I don't know		Total
Inter-union struggle for supremacy and recognition	Yes	272	15	16	<b>303</b>	<b>94.092</b>
	No	194	13	14	<b>221</b>	
	I don't know	58	38	5	<b>101</b>	
<b>Total</b>		<b>524</b>	<b>66</b>	<b>35</b>	<b>625</b>	

Source: Field Survey, 2023

$\chi^2 = 94.092$ ,  $df = 4$ ,  $N = 625$ ,  $P < 0.000$ .

### Discussion of findings

The result of the study as presented in table 21 show that the respondents believed that wage determination is a source of unhealthy rivalry between unions. This indicates that professional conflict among health workers in Nigeria is widespread and dysfunctional medical staff in the teaching hospitals. This is in line with Adim, Odili and Aigboje (2020), Mohammed, (2022) who expressed that Nigerian health sector has witnessed unhealthy rivalry, incessant malice among healthcare professionals for decades with a number of such resentment degenerating into full-blown conflict and sometimes trade dispute. In this study, a strong majority of respondent indicated that the fractionalization within different unions is a source of trade dispute. This suggest that from the perspective of medical staff, associations of professional bodies are formed to ensure that salaries and financial remuneration are fair and paid on time and improve welfare of members which informs the disintegration of JOHESU. This finding is supported by Nnonyelu (2000), who expressed that inter-union struggle for supremacy and recognition is a strong weapon for strikes in Nigerian because the status quo is that any wage concession gained by one union makes others to make similar demands, a situation that results in industrial unrest.

A strong majority indicated that some unions use their professional expertise and skill to push for special wage concessions. The implication of this finding is that some profession in the health sector is more lucrative than the other. On the contrary all professional health workers are mutually dependent on each other and hence must learn to work together, support and respect each other. This is in line with Bolaji (2018) who submits that effective teamwork among health professionals is recognized as an essential tool for patient-centered health service delivery. However, a lack of teamwork leads to poor coordination of patient care, poor utilization of care, patient dissatisfaction, medical errors and patient mortality. The study also revealed that government inadequacies to honour collective agreement with unions is the bane of trade dispute in Nigeria. This finding aligns with Akpan (2017) who stressed that an emerging challenge after every collective agreement in Nigeria trade disputes, incessant strikes actions at national, state and local government levels not only ensue but have become endemic to the work environment and unsettling industrial harmony.

A significant relationship was found between inter-union struggle for supremacy and recognition and trade disputes in the teaching hospital in Nigeria. This agrees with equity theory which states that when inequities persist, employees may decrease inputs, push for more wages, authority, or ultimately go on strike. According to the theory, striking a balance is necessary for a strong and productive work relationship. Equity theory therefore tries to correct these feelings by ensuring that people are treated equitably. The implication of this finding is that some profession in the health sector seem more lucrative than the other. On the contrary all professional health workers are mutually dependent on each other and hence must learn to work together, support and respect each other. The researcher accepted the alternative hypothesis which states that there is a positive correlation between inter-professional rivalry and trade disputes in teaching hospitals in the southeast Nigeria.

More fundamentally, the salient findings of this study revealed that inter professional rivalry especially in Nigeria health sector have fermented trade disputes and this is as a result of fractionalization of unions whereby each profession wants to be recognized and given precedence by government. Evidence also show that government inadequacies to

honour collective agreement with unions is the bane of trade dispute among health professionals because in the history strikes it is more or less always on non-implementation of collective agreement. Thus, the government has impacted negatively on the practice of collective bargaining through its violations of good faith bargaining.

### **Conclusion and Recommendations**

Inter professional rivalry among health workers in Nigeria is widespread and dysfunctional because unions are always competing for recognition and supremacy. The relationship between the government and trade unions is ridden with distrust and dominance. Consequently, instead of solving the problem, it has always led to new waves of agitation for salary increase which most often leads to complete disengagement from duties at the detriment of the patient and health care system in Nigeria. The study therefore offers the following recommendations; Government should conduct regular wage reviews so as to bridge the gap in wage differentials among Nigerian health workers and decrease the lingering industrial disharmony and frequent strikes by respective unions. Government should take step to resolve crisis and negotiate with the health workers' union timely before strike in order to safeguard the lives of innocent Nigerians, who are victims of this crisis. All health workers should work together in harmony and respect each other, learn to relate or coexist with one another peacefully without interference. Health professionals, should seek other options, such as arbitration as provided in the Trade Union Act, or resort to litigation which take into account the best interests of patients. The courts should always ensure compliance with the existing requirements of the Act on collective bargaining and agreements.

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