

Original Research Article

Professional ties and industrial disputes: knowledge, practices and management among doctors in a Nigerian tertiary hospital

Ethics approval and consent to participate

The study has been examined and approved by the Chukwuemeka Odumegwu Ojukwu University via the Head Department of Public Administration and the School of Postgraduate Studies. A written informed consent was obtained from each participant for the conduct and publication of this research study and assurance of confidentiality given. Study participants were free to refuse or withdraw from the study at any time without any penalty. The study's purpose and objectives were explained to each participant prior to interview. All authors hereby declare that the study has therefore been performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki.

Abstract

Disputes arise from inherent opposing interests in human co-existence in any system. The only critical element is how to manage dispute to a reasonable extent that none of the parties feels shortchanged or undermined. In Nigeria, specifically, industrial dispute has taken an unprecedented proportion since independence and a geometric level in the 1990s and currently. The aim of this project is to study the knowledge, practices and management of industrial dispute among doctors in the Nnamdi Azikiwe University Teaching Hospital (NAUTH), Nnewi. The index study will help reveal causes of disputes as well as proffer evidence-based solutions to averting the negative aftermath. Using NAUTH as a case, questionnaires were self-administered to Doctors. The paper adopted the tabular method in presenting data, while Chi-square was used in testing the hypothesis. The results showed the factors that are apparently responsible for strikes in the Nigerian university teaching hospital system, key among them are the Management and Government's inability to keep to obligations, promises made during engagements and negotiations, as well as poor infrastructure, poor work environment, and poor remuneration. Hence, this paper

recommends that a well-designed industrial dispute management structure must be put in place in Teaching Hospitals among others.

Key words/phrases: Knowledge, resolution, labour conflicts, teaching hospitals, Anambra, Nigeria

1. Introduction

Industrial dispute encompasses “conflict or difference between employer and employer, between employer and employee or employee and employee, which is connected with the employment or non-employment or terms of employment or conditions of labour of any person” (Industrial Dispute Act, 1947), It refers to a state of disagreement over an issue or group of issues between an employer and its employees, or organized protests against existing terms of employment or conditions of labour, which results in employees ceasing work in forms such as strikes and lockouts (Australian Bureau of Statistics, 2006). In practice, industrial dispute or labour conflict is not a personal issue, but a strife that generally affects a number of employees’ community having common interests and their employers.

The commonest aftermath of industrial disputes in the University Teaching Hospital System is ‘industrial action’(Akinyemi¹ and Atilola, 2013). Strike action is not peculiar to Nigeria as its origin dates back to the end of the 20th dynasty, under Pharaoh Ramses III in ancient Egypt on 14 November 1152 BC, when the artisans of the Royal Necropolis at Deir el-Medina organized the first known strike or workers' uprising in recorded history which resulted to the increment in their wages (Wikipedia 2011). The Ministry of Health in Nigeria, has recorded an alarming incessant pocket of industrial actions recently, with a consequent adverse impact on the society (Akinyemi¹ and Atilola, 2013).

Stoner (1989) identifies six types of disputes possible in an organization life, These are (classified based on etiology) and include: disputes from an individual's uncertainty on his or her job descriptions cum work expectations; when there are personal differences; related to the way individuals deal with the pressures for conformity imposed on them by their work group, due to line-staff and based on labour/ management conflicts; Industrial disputes may be of different kinds, each of which is most susceptible to a particular type of dispute settlement procedure at a final stage. Most countries distinguish between several types of industrial disputes and have established separate procedures for dealing with them (Stoner 1989). The two most generally applied distinctions are between: individual cum collective disputes, and about rights cum interests (also known as economic disputes). Previously, different dispute management orientations have been noted. They include: collaborating, competing and accommodation affect success at the individual, team, and organizational levels (De Dreu and Vanvianen, 2001)).

Prevention of Industrial disputes is a pro-active approach through which an organization averts industrial disputes. This includes all positions that involve provision of mediation assistance to labor and management, and include (Adimike (1995), De Dreu and Vanvianen (2001). Goodyear (2006)): Model Standing Orders, Code of Industrial discipline, Works Committee, Suggestion Schemes and Collective Bargaining: Also, machinery for settlement of Industrial Disputes include (De Dreu and Vanvianen (2001): Conciliation; Arbitration-Voluntary Arbitration or Compulsory Arbitration; Adjudication. Given the inevitability of conflict, the actors must evolve ways and means to resolve the resulting grievances. The dispute settlement machinery provides a meaningful approach to the accommodation of conflict between employers and their employees. Africa is the latest entrant to

industrialization program and consequently has the most ineffective employers-employee relations. It has however a splendid opportunity to correct the mistakes of the earlier industrialized nations. Rather cases of industrial disputes abound in Nigerian work situations. The consequences of an industrial dispute will be harmful to the owners of industries, workers, economy and the nation. The loss in productivity constitutes one of the most significant quantifiable costs to the management of teaching hospitals. Other losses include: loss of lives, manpower and in income to the organization (Akinyemi and Atilola (2013), Goodyear (2006), Ramsay (2001). The significance of these losses is more worrisome because it often leads to chain of events. Also, the hospital is a major employer of labour in many countries, including Nigeria (Smith, 1985). Then to our knowledge, no previous studies have been conducted in our study area on issues related to industrial dispute, if any. It is expected that the findings of the current study would help in bridging the knowledge gaps that presently exist. The index study will help in revealing causes of dispute as well as in proffering solution to the negative inevitable aftermath of industrial dispute. This study was thus designed to determine the knowledge, practice and management of industrial dispute among doctors at the Nnamdi Azikiwe University Teaching Hospital, Nnewi.

2. Research methodology

2.1 Description of Study Area/ Historical Background to the Study

Nnewi is an urban town in Anambra state south east Nigeria and is the second biggest commercial city to Onitsha in the State. Most of the inhabitants of the town are traders, with a few bankers, hospital workers and civil servants and artisans. The Nnamdi Azikiwe University Teaching Hospital, Nnewi (NAUTH) was established by the Anambra State University of Science and Technology (ASUTECH Edict No.5 of 1991) and later by the (FG University Decree No. 341 of 1992). The NAUTH offers primary, secondary and tertiary care, it has three (3) comprehensive health centres located at, Neni, Ukpo, and Umunya, the National Diagnostic centre at Neni, an annex at Awka, the traumatology centre located at Oba and the Guinness Eye centre in Onitsha. The total bed capacity of the hospital is 368. The

hospital has various departments which include: Community Medicine and Primary Health Care; Internal Medicine; Surgery; Obstetrics and Gynecology; the Accident and Adult Emergency; Children Emergency; General Outpatient Department and Staff Medical Services Department; Children Outpatient, HIV Care and Special Clinic; TB/DOTS Clinic; Admission wards, Labour room, theatre complex; Radiology Unit; Histopathology, Microbiology Chemical Pathology, Hematology laboratories; Medical records department, Administrative and Accounting Departments, Works and Engineering Department, Catering and Laundry Department, Physiotherapy, Social Workers unit, Nursing Department, Residency Training Unit; School of Nursing, Medical College, School of Radiography, Occupational health unit; Pharmacy Department. Patients that attend NAUTH are drawn from the entire South-eastern states and beyond.

2.2 Research design

This research work utilized historical method (to determine, evaluate and explain past events, about the industrial disputes in the Hospitals) and survey method (to complement secondary data, allow more reliable conclusions on the present management of industrial disputes in the Hospital system). The research is technically designed to solicit information from the major actors in industrial relations- management cum labour unions of doctors in the University teaching hospital and the government.

2.3 Sources of data

Primary and secondary sources of data were used. Primary sources include: (Questionnaire administration, Interviews, Observation), while secondary sources are (Textbooks on industrial relations (Dunlop (1958), Etudo (1971). Eni, (2000), Flanders (1968), Flippo (1982)). Journals and other publications, newspapers, decrees and official gazettes (Nigerian Law, Section 47 of the Trade Disputes Act (1990), Trade Union Decree 31 (1973), Reports from ministry of labour and productivity and the Ministry of Health (Federal Republic of Nigeria (1992) Federal Republic of Nigeria (1996))

2.4 Study Population

The elements in the population are drawn from the Representatives of the Hospital Management; Resident Doctors (House Officers, Medical Officers, Residents), Medical and Dental Consultants Association (Gestal J.J (1987) and Government (Okeke, 1995).

Table 1 Population distributions of respondents

S/NO	DESCRIPTION	POPULATION
1.	House Officers	123
2.	Residents	234
3.	Medical Officers	64
4.	Consultants	103
	TOTAL	524

Source: Field survey 2017

2.5 Sample size determination and sampling technique

Multistage sampling method was used. Firstly, stratified sampling method was used to classify doctors according to cadres thus: House Officers, Medical Officers, Residents and Consultants. Secondly, proportionate allotment to each cadre of doctors was done. Thirdly, simple random sampling method was used to select eligible and consenting respondents. The establishment list numbering was used for randomization purpose. The selected consenting Doctors sample was enrolled until the required number allotted to each cadre was attained.

The study comprises a finite population, so the statistical formula for determining sample size by Taro Yamane formula (Yamane (1964) thus stated, was used; $n = \frac{N}{1 + N(e)^2}$, where n = Sample Size; N = total populaion; I = constant and e = limit of sampling error = 0.05. This was computed as $n = \frac{524}{1+524(0.05)^2} = 226.9$; Approx 227 doctors. The proportion was computed using Bowlers proportional allocation formula stated as follows (Pandey and Verma 2008): $n_i = \frac{n(n_i)}{N}$, where n = Overall sample size, N = Total population; n_i =Population of each unit (i=1- 4). Thus, n_1 =House Officers,= $\frac{227(123)}{524}= 53$.

Table 2. Distribution of sample

S/NO	DESCRIPTION	SAMPLE POPULATION
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n1.	House Officers	53
n2.	Residents	101
n3.	Medical Officers	28
n4.	Consultants	45
	TOTAL	227

Source: Field survey 2017

2.6 Methods of data collection

Self-administration of pre-tested, semi- structured questionnaires, interviews methods, observation and records kept by the trade unions were combined in collecting data.

2.6. 1.Questionnaire design, distribution and collection of responses: The questionnaire consisted of structured and unstructured questions relating to the topic under investigation.

2.7 Methods of data analysis and presentation:

Data were scrutinized and entered into the computer. cleaned by range and consistency checks. Data analysis was done in respect to the demographic characteristics of the respondents, knowledge, practice and management of industrial dispute among respondents. Descriptive and analytical statistics of the data were carried out using International Business Machine (IBM)/ statistical package for social sciences (SPSS) Windows version 22.0 (IBM/SPSS, USA 2013). Descriptive data were presented as texts, simple frequencies, percentages, and tables. Tests of statistical significance were carried out using chi square tests for proportions. A p value of ≤ 0.05 was considered significant.

2.8 Reliability and validity of test instrument

The questionnaire was developed from review of relevant literatures (Okwara (2010), Banabo and Igweh (2014), interview of some doctors. Observations, Textbooks on industrial relations

Dunlop (1958), Etudo (1971). Eni, (2000). Flaunders (1968) Flippo (1982). All questions were written in English language and pre-tested on doctors at the Chukwuemeka Odumegwu Ojukwu University Teaching Hospital Awka. This was done, to check for its reliability and validity. Also determined were the appropriateness of format and wording of the questionnaire as well as time needed to carry out the administration. The instruments were reviewed and necessary corrections were made prior to the administration to respondents.

3. Data presentation and analysis

A total of 227 questionnaires distributed, but 225 were properly completed, returned and were analyzed. **Table 3 shows the demographic characteristics of respondents.** The modal group 96 (42.7%) of the respondents was 31 -40 years. The male respondents were 165 (73.3 %). More respondents, 128 (56.9%) were never married, while 187 (83.1%) have served between five (5) and 10 years.

Table 4. shows the responses to some key research questions. Two hundred and eleven (93.8 %) of respondents reported awareness of the existence of trade unions. Majority 201 (89.3%) of respondents opined that the objective of trade unions was mainly securing the rights of members, 123 (54.6%) reported ensuring solidarity. On industrial crises in the study setting, 198 (88%) of respondents reported occurrence in the last one year, while 199 (88.4%) reported occurrence in the last five years. Only 30(13.3%) of the respondents observed that frequency of conflict is high. Eighty- four (37.3%) of the respondents opined that unions are free to strike if negotiation fails, while for 30 (13.3%) unions can strike if conciliation/mediation fails. Also, 145 (64.4%) of the respondents attributed the cause of industrial disputes to poor salary, 107 (47.6%), poor welfare services, 95 (42.2%), etc.

Table 5: shows respondents' perception and knowledge of industrial relations. All the 225 respondents reported that the parties in industrial relations are the Government, Labour and Management. For (77.3%) of the respondents, the preferred method of handling

industrial disputes by the management is collective bargaining. On the effects of labour unrest, the respondent cited the following options: 204 (90.7%) loss of lives, 215 (95.6%), loss of revenue, 122 (54.2%) intellectual ineffectiveness/loss, 181(80.4%), loss of productivity, 124 (55.1%), On contributions to industrial conflicts, respondents cited the management and for reasons such as: 160 (71.1%) of the 111(49.3%)t Management not involving Unions in decision making,, 107 (47.6%) denying labour its entitlements, 97 (43.1%)t), not fulfilling its obligations; said by offering poor conditions of service, Some cited the Government and gave reasons such as: not fulfilling its obligations, 75(33.3%), outright disregard for labour union leader., while 11(4.8%) argued that Government contributes to the crisis by not involving Unions in decision making. Others cited that trade unions contribute to the crisis in the system mainly by making unnecessary demands, 37 (16.4%). Forty- three reported reluctance/ impatience on advocacy, while 21(9.3%), reported political reasons.

Table 6 summarizes the responses based on which parties (Management, Government, Trade union) contribute to industrial disputes within the system.

TEST OF HYPOTHESES: $H_0: P_1 = P_2 = P_3 = P_4$ $H_1: P_1 \neq P_2 \neq P_3 \neq P_4$

Critical Values $Z_{\alpha/2} Z = \pm 1.96$;

Samples- (Consultant (η_1) =44; Residents (η_2) =100l Medical Officers (η_3) =28; House Officers (η_4) = 53).

3.4.1 Test Statistics = Chi square test= 15.99, Degree of freedom = 3; p value = 0.00114

Result interpretation: We fail to accept Null hypothesis and conclude that there is a statistically significant difference in the proportions of cadres of Doctors who believe that industrial dispute does not depend on the Management.

3.4.2 Test Statistics = Chi square test = 17.07; Degree of freedom = 3; p value = 0.00046

Result interpretation: We fail to accept Null hypothesis and conclude that there is a statistically significant difference in the proportions of cadres of Doctors who believe that industrial dispute does not depend on the Government.

3.4.3 Test Statistics = Chi square test= 15.15; Degree of freedom = 3; p value = 0.0017

Result interpretation: We fail to accept Null hypothesis and conclude that there is a statistically significant difference in the proportions of cadres of Doctors who believe that industrial dispute does not depend on the Trade Unions.

Table 7: highlights the responses factors affecting occurrence of dispute and resolution strategies adopted by parties (Management, Government, Trade unions). All the 225 respondents reported that industrial dispute can be avoided in the Hospital while 220 (97.8%) of them opined these disputes could be avoided by government fulfilling its obligation to the system, 185 (82.2%), improving the conditions of service, 185 (82.2%) involving unions in decision making. On reasons labour union member do not participate in decision making process, 150 (66.7%) cited management insistence to exclude trade unions, 32 (14.%) ignorance by union leaders on expected roles, 57 (25.3%) Government's outright disregard for trade unions, 5 (2.2%) to aid corruption On major strategies adopted by various parties in dispute management, the respondents cited as follows: Management - lobbying, suspension and dismissal; Government- lobbying, suspension and dismissal; Trade unions- strike and warning. The respondents, (93.3%) and (52.4%) respectively, suggested and recommended participative management and systems approach techniques.

5. DISCUSSION

The index research assessed the knowledge, practices and management of industrial disputes in the Nigerian university teaching hospital system. This study employed a cross- section of Doctors at the Nnamdi Azikiwe University Teaching Hospital, Nnewi.

The findings of the index study show that the modal age group was between thirty and forty years. portraying how mature they could be in handling industrial disputes. The implication of the dominance of males in gender distribution, about seven in ten in both the labour unions and university teaching hospital management is that male workers may lack the attitude of

compromise which is necessary in industrial relations. It is pertinent to note that majority of respondents were House Officers and Residents who were mostly younger and never married. Thus, they may have less acquaintances, full of energy and are likely impulsive in attending to issues. When men grow older, they have more responsibilities. That a greater proportion have served for 10 years and below implies that there is a tendency that they have experienced delays from the rigors and long duration of medical training. As they are starting lives in an unstable climate that is full of uncertainties, they would prefer securing instant wages to waiting for pension rights.

The results of the current research show that industrial relations in the study setting is weak as evidenced by poor knowledge of and management of industrial dispute. Several factors were noted as contributory to this unhealthy development in the Nigerian university teaching hospital system, key among them are the Management and Government's inability to keep to obligations and promises made during engagements and negotiations, poor infrastructure, poor work environment, and poor remuneration. Some of the key participants in industrial relations within the Nigerian university teaching hospital system do not know the laws and practices of industrial relations. It suffices that these representatives do not have a sound grounding in industrial relations laws, procedures and practices.

The findings of the present study reveal that the Hospital Management contributes to the crisis in the System by not fulfilling its obligations, offering poor conditions of service, not involving the Unions in decision making, denying labour its entitlements and information gap. The study also posits that the Government contributes to the crisis in the System by not fulfilling its obligations, outright disregard for labour, not involving Unions in decision making. This is in keeping with the findings by Osadeke (2001). The trade unions contribute via unnecessary demands, confronting the Management over any decision reached, electing

leaders who are militant. reluctance/ impatience in using advocacy, political reasons. This concurs with the position by Onyia (2000).

The research finds out that poor welfare services, poor salary, poor work environment, lack of promotion, political factors are key factors that predispose to industrial dispute while good condition of service is a requirement for the restoration of industrial harmony within the Nigerian university system. This is in tandem with the findings by Onyia (2000). Shortfalls in payment has been posited by other studies as a significant contributor to dispute and relocation of many Nigerian Doctors to other countries where their values are better appreciated and remunerated This is consistent with the findings by Chukwu, (1995)

From this study, a greater proportion of respondents opined that the core objective of trade unions is the securing of rights of members. The implication is that the roles of Trade unions in industrial disputes settlement should not be relegated to the background. On industrial crises in the study setting high frequency of industrial disputes was reported within the Nigerian university teaching hospital system and is an indication that it is an important subject matter that requires urgent and collective attention of all the major stakeholders. From the responses, it could be deduced that satisfactory working conditions can bring about industrial harmony within the system. This is in concert with what Fashoyin (1992) and Ubeku (1983) observed elsewhere.

A hundred percent awareness on the parties in industrial relations was reported by the index research. Also, a majority of study participants preferred collective bargaining as the method of handling industrial disputes. The implication of this development is that industrial harmony could be assured if the major parties adhered to collective bargaining. The labour Act of 1974, Onyia (2000), Yesufu (1984). Akpala (1982), thus concurred that collective

bargaining is the standard setting machinery regulating wages, salaries and other employment conditions mutually agreed between employers and trade unions.

This study failed to accept Null hypotheses and concludes that there is a statistically significant difference in the proportions of cadres of Doctors who believe that industrial dispute does not depend on the Management; Government and Trade Unions. The interpretation of the situation above is that all parties have vital roles to play in industrial disputes management. But this study shows that both the government and management have little or no regards to trade unions. On major strategies adopted by various parties in dispute management, the respondents cited as follows: Management - lobbying, suspension and dismissal; Government- lobbying, suspension and dismissal; Trade unions- strike and warning. Scholars have shown a negative relationship between process conflict and strikes (John and Mannix, 2001; Simons and Peterson, 2000; De Dreu and Weingart, 2003; Mathieu and Schulze, 2006; Tinsley, 2001, Karanau (1986) They thus recommended participative management and systems approach techniques for effective government, management and labour union relationships

Limitations of the study: Specific instances of constraints related to the data system include: low quality data; inadequate data collection, recording devices and handling procedure. The scope of this study was limited to Medical Doctors alone because other health workers under the aegis of the Joint Health Sectors Union (JOHESU) were on strike during the period of the study. It is pertinent to study the entire staff with a view to designing a dispute management system in the work environment.

Conclusions

The frequency of industrial disputes/crisis was discovered to be high in the Nigerian university teaching hospital system. Also, it was discovered that disputes affect the

intellectual effectiveness of our university teaching hospitals due to strike and related activities. In summary, the problems of industrial relations in the Nigerian university teaching hospital system were found to be lack of knowledge of some labour leaders, the rigid structure of relationships, lack of flow of communication, management and government meddling with union affairs, frequent trade disputes, under funding. Political factors were also discovered as some of the causes of industrial disputes within the university teaching hospital system. The Researchers recommend that a well-designed industrial dispute management structure must be put in place in Teaching Hospitals among others. These include: flexible organizational structure should be instituted to improve the relationship between management and staff. There is need for regular constructive engagement between government officials and union leaders in the health sector. Communication should also be improved to avoid break down in industrial relations. Government officials who are members of different Association and Union in the health sector should participate in the activities of such Association and Unions so as to bridge communication gaps that may exist. Union leaders in the health sector should carry out advocacy periodically and lobbying when essential so as to achieve their aims without necessarily having to declare a trade dispute. Workers should be allowed to participate in decision making process through their representatives. Policy formulators and Management of government hospitals in Nigeria should pay attention to the welfare of health workers so as to motivate them. The Government should establish the Medical service commission which would be empowered with autonomy to restructure the medical training program, salaries of health workers and infrastructural development to meet up with international standards.

DISCLAIMER

The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors

and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

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TABLES

Table 3 Socio-demographic characteristics of the respondents

DEMOGRAPHICS	FREQUENCY(N=225)	PERCENTAGE (%)
Age (years)		
≤30	81	36
31-40	96	42.7

41-50	40	17.8
≥51	8	3.5
Gender		
Male	165	73.3
Female	60	26.7
Marital status		
Never married	128	56.9
Currently married	97	43.1
Separated	0	0
Divorced	0	0
Widowed	0	0
Religion		
Christian	225	100
Length of service (years)		
1-5	64	28.4
6-10	187	83.1
11-15	15	6.7
>15	9	4.0

Source: Field Survey 2017

Table 4 Distribution of response to some key research questions

RESPONSES	PERCENTAGE (N=225)	FREQUENCY (%)
Trade unions exists		
Yes	211	93.8

No	0	0
Do not know	14	6.2
<i>Perceived objectives of trade union</i>		
To secure members' rights	201	89.3
To ensure solidarity among the workers	123	54.6
To support members in trying moments	14	6.2'
To negotiate better working condition	3	1.3
Reported industrial crisis in the last one year		
Yes	198	88
No	27	12
Total	225	100
Reported industrial crisis in the last five years		
Yes	199	88.4
No	26	11.6
Total	225	100
Opinion on the frequency of Industrial Crisis		
High (5 or > per year)	30	13.3
Moderate (2-4 per year)	103	45.9
Low (<2 per year)	82	36.4
None	10	4.4
Opinion on when a union is free to strike		
negotiation fails	84	37.3
conciliation/mediation fails	30	13.3
arbitration fails	0	0
All apply	96	42.7
None applies	15	6.7
Opinion on causes of Industrial disputes		
Poor work environment	95	42.2
Poor welfare services	107	47.6
Poor salary	145	64.4
Lack of promotion	78	34.7
Lack of training	24	10.7
Political factors	30	13.3
Sympathy for colleagues	3	1.3
Kidnap	5	2.2

*Multiple response

Source: Field Survey 2017

Table 5: Distribution of respondent's perception and knowledge of industrial relations

RESPONSES	FREQUENCY (N=225)	PERCENTAGE (%)
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Parties in industrial relations		
Government, labour and Management	225	100
Labour, Government and the Police	0	0
Private Agencies and management//e	0	0
None of the above	0	0
Total	225	100
How affected parties handle trade dispute		
Collective Bargaining	174	77.3
Conciliation/ Mediation	134	59.6
Adjudication	20	8.9
Arbitration	0	0
Government pronouncement	0	0
Possible effects of labour unrest		
Loss of lives	204	90.7
Loss of Revenue	215	95.6
Intellectual ineffectiveness/ loss	122	54.2
Loss of productivity	181	80.4
Loss of public confidence	124	55.1
Affecting quality of care	4	1.7
Management contribution to crisis		
Not fulfilling its obligations	160	71.1
Offering poor conditions of service	97	43.1
Not involving Unions in decision making	111	49.3
Denying labour its entitlements	107	47.6
Information gap	24	10.6
Government's contribution to crisis		
Government not fulfilling its obligations	212	94.2
Government's outright disregard for labour	75	33.3
Not involving Unions in decision making	11	4.8
Trade union's contribution to crisis		
Making unnecessary demands	145	64.4
Confronting management over agreement	37	16.4
Electing leaders who are militant	5	22.2
Reluctance/impatience in using advocacy	43	19.1
Political reasons	21	9.3

Source: Field Survey 2017

Table 6 Distribution of responses based on which parties (Management, Government, Trade union) contribute to industrial disputes within the system

RESPONSES	FREQUENCY	PERCENTAGE
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		(N=225)		(%)		
Management		CONSULTANTS	RESIDENTS	MEDICAL OFFICERS	HOUSE OFFICERS	TOTAL
Yes	33		94	28	44	199
No	11		6	0	9	26
Total	44		100	28	53	225
Government		CONSULTANTS	RESIDENTS	MEDICAL OFFICERS	HOUSE OFFICERS	TOTAL
Yes	35		90	20	53	198
No	9		10	8	0	27
Total	44		100	28	53	225
Trade Union		CONSULTANTS	RESIDENTS	MEDICAL OFFICERS	HOUSE OFFICERS	TOTAL
Yes	34		78	25	53	190
No	10		22	3	0	35
Total	44		100	28	53	225

Source: Field Survey 2017

Table 7: highlights the responses factors affecting occurrence of dispute and resolution strategies adopted by parties (Management, Government, Trade unions).

RESPONSES	FREQUENCY PERCENTAGE	
	(N=225)	(%)

Can Industrial dispute be avoided		
Yes	225	100
No	0	0
Total	225	100
How Industrial Disputes can be avoided		
Government fulfilling its obligations	220	97.8
Improving the conditions of service	185	82.2
Management involving Unions in decision making	183	81.3
Factors that forestall the participation of doctors in decision making process		
Management insistence on union Exclusion	156	66.7
Ignorance of union leaders on expected Roles	32	14.2
Government's outright disregard for labour	57	25.3
Corruption	5	2.2
Strategies by Management		
Lobbying	186	82.7
Detention	0	0
Dismissal	45	20.0
Suspension	62	27.6
Transfer	18	8
Threats	3	1.3
Strategies by Government,		
Lobbying	183	81.3
Detention	7	3.1
Dismissal	80	35.6
Suspension	71	31.6
Strategies by Trade union		
Strike	221	98.2
Warning	145	64.4
Lobbying	71	31.6
Lock out	12	5.3
Picketing	24	10.7
Boycott	10	4.4
Management technique options		
Participation management	210	93.3
Autocratic management	0	0
Management by objective	80	35.6
System approach	118	52.4
Laissez faire	0	0

Source/: Field Survey 2017