

THE STATE, COLLECTIVE BARGAINING AND HEALTH WORKERS PRODUCTIVITY IN SELECTED HEALTH SECTORS IN RIVERS STATE

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Abstract

This article provides a backdrop to the perception of collective bargaining as it relates to health workers' productivity in selected health sector in Rivers State. Furthermore, it suggested a wide-ranging approach to collective bargaining support on existing proofs. In real meaning, it pleaded the cause exited from better issues' being the focal points of collective bargaining, in the light of other contending issues like, infrastructure, capacity building and quality assurance. It negates the viewpoints that prioritize definite personality interests at the expense of other issues that are in fact militating against the sustainability of Nigeria's health care sector productivity. The study recommended among others that government should ensure concerted efforts towards ensuring the continued existence and sustainability of health care sector in Nigeria.

Keywords: The 5state, Collective Bargaining and Health Workers' Productivity

Introduction

The turn down in the quality of healthcare sector productivity and infrastructure in Nigeria is obvious. This appraisal is appropriately certain considering the efforts of various agencies (governmental and non-governmental) which have yielded insignificant successes, particularly in terms of the comparatively low access to essential health services. Health care sector workers have over the years, occupied with recurring negotiations with government at different levels to bring about necessary and important reforms to the health care sector. The outcome has on the other hand been inconsistent in terms of implementation by the State Government. Evidences reveals that health care sectors in the state is still comparatively weak, mostly as a result of lack of harmonization and integration among

the human and material resources attributable to this sector (Nigerian National Health Conference Communiqué, 2009; Obansa and Akinngagbe, 2013). It is this unworkable and unproductive state of affairs that hindered the need to interpret and evaluate the details of a pattern that is the same with collective bargaining in the Nigerian health care sector. This investigation becomes complex however, essential taking into account the chains of activities that have occurred at different periods among the stakeholders, as well as the various agreements that have resulted. In effect, the outcome of preceding negotiations brings to the forefront the deviation in policies and practices as it relates to the inviolability of the collective bargaining process. In the first instance, it is obvious that the challenge for the opposing parties

is not an issue of coming together as it were. The fundamental issue seems to be that of ensuring a logical measure of flexibility to accommodate current realities and also recognizing the importance of identifiable interests working together as co-partners, with a view to devise practical ways to resolve fundamental issues that are pessimistically impacting on the health care sector. A sight to the contrary will be of no significance since it is in the interest of all stakeholders that the Nigerian health care sector is sustainable in the long term. Towards this end, a revised approach is defensible, pointing at making straightforward the issues and setting out a mold for achieving same. This implies that the practice of collective bargaining in the Nigerian health care sector should be considered to accomplish the ground rules. The approach should be all-encompassing but also definite so as to build an enabling health care sector framework in the anticipated prospect.

Studies on collective bargaining in Rivers State and Nigeria are largely thoughtful which presents a brief summary of the bargaining process as well as insights into the trade union activities of the sectors. The Nigerian health care sector however provides a absolute analysis for further studies and theory building. This study entails an evaluation of the collective bargaining progression and the quintessence of fundamental agreements as it relates to the health care sector in Nigeria. It depicts proof of what should make up the central point of collective bargaining in order to improve productivity in the health care sector and in Rivers State. Consequently, it advocates a standard move from the driving force of collective bargaining in Nigeria which usually centers on issues relating to compensation, as well as likewise connected issues such as, infrastructure development, capacity building and the sustainability of policies. Laudable of note is that: the viability of any country's health care sector (public or private) is fundamental, as only a healthy and lively populace can contribute to largely nationwide development.

Theoretical Clarifications

The design of collective bargaining is almost as aged as the proper employment relationship. There are varied definitions of the perception in terms of its formation and content. The perception of collective bargaining can also be analyzed in terms of negotiation, interpretation and administration of an agreement resulting from a two-sided or joint engagement (BeCenzo and Robbin, 1996; Armstrong).

Collective bargaining is also defined as a voluntary, formalized process wherein lies the acceptance of a style of employment relationship which is founded on the legitimization of conflict, joint regulation and employee engagement (Fajaria, 2000; Lewis, Thorrihill and Saunders, 2003; Holinshead, Nicholls and Tailby, 2003). The report of the International Labour Organization committee on freedom of association in 1960 pictured collective bargaining as a right of the worker to secure improved living and working conditions through effective representation. Hayer (2011) describes collective bargaining as a process of negotiation premised on a well-defined employment relationship that is characterized by the freedom of workers and employers to associate with an organization that represents their interests so that work related matters are addressed. It informed that public authorities should refrain from any interference that will restrict this right. The Labour Act (5. 91, 2004) which is the enabling law on labour and employment matters in Nigeria, defines collective bargaining as the process of arriving or attempting to arrive at a collective agreement.

In this context, collective bargaining is structured as a purposive and settlement process between the employer and employees (or their representatives) towards the attainment of certain demands and benefits or a concession resolution. In the Nigerian context it is usually organized as an instrument to resolve areas of differences or variance in order to attain a compromise so that productive activity can be invigorated. The collective bargaining course of action is determined and facilitated by human actors

towards the accomplishment of definite goals and purposes. It performs functions relative to the terms and conditions that have been agreed upon by the disputing parties, while taking cognizance of the circumstance or structure in which such bargaining takes place. It should be well-known that the structures of the bargaining process vary across industries, and the peculiarity of each is essential to the result of the bargaining process which eventually determines the type of impact that is made within the external profitable environment.

Adopted Theoretical Framework

There are various theories connected with this article and each lays emphasis on different aspects of the process. The diversity in the different models lends credence to the flexibility and practical relevance of the pluralistic theory of human relation. The pluralistic theory is traced back to Sidney and Beatrice Webb in England, John R. Commons (the father of U.S. industrial relations), and members of the Wisconsin school of institutional labour economists in the early twentieth century. The pluralistic paradigm analyses work and employment relationship from a theoretical perspective is rooted in an inherent conflict of interest between employers and employees interacting in imperfect labour markets. The employment relationship is viewed as a bargaining problem between stakeholders with competing interest. The pluralistic school thought embraces a balancing paradigm. A central analytical tent of the pluralistic school, therefore, is that employment relations' outcome emerges and persists, not because they are necessarily the most efficient, but because they strike a balance between the competing interest of different individual, stakeholders, and institutions in the health care sector.

The Nigerian Experience

The collective bargaining process in Nigeria is peculiar owing to the volatile socio-economic context. This fact is exemplified by the relatively high cost of living and further amplified by the weak value of the local currency, which has diminished the purchasing power of the average

citizen. It thus stands to reason why the focal point of several collective bargaining agreements in Nigeria is on increased wages, securing benefits and other allowances. This posture is in contrast with what obtains in mature climes where there is a corresponding emphasis on other relevant issues such as, infrastructure development and capacity building. Asides the recurrence of the bread and butter issues, a characteristic feature of collective bargaining agreements in Nigeria, may include other administrative and internal matters that can be resolved via problem solving or partnership models and not necessarily collective bargaining.

The variance in the collective bargaining structure, particularly in the light of the prevailing national policy, reflects the relative capacity of government to allocate resources. In effect, there is an inclination to link prevailing economic policies, particularly in developing countries, to the structure of collective bargaining process in the workplace. This outlook provides a practical balance since it creates an avenue for strengthening the democratic options, facilitates fair distribution of income and mitigates discrimination (Standing, 1991). In spite of the challenges associated with Nigeria's industrial context, there is a need to sustain the practice of collective bargaining by emphasizing effective management and control of the process for optimal results.

Rivers State Experience

Over the years, the structure of health administration has evolved. Presently, the Federal government appropriates funds for healthcare from the national budget and the State and Local Governments also perform the important and concurrent responsibility of ensuring quality healthcare within their respective geo-polities. The question however, is whether these tiers of government are collectively providing quality and affordable healthcare to the average Nigerian as the present state of healthcare delivery in Nigeria suggests the contrary view. The prevailing situation is inconsistent with the lofty goals of the various health development plans that have been

put in place over the years and this is further affirmed by the continuous low ranking ascribed to Nigeria's health sector by the World Health Organization (2007a).

In Rivers State, human resources for health are in short supply and there is low productivity in most of the government owned hospitals and health centres even though it is regarded as the heartbeat of health service. To compound the problem, there is a marked imbalance in the distribution in terms of skill mix, level of care and geographical locations (Rivers State Health Policy, 2008).

Ayenbe, Bezzano and Foot (2005) stated that insufficient human resource for health care (HRH) capacity is one of the key barriers scaling up health services in Nigeria. In their view, HRH is not all about numbers: it involves distribution, quality and productivity. In essence HRH is concerned with getting the right number of staff, in the right place at the right time, who is doing the right job, with the right motivation and the right cost. Restore massive loss of talents and brain drain that left the country for greener pasture in countries like, United Kingdom, United State of America and South Africa (Akingbade, 2006), to sustain the health care sector.

The Rivers State health care sector has an obvious infrastructural insufficiency, as observed in the poor state of various health care facilities across the state and nation. This state of affairs is directly connected with the unswerving underfunding of the health care sector and attendant mismanagement of appropriated funds, and further compounded by Nigeria's ever-increasing population. Consequently, health care workers have to make do with outdated equipments, circumvent electricity challenges and work with the available basic amenities. This state of affairs absolutely impacts on the quality of output and efficiency in the health care sector of Rivers State. It is as well a key reason for the increasing incidence of medical tourism, as a few privileged people advantage themselves of the alternative to access an enhanced health care in

countries like, the United Kingdom, United States of America, South Africa and India. The infrastructural challenge has also contributed to the increase of private medical practice in Nigeria. It is not unusual for doctors employed by health care institutions to refer patients to their own private medical practices on the basis, amongst other reasons, that they possess modern medical equipment which invariably enables them to make available relatively better health care services.

A further deep-seated challenge bedeviling the state health care sector is the lack of political will as exhibited by successive governments in terms of short term planning, preference for a quick fix approach and policy inconsistencies at many levels. It has been distinctive of many Nigerian governments to create their own policies to the disadvantage of existing ones with no due regard for continuity, effectiveness and urgent needs of the masses. This trend of disconnect is clearly evident in the many national and state health development plans that have been designed but have not been optimally implemented and incorporated across the state.

The necessity to act in accordance with international best practices cannot be over-emphasized mostly when the main point is on matters of health care delivery. It is essential to note that excellence health care delivery is fundamentally a function of efficient and practical administrative structures underlying the system. This fact is most evident in Nigerids health care sector where operations are hindered by the struggle for supremacy amongst the numerous of professional health care providers. The status quo in Nigeria is the control of medical doctors in various leadership positions related to the management of hospitals across the state and nation whilst other health care professionals are left with limited opportunities to assume leadership positions. In countries like United Kingdom, it is not unusual for trained and seasoned managers, who are not necessarily medical practitioners to assume management positions with respect to health administration. There has been a shift in advanced climes, from the vertical structure to a

matrix health management structure, as this approach seems to serve better the interests of all participants involved in health care delivery. This matrix approach or any other may be deployed depending on state of affairs will only be successful if the necessary "medical governance" arrangement is appropriately enforced and compliant to the dynamics of health care delivery in the State and Nigeria at large. Accordingly, it is the enforcement of the established governance formation that would essentially make possible the integration of various medical disciplines that co-exist within the health care sector.

There is an apparent separation amongst the various health disciplines which has so resulted in a battle for due recognition and supremacy in the internal governance system of health care sector. It is this ill-fated height of engagement amongst the diverse health care providers that will eventually diminish any reasonable progress and advances that might be attributable to the health care sector in the predictable future. Thus, in the absence of agreement of purpose and processes, only limited successes will be achieved, and opportunities will be lost to make lasting contributions towards the sustenance of a healthy state and nation with an increasing population such as, Nigeria. In more definite terms, it is important that each of the participants identifies and performs their pre-defined roles at any given point in time. The most important yard stick for measuring productivity (quality health care delivery) will be based on the amount to which each participant has contributed to the totality of the primary purpose of the health environment. For this reason, irrespective of their health disciplines, health care professionals must be responsible for the deliverables connected with their assigned roles. The central issue must always be to adapt the established governance structure to suit the peculiarities and necessities of the citizens for whom it is meant to serve.

Conclusion

The primary objective of this study lies in advancing a perspective that challenges the traditional focus of collective bargaining as

captured in various texts and commentaries. It reinforces the need for satisfied soundness by balancing traditional collective bargaining theories with the realities of Nigeria's health sector. By adopting this approach, outcomes that will serve best interests are expected. It thus negates a view that prioritizes the isolated interests of diverse participants, who in all reasonable estimation ought to unite and make concerted efforts towards preserving the highest standards productivity in State health care sector. In effect, there is a need to reappraise the variables within the prevailing frameworks and adapt such to the current health care circumstances in River State.

In exceptional situations where traditional theories are found to be largely deficient, it may be expedient to construe the current and unfolding indicators within a given environment. The adoption of an inclusive approach will contribute significantly towards resolving issues that are negatively impacting on the collective bargaining process and at the same time, accelerate the overall viability of State health care sector.

References

- Akingbode, B. (2006). 'Meeting the Challenges of Human Capital development in Nigeria: the case for Reforms in our Educational Policies and System', being paper presented by the CMQ MTN at the Alumni Convocation Lecture of the University of Nigeria, Nsukka.
- Armstrong, M. (1999). *A Handbook of Human Resource Management Practice*, Kogan Page: London, 679-699.
- beCenzo, t. A., & Robbins, 5. P. (1996). *Human Resources Management*, New York: John Wiley & Sons Inc.
- Fajana, 5. (2000). *Industrial relations in Nigeria: Theory & Features*, Lagos: Labof in & Company Lagos.
- Flanders, A. (1965), 'Industrial Relations: What is Wrong With The System?', *London Institute of Personnel Management*, 86-87.

- Hayer, S. (Ed.). (2011). *The Role of Collective Bargaining in the Global Economy: Negotiating for Social Justice*, International Labour Office.
- Hollinshead, G., Nicholls, P., & Tailby, S. (2003). *Employee Relations*, Prentice Hall.
- Lewis, P., Thornhill, A., & Saunders, M. (2003). *Employee relations: Understanding the Employment Relationship*, Prentice Hall.
- Nigeria National Health Conference Communique (2009). Abuja, Nigeria. Obansa, S.A.J., & Akinnagbe, O. (2013), 'Health Care Financing in Nigeria: Prospects and Challenges', *Mediterranean Journal of Social/Health Sciences*, 4(1) 221-236.
- Ogunniyi, O. (2004). *Nigerian Labour and Employment Law in Perspective*, Folio Publishers Limited.
- Standing, G. (1991). 'Structural Adjustment and Labour Market Policies: Towards Social Adjustment?' In (Standing, G. & Tokman, I. eds.) *Towards Social Adjustment: Labour Market Issues in Structural Adjustment*, International Labor Office: Geneva, 5-51.
- The Labour Act (2004). *Laws of the Federation of Nigeria, Section 91, Cap. Li*. World Health Organization (2004), *World Health Statistics*, Geneva.