

Effect of Health Workers Strikes on Quality of Care in Health Institution in Cross River State, Nigeria

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Abstract

The focus of this study is to examine the effect of labour strikes on patient's quality of care in health facilities. However, the objective can be achieved by answering the research question which is "does labour strike affects quality of care in health institutions? The study is a cross-sectional descriptive study of 508 respondents from the outpatient, laboratory and pharmacy departments, Ante-Natal, Post-Natal and ART clinics of the 7 secondary health institutions spread across 3 senatorial districts in the state between January and February 2018 using multistage method. Data were collected using a semi structured closed- and open-ended questionnaire divided into different sections. Raw data were entered EpiData™ and exported for analysis using the SPSS software version 20. The data were cleaned and validated for use. Frequency tables were produced and associations between categorical variables were determined using chi squared test at a significance level of $P < 0.05$.

The negative effects of strikes are highly felt generally among all patients with no statistical significant difference whether employed, unemployed or retired ($P > 0.05$). However, the significant effect of health workers' strike on quality of care is that strikes increases death rates. The result showed that regardless of patient's education level, patients are fully aware that one of the effects of health worker strikes is increase in death rate with P value > 0.05 . Labour strike also increases misuse of drugs, expiry and wastages of drugs and laboratory reagents. In conclusion, the higher the level of education, the higher the awareness that labour strikes affect the duty of health workers and have effect on patient's attendance, poor healthcare indicators and cause patients' dissatisfaction.

Keywords: Health Workers Strikes, Quality of Care, Patient Satisfaction and Secondary Health Institutions.

Introduction

In enhancing national growth, organizations have several roles to play. Dispute tends to set in, in attainment of these organizational roles. Dispute can be defined as a state of disharmony that could be brought about by differences of impulses, desires, opinion or tendencies. It can be brought about because of an argument or disagreement with a co-worker (Adeyemi, 2009) or among the staff of an organization. Disputes are bound to occur between employers and employees. Such disputes have the potentials of affecting the confidence entrenched in worker-employer's relationship, productivity and client's satisfaction

A strategy used by a group of employees is strike to force the employer to meet their demands. Strikes thus are discussed in terms of the economic nature of the events. Employees and employers can be pressurized to settle strike by a third-party involvement. In Nigeria, the frequency of strike declared by different unions or associations comprising Physicians, Pharmacists, Medical laboratory Scientists, Nurses etc. are alarming and disturbing to the system and the country at large. In the event of a health care workers (HCW) strike, the impact may extend beyond the economic increases in the rates of morbidity and mortality. The misalignment of health care resources which also include health commodities (HC) like pharmaceutical drugs, laboratory reagents and other health commodities together with expenditures caused by unnecessary hospitalizations or by retention of patients in care are all due to effect/impacts of frequent strike of HCWs.

The Nigerian health sector was characterized by frequent strikes which lingered for long, in some cases because of non-caring attitude on the part of stakeholders involved. The spread of the recent cholera outbreak in some parts of Nigeria could have been averted if physicians and other medical workers were not on strike and responded appropriately to the management of the epidemics (Chima, 2010). The most significant aspect of industrial conflict is strike which is the temporary stoppage of work in the pursuance of grievance or demand. However, in practice other forms of expression of industrial dispute is difficult to separate from strike as workers embark on strike action and employers also lock out workers from their duty post. It is important to see both phenomena as part and parcel of the conflict situation and not as opposite, as strike rarely occur over a single issue but actual cause may be linked with several other issues. These issues may be unconnected to the observation that have being the cause of dissatisfaction because there have been no solutions to them. The actual causes of strike depend on so many factors which include unresolved negotiation and disagreements between the workers and the employers, government failure to meet up with health workers demand and superiority complex among health workers etc. This indicated that not many of those strikes occur spontaneously especially as there is no certainty of that strike actions instead of the other type of industrial action that workers may decide.

Drugs that are life-saving such as anti-retroviral therapy and other critical supplies are becoming more accessible to millions of people living with HIV/AIDs. The modern pharmaceutical and laboratory commodity supply and management chain is complex and ravaged with numerous challenges among which include frequent strikes by the health worker that has led to wastages of health commodities in all our facilities.

Nigeria health care sector has been affected by series of strikes and near misses of strike. However, since 1999 till date, health care workers all over the country have embarked on or threatened various forms of industrial action. The disputes have lasted for over a month or more in some cases while health care system was left in disarray. In a situation where the health care industrial disputes simultaneously and frequently occurred in various parts of the state, these disputes would then be seen by all as a symptom of a national crisis of epic proportions – health care employment crisis (Otobo 2005).

It has been said that to disallow any group of workers, including “workers on essential services” the right to strike amounts to enslavement which is indefensible ethically and morally (Rennie, 2009). While medical strikes occur globally, the effect and subsequent outcome are apparently more severe in poorer socio-economic developing countries like Nigeria which is embedded by infrastructural deficiencies, and absence of viable alternative means of obtaining healthcare services

Strikes occur globally but the effect in developing countries is more severe as there are other issues that compound the effects such as unavailability of alternative health care, poor socio-economic circumstances and poor infrastructures. Strikes also have a negative impact on the quality of health care service delivery in most countries as eventually striking health workers may relocate their services leaving a vacuum for a while. (Osakede, 2014)

Strike entails withdrawing services by workers (in any sector) in a democratic state to achieve goals in the workplace. Generally, strike is the last resort to solving industrial problems and occurs when the collective bargaining process collapses and the unions are dissatisfied with management’s offer to rectify the situation (Fashoyin, 2008).

Methodology

Health care service in **Cross River State** is tiered into: Primary, Secondary and Tertiary. The State has 1114 primary health centers, 12 General Hospitals and 1 tertiary health institution. A cross-sectional descriptive survey approach was used to execute this study between January and February 2018. A pretested semi structured questionnaire with both closed- and open-ended questions was used to collect data for this study. Multistage sampling technique was employed in selecting 508 respondents. In stage one, 2 out of the 3 senatorial districts were selected by simple random sampling employing simple ballot in the two selected geopolitical zones. In stage two, 7 out of 9 secondary health facilities were selected from the 2 senatorial districts (Southern and Northern senatorial districts) by simple random sampling. In Stage three, questionnaires were distributed systematically to patients attending the following service delivery points: outpatient department, laboratory department, pharmacy department and ART clinic based on their client load. These were consenting patients above 18 years old attending the outpatient, laboratory and pharmacy departments, Ante-Natal, Post-Natal and ART clinics of the 7 secondary health institutions spread across 3 senatorial districts in the Cross-River state, Nigeria, between January and February 2018. Data collected were cleaned and validated for use. Simple frequency tables were produced and associations between categorical variables were determined using Chi square test at a significance level of $P < 0.05$. Age, Gender, educational qualification, occupation and attendance at the facility were re-coded for the Chi-square analysis. Recoding of variables saw all participants grouped into male and female, graduates and non-graduates, married and single (with widows classified as singles) and attendance at the facility grouped into <1 year, 1- 5 years, 6 -10 years, 11 – 15 years and > 15 years.

Result

Table 1. Demographic

Parameter	Frequency	Percentage
Gender		
Male	265	52.2
Female	243	47.8
Marital status		
Single	248	48.8
Married	260	51.2
Religion		
Christianity	446	87.8
Islam	49	9.6
Traditional	13	2.6
Level of education		
No formal education	83	16.3
Non-graduate	220	43.3
Graduate	205	40.4
Employment status		
Unemployed	142	28.0
Employed	153	30.1
Self employed	199	39.2
Retired	14	2.7

There were 265 (52.2%) males and 243 (47.8%) females with male: female ratio of 1.1:1. 466 (87.8%) were Christians, 49 (9.6%) Muslims and 13 (2.3%) were traditional religion worshippers. 83 (16.3%) of the respondents have no formal education, 220 (43.3%) were educated but non-graduates

while 205 (40.4%) were University or college graduates. Most of the respondents, 199 (39.2%) are self-employed followed by 153 (30.1%) who are gainfully employed while 142 (28.0%) and 14 (2.7%) are unemployed and retired respectively.

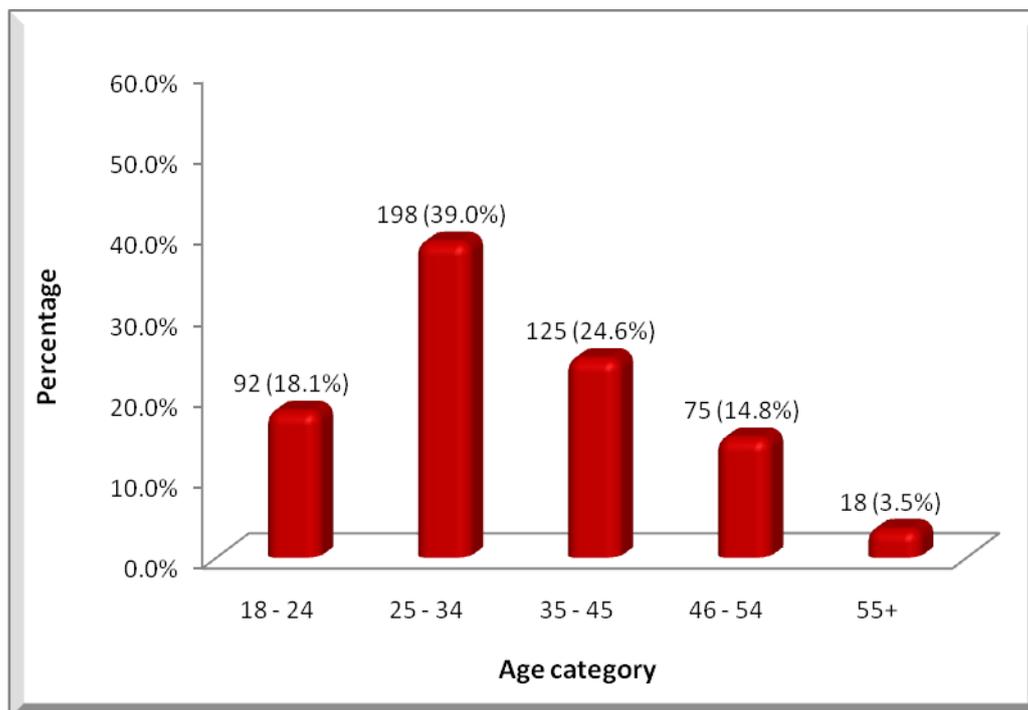


Figure 2. Age category of respondents

The age range of most respondents was 25 - 45 with the peak value of 198 (39%) recorded for age group 25 – 34 years followed by 125 (24.6%) for 35 – 45, 92 (18.1%) was seen for 18 – 24 years, 75 (14.8%) for 46 – 54 while the least value of 18 (3.5%) was seen for 55 years and above age group.

Table 2. Effects of strike on quality of care in health facilities

Parameter	Agree	Disagree	Not Sure
Strikes cause poor healthcare quality, increase cost; it leads to loss of lives, loss of time, and loss of public confidence, low staff morale and also results in wastage of our limited resources	450 (88.6%)	16 (3.1%)	42 (8.3%)
Strikes affect the duty of health workers and have effect on patient's attendance, poor performance of healthcare and patient not satisfy	447 (88.0%)	14 (2.8%)	47 (9.3%)
Strikes discourage adherence to drugs and lead to high rate of referrals to private hospitals	420 (82.7%)	27 (5.3%)	61 (12.0%)
Strikes increase death rate	421 (82.9%)	28 (5.5%)	59 (11.6%)
Strikes have negative effect on you and your family	433 (85.2%)	32 (6.3%)	43 (8.5%)
Strike increases misuse of drugs, expiry and wastages of drugs and lab reagents	344 (67.7%)	52 (10.2%)	112 (22.0%)
Patients are not happy during strikes	468 (92.1%)	13 (2.6%)	27 (5.3%)

(P = 0.000)

Most of the respondents (450; 88.6%) agreed that health workers' strikes cause poor healthcare quality, increase cost and lead to loss of lives, loss of time, and loss of public confidence, low staff

morale and also results in wastage of our limited resources, 16 (3.1%) disagreed while 42 (8.3%) were also unsure. Likewise, 447 (88.0%) agreed that labour strikes affect the duty of health workers and have negative effects on patient's attendance, poor performance of healthcare and patient's dissatisfaction, 14 (2.8%) disagreed while 47 (9.3%) were unsure. Most respondents (420; 82.7%) agreed that labour strikes discourage adherence to drugs and lead to high rate of referrals to private hospitals, 27 (5.3%) disagreed while 61 (12.0%) were not sure. Also, 421 (82.9%) percent agreed that labour strikes increase death rates, 28 (5.5%) disagreed while 59 (11.6%) were not sure. Majority, 433 (85.2%) agreed that labour strikes have negative effects on them and their families, 32 (6.3%) disagreed while 43 (8.5%) were unsure. In similar manner, 344 (67.7%) agreed that labour strikes increase misuse of drugs and laboratory reagents, 52 (10.2%) disagreed while 112 (22.0%) were not sure. Over ninety percent (468; 92.1%) agreed that patients are not happy during strikes, just 13 (2.6%) disagreed while 27 (5.3%) were unsure (Table 4). The chi-square P value <0.05 shows that labour strikes negatively affects health care quality in contrast to the assumption that strikes have no effect on health care quality (Table 2).

Table 3. Effect of strike on patients

Parameter	Yes	No
Do you go to private hospital during strikes?	384 (75.6%)	124 (24.4%)
Do you spend more money?	375 (73.8%)	133 (26.2%)
Do you agree that there is disruption in patients care?	339 (66.7%)	169 (33.3%)
Do you agree that there is high rate of referral of patients to private hospitals during strike?	397 (78.1%)	111 (21.9%)

(P = 0.000)

Majority of respondents (384; 75.6%) do go to private hospitals for treatment during strikes while only 124 (24.4%) do not. Also, 374 (73.8%) spend more money on hospital bills during strike while 133 (26.2%) do not. Over sixty six percent (399; 66.7%) stated that there is disruption in patients' care during strike and 397 (78.1%) cited high rate of referral during strikes as another effect of strikes on the quality of health care (Table 3).

Table 4. Effect of labour strike on gender

Strikes have negative effect on you and your family	Gender (%)	
	Male	Female
Agree	228 (86.0%)	205 (84.4%)
Disagree	19 (7.2%)	13 (5.3%)
Not sure	18 (6.8%)	25 (10.3%)
Total	265 (100.0%)	243 (100.0%)
X ² 2.583, P value 0.281		

Majority of the male respondents (228; 86.0%) agreed that strikes have negative effects on them and their families while 19 (7.2%) disagreed. Similarly, 205 (84.4%) females agreed that strikes have negative effects on them and their families while 13 (5.3%) disagreed. The P value >0.05 shows that strikes equally affect male and female patients (Table 4).

Table 5. Effect of strike on employment status of respondents

	(%)			
	Unemploye	Employed	Self-employed	Retired
Do you spend more money in the clinic during strike?				
Yes	102 (71.8%)	116 (75.8%)	145 (72.9%)	12 (85.7%)
No	40 (28.2%)	37 (24.2%)	54 (27.1%)	2 (14.3%)
Total	142 (100.0%)	153 (100.0%)	199 (100.0%)	14 (100.0%)
X ² 1.732, P value 0.631				
Strikes have negative effect on you and your family				
Agree	116 (81.7%)	128 (83.7%)	175 (87.9%)	14 (100.0%)
Disagree	11 (7.7%)	11 (7.2%)	10 (5.0%)	-
Not sure	15 (10.6%)	14 (9.2%)	14 (7.0%)	-
Total	142 (100.0%)	153 (100.0%)	199 (100.0%)	14 (100.0%)
X ² 5.332, P value 0.503				

Approximately seventy two percent of the unemployed respondents spend more money on treatment in private clinics during strikes (102; 71.8%), 75.8% of the employed spend more, 72.9% for the self-employed while the highest percentage, 85.7% was seen. Majority, 81.7% of the unemployed agreed that about strikes have negative effects on them and their families, 7.7% disagreed while 10.6% were not sure. Similarly, 83.7% of the employed agreed, 7.2% disagreed while 9.2% were unsure. For the self-employed, 87.9% agreed to negative effects of strikes on them and their families, 5.0% disagreed while 7.0% were also unsure. All the retired, 100.0% agreed that labour strikes have negative effects on them and their families (Table 5). However, the values of P>0.05 show that there is no significant difference in the effect of strikes on employment status i.e., strikes negatively affect both employed and unemployed equally.

Discussion

Patient quality of care is also an indicator for performance management, it is a very important tool in processing monitoring and improving patient satisfaction. Assesses what patient think about the care and treatment they have received present one approach to improve the quality of care (Donabedian, 1988). The effect of strikes on quality of care on patients from this study could be supported by other similar studies, famous among them was consequences of healthcare workers' strikes in the United States in the 1970s, which was documented by Wolfe in an editorial in the American Journal of Public Health in 1979 which include loss of revenue to the hospital and increasing death of patients on transit as patients are transferred from one health facility to another Wolfe, (1979). Ogunbanjo et al, (2009) in his study identified two classes of effects/impact of strike actions on patients and health care workers thus for patients, loss of job if employed, transportation cost, delays in treatment, suffering due to prolong medication, irreversible damage to health, dangerous drugs interactions and death are recorded while on the part of the workers financial enhancement and improved working conditions which contribute to less emotional pressure are the gain of healthcare workers. Milutinovic et al (2010) emphases that satisfied patients adhere strictly to the advice of healthcare practitioners, their hospitalization period is shorter, and thus expenses of the healthcare are lower. The findings in this study supported the earlier studies in the sense that 86.9% of respondents agreed that labour strikes causes poor healthcare quality, increase cost; it leads to loss of lives, loss of time, and loss of public confidence, low staff morale and results in wastage of our limited resources while 88.0% of respondents also agreed that labour strikes affect the duty of health

workers and have effect on patient's attendance, poor performance of healthcare and invariably lead to patients dissatisfaction. This shows that effects/impacts of labour strikes are favourably skewed towards healthcare workers since government will still pay for the number of days the workers remain on strike. The participants thus agreed from the study that labour strikes have negative effect generally on patients and their family.

The study also revealed that strikes affect health commodities security leading to expiry/waste of drugs and laboratory reagents and loss of revenue. It is a known fact that strike and warning strike in Nigeria can last from days to months depending on the issues at hand which might be due to one problem or the other. However, health commodities (HC) like drugs and laboratory reagents which include cold and non-cold chain reagents and some nutritional supplements like soya plus will be greatly affected which might result in expiry or damage of some these commodities, loss of potency of some laboratory reagents and compromise of cool and cold chain reagents. Hence labour strike might be said to compromise health system in Nigeria as physicians and other healthcare professionals are disconnected from their primary assignment in providing health care services leading to poor healthcare quality. Quality of care is, without a doubt one of the essential ingredients of the healthcare services. Offei (2012) emphasized that poor healthcare quality is costly; it leads to loss of lives, loss of time, and loss of public confidence, low staff morale and results in wastage of our limited resources.

In a situation that health care services are compromised then the efforts to influence determinants of health will not include more direct health-improving activities such as six aims for the health care system (Crossing the Quality Chasm, 2011). Therefore, the purpose of HSS in setting out the entire health systems agenda might have been defeated. According to Weisman and Koch (1989), satisfied patients are more likely to seek health care and to comply with prescribed treatment regimes. Also, satisfied patients are more likely to develop a deeper and longer lasting relationship with their medical provider leading to improved compliance, continuity of care and lastly better health outcome (Larsen, 1976 and Pascoe, 1983); however, this study revealed that labour strikes discourage adherence to drugs and lead to high rate of referrals to private hospitals meaning that there is poor retention of patients in care, increase in resistant strains of organisms, prolong treatment and medication, low yield and low returns on investment. Patients are seen to largely bears the brunt of this managerial inadequacy; as they are forced to procure drugs of doubtful quality from patent medicine shops outside the health facilities Iliyasu, (2010) or patronize ill equipped laboratories, since a well-functioning logistic system are disrupted during labour strikes thereby hampering an improve quality of care and reduced cost effectiveness and efficiency USAID, (2011). This study focused mainly on secondary health institutions in Cross River State which is not enough to generalize it to Nigeria. Subsequent study will need to focus on the whole health institution in Nigeria which include primary health care and tertiary health institution.

Conclusion

In line with Adebimpe, (2010) conclusion, it can be deduced that health workers' strike have more adverse than positive effects, and labour strikes should be prevented in dispute resolution in the healthcare system, as it is still very common in health sector in Nigeria. Healthcare workers/union should work to minimize strike actions while building health leadership that will lead to the development of world-class best practices in the Nigerian health industry (Iliyasu, 2010). In conclusion, the higher the level of education, the higher the awareness that labour strikes affect the duty of health workers and have effect on patient's attendance, poor healthcare indicators and cause patients' dissatisfaction.

Recommendations

It is true that there is likelihood of disagreement in an organization but are labour strikes the solution or panacea to such disagreement? A strike by health workers, including doctors, always has an impact on the lives of the people because it affects their health. In fact, it is a matter of life and death. It is clear as it is revealed from the study that strike actions are not the solution to the problem.

Hence the respondents proffer some recommendations that will reduce the effect that labour strikes dissatisfaction causes on patients attending health institutions.

- Government should take step to resolve crisis and negotiate with the health workers union timely and should not enter into agreement that cannot be honourable, as it is fond of doing because it usually backfires.
- Government should take steps to see that basic services are in place and emergency teams are working throughout the duration of labour strike.
- All health workers should work together in harmony and respect each other, learn to relate or coexist with one another peacefully without interference.
- Healthcare management training for leaders in health institution must be in place to develop the skill in Leadership and Management in Health.
- Joining trade Unions should not be made compulsory for healthcare workers as it is the practice now.
- Healthcare/hospital workers should be restricted/ban from going on strike as the job of doctors and other health workers are thought to be driven by compassion and in providing quality health care for the people thus they are expected to make sacrifices in their job
- Government should develop standard operating procedure for managing strike.
- Multi Month Prescribing (Multi Scripting) Model of dispensing of drugs should be adopted when there is impending strike action in all the health facilities especially for patients on Ante-retroviral drugs and opportunistic infections, Tuberculosis, Diabetics, hypertensive case and other chronic diseases.

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