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Health Sector Industrial Labour Troubles in Nigeria: Implication for Leaders and Other Stakeholders

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Abstract

Nigeria's health sector has been challenged with frequent industrial labour troubles, commonly called strikes. Industrial labour disputes are the existence of incompatibility of goals, interests, and values of different persons or groups in an organization. Several causes have been identified for the strikes in Nigeria. This review focuses on the various causes of industrial troubles in Nigeria, and the consequences of the industrial action on the stakeholders. Causes were identified as: poor administration, incompetent leaders, the failure of government to keep the agreement that was signed with the unions, poor funding and poor infrastructure in the health sector, and supremacy challenge between doctors and other health workers were identified amongst other factors to be the cause of strikes in the Nigerian health sector. Unfortunately, patients were the greatest affected during these strikes, especially when the public health facilities were shut down and the patients were discharged to go home or moved to other private hospitals.

***Keywords*:** strike, leadership, health sector, industrial troubles, patients, unionism

Introduction

This is a phenomenological literature review (Efron & Ravid, 2019; Neubauer et al., 2019) that explores the phenomena of industrial unrest and action in Nigeria's health sector in relation to the literature on effective leadership. The first author lived and worked in Nigeria for more than 30 years. The review reflects lived experiences of the first author. As a phenomenological review, the authors acknowledge that the review is not recognized as a demonstration of absolute truth but provides an opportunity for dialogue among stakeholders. Thus, the aim of the study is to stimulate conversations among stakeholders in the health sector which include health workers, government, and the Nigerian citizens that will bring about solutions to the incessant industrial actions in the health sector.

Industrial labour troubles and strikes have plagued Nigeria's civil service for several decades. There is hardly a year in Nigeria that there has not or will not be one strike or the other. The incessant strikes occur in various sectors and sometimes in all the sectors of labour in Nigeria. When the Nigeria labour congress embarks on strike, it paralyses the economy and all the sectors of Nigeria's workforce except the military and paramilitary sectors. An industrial labour crisis is the existence of incompatibility of goals, interests, and values of different persons or groups in an organization (Onka, 2010; Osakede & Ijimakinwa, 2014; Wokoma, 2011). Industrial unrest occurs in every sector of the Nigerian workforce (Mayaki & Stewart, 2020; Ndukaeze, 2014; Nyango & Mutihir, 2021; Oleribe et al., 2016, 2018; Osakede & Ijimakinwa, 2014). It has been reported that Nigeria is one of the countries in the world that has witnessed strikes amongst its Police Force (Reuters, 2002). Strikes and industrial unrest occurred in the education sector at all levels, among civil servants, oil workers, markets, transport operators, and especially health workers including medical doctors (e.g., medical residents, consultants, and general practitioners), allied health practitioners (i.e., medical laboratory scientist, registered dietitian-nutritionist, physiotherapist, radiographers, etc.), pharmacists, nurses, and administrative staff in the hospitals.

Recently, the resident doctors in all hospitals in the 36 states of Nigeria and the Federal Capital Territory (Abuja) were on strike for more than eight weeks with several negotiations, court orders to truncate warning strike or stop the strike from occurring, and threats of "no work, no pay" by the government, without resolution of the dispute (Olayinka, 2021). However, the Resident doctors (medical doctors on postgraduation training after completing first postgraduation

internship) called the strike off on a compassionate basis because of the increase in the suffering of patients in Nigeria. Strike action is not exclusive to doctors in Nigeria; allied health professionals (such as medical laboratory scientists, radiographers, nurses/midwives, dietitians/nutritionists, and physiotherapists) were frequently on strike in 2021 just like the doctors (Olayinka, 2021). Thus, the thrust of this chapter is not just the ethical consideration of health workers going on strike, but there is a leadership dilemma among the leadership of the health workers' union, the federal government, and other stakeholders in the health sector which should be explored.

This article, therefore, discusses the various causes of industrial action in the Nigerian health sector, leadership approaches to resolve issues, and the implication of the industrial action on the stakeholders in the health sector. We pose the following questions: What can be done by leaders, that is, the leaders of labour unions in the health sector, the leaders of the health sector, and leaders in the government at all levels, to rescue the failing health system in Nigeria? Several studies have discussed the causes of strikes in various sectors in Nigeria's labour force as well as the consequences but there is a paucity of empirical review on the ethical considerations related to strikes in the health sectors and the leadership responsibilities to minimize the incessant strikes in Nigeria. This review will sequentially address the concept of industrial action and labour troubles, the consequences of industrial labour troubles, the stakeholders in the health sector in Nigeria, the leadership responsibilities in resolving and minimizing industrial labour troubles in the health sector in Nigeria.

The Concept of Industrial Labour Troubles

Since the Industrial Revolution, industrial labour troubles (crises or conflicts) have been a characteristic of industrial societies (Wokoma, 2011). The divergent incompatible goals of various stakeholders in any institution make conflict probable and, in some cases, inevitable. While it is recognized that industrial labour crises may be inevitable, the frequent occurrence of such in the Nigerian health sector is a concern that needs to be addressed due to the severe consequences that result when health workers cease to render their professional services. Industrial labour troubles are generally seen to result from the disagreement between two antagonizing parties (employee and employers) (Chima, 2020; Davies, 2015; Onka, 2010; Osakede & Ijimakinwa, 2014; Wokoma, 2011), but the leadership role played by labour leaders is important to determine how the crises

are handled and the success of the outcomes.

The concept of industrial labour crises is seen as when workers withhold their services to their employers because of divergent views between both parties (Chima, 2020; Osakede & Ijimakinwa, 2014). The outcome of these crises has always been demonstrated using a different medium. Nigeria is a highly religious country with majority of Christians and Muslims who believe in prayer and fasting. Sometimes, the labour union leaders expresses their grievance through the declaration of fasting and prayers for a week in the guise to press their demand on the government to accept what they have requested. During this fasting and prayer time, workers will be in their workplace but will gather together for the entire working hours to pray and discuss the situation that resulted in the action they had embarked on. This method may not be generally accepted by all the workers because of differences in religious practices. However, most crises culminate in strike action (withholding services). Thus, in this chapter, industrial labour troubles could be referred to as strike, labour crises, industrial action, or labour conflicts as documented by other authors (Essien, 2018; Mayaki & Stewart, 2020; Mcfubara, 2016; Ndukaeze, 2014; Nyango & Mutihir, 2021; Olayinka, 2021; Oleribe et al., 2016, 2018; Osakede & Ijimakinwa, 2014; Reuters, 2002).

Strike is the most common word used in Nigeria to describe industrial action. Industrial action is not exclusive to one sector of the government, several others have reported strikes in various sectors (Mcfubara, 2016; Olayinka, 2021; Osakede & Ijimakinwa, 2014; Reuters, 2002; Wokoma, 2011) but this chapter focuses on the health sector in Nigeria. It is important to note that industrial crises are not exclusive to Nigeria, but it occurs in various part of the world including Canada (Eric, 2019; Fudge & Tucker, 2010; Huberman & Young, 2002; Jamieson, 2005). Thus, it is a fact that strikes are a global problem that is not localized to only Nigeria. However, the frequency of strikes in Nigeria seems to be more than in many other countries of the world. Thus, dissecting the causes of strikes among health workers in Nigeria will enhance the understanding of the magnitude of the problem, and may inform other national sectors and provide insights into appropriate and/or even optimal forms of leadership that can ameliorate the need for strike action.

Causes of Industrial Action in the Health Sector in Nigeria

Health workers are considered essential service providers as their work is not reduced during public holidays or weekends. People/client demand for their services for the 365/366 days of the

year for 24 hours each day. Thus, considering the essential nature of their job, nobody expects them to discontinue their services if there is a labour dispute. Poor administration, incompetent leaders, failure of government to keep to government-union agreement, poor funding of the health sector, poor infrastructure, and supremacy challenge (such as: among health workers, there is an ongoing rivalry between the physicians/medical doctors and other allied health professionals who should be the administrative head of health institutions. Sometimes, the supremacy challenge among health workers arises if the allied health professionals' union embarks on industrial action due to their demand on government that has been refused to be granted, if the government grants their request, the medical doctors union will commence their own strike for their own demand too. This continues in the cycle resulting in several strikes) between doctors and other health workers were identified as some of the factors that have caused strikes in the Nigerian health sector (Donald, 2015; Genty, 2014; Mayaki & Stewart, 2020).

Some factors that have triggered industrial unrest were identified by Essien (2018), Mayaki and Stewart (2020), Ndukaeze (2014), Oleribe et al. (2016, 2018), and Osakede and Ijimakinwa (2014)These causes have been classified into three major groups: 1) The organizational changes of healthcare services to meet international best practices; 2) government's failure to honour agreements reached through collective bargaining for improved wages and conditions of service; and 3) inadequate facilities, medicines, and lack of support by employers, including the government at all levels, to disempower doctors and health care workers who feel unable to provide the best possible care for their patients (Ndukaeze, 2014; Ogunbanjo, 2009; Onka, 2010). A more detailed discourse on each of these categories of causes will enhance understanding of the very real problem within the health care system and may provide a pathway for appropriate action to minimize the reoccurrence of industrial unrest.

The organizational changes of healthcare services to meet international best practices is one of the major causes of industrial unrest among health workers in Nigeria (Ndukaeze, 2014; Onka, 2010). The variations and upgrades to ensure effective healthcare service delivery, and the environment in which it is undertaken, have resulted in new challenges to healthcare professionals (Ogundele, 2005). One of these changes is the "rise of 'consumerism' in healthcare and the changing role of the physician from a purely professional role based on beneficent paternalism to that of a service provider and employee in a managed healthcare industry" (Osakede & Ijimakinwa, 2014, n.p.). Another significant change has been demonstrated over time, from the Hippocratic

roots of medical practice from the late twentieth century to the present (Mcfubara, 2016; Oleribe et al., 2016; Osakede & Ijimakinwa, 2014). In contemporary medical practices, patients are more knowledgeable, thus, physicians and health workers are constantly expected to engage in continuous professional development to keep up with the international best practices to avoid embarrassment by an informed and/or educated client/patient. Personal and professional development of health workers requires financial resources of which the employers are expected to provide, but in most cases, these professional development funds are not available, consequently healthcare workers use their personal funds to get this training because it is required by the regulatory body to maintain their annual license to practice. This personal expenditure cuts into their disposable income and creates resentment with employers who are abrogating their responsibilities. Unavailability of training program funding for health workers by the employers (government) reduces the morale of workers and thus, promotes a lack of motivation. One of the roles of leaders is to inspire the people they are leading and care for them (Avolio et al., 2009; Posner, 2018; Ramsden, 2003). When a worker is having a feeling of lack of care by the leader, there is a lack of motivation to give the best and go the extra mile. The patients/clients who are demanding more services/information from the health worker will not be satisfied.

The second category of the case of health workers strike in Nigeria is the failure of governments (employers) to honour agreements reached through collective bargaining for improved wages and conditions of service (Essien, 2018; Ndukaeze, 2014; Olayinka, 2021; Osakede & Ijimakinwa, 2014). This is one of the greatest challenges that has resulted in industrial unrest in almost all sectors in Nigeria. Failure of the government to honour their agreement with labour leaders in both the health sectors and other sectors of the economy is common today. In 2022 alone between January and March, Academic Staff Universities Union (ASUU) has embarked on a one-month warning strike on the account of the failure of the federal government to honour the agreement with the Union since 2009 (Suleiman, 2022). The universities are where all the health workers are trained, as they experience strike as students, they invariably do same during their professional practice. Some of the agreements have been inexistence throughout three past presidents' leadership of Nigeria, but these have been unaltered. Anytime the health workers embark on strike action, there is always an agreement before the strike is called off, but notwithstanding, the government rarely honours those agreements and another strike will result. The findings of a study on the trend of strikes by health workers in Nigeria from 1985 to 2019

showed that there was a total of 42 strike actions, averaging two strikes/year (Nyango & Mutihir, 2021). In the study, the highest number of a strike among health workers were recorded as five strikes in 2004 and 2013 (Nyango & Mutihir, 2021). “There were cumulatively 58.5 months of strikes out of the 442 months of the period of study, giving a percentage of 13.2 percent. While doctors had more frequent strikes (52.3%), non-doctors under the umbrella of the Joint Health Sector Union and nurse/midwives accounted for over half (58.1%) of the groups involved in the strikes. The resident doctors were the main agitators of doctors’ strikes accounting for about half (45. 2%) of the total period, while Nigeria Medical Association (NMA) accounted for only three (9.4%)” (Nyango & Mutihir, 2021). Although, NMA recorded the least number of strikes it is important to note that NMA strikes means that all levels of medical practitioners become involved, including consultants who most times remain on the job when resident doctors embark on strike, also joined the strike as well. The major reason for most of these strikes is that the government failed to honour its agreement (Adavbiele, 2015; Essien, 2018; Ndukaeze, 2014; Nyango & Mutihir, 2021; Offem et al., 2018; Ogunbanjo, 2014; Onka, 2010; Wokoma, 2011).

The third category of the cause of strikes in Nigeria health sector is inadequate facilities, medicines, and lack of support by employers (government at all levels) which has disempowered doctors and health care workers and this results in these groups feeling unable to provide the best possible care for their patients (Ndukaeze, 2014; Osakede & Ijimakinwa, 2014). It must be recognized that doctors and health care workers are ethically obliged to provide the best possible care for their patients (Osakede & Ijimakinwa, 2014). Citing the Hippocratic Oath to which doctors are required to adhere carries the injunction to consider and seek first the health of their patient above any other thing (Eric, 2019; Li & Ng, 2021; Mcfubara, 2016; Ogunbanjo, 2009). However, when doctors’ conditions are poor or sub-optimal, such as facilities for diagnosis and patients’ care, as well as medicines for treatment, the physician may assume to be ethically and morally obliged to intervene on behalf of their patients. Therefore, on many occasions this leads to the last option of withdrawing of their services (strike) in an attempt to improve conditions for patient care before the government will respond to address parts of the issue with an agreement and promises to pacify doctors in order to get them to resume their normal duties (Osakede & Ijimakinwa, 2014). In summary, the causes of health workers strike in Nigeria include the following: lack of good and conducive work environment for our staff, lack of optimal management, poor remuneration, and power tussle among health professionals in the health sector

(Mayaki & Stewart, 2020; Ndukaeze, 2014; Nyango & Mutihir, 2021; Ogunbanjo, 2009; Oleribe et al., 2016, 2018; Onka, 2010). The ethics of embarking on strike action by health workers have been questioned no matter the cause.

Ethics of Health Workers Strike

"The right to strike is considered a fundamental right whose derogation would be inimical to the proper functioning of employer/employee collective bargaining in democratic societies" (Chima, 2013, p. 1). Mayaki and Stewart (2020), Mcfubara (2016), Ogunbanjo (2014), and Osakede and Ijimakinwa, (2014) have argued that when doctors embark on strike action due to poor conditions and with the view to provide better services for patients, and the changes resulting from the strike provided improvement in the overall quality of healthcare services when negotiated changes are implemented, may be considered justified as these are unselfish motivations. Thus, in other words, they are indirectly attributing strike actions by health care workers to possess the ultimate potential of resulting in better healthcare for patients and the public in general.

Motivations for healthcare workers' (HCW) strikes include the natural pressure to fulfill human needs and the paradigm shift in modern medical practice, from self-employment and benevolent paternalism to managed healthcare and consumer rights (Chima, 2013; Ndukaeze, 2014; Osakede & Ijimakinwa, 2014). A common Nigerian saying is: "he that will go to equity must go with clean hands" implies that ethical considerations when the issue of the strike is raised should not be one-sided on the part of the HCWs alone, but should be considered on both sides of the coin (employer and employee responsibilities). Chima (2013, 2020) and Li et al. (2015) have noted that minimizing the incidence and impact of HCW strikes will require an ethical approach from all stakeholders, with the recognition that all parties have an equal moral obligation to serve the best interests of society. One of the causes of the HCWs strike stated earlier was the failure of the government to honour collective bargaining agreements. Two reviews recommended that employers should promptly honour agreements reached with HCWs union through collective bargaining, as well as refrain from high-handed actions (such as mass-firing of striking HCWs, or unjustifiable disciplinary action by regulators) targeted at intimidating and pressuring HCWs to return to work (Chima, 2013, 2020). Chima further recommended that minimum health care service level agreements should be implemented to lessen the negative impacts of HCW strikes on Nigerian populations, especially the poor masses. At the same time, striking HCWs should also

discontinue from making unrealistic wage demands which could bankrupt governments/employers or hamper the provision of other equally important social services to the general population (Chima, 2013, 2020; Ogunbanjo, 2009; Onka, 2010). There have been several consequences of industrial labour troubles in the health sector in Nigeria. The next section will address the consequences of the strike in the Nigeria Health sector.

The Consequences of the Strike in The Nigeria Health Sector

The poverty rate report of Nigeria showed that as of 2020, 40% (83 million) of Nigerians live in poverty, with 52% living in the rural area, while 18% live in the urban area (National Bureau of Statistics, 2020). The cheapest source of healthcare in Nigeria is provided by government-operated health facilities. When HCWs embark on strike, these health facilities (HFs) are shut down and in some cases, only the most senior management staff of the HFs run skeletal (minimal) services. In most cases, patients are unattended or are discharged to go home, many of those who cannot afford the cost of private HFs die, depending on their disease condition. Thus, during the HCWs strike in Nigeria, a critical mass of poor Nigerians die due to lack of access to health care services (Essien, 2018; Ndukaeze, 2014; Ogunbanjo, 2009; Oleribe et al., 2016; Onka, 2010; Osakede & Ijimakinwa, 2014). With the consistent numbers of labour unrest, several million Nigerians are affected by HCWs strike as the disruption affects many health care services, including routine immunization across the country. Individuals living in remote and rural areas (48% of the Nigerian population), who already have limited access to health care services, are significantly affected by the HCWs strikes (Okunola, 2021).

It was asserted that strikes may have a lopsided deleterious impact on doctors and other health care workers compared with patients whose health may deteriorate to the point of death (Osakede & Ijimakinwa, 2014). Even so, striking health care workers are frequently confronted by the loss of income, job insecurity, and emotional distress, plus long hours of work for those who choose not to participate in the strike action (Bankole, 2011; Osakede & Ijimakinwa, 2014). Another major impact of incessant strikes in the Nigerian health sector is the "brain drain" of excellent HCWs who emigrate to developed countries for greener pasture and more stable workplace opportunities (Mayaki & Stewart, 2020; Osakede & Ijimakinwa, 2014). Recently, Nigerian resident doctors embarked on a two months strike and the government of Saudi Arabia came to Nigeria and was conducting recruitment interviews for Nigerian medical doctors in Abuja

and Lagos (Edokwe, 2021). Many took this opportunity and left the country which further depleted the knowledge resource available in Nigeria. The impact of such movements could be as severe as medical schools losing accreditation due to their best minds having emigrated to other countries to practice their profession and loss of specialists in various aspects of health care due to lack of motivation to remain in the country to work (Essien, 2018; Ogunbanjo, 2009; Osakede & Ijimakinwa, 2014).

Disruption in the professional development of health care professionals is another negative consequence of the HCWs strikes in Nigeria. The training of younger HCWs, such as house officers and allied health professionals on internship whose paid training programs are meant to last for one calendar year (these are funded by the government), are disrupted during strikes because the patients they were meant to study and work with are released from hospital. During a strike, these interns are still paid and time for their training will keep running, however, the supervisors are on strike, thereby limiting interns experiential learning opportunities and lessening the time spent in the clinical internship program. There is a long-term effect of strikes among these groups of interns and house officers because inadequate exposure reduces their experiential opportunities, thus, limits their knowledge, reduces their competency, and decreases their ability to conduct similar training for these professionals in the future. One of the dangerous things any individual could face is when the supervisor (leader) is not sufficiently knowledgeable or experienced (Brumbaugh, 1971; González, 2010; Kouzes & Posner, 2012, 2019; Posner, 2018). It is required that leaders are knowledgeable enough to supervise their subordinates. A leader inspires vision in the follower (Avolio & Gardner, 2005; Brumbaugh, 1971; Norman, 2019), these younger professionals will invariably see a strike as a way of life to handle disputes between employers and employees which has the potential to normalize these industrial labour disputes.

Generally, strike actions lead to economic instability. It worsens the general socioeconomic status of every individual within the geographical region (Essien, 2018). Those conducting business around the health facilities usually experience a downturn in their business, and thus, increases poverty that is already endemic. Equally, an increase in foreign direct investment would continue to elude the country, as most wealthy people will seek or even establish health care centers abroad rather than investing in a country that is plagued with industrial unrest (Essien, 2018). Although strikes are a global phenomenon, the negative impact is more severe in developing countries like Nigeria due to the poorer socioeconomic circumstances and embedded

infrastructural deficiencies (Essien, 2018; Kelly & Nicholson, 1980). Having explored the consequences of health care worker's strikes in Nigeria, the leadership at various strata needs to intervene to as much as possible avoid all forms of industrial unrest by HCWs. This leads us to consider leadership issues within this context.

The Leadership Dilemma in the Health Care Workers' Strike

> Despite the growing criticism against medical tourism by top government personnel to foreign countries, there seems not to be a way out of what has become a costly official indulgence. Just a few days ago, Nigerians staged a protest at the Nigeria House in London against President Muhammadu Buhari's current medical trip to the United Kingdom, as the President is expected to spend about two weeks for the 'short rest'(Kupoluyi, 2022, para 1).

Nigerians are not happy with the way the leadership is spending the collective resources and taxpayers' money to embark on incessant medical tourism instead of fixing the problem in the health sector in Nigeria. According to Kupoluyi (2022) the recent medical trip made by the president to the United Kingdom was said to be wrongly timed because "doctors, under the aegis of the National Association of Resident Doctors, NARD, are on a nationwide strike to press home demands for better welfare and the imperative of fixing the nation's deteriorating health system" (para 2). It is reported that the President "has allegedly spent over 200 nonconsecutive days on medical tourism in the United Kingdom alone since he assumed office in 2015 and with huge expenses paid for with public funds" (Kupoluyi, 2022, para 2).

"Nigeria loses over 576 billion naira (more than one billion United States dollars) yearly to medical tourism" (Muanya et al., 2021, n.p.), is a common newspaper headline in Nigeria. It is a known fact that the president, the ministers, the political office holders, and top civil servants in Nigeria travel to other parts of the world for medical tourism on regular basis (Yusuf, 2021). Nigeria hospitals demonstrate deplorable conditions lacking the necessary facilities, drugs, and clean environment to deliver good health care to the citizens. During the upsurge of the coronavirus pandaemic in Nigeria, there was a global lockdown that limited Nigerian political leaders to travelling to other countries for medical tourism. The pandaemic further revealed the state of health facilities in Nigeria. Nigeria lost a lot of prominent political leaders to the pandemic including the Chief of Staff to the president at that time (Akoni, 2020). The deplorable condition has made the

elites in the country always seek medical attention in other countries for minor and major medical conditions. Listening to the Minister of Education recently during an interview why he did not engage ASUU on a discussion to avert the nationwide strike that shut down all government-owned universities in Nigeria, he said “I was in Germany for medical treatment”. This was not his first time traveling for medical tourism to Germany as reported in previous publications (Sahara Reporters, 2020, 2021). Thus, it is not a hidden practice in Nigeria that public office holders spend taxpayers’ money on medical tourism (Kupoluyi, 2022; Sahara Reporters, 2020, 2021; Yusuf, 2021). The bad conditions of the health facilities and lack of faith in their functionality have made medical tourism fashionable. No wonder a bill to stop medical tourism by public office holders in Nigeria from using public funds to treat themselves abroad suffered a setback at the Nigeria National Assembly (Pollard et al., 2019).

Recently, in a move by the national Assembly to stop health workers from embarking on strike, they again commenced debating on the bill to prohibit medical tourism by public office holders from funding their medical treatment with public funds(Nwabughiogu, 2022). However, during the debate, a controversy erupted in the National Assembly where “a member of the House, Ibrahim Isiaka … who seconded the motion for (the) second reading of the bill, later withdrew the motion, sensing controversies in the debate” (Nwabughiogu, 2022, para 2). However, his withdrawal was rejected because there is no provision in the law to withdraw the motion after seconding it said the presiding speaker. Thus, the debate continued. During the debate, it was stated that “the proposed piece of legislation is essentially an amendment to an existing Act of the National Assembly. Titled “A Bill for an Act to Amend the National Health Act, 2014; and for Related Matters (HB. 1611)” (Nwabughiogu, 2022, para 3). Although, the legislators stated that the existing bill already prohibits public officers from embarking on medical tourism on public funds but did not prescribe punishment for offenders (Nwabughiogu, 2022). This is one of the biggest problems in Nigeria, people disobey the law without consequences especially those in power. How can a law be made, and no punishment is prescribed for offenders? The leadership of the country must have sincerity of purpose if the industrial action in the health sector will be minimized or completely eliminated. “The new bill prescribed seven years jail term, an option of 500 million naira or both as punishment” (Nwabughiogu, 2022, para 11). If this bill scales through second reading and it is passed into law, then the Nigerian health sector will experience better funding and attention from the government.

There is a need to enforce existing legislation as well as improve on the legislation that will prevent public office holders in Nigeria from seeking medical attention outside Nigeria using taxpayers' money to facilitate these trips (Nwabughiogu, 2022; Pollard et al., 2019). If they must travel outside of the country for medical attention, then they should be required to pay for these trips from their own savings, and not draw upon public funds. Also, we posit that those seeking attention in Nigerian hospitals should only do so in government-owned hospitals at the state or federal level. If this policy was implemented, the governmental leaders would have no choice but to address the deplorable state of Nigerian hospitals because they themselves would be subject to medical treatment in these hospitals. It is possible then that the government would ensure to prioritise the building of more hospitals, renovations of existing ones, and fund the equipping of all hospitals with modern facilities for effective health care service delivery.

The health workers in Nigeria receive meager remuneration when compared with their counterparts in other parts of the world; whereas conversely, Nigerian politicians are among the highest paid in the world. Consequently, there is a need to enhance the salaries and allowances of HCWs in Nigeria to reduce the issue of brain drain that has bedeviled Nigeria over the years. There is also a need to make budgetary provisions for the professional development of HCWs to enhance their skills and competencies ineffective health care service delivery. All specialties in health care must be employed at an acceptable HCW to population ratio to ensure quality service delivery and reduce over labouring HCWs.

There is lack of information on leadership training received by the labour leaders in the health sector in Nigeria. Leading such a sensitive sector requires that everyone is trained to ensure that the international labour best practices are embedded in each state and Nigeria as a whole. It is of the essence there periodic training is offered to labour leaders, minister of health, minister of labour and productivity, and all the chief medical directors (CMD) and other senior hospital executives and top stakeholders in the health sector on optional and ethical leadership, labour union matters, mediation and negotiation, and the international best practices in health care service delivery.

Essentially, the HCW's labour union leaders should refrain from requesting unrealistic demands that are obviously above the capacity of the economy to support (Chima, 2020). The last option of labour union agitation is embarking on strike after several failed implementations of

collective bargaining and it should never be used as a first option (Davies, 2015). Thus, the government has over the years failed to implement or maintain the collective bargaining agreement reached with the leaders of the HCWs (Chima, 2013, 2020; Ogunbanjo, 2009; Onka, 2010). It is therefore important they promptly honour their agreement to minimize industrial action.This review thus expects a significant change in the Nigerian health sector if the right leaders are elected to power both in the government and among the HCWs and they receive appropriate leadership development. Leadership development for all levels of leaders in the health sector will equip the leaders for effectiveness in service delivery to the country and producing the right attributes needed in leaders.

The Leadership Attributes Expected Among Stakeholders in the Nigerian Health Sector

Leadership is the ability to influence people to achieve the goals of the organization, team, or group (Kouzes & Posner, 2012). The labour leaders in the HCWs and the government have to ensure they think and act empathically considering the position of the employer and the position of the Nigerian citizens before they embark on strike.

Kouzes and Posner identified key leadership qualities. They posited that a good leader: *challenges the process, models the way, inspires a shared vision, enables others to act, and encourages the heart. So let us consider these in relation to the Nigerian context.*

1) ***Challenges the process*** **–** until there is a change in the method of achieving a result, the outcome will remain the same. Challenges stimulate innovation and opportunities. To make a positive difference, leaders must challenge the status quo, seek opportunities, innovate, and mobilize resources to improve conditions (Avolio et al., 2009; Kouzes & Posner, 2012; Nathan et al., 2019). For more than 40 years, Nigeria's HCWs has been using the strike strategy to induce the government to listen to their concerns (Nyango & Mutihir, 2021; Oleribe et al., 2016), however, Nigeria's hospitals are still poorly resourced and in a terrible state, therefore, it is time for the new set of labour leaders in the health sector should challenge the process and seek better ways of resolving industrial dispute other than strike.

2) ***Model the way –*** *behaviour* is what earns leaders' respect among their peers (Kouzes & Posner, 2012, 2019; Posner, 2018). Political associates, traditionally, the position of authority and titles can be granted but the life leaders live is what people idolize to follow or dislike and abandon (Kouzes & Posner, 2019; Northouse, 2019). Effective leaders model the attributes they anticipate

from others. To effectively model the way, leaders are expected to have a guiding principle and have defined core values others can follow. A clear description of a leader's core values and principles will stimulate sharing them with others, both verbally and in action. Thus, "exemplary leaders walk the talk" (Kouzes & Posner, 2019).

3) ***Inspire a shared vision –*** visionary leadership is required to effectively lead an institution to an enviable height (Avolio & Gardner, 2005; Kouzes & Posner, 2012, 2019; Northouse, 2019). It is required for leaders to see a picture of the future they desire for their organization which helps them to work towards a goal and until they actualize it; they will not give up (Barnes, 2015; Northouse, 2019). This is what the leadership in Nigeria at all levels needs at this time to help salvage the health sector that is dying. Because leaders are not loners, they need to share this vision with their followers in a convincing way so they will own the vision and work towards actualizing it alongside the leader. Clearly communicating the vision to followers is essential to get everyone on board the organization's goal and thus get inspired to work towards actualizing the shared vision.

4) ***Enable others to act –*** Every labour leader is an agitator and all elected political office holders are politicians, but there is one common word that is used for both – "leaders". What leaders do to enable others to act involves building a team and allowing team members to bring their expertise to the table to achieve the organizational goal. Model leaders perform their functions as a team, allow team members to express their ideas and imaginations to achieve the team's goal. To effectively achieve greater success by the team, the leader encourages collaboration by the team members instead of working alone or acting like a boss to suppress the ideas of others (Kouzes & Posner, 2012, 2019; Northouse, 2019). This is expected of the government (employer) and the HCWs including their leaders (employees) to help the health care sector in Nigeria.

5) ***Encourage the heart –*** Motivation, reward, and encouragement are what leaders do to encourage the heart of their workers (Avolio & Gardner, 2005; Kouzes & Posner, 2012, 2019). This should be seen among the political office holders in Nigeria and HCWs. It should be a reciprocal action by both parties to motivate more dedication and commitment to honour the collective bargain by both parties. This could be demonstrated through appreciation, awards, and recognition for exceptional performance by team members and or leaders. Thus, this will encourage the heart to do more. Appreciating innovative and hardworking staff stimulates the

desire to work harder. Encouraging the heart brings about healthy competition in the workplace to be more innovative in-service delivery by workers (Avolio & Gardner, 2005; Kouzes & Posner, 2012, 2019; Northouse, 2019). All these attributes and many more (Avolio et al., 2009; Avolio & Gardner, 2005; Greenleaf, 1970; Kouzes & Posner, 2012; Nathan et al., 2019; Ramsden, 2003) are expected of any leaders that will successfully ensure that strikes among HCW's become a thing of the past.

Conclusion and Future Research

The review has presented the concept of industrial labour troubles among health care workers in Nigeria which tends to end as strike action (withholding of services) among health workers. The causes of strikes have been identified as well as the consequences discussed in the review. The review further considered the moral and ethical perspective of HCWs embarking on strike. The following were identified as the causes of industrial action in the Nigeria health sector: Poor administration, incompetent leaders, failure of government to keep to the agreement signed with the unions, poor funding of the health sector, poor infrastructure, and supremacy challenge between doctors and other health workers were identified amongst other factors to be the cause of strikes in the Nigerian health sector (Donald, 2015; Genty, 2014; Mayaki & Stewart, 2020).

Several studies have considered the causes and consequences of a strike among health care workers. There is paucity of studies on the leadership development of leaders of health care workers and the other stakeholders in the health care system in Nigeria. The leadership theories utilized by the stakeholders should be studied and the leadership qualities of leaders in the health care sector are yet to be explored. Nigeria's health sector will be revived if the government at the state and federal level will implement the recommendations made in this review.

References

Adavbiele, J. A. (2015). Implications of incessant strike actions on the implementation of technical education programme in Nigeria. *Journal of Education and Practice*, *6*(8), 134–138. www.iiste.org

Akoni, O. (2020, April 18). Abba Kyari died of COVID-19 complications in Lagos — Commissioner. *Vanguard Newspaper*. https://www.vanguardngr.com/2020/04/abba-kyari-died-of-covid-19-complications-in-lagos/

Avolio, B. J., & Gardner, W. L. (2005). Authentic leadership development: Getting to the root of positive forms of leadership. *The Leadership Quarterly*, *16*(3), 315–338. https://doi.org/10.1016/J.LEAQUA.2005.03.001

Avolio, B. J., Walumbwa, F. O., & Weber, T. J. (2009). Leadership: Current theories, research, and future. *Annual Review of Psychology*, *60*, 421–449. https://doi.org/10.1146/annurev.psych.60.110707.163621

Bankole, A. R. (2011). *Principle of personnel management*. Sege-Prints.

Barnes, A. C. (2015). Servant leadership for higher education. *Journal of College and Character*, *16*(2), 131–133. https://doi.org/10.1080/2194587x.2015.1024798

Brumbaugh, R. B. (1971). Authenticity and theories of administrative behavior. *Administrative Science Quarterly*, *16*(1), 108. https://doi.org/10.2307/2391295

Chima, S. C. (2013). Global medicine: Is it ethical or morally justifiable for doctors and other healthcare workers to go on strike? *BMC Medical Ethics*, *14*(SUPPL.1). https://doi.org/10.1186/1472-6939-14-S1-S5

Chima, S. C. (2020). Doctor and healthcare workers strike: are they ethical or morally justifiable: Another view. *Current Opinion in Anaesthesiology*.

Davies, M. (2015). Is it ethical for doctors to strike? *Medical Journal*, *351*. https://doi.org/10.2307/26524236

Donald, D. U. (2015). Challenges of clinical leadership in Nigeria. *Journal of Psychiatry*, *18*(1), 1–4. https://doi.org/10.4172/Psychiatry.1000210

Edokwe, B. (2021, August 19). Saudi Arabia recruitment of Nigerian doctors 2021. *BarristerNG.Com*. https://barristerng.com/saudi-arabia-recruitment-of-nigerian-doctors-2021/

Efron, S. E., & Ravid, R. (2019). *Writing the literature review: A practical guide*. The Guilford Press.

Eric, T. (2019). *Regulating strikes in essential services - Canada* (M. Moti & M. Schlachter, Eds.; Vol. 2706). The Netherlands: Wolter-Kluwers. https://digitalcommons.osgoode.yorku.ca/scholarly_works/2706

Essien, M. J. (2018). The socio-economic effects of medical unions strikes on the health sector of Akwa Ibom State of Nigeria. *Asian Business Review*, *8*(2), 83–90. https://doi.org/10.18034/abr.v8i2.157

Fudge, J., & Tucker, E. (2010). The freedom to strike in Canada: A brief legal history. *Canadian Labour and Employment Law Journal*, *15*(2), 333–353. http://ssrn.com/abstract=1567449

Genty, K. I. (2014). Leadership styles and their implications for prosperous industrial relations in Nigeria. *European Scientific Journal*, *1*(Special), 560–574. https://www.researchgate.net/publication/317003882

González, C. (2010). Leadership, diversity and succession planning in academia. (Research & Occasional Papers Series). *CSHE*, *8*(10). https://escholarship.org/content/qt594483fq/qt594483fq.pdf

Greenleaf, R. K. (1970). *The servant as leader*. The Greenleaf Center for Servant Leadership.

Huberman, M., & Young, D. (2002). Hope against hope: Strike activity in Canada, 1920-1939. *Explorations in Economic History*, *39*(3), 315–354. https://doi.org/10.1006/exeh.2002.0787

Jamieson, S. (2005). This third wage-labour unrest and industrial conflict in Canada: 1900-1967. *Relations Industrielles*, *25*(1), 22–33. https://doi.org/10.7202/028097ar

Kelly, J. E., & Nicholson, N. (1980). The causation of strikes: A review of theoretical approaches and the potential contribution of social psychology. *Human Relations*, *33*(12), 853–883. https://doi.org/10.1177/001872678003301201

Kouzes, J. M., & Posner, B. (2012). Leadership challenge. *Leadership Excellence*, *29*(8), 3.

Kouzes, J. M., & Posner, B. Z. (2019). Leadership is a relationship. In *Leadership in higher education*. Berrett-Koehler Publishers, Inc.

Kupoluyi, A. (2022, January 22). Unending quest for medical tourism. *Vanguard Newspapers*. https://www.vanguardngr.com/2022/01/unending-quest-for-medical-tourism/

Li, Y. T., & Ng, J. (2021). Moral dilemma of striking: A medical worker's response to job duty, public health protection and the politicization of strikes. *Work, Employment and Society*. https://doi.org/10.1177/0950017020981554

Mayaki, S., & Stewart, M. (2020). Teamwork, professional identities, conflict, and industrial action in Nigerian healthcare. *Journal of Multidisciplinary Healthcare*, *13*, 1223–1234. https://doi.org/10.2147/JMDH.S267116

Mcfubara, K. G. (2016). Law and ethics of strikes in the Nigerian health system. *Global Journal of Social Sciences*, *14*(1), 61. https://doi.org/10.4314/gjss.v14i1.7

Muanya, C., Jimoh, A. M., & Olaniyi, S. (2021, March 31). Nigeria loses over N576b yearly to medical tourism. *The Guardian News Paper*. https://guardian.ng/news/nigeria-loses-over-n576b-yearly-to-medical-tourism/

Nathan, E., Robin, M., Sendjaya, S., van Dierendonck, D., & Liden, R. C. (2019). Servant leadership: A systematic review and call for future research. *Leadership Quarterly*, *30*(1), 111–132. https://doi.org/10.1016/j.leaqua.2018.07.004

National Bureau of Statistics. (2020). *2019 poverty and inequality in Nigeria: Executive summary*.

Ndukaeze, N. (2014). Strike by state-sector doctors, the dual mandate and inherent contradictions in public health management. *International Journal of Humanities Social Sciences and Education*, *1*(11), 12–22. www.arcjournals.org

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, *8*(2), 90–97. https://doi.org/10.1007/s40037-019-0509-2

Norman, B. (2019). Faculty leadership and institutional resilience: Indicators, promising practices, and key questions. *Change: The Magazine of Higher Learning*, *51*(4), 48–54. https://doi.org/10.1080/00091383.2019.1618145

Northouse, P. G. (2019). *Leadership theory and practice* (8th edition). SAGE Publications Ltd.

Nwabughiogu, L. (2022, February 10). Medical Tourism: Reps' bill prescribes 7yrs jail term, N500m fine for public officers. *Vanguard Newspaper*. https://www.vanguardngr.com/2022/02/medical-tourism-drama-as-reps-new-bill-prescribes-7yrs-jail-term-n500m-fine-for-public-officers/

Nyango, D. D., & Mutihir, J. T. (2021). Trend of health worker's strike at a tertiary health institution in north central Nigeria. *Annals of Medical Research and Practice*, *2*, 1. https://doi.org/10.25259/anmrp_9_2020

Offem, O. O., Anashie, A. I., & Aniah, S. A. (2018). Effect of strikes on management and planning of educational activities in Nigerian universities. *Global Journal of Educational Research*, *17*(1), 1. https://doi.org/10.4314/gjedr.v17i1.1

Ogunbanjo, G. (2009). Doctors and strike action can this be morally justifiable? *South African Family Practice* , *51*(4), 306–308. https://doi.org/doi: 10.1080/20786204.2009.10873869

Ogundele, O. J. K. (2005). *Management and organisation: Theory and behaviour*. Molofin Nominee.

Okunola, A. (2021, April 8). Nigeria's doctors are striking. Here's why and what this means for covid-19. *Global Citizens*. https://www.globalcitizen.org/en/content/nigeria-doctors-strike-COVID-19-health-care/

Olayinka, C. (2021, September 7). FG meets JOHESU today to avert more strikes in health sector. *Guardian Newspapers*. https://guardian.ng/news/fg-meets-johesu-today-to-avert-more-strikes-in-health-sector/

Oleribe, O. O., Ezieme, I. P., Oladipo, O., Akinola, E. P., Udofia, D., & Taylor-Robinson, S. D. (2016). Industrial action by healthcare workers in Nigeria in 2013-2015: An inquiry into causes, consequences and control-a cross-sectional descriptive study. *Human Resources for Health*, *14*(1). https://doi.org/10.1186/s12960-016-0142-7

Oleribe, O. O., Udofia, D., Oladipo, O., Ishola, T. A., & Taylor-Robinson, S. D. (2018). Healthcare workers' industrial action in Nigeria: A cross-sectional survey of Nigerian physicians. *Human Resources for Health*, *16*(1). https://doi.org/10.1186/s12960-018-0322-8

Onka, C. (2010, November 7). Patient suffer of Nigeria health care workers counting a strike, who cares? *Nigeria Heath Watch*.

Osakede, K. O., & Ijimakinwa, S. A. (2014). The effect of public sector health care workers strike: Nigeria experience. *Review of Public Administration and Management*, *3*(6). www.arabianjbmr.com/RPAM_index.php

Pollard, K., Jenkinst, J., & Youngman, I. (2019, July 17). Nigerian politicians kill medical tourism bill. *LaingBuisson*. https://www.laingbuissonnews.com/imtj/news-imtj/nigerian-politicians-kill-medical-tourism-bill/

Posner, B. (2018). The influence of demographic factors on what people want from their leaders. *Journal of Leadership Studies*, *12*(2), 7–16. https://doi.org/https:??doi.org?10.1002??ls.21553.

Ramsden, P. (2003). Learning to lead in higher education. In *The Journal of Higher Education* (Vol. 71, Issue 3). Taylor & Francis e-Library. https://doi.org/10.2307/2649302

Reuters. (2002, February 2). *Nigeria calls out Army after Police strike; declares 'mutiny*. https://www.nytimes.com/2002/02/02/world/nigeria-calls-out-army-after-police-strike-declares-mutiny.html

Sahara Reporters. (2020, September 7). Exclusive: Nigeria's minister of education, Adamu, flown to Germany over undisclosed medical condition. *Sahara Reporters*. http://saharareporters.com/2020/09/07/exclusive-nigerias-minister-education-adamu-flown-germany-over-undisclosed-medical

Sahara Reporters. (2021, June 24). How education sector suffers with Buhari's minister, Adamu abroad for months over medical treatment. *Sahara Reporters*. http://saharareporters.com/2021/06/24/how-education-sector-suffers-buharis-minister-adamu-abroad-months-over-medical-treatment

Suleiman, Q. (2022, March 2). Strike: ASUU says no resumption until implementation of 2009 Agreement. *Premium Times*. https://www.premiumtimesng.com/news/top-news/515847-strike-asuu-says-no-resumption-until-implementation-of-2009-agreement.html

Wokoma, C. U. (2011). The effects of industrial conflicts and strikes in Nigeria: A socio-economic analysis. *International Journal of Development and Management Review*, *6*, 32–40.

Yusuf, K. (2021, August 4). Timeline: Buhari has spent 200 days in UK for treatment since assuming office. *Premium Times Nigeria*. https://www.premiumtimesng.com/news/headlines/477336-timeline-buhari-has-spent-200-days-in-uk-for-treatment-since-assuming-office.html

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