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INDUSTRIAL RELATIONS AND GOVERNMENT FUNDING IN TEACHING HOSPITALS: A CASE STUDY OF UNIVERSITY OF NIGERIA TEACHING HOSPITAL (U.N.T.H), ENUGU.

BY

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P/ M.F.A/97/24638

A DISSERTATION SUBMITTED TO THE DEPARTMENT OF PUBLIC ADMINISTRATION IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF PUBLIC ADMINISTRATION (M.P.A)

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DECEMBER, 1998
This Dissertation Entitled Industrial Relations and Government Funding in Teaching Hospitals: A case study of University of Nigeria Teaching Hospital (U.N.T.H) Emugu is written by Leslie A.U. Agu with Registration Number PG/W.P.A/97/24638, A Bonafide student of the Department in Partial Fulfilment of the Requirements for the Masters Degree in Public Administration, University of Nigeria Nsukka (UNN), during the Academic year 1997/98.

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Head of Department
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Dr. Any Onah
(Supervisor)

External Examiner
This study is dedicated to my Mum,
Mrs. M.I. Agu, and my Dad Engr. T.A. Agu.
The aphorism "health is wealth" is universally acknowledged. To both the individual and country, health is of utmost importance if any meaningful progress is to be achieved.

Implementation of health programmes to foster the objective is a function of the executive arm of government, although authority for same comes from the legislature.

Teaching hospitals are tertiary health institutions situated at the pinnacle of the hierarchy of the health structures. These prime institutions have recently been bedevilled by industrial crisis that is trying to leave them in ruins.

This research work has, therefore, examined industrial relations and government funding. The aim is to find out how funding militates or enhances the attainment of good health for all Nigerians through industrial peace.

It is a very thorough work, findings of which will no doubt, if implemented, stem industrial crisis and give the teaching hospitals, especially the University of Nigeria Teaching Hospital, Enugu a new lease of peaceful industrial relations status and attendant progress.

LESLIE AGU
ACKNOWLEDGMENT

I wish to acknowledge with gratitude the grace of and mercies of the Almighty God who sustained my efforts throughout this programme.

My supervisor, Dr. Fab. Onah is a very hardworking Academic, and he displayed this attribute to the utmost in his advice and guidance to me in this research work.

Also, my colleagues were a bunch of amiable individuals. Our exchange of ideas and inter-actions cannot be forgotten easily.
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This work studied industrial Relations And Government Funding in Teaching Hospitals. A case study of University of Nigeria Teaching Hospital UNTH, Enugu. The objective of this study is to detect the causes of the constant rift and industrial relation crises in teaching hospitals. If this crisis is allowed to persist, the health of our people already dwindling will none - dive.

The central question was whether inadequate financial resources to teaching hospitals, has been the cause of incessant strike action in teaching hospitals. Also, is this inadequate financial resources responsible for low motivation, and the mass exodus of staff of the teaching hospitals.

Hypotheses were formulated. Questionnaires were administered to a sample of 200 members of the hospital staff. Many key officers of the hospital were interviewed. Related hospital and other records were studied and analysed. Questionnaires with open and closed questions combined was also used for the analyses of problem under investigation. We also used simple percentage tables to present and analyse some of the data collected.

The study revealed that inadequate funding of our teaching hospitals is responsible for our teaching hospitals inability to provide modern facilities for treatment of
patients, research, diagnosis and teaching, pay staff salaries and allowances on time, etc. Also, low funding has been revealed as the major cause of industrial crises in our teaching hospitals. The workers currently working in the teaching hospitals have very low morale because of inadequate finances.

Based on the above findings, recommendations were made which will not only avert strikes but improve relationship between staff, management and government.
CHAPTER ONE

INTRODUCTION

Background and Need of the Study

Men are rational beings endowed with intelligence to produce and invent things to foster their livelihood. No man is an island unto himself. Man is essentially gregarious and this inherent quality brings about inter-action, inter-action produces harmony and sometimes conflict.

In an organisation, people of various characters and views work together, everyone with his own interest. In such setting, modes of distributing the benefits is specified either to avoid conflict or to settle it.

Government is still the major force in policy formulation. It provides the environment and sets the ball of development rolling. It also regulates the system and applies sanctions. Among the factors directly impinging on development is health. Health is a major issue in development. It is an acknowledged development indicator. This means that a country filled with sick people is not developed. It equally means that government should give serious attention
to health so that the citizens will be fit and knowledgeable to pursue development objectives and accomplish them.

The polity is a system and when the era of oil boom elapsed, the economy of Nigeria became depressed. The depression and spill-over effects in the health sector which started to witness increasing subvention in trickle and at a rate very much less than the inflationary rate. The teaching hospitals fortunes started dwindling. Our expert medical man-power which were even having referral cases from London, especially in the University of Nigeria Teaching Hospital (U.N.T.H), Enugu soon saw the skilled personnel and the pride of the nation seeking greener pastures outside the country.

Dissatisfaction among the staff became the vogue since the management could not meet their obligation to the staff. Industrial action became rife within the teaching hospitals. The doctors, nurses, para-medical and non-medical staff at one time or the other had gone on strike. The effect is suffering, frustration and death for the citizens. Inadequate
funding meant that teaching hospitals had to review their charges almost beyond the reach of the vulnerable common man. The situation escalated to a crescendo where the U.N.T.H for example was abandoned to rats, cats and snakes. Snakes even took over the operating theatres.

Efforts by government to cushion and effects of the hardship by review of salaries and allowances of staff seem to compound the problem of industrial action since the government usually reneged in providing sufficient funds to pay the approved new rates.

It is, therefore, to find out how government funding has influenced industrial action in teaching hospitals with particular reference to the U.N.T.H., Enugu that has spurred this study.

1.1 Statement of Problem.

Balogun M.J. (1986:231) in reviewing the problems of finance in Public institutions observed that "The irony of the situation lies in the fact that while some organisations have enough resources to misallocate, others operate on shoe string budget. The Universities, the Teaching Hospitals are among organisations that could do with increased capital allocations and
additional sources of operating revenue".

We, therefore, ask the question whether this inadequate financial resources to teaching hospitals, regarded as social services institutions with the capacity to render free service has been the cause of incessant strike action in teaching hospitals in the last ten years.

Also, is this inadequate financial resources responsible for the low motivation of workers in the teaching hospitals.

In addition, is this inadequacy of financial resources responsible for the mass exodus of staff of the teaching hospitals. This is generally known as brain drain syndrome.

The problem is that to serve the citizens well the teaching hospitals need funds. They need highly motivated staff for this purpose. A situation where the staff of teaching hospitals go on strike frequently is detrimental to the health of the citizens. It even drains government funds since enforcement of "no work no pay" has not really worked in Nigeria. This is due to the fact that the government reaction to threats of industrial action is more or less indifferent. The citizens suffer, the staff suffer, in the end,
government ends up paying the staff for work not done. Those who die as a result of industrial action can never come back to life and their contribution to development is lost.

1.2 Objectives of the Study.

The objectives of the study is to establish whether government funding has any effects on industrial relations in teaching hospitals. If so, we shall try to establish whether the effects are positive or negative.

In other words, in what way or ways has the government funding helped or worsen the industrial relations between the management and labour in our teaching hospitals. In addition, the objective of this research is to solve problems and contribute to knowledge generally. Also it is to detect the causes of the constant rift and industrial relation crisis in teaching hospitals.

1.3 Significance of the Study.

One of the acknowledged importance of research as a scientific inquiry aimed at solving an identified problem through integrated data collection and data analysis methods is that it contributes to knowledge.
Our hypothesis conjectures that government funding influences industrial relations in teaching hospitals. This study will prove or disprove it. The study will then show the kind of effect funding has on industrial relations so that recommendations made from this proven situation will help ameliorate the situation and ultimately foster industrial peace and stability within teaching hospitals. It will also help other countries having some problems prevalent in the Nigerian teaching hospitals to borrow a leaf from our findings and prevent the pitfalls we have already fallen into to the chagrin of our system and citizens.

Essentially, the study will help researchers researching on the same or related case study. The study will also help to expand or increase literature.

1.4 Scope and Limitations of the Study.

While one would like to do certain things, one always finds some unanticipated and anticipated problems coming between one and one's objectives.
The Master of Public Administration (M.P.A) programme is filled with activities. One, therefore, finds oneself facing paucity of time to grapple with both the academic, seminar and research works. Apart from one trade union in U.N.T.N., others have scanty records. The worst is that despite constant strikes the unions do not keep records. The effort to scan through their records and extract what one can find was arduous. Most trade union officials were angry when I approached them for interview. To reach former management staff was not easy either. They were major actors and their contributions would have been of immense enlightenment.

As expected, staff already feeling exceedingly frustrated were not ready to complete questionnaire on research in industrial relations. They want to
leave the service if they can find something else to do.

The teaching hospitals have no co-ordinating office where articulated data could be reached. This and the other handicaps and constraints enumerated placed great obstacles on the research study.

1.5 Literature Review

(A) Importance of Human Resources in Organisations

A nation has no meaning without people. Societies and nations are given identity by the human beings inhabiting them. The world itself had meaning only when God established structures and finally created human beings to occupy, tend and procreate and utilize the structures to further creation. This is confirmed by Collin/Fontana in the Good news Bible (1986:15).

"Then God said and now we will make human beings; they will be like us and resemble us .......

God looked at everything he had made, and He was very pleased".

Societies and nations are political entities established to perform certain functions and fulfill certain obligations. Such functions include internal security and orderliness, enforcement of disciplined
behaviour and development of the entity.

The functions cannot be accomplished without people manifesting and actualizing their skills and mental power. Human beings are, therefore, the cream, hub and engine of society. They can make or mar its progress. Perhaps, that was the reason why Ohiwerei Felix (1996:18) affirmed in the Sunday Vanguard that:

"Our excellent results would not have been possible of course without the diligence, hardwork and loyalty of the company's employees. Conscious of this the management sought to improve wages and salaries which took full account of inflation. Conditions of service were also improved as necessary continous training continued to be emphasized and in the year under review, over 700 employees attended courses while a further 12 were placed in Advanced Training courses".

The assertion of Mr. Ohiwerei for the Nigerian Breweries PLC was re-echoed by the Chiorman of Nestle Foods (Nig) PLC - Doris Edwin George (1996:18):

This company continues to rely on our staff who are satisfactorily adapting to technological changes and improving their skills. The company continues to invest in manpower Training and development. Management employee relations remain cordial.
While the importance of manpower expressed above may be seen from a micro and private sector point of view; from a wider perspective Babangida (1991:xix) noted in his Budget speech that:

"We recognize that a crucial pre-requisite for a successful recovery programme is, the existence of a motivated, productive and efficient work force. Our work force constitutes the human capital of the nation. As active ingredients of all the factors of production human capital plays a more important role than physical capital".

All these point to the fact that no organisation can do without it's human resources. Modern Personnel and Human Resources Management evolved as a discipline to manage and co-ordinate the activities of human beings within an organisation to make effective the blind and conglomerate of multiple skills available. Balogun M.J. (1983:68) also asserted:

"An important and perhaps the most strategic and independent variable in any organisation is manpower resource. The calibre, morale and motivation of the work force in an organisation to a large extent determines how successful the organisation will be in achieving it's objectives. The crucial role of manpower explains the emphasis frequently placed on personnel management and Industrial Relations process in organisations".

Peter Drucker (1988:54) joined those already quoted authorities in emphasizing that:
"... that a business enterprise is created and managed by people and not forces-economic forces set limits to what management can do. They create opportunities for management's action. But they do not by themselves determine what a business is or what it does".

To a large extent, one can say without fear of contradiction that Nigeria and other third World countries lag behind because their human capital lacks what Olewe B.N. (1995:312) called "administrative capability" which the ability to achieve the objectives of development through organisation. Nigeria lacks that skilled manpower in which are either not empowered through provision of facilities for performance or they are frustrated and forced to emigrate to other fertile environments where their contributions are better appreciated.

One may ask why Nigeria should be planning to import Cuban doctors if the conducive environment is created for her own nationals in that profession. We do not lack doctors and medical personnel. The artificial scarcity is the result of skill drain. Saudi Arabia and other Middle East Countries are not better endowed than Nigeria. Our problem has been mal-administration and extreme greediness on the side
of those at the helm of affairs.

Some recognised authorities have defined management with a strong human content. For instance, Rosemary Stewart (1962) saw it as "deciding what should be done and getting other people to do it." In same vein, Dr. E.A. Iwu (1990) emphasized the need for managers to blend and synchronise their beliefs with those of their subordinate if they must achieve organisational goals.

The Japanese envoy Mr Shihto who was speaking in Sunday Champion of July, 10th 1996 asserted that Japanese citizens in Nigeria have reduced from about 300 to 66 in the last five years because there was little or nothing for them to do. He stated that the Honda Assembly Plant in Ota, Ogun State has dwindled from a production of 500 motor cycles to just 90 per month. Additionally, there is no market for the little produced. Since these men will be more productive at home they were withdrawn. This is the act of a country which values it's manpower and what they can achieve for their country.

The importance of manpower could be seen on it's exportation which earn the exporting countries foreign
exchange and also enhances its esteem in the community of nations. Nigeria is doing this under its foreign policy towards Africa on the initiative of ex-president Ibrahim Babangida. Nigerian Professionals are dispatched to needy African countries for research, teaching and other works. They improve their skill, earn foreign exchange and advance their country's image.

B. **Major Actors in the Industrial Relations System and their Roles and Activities**

There are three recognized actors in the industrial relations system. Ubeku A.K. (1975:96) explained that "the three actors together create the web of rules governing the work place and work community".

These three actors are: the workers and their unions, the government and its agencies and the employers and their associations.

Labour is recognized as a factor of production. Its presence is, therefore, inevitable in any work place. Labour, both mental and physical and products of human exertion. In the same vein, entrepreneurship has come to be accorded the same status as labour. It is a factor of production. Whether we view enterprise from the point of view of risk bearing, investment, calculated risk-taking or in the opinion of Schumpeter
as "creative destruction", i.e. introduction of innovation hinged on new ideas, new technology etc, or J.B. says point of view i.e mobilization of resources from less to more productive areas, the fact remains that it is also a product of human exertion. So workers are forces to be reckoned with in the industrial relations system. They provide the labour needed to provide goods and services which societies require for existence.

C. Workers and Trade Union

As organised group, labour is united and given collective strength by trade unions. According to the Trade Union Decree (1973:31), a trade union is any combination of workers or employers whether temporary or permanent, the purpose of which to regulate the terms and conditions of employment of workers....

Formation of trade union is legitimate as it is both provided for in the constitution of the Federal Republic of Nigeria, 1979, part iv under freedom of association thus:
"Every person shall be entitled to assemble freely and associate with other persons, and in particular he may form or belong to a political party, trade union or any other association for the protection of his interest."

As a continuous association of workers, wage/salary earners for the purpose of maintaining or improving the conditions of their working life, a trade union protects the interest of workers.

D. Functions and Role of Trade Unions

(a) Paternal protection to workers.

(b) Framework for collective bargaining.

(c) Education of the workers as to their rights, responsibilities and obligations.

(d) They liaise with management for productivity improvement, sanity and orderliness in the work place.

(e) They run business like grocery shops where members buy things at subsidized rates.

(f) They run other business to enrich their purse. The Nigerian Labour Congress owns the labour Transport Ltd. The Senior Staff Association of U.N.T.H. runs a mass transit outfit.
(g) They provide scholarship to the children of their members.

(h) They pay members during prolonged strikes.

Item (h) in particular is a short-coming in the Nigerian trade union system in contrast to those of developed world. This ability to pay workers makes government of these countries and the employers to take threat or notice of strikes seriously because the workers really have nothing to lose. In the current Academic Staff Union of Universities imbroglio it tried to pay its members while the strike lasted in some Universities, i.e. University of Jos.

Trade Unions as actors in the system help in fighting injustice and inequity in society. For instance, the National Union of Petroleum Engineers (NUPENG) and petroleum and Gas Workers Association of Nigeria (PENGASAN) strike of 1994 was politically motivated. It wanted to use collective power and its occupation of the core of the economy (oil) to bend the government to address the June 12, 1993 annulment problem. This was stated by Dr. E. Edem in "this week magazine" of July 30th 1993.
Trade unions are sometimes allowed to form political parties. There is the Labour Party of Britain as an example. This is dependent on the ideology governing a particular political system. In the communist and popular socialism blocks no special role is assigned to trade unions.

In Nigeria, attempts to form political parties by labour have always been frustrated by the power controlling the polity. In 1963, the Labour Movement formed the Socialist Workers and Farmers Party (SWAPP). It was not registered eventually. The Nigeria Labour Party formed by labour under the Babawide administration also was not registered. Under the on-going transition programme, Labour has taken the initiative again by Pascal Bafyau.

Labour and politics have always gone hand in hand. In a recent interview, the doyen of labour in Nigeria Pa Michael Imoudu confirmed in Sunday times of October 12, 1990 that he was working hand in hand with late Right Honourable, Dr. Nnamdi Azikiwe when he, Imoudu led the 1965 general strike for which he was eventually imprisoned. So, apart from the apparent pay rise for workers, labour was directly fighting for Nigeria's independence.
Trade unions also engage in international activities organised by the International Labour Organisation (I.L.O) Organisation of Trade Unions in Africa (O.A.U.T.U). They form part of the tripartite team and Nigeria is a signatory to the I.L.O. conventions.

Trade unions provide social interaction for their members in the form of end of the year parties. The forum and official rallies provide the conducive environment for suggestions for improving the system. Members of the management are, in most cases, present during the occasion and carry the vital aspects of the interaction home for utilization.
E. Government and its Agencies.

According to Dr Osaro, in presenting a seminar in University of Benin State that a government is made up of those elected by the people to govern them and run the affairs of a political system. In Nigeria and most African countries, power is also acquired by the force of the gun in coups de-tat.

The citizens accept such situation by co-operation or subtle acquiescence. Government ultimately provides the enabling environment for development of the society through rules, regulations, laws, policies, especially distributive type. According to him (Dr Osaro) the functions and roles of government in organised labour and work environment include:

E.1 (Succinct of Laws,)

Recognition of trade unions and their legality, mode of registration are all covered in such laws as the constitution, the Trade Disputes Decrees of 1968, 1969, 1973 and 1979 etc.
The Workmen's Compensation Decree No. 17 of 1987 which covered such issues as sanitation in the work environment, industrial safety, pay and salary systems, exploitation of labour, collective bargaining, etc are all provided as laws by the government.

E. 2 Major Employers.

The government is a major employer and the rules applicable to government workers often serve as a basis for other private employers to fix salaries/wages and rules for their own workers. In 1992, the Babangida administration decentralised the collective bargaining for wages and state governments were urged to pay that they could afford bearing other needs in mind and through collective bargaining. Minimum wage was fixed at various times by the Shagari and Babangida administrations.

E.3 Emergency Conditions.

Under emergency conditions, especially those precipitated by trade unions, the government can enact anti-labour laws to restore normalcy. The glaring example of NUPENG and PENASSON has already been cited.
various administrations military and civil have
reformed or reorganised the umbrella union, Nigerian
Labour Congress (N.L.C). A.S.U.U. has been proscribed
a number of times; same applies to other powerful unions
like Association of Resident Doctors and Nigeria Medical
Association. Although these anti-labour enactments
have been overtly condemned as violating international
either by the need to maintain law and order or as
contravention of extant and substantive laws. It is
on this basis that the National Electric Power
Authority staff were imprisoned. It is the same with
Chief Frank Kokori. Somehow, government has a way of
providing itself right when there is international
visitation. The I.L.O. and OAUTU have kept quiet in
the face of Kokori's continued detention. While this
is on, Nigeria was given special position in the I.L.O
this year.

K.1 Government Agencies.

When government is not directly involved in labour
matters, its agencies do so. Some of the agencies
include the Federal Ministry of Labour and Productivity,
first established in 1938 and Labour Inspectorate
and made a Department of Labour in 1942. Apart from ensuring that labour laws especially those on notice of strikes, strike itself, settlement procedures, labour advisory councils are observed, the Ministry of Labour and Productivity also operate employment agencies and organizes trade test and issues certificates to artisans and craftsmen in both the private and public sectors of the economy. It, therefore, regulates standards.

The Ministry also employ labour inspectors, industrial safety officers; it appoints mediators and conciliators for settlement of disputes. These officials help to ensure sanity in the work place.

E.5 Labour Policy

These are generally made by the government. The National Labour Policy of 1975, for instance portrayed the government as pursuing a policy of "guided democracy" in labour matters aimed at ensuring the promotion of labour/management co-operation and consultation at appropriate levels. Guided democracy entails both laissez faire and some interference. For instance, the unions and employers determine their affairs by mutual co-operation until the futility of mediation. The government via the Federal Ministry of Labour
intervenes by conciliation, arbitration, National Industrial Court and special panels of inquiries, proscription, bans and embargoes, etc.

E.6 International Activities.

To complement the tripartite relationship in labour, management relations, the government also participates in the conventions of the I.L.O. and OAUU as they arise. It is also expected to adopt and enforce these conventions which invariably embrace trade union education. Currently, there exists in Nigeria, the National Institute for Labour Studies in pursuance of these objectives.

W. Employers and their Association

As providers of the environment through investment and consequently employment, employers expect to:

(a) Get a return on the capital employed sufficient to attract new and more money for investment to enable the venture grow.

(b) Recruit, train and retain a labour force that can assist the firm achieve its mission and objectives.
(c) Create a conducive industrial climate to foster stability in the work place. This is either done by listening to labour suggestions, paying adequate wages and providing welfare facilities.

(d) Remain competitive in the industry.

Labour relationship with employers is hinged on integrative, distributive and attitudinal structure bargaining, Benjamin Selekan (1958;227). All these bargaining systems are based on the fact that the interest of labour and management coalesce and cohere at some point or the other.

Trade unions which had already been defined in the context of the 1973 Trade Union Decree also covers employers. So the Nigerian Employers' Consultative Association (N.E.C.A) which is the umbrella association of all employers in the private including some government institutions is a trade union, providing parallel link with trade unions, Chijioke O. (1996:7). The role of employers is better seen from Dzie Ipsicunu (1980:45) abstract from N.E.C.A hand-book viz:-

---
(a) To assist in orderly development of industrial relations in Nigeria.
(b) To ensure that employers take uniform actions on matters affecting their interest.
(c) To liaise with governments on vital issues that might affect employers.
(d) Tripartite relationship in international labour matters.
(e) Calling recalcitrant members to order by making them comply with extant laws.
(f) Education and training of its members in industrial relations matters.

While N.E.C.A. which has a legal backing has done well, it has also refused to maintain direct relationship with the N.L.C. It has also been known to criticize every intent of government to increase wages for workers. Members of N.E.C.A. have been known to violate industrial safety rules, desecrate the environment through pollution and employ rules not generally sanctioned by extant and substantive labour laws. Most employers do not yet allow the organisation and existence of trade unions in their work premises. The reason is to allow them exploit labour and pay pitance for strenuous
physical and mental exertion. They get away with these infringements because of prevalent unemployment, the fact that employment is informal in nature and ignorance of the law on the side of the workers. Even where they are aware, they are overtly apprehensive of being sacked with a wave of the hand by the employers.

G. Capacity of the Major Actors.

Modern labour relations involves the employer's and the worker's as independent persons brought together by the exchange or purchase and sale of labour services. The buyer of labour is the employer or entrepreneur. By virtue of ownership the entrepreneur has control over job opportunities, giving the worker or relatively dependent position. The foregoing, therefore, demands that the worker gives his loyalty and obedience to the employer to hold on to his job. Wages as reward for labour which the worker earns is to a larger extent exchange for fixed wage and who is in a subordinate position to the authorities of his employer's to do any job assigned to him in order to contribute to corporate objective or well being of the community.
Workers are too many as against employers who are relatively few. The workers are therefore in competition among themselves than the employers among themselves. This may be the reason for the constant threat to sack University lecturers who go on strike under the auspices of ASUU, the attempt to replace Nigerian doctors with Cuban, Egyptian, or Israeli doctors and the constant assault of all categories of workers in the Public Service with retrenchment, rationalization and premature retirement without the accruing benefits.

Edwin Baiye (1989:9) writing on the 1989 Budget focus in the Guardian Newspapers referred to that year as the one in which public servants including those in Teaching Hospitals were most "humiliated".

On the same issue of humiliation of the public servants, Mr. Solomon Onaghinon, then Secretary of the Association of Senior Civil Servants of the Federation accused the then Buhari's Administration of dabbling into unfair labour relations practices since the government proceeded to slash the entitlements of public servants as part of the opium called Structural Adjustment Programme without the courtesy of consulting the Trade Unions. Onaghinon says:
"... tell me in what country public officer uses his money to fuel government car and use it to do official duty without refund".

The workers often do not have financial reserves to fall back on when sacked. Moreover, with the prevalence of unemployment in Nigeria in particular and the world at large, getting jobs is like passing through the eye of a needle and workers suffer exploitation, humiliation and insult silently. As this study is progressing, workers in the Local Governments in Enugu State embarked being owed eight months salary arrears. In the same vein the U.N.T.H workers were owed salaries for over 6 months. The condition was so pathetic that the institution became a subject for prayers in churches in the country for return of normalcy. The situation strengthened the resolve of those who migrated to Saudi Arabia and other greener pastures never to return.

The law enforcement agents work for the government and they obey when directed to deal with dissident workers. When the labour leaders in U.N.T.H. held the institution under siege in expression of their grievance for being sidelined just as the Federal Government did.
national labour leaders already highlighted, this time at micro level, the police and plain clothed security men invaded the Hospital at the beckoning of the authorities. The union leaders were unduly harrassed in their homes and they had to report to police on several occasions. In the end, the authorities of the police, on the directives of the State Governor intervened; it was to issue stern warnings and threats to the labour leaders to intimidate them.

All these simply show that equality of the three major actors in the labour relations is only in theory. In practice, the government and employers are much more powerful and labour is usually subjugated. While the organised private sector is consulted before budget preparation and announcement, labour unions are ignored. Government as financiers of teaching hospitals provides them with funds needed for services and dictates the tune by directing on the usage, application and utilisation of such funds. During the 1996 May day, the government directed that the usual march past by workers should not hold. Retrenchment is currently going on in teaching hospitals. The request of labour to be represented to ensure fairness met with rebuff.
The retrenchment is being carried out without due reference to the manpower needs of the teaching hospitals. This practice negates all known norms and the concept of personnel audit which Ubeku (1975:244) affirmed:

"... is into the practices and policies of the organisation to see whether they accord with needs and values of the people; whether they are in keeping with current state of business development; and whether they need change in the light of the circumstances."

Ubeku's view is re-echoed by Strauss and Sayless (1972:353). They argued that personnel audit functions serve three basic purposes:

*They help ensure that sound policies are being implemented.
*They assist in evaluating the cost effectiveness of alternative personnel technique; and
*They serve to alert top management when existing policies should be changed."

It is clear from the foregoing that personnel audit may involve staff changes and elimination, it is not its or main purpose as is the case in Nigeria since 1975.
Nigeria is a developing country and development indicators show that, like other countries on the same pedestal, the standards of awareness and living of its citizens are yet to attain W.H.O. and World Bank standards. This state of affairs places greater strain on the teaching hospitals as they are compelled by circumstances of under-development to perform both primary, secondary and tertiary functions, etc. Low Nutrition, Poor Sanitation, Slum living etc, prevalent in countries like Nigeria butress the following questions posed by Professor Dudley Seers (1969:3).

"What has been happening to poverty?"
"What has been happening to unemployment?"
"What has been happening to inequality?"

...If any or all of these central problems have been growing worse, especially if all three have, it would be strange to call the result "development, even if per capita income doubled".
It is clear that the three indicators and even
the per capita income have been declining over the
years and they have adverse effects on people's health
in our country.

In a review of world economy in transition for
said:

"The challenges of development lies in the
broadest sense, in improving the quality
of life. This calls for not only higher
incomes but also greater access to educat-
on and higher standards of health and
nutrition. Better health and nutrition
bring substantial economic benefits,
releasing resources that can be used for
other development goals. Health and
nutrition also have long run effects on
productivity and output, because they
influence a child's ability and motivation
to learn. Although progress in education
is important as an end in itself, it, too,
fuels economic growth."

This assertion confirms Prof. Fritz Beske (1994:76)
belief that:

"there is an inherent link between the economic
capability of a country and the state of its
health services or other social security
measures. Social security cost money. Every
service needs an economic basis, therefore
there is a close connection between the
economic strength of a country and the standard
of its health services . . . . The recovery of
economic potential go hand in hand regardless
of the changes concerning the financing and
structure of health care provision . . . ."
We have already highlighted manpower as the hub of any organization. Peopleless organization is a euphoria. Any country which, therefore, trifles with the health of its citizens, is preparing itself for eventual destruction. Poor health complicates nutritional problems, mental retardation, ability to learn and contribute to the growth of the country. Perhaps, this is the root of our total backwardness economically, politically and educationally.

In 1995, the United Nations Development Programme declared Nigeria a Vitamin A deficient country and embarked distribution of vitamin 'A' supplements to schools and hospitals to alleviate myopia and other ophthalmological and ocular complications on the country's future generations. Our Teaching Hospitals now have substantial cases of malnutrition and kwashiorkor scattered in its paediatric wards. These again led to the declaration of Nigeria and other sub-Saharan and Asian countries as the 18 poorest countries in the world - see Table 2.1 compiled by Sarath Rajapakirana (1995:49).

Without adequate funds, it is difficult to meet the demands of basic functions and the extra burden inherent in the peculiar nature of our ecology. The
tale of the teaching hospitals has been full of woes, hue and cry for financial and other forms of aid. It has been a story of negotiations and strikes, chronic disruption of services and high rates of specialist and non-specialist labour turnover and staff exodus.

In the Nigerian Television Authority News of Thursday, 18th July 1996, the Chief Medical Directors of Teaching and Specialist Hospitals in a communiqué issued after their meeting in Jos, appealed to the Federal Government to improve the funding of health to reduce the pressure and burden on patients. Although poverty is relative, it is excruciating in our country where inflationary spiral has defeated all known economic logic. This situation compounds the pathetic condition of Teaching Hospitals which are left to shoulder the burden.

While manpower is very essential, they need to have the wherewithal to function. Mental power in man does not manifest in a vacuum.

I. State and Effects of Funding.

Worried by the deteriorating state of health of the average Nigerian, the declining life expectancy, the high rate of maternal and infant mortality,
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>114.3</td>
<td>114.1</td>
<td>0.2</td>
<td>32.7</td>
</tr>
<tr>
<td>Brazil</td>
<td>414.1</td>
<td>416.9</td>
<td>0.6</td>
<td>22.8</td>
</tr>
<tr>
<td>Chile</td>
<td>27.7</td>
<td>25.7</td>
<td>-2.3</td>
<td>117.9</td>
</tr>
<tr>
<td>China</td>
<td>93.3</td>
<td>57.2</td>
<td>1.4</td>
<td>34.3</td>
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<td>India</td>
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<td>27.7</td>
<td>-5.2</td>
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<td>40.3</td>
<td>115.6</td>
<td>1.4</td>
<td>32.6</td>
</tr>
<tr>
<td>Portugal</td>
<td>22.5</td>
<td>25.7</td>
<td>1.4</td>
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<tr>
<td>South Korea</td>
<td>9.3</td>
<td>7.2</td>
<td>-2.3</td>
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</tr>
<tr>
<td>United States</td>
<td>56.5</td>
<td>52.1</td>
<td>-7.0</td>
<td>42.1</td>
</tr>
</tbody>
</table>

Table 2.1

Note: All data are from the World Development Report.
declining nutritional level and the state of despair and melancholy clearly seen on the faces of the citizens, one is further bugged to ascertain the level of funding of teaching hospitals. One is also interested in finding out the empirical effects of the funding system.

One seems to ask the question "what really are the problems of our teaching hospitals?" Could it be poor finances or mismanagement of the available resources? Why has the average Nigerian not been able to benefit as he/she should do from the hospitals? Has cost of treatment frightened citizens away to moan their fate, since most of them cannot afford the cost of treatment in private hospitals?

What other sources exist for raising more funds to supplement what the government provides? What are the experiences of other developing countries and those of developed ones, and what can we borrow from their system to enhance ours?

Why is our government not placing health care on its priority list and institutional agenda as do other advanced countries which have thus improved the lives of their citizens and built up skilled, bubbling, vivacious and perky manpower that has been the secret
and dream of their development unlike countries like ours, which have remained subservient to these others, and yet turning round to accuse them of imperialism, neo-colonialism and exploitation.

In a recent case at the University of Nigeria Teaching Hospital, a man was rushed to the Casualty at the point of death. The nurses were on strike and the doctors were not available. The poor man was again rushed to a private hospital in town and he was asked to pay ₦30,000.00 for surgery. The relations could not raise the money. Private hospitals are in real business and real business is all about money making not charity and philanthropy. The man was rushed back to the UNTH Casualty and gave up while his relations were still confering on how to deal with his problem. The surgery could have been done without a deposit as an emergency at UNTH if all were well with the institution. The cost of the ₦30,000.00 service will not exceed ₦7,000.00 in UNTH. This is only a tip of the iceberg.

Development is all about balance and the lopsided theory of Ragner Nurkse has been seen as full of loopholes. There is no development if the majority are poor and the minority are millionaires. The share of 60% vulnerable proportion of the populace and their access
to basic social facilities, especially health matters. We need to ask why the institutional and infrastructural decay in our health institutions. Is it the result of poor funding and mismanagement of funds. Whichever, although one will quickly agree with the former, in view of the Chief Medical Directors call earlier. What the Chief Medical Directors say should be taken seriously as they are the heads of teaching hospitals. They wear the shoes and know where it pinches most. They had grappled with perennial industrial action, the most vocal of which resulted in the hideous murder of Prof. Bandipo who until his unfortunate death in 1995, was the Chief Medical Director of Ahmadu Bello University Teaching hospital. The angry workers felt he had received their arrears of allowance and refused to pay them. They held him hostage, beat him mercilessly, locked him up in the mortuary for two hours and later packed him in the boot of a 504 Peugeot car where he died. It was not long before it was clear to all and sundry that the rare gem did not receive the money. Nigeria thus lost one of its renowned administrators and atmosphere of mistrust that arose from poor funding.
Chijioke O. (1994:50) compared the budgetary allocations of Nigeria and Zimbabwe to health for nine years (1983 - 1991) and found as per table 2.2 that Nigeria had consistently fallen behind Zimbabwe, another third world country, in the attention paid to health.

The financial allocation of the countries to health are shown graphically on figure 2.1.

Table 2.2 Budgetary Allocations to Health in Nigeria Compared with Zimbabwe.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Budget MB</th>
<th>Allocation to Health MB</th>
<th>%</th>
<th>% Zimbabwe</th>
</tr>
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<tr>
<td>1983</td>
<td>13</td>
<td>144</td>
<td>1.10</td>
<td>6.4</td>
</tr>
<tr>
<td>1984</td>
<td>10</td>
<td>139</td>
<td>1.39</td>
<td>6.1</td>
</tr>
<tr>
<td>1985</td>
<td>11</td>
<td>168</td>
<td>1.52</td>
<td>6.0</td>
</tr>
<tr>
<td>1986</td>
<td>11</td>
<td>279</td>
<td>2.53</td>
<td>6.1</td>
</tr>
<tr>
<td>1987</td>
<td>18</td>
<td>167</td>
<td>0.92</td>
<td>6.5</td>
</tr>
<tr>
<td>1988</td>
<td>24</td>
<td>260</td>
<td>1.08</td>
<td>6.2</td>
</tr>
<tr>
<td>1989</td>
<td>30</td>
<td>327</td>
<td>1.09</td>
<td>6.8</td>
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<td>1990</td>
<td>40</td>
<td>401</td>
<td>1.00</td>
<td>7.0</td>
</tr>
<tr>
<td>1991</td>
<td>39</td>
<td>619</td>
<td>1.58</td>
<td>7.0</td>
</tr>
</tbody>
</table>

There is no doubt that Nigeria's population is greater than Zimbabwe's. Same applies to its resources. Using this as a basis of analysis, we can infer that Nigeria does not show as much interest in the health of its citizenry as Zimbabwe.

While Zimbabwe's allocation to health increases in leaps and bounds with every new year, that of Nigeria increased only in trickles. The facts would be more pronounced if we relate these allocations to the populations of these two countries which differ in staggering proportions.

Our health system is full of defects. Dr. Shahu Sule (1995:4) identified the major ones as:

(a) Inadequacy in coverage, with the rural communities and the urban poor not being well served.

(b) Inappropriate orientation of the services with a disproportionately high investment in curative services to the detriment of promotive and prevention services.

(c) The management of the services often how major weakness resulting in waste and inefficiency, as shown by the failure to meet targets and goals.
(d) The involvement of the private sector and the community has been minimal at critical points in the decision making processes.

(e) The paucity of basic health statistics and other relevant health information has a major constraint at all stages of planning, implementation, monitoring and evaluation of health development.

(f) The financial resources allocated to health development projects/programmes have been found to be inadequate to allow for positive results.

(g) The basic infrastructure and logistics support have been defective as a result of inadequate maintenance of buildings, medical facilities including vehicles as well as drugs, vaccines and supplies system.

Dr. Sale (1985) op. Cit. further confirms the input/output system theory when he said that:

"... after all, most of us at this conference have either been at the receiving end of the most, if not all the major defects that have constantly been identified with the country's health endeavours in the management of health development..."
Prof. Adeoye Lambo (1996:33) writing in the Newswatch Magazine also asserted that:

"Nigeria like most other developing nations, spends very little on research and development in the health sector. Today, acquisition of knowledge has come to a halt; our institutions of higher learning have almost been destroyed and those who are leading the vigorous pursuit are in a state of apathy."

Arising from the foregoing analysis, the feedback mechanism in the system which is the complaints from the citizens articulated above do not spur the changes required for improvement in the health system.

In recent times, a new problem has bedevilled our health sector. The new cankerworm is strained industrial relations and attendant strikes. The teaching hospitals are associated to Universities. When lecturers go on strike in research institutions and universities, the impact is severe in the health sector as teaching, research and therapy are also halted in the associated teaching hospitals.

If health is given priority attention and funded adequately, the long run effect will be overall industrial peace in these institutions, better and undisrupted service to students and patients and, perhaps, new innovations. All these will improve the good health of the political and economic sub-systems. But as long as the political
authorities controlling the external environment persist in paying lip service to health, backwardness, frustration, disease and crime will continue to be part of us.

As a procedural organ, health will only produce output that is commensurate with the facilities, manpower and resources allocated to it. Improved facilities will reduce agony for the citizens. It is a pity that while our surgeons do not see surgical blades for their work, the art of surgery itself has gone laser technology which is non-invasive and less painful. We are now too far away to catch up with medical practices in most advanced and even some third world countries with better economic managers and politicians.

J. Labour Disputes

37. Trade Disputes.

Section 37 of the Trade Disputes Act 1976, defined "trade disputes" as any dispute between employers and workers or between workers and workers which is connected with the employment and non employment of the terms of employment and physical condition of work of any person. This means that a breach of contract or infringement on the terms of employment by employers will result in strikes or lockouts or produce some reaction from the
employees so affected. Terms and conditions of work conventionally embrace:

(a) Wages, salaries and allowances (housing, transport)
(b) Hours of work, overtime.
(c) Welfare matters like canteen, medical treatment, pension and gratuity, promotions, etc.
(d) Leave period, vacation allowance and bonus.
(e) Workers safety and working environment generally
(f) Disciplinary measures.

Trade disputes could also arise between one group of workers and others. At present in the U.N.T.H., the Non-Academic Staff Union (N.A.S.U) which was proscribed as not having jurisdiction in teaching hospitals has gone to court based on Decree no. 4 of 1996 (Amendment of Cap. 437 LFN), restoring that jurisdiction, at least to some staff cadre. The Medical and Health Workers Union of Nigeria which were preparing to spread their tentacles has found themselves in a dilemma. N.A.S.U has also challenged management to restore the abrogated ouster or face industrial action by its members.
J.2 Kinds of Disputes.

Trade disputes are of two kinds, viz - individual grievance and collective grievance. The former arises when a worker feels that his rights have been trampled upon or denied him. He, therefore, seeks avenue to recoup his losses or redress. This could be through petitioning to the authorities or writing his union to complain, in which case the union takes up the matter with management.

The collective disputes usually involves a group of workers who similarly may feel aggrieved and petition or use their union to fight for restitution. The National Association of Nigeria Nurses and Midwives (NANNM) used that approach when they fought for reinstatement of nurses sacked unilaterally from the Aro Psychiatric Hospital, Abeokuta. They eventually won and the staff regained their jobs. This case simply shows how individual case can also dovetail or escalate into collective grievance which is much more complex.

J.3 Sources of Disputes.

Otobo, D. and Osolo, M. (1987:223) identified two sources of trade disputes: - the internal sources which are management style, nature of physical environment of the worker, consciousness of workers as to their rights,
other conditions of service, efficiency or otherwise of promotion system and the cumbersome of grievance and dispute procedure. The external sources include government industrial and economic policy, nature of national economic mismanagement and the general distribution of wealth and power in society. These sources combine to bring about the occurrence of industrial dispute or otherwise between workers and employer's.

The assertion of Otobe and Omole is apt for the current economic problem of Nigeria which has adversely affected the finances due to various sub-sectors including health arose from economic mismanagement, corruption and agreed. In the same vein, the attitude of the government to health is responsible for the low attention extended to it. These two major factors determine other factors that contribute to disputes internally. When government refuses to grant funds enough for budgeted facilities in health institutions, releases whatever it has even given in tricicles and determines staff establishment from outside, non payment of salaries, inability to promote staff or contravention of disciplinary procedures become the order of the day and management loses control of staff. How do you discipline on the other hand, how can services be improved without adequate funds.
The health care environment has been unstable in the last ten years despite the fact that government classified health in the Essential Services area - Trade Dispute and Essential Services Decree No. 23 of 1976. The most serious effect of trade dispute is strike. Strike is a temporary stoppage of work by employees in an organization in pursuance of a grievance or demand. It is an economic strategy or weapon adopted by trade unions to force government to negotiate with it, to influence government action, implement collective agreements, etc. Strike is a sanction and usually indicates a breakdown of cordial relationship between labour and management. Archbishop Olubumi Okogie (1996:5) called strike the "last card". The consequences of strike is far-reaching on the system hence the government proclaimed policy of guided democracy and various law especially on settlement to stall its occurrence. Notice to go on strike must be given, renewed and the consent of the staff involved obtained before it could take place. The government agency like Ministry of Labour intervenes through mediation and conciliation. Beyond these two stages, government usually quickly refers the issue in
dispute to the Industrial Arbitration Panel for consideration. At that stage and by virtue of Trade Dispute Amendment Decree No. 21 of 1978, strikes become illegal. If it had been embarked upon it should be called off. Two strikes occurred in U.N.T.H. This year. The nurses and Medical Laboratory Scientists went on strike because of the issue of call duty allowance which the same Industrial Arbitration Panel (I.A.P) approved without really working out the guidelines. The matter reverted to arbitration. Since the two unions mentioned continued their strike days after the order to revert to the status quo ante, the "no work no pay" law was involved and the nurses and laboratory scientists have lost their pay for the duration of that illegal strikes.

Crisis of legality - a situation where government refused to obey its own law is also inherent in the system. The rule requires that government should enter into negotiation to sort out labour problems. But it does not obey the law it has made and in frustration, when labour uses its "last card" government will descend heavily on labour. By Decree No. 9 and 10 of 1994, the government dissolved the Nigeria Labour Congress, UNPENG and PENGASSON as a result of the June 12 quagmire.
Similarly, Chidinma Ibegbu in the Vanguard Newspaper of Wednesday, 14th, 1996 reported that the Minister of Labour and productivity, Senator Uba Ahmed unilaterally cancelled the delegates conference on the merger of trade unions scheduled for 29th May, 1996.

K.1 Kinds of Strikes.

Strikes take various forms ranging from "sit down", "go slow", "wild cat strike", "warning strike", "sympathy strike", "protected strike" and "lightening strike". The main features of these strikes border on their legality or otherwise. "Wild cat strike" occurs when workers disobey their union leaders and embark on strike. In "go slow", the workers come to work and deliberately become agonisingly slow in their work and take their seats and refuse to work. A "warning strike" can best be illustrated by the recent demonstration by Local government workers in Enugu State in protest against the eight months salary owed their colleagues in some Local governments. They expressed their readiness to go on full scale strike if the situation was not addressed. Similarly, the Vanguard Newspaper reported on 24th May, 1996 that Germany public service workers went on strike for few hours as a "warning" for eventual
full scale strike. If the threat in the example of Local Government workers is carried out, it becomes sympathy strike as expression of solidarity with their maltreated colleagues. "Protected strike" is one that has exhausted known legal procedure while "lightening strike" arises from inter union crisis rather than a problem between management and union. It is also called demarcation strike.

K.2 Imberman Woodruff.

He is an American social scientist who advised on the need for management to gird its loins and scan the environment of the work place to detect early warning signs of discontent on the staff and handle it before it escalates into full scale grievance and eventually, strike. Imberman stated that:

"The warning signs of employee discontent are evident to those who take time to look and listen...."

He further said that attention to labour and management relationship before a strike is a good investment.
One cannot but agree with the research scientist, Imberman. In Nigeria and its health sector, even when the workers complain openly and make representations, the authorities usually pay no heed, hence strikes and protracted in the system.

1.6 Research Hypothesis.

This research work shall be guided by the alternative and null hypothesis that:

\[ H_1: \text{Government funding influences industrial relations/action in teaching hospitals.} \]

\[ H_0: \text{Government funding does not influence industrial relations/action in teaching hospitals.} \]

1.7 Method of Data Collection.

For the data collection exercise, the interview method with unstructured questions was used for management staff and Trade union officials. Questionnaire with open and close questions combined was also used.

1.8 Theoretical Foundation or Framework.

The theoretical foundation of this study is rooted on the ecology approach, concept or theory.

(a) The Ecology Approach.

The aphorism "health is wealth" is popular and should apply to every rational nation. A.W.H.O. publication defined "good health" as "a state of complete physical, social and mental well-being, and not necessarily the absence of illness, disability or infirmity."
This means that health goes beyond curative medicine to every aspect of well-being like provision of portable water supply, sanitation, health education and personal hygiene, food and nutrition, education, good drainage system as a complement to sanitation, physical education and practice and what Prof. W.W. Rostow referred to as "mass production" which indicates the availability of all life supporting facilities at cheap prices, making them affordable by everybody, especially the vulnerable 60% of the population.

The brief introduction shall guide us into the theoretical foundation of this study which we have already noted is on ecology.

Ecology refers to the totality of man's physical surroundings and its contents, like space, air, water and aquatic life, vegetation and habitat, etc. It is the brain-child of Ludwig Von Bertalanfy, and derived from the biological sciences. It connotes the living organisms in interaction with forces of their internal and external environment during which they import and export influences in symbiotic relationship.

(b) The Systems Theory

The ecological theory has its roots in the systems approach. A system can be conceived as a whole or
complex composed of parts or sub-systems with determin-
able boundaries, working in correspondence to achieve a balance in such a way that a disequilibrium in one part can, if not arrested, spread the malaise to the other parts and eventually paralyse the whole.

Anderson J.E. (1975:9), quoting David Easton stated that:

"Public policy may be viewed as the response of a political system to demands arising from its environment".

The health sector as an open sub-system in the larger executive sub-system of the total political system receives inputs (financial allocation, policy directives, staff and demand for services) from the political, social and economic environment. It processes these inputs and delivers them into the external environment again as outputs, which have outcomes or consequences. The output are tangible manifestations of action of policy implementers such as number of children immunised, number of surgical operations performed, home visits and number of nurses or doctors recruited or trained. The outcome becomes the quality and reflection of the output on the masses, e.g. decline in infant mortality, childhood diseases, healthy and productive citizenry, etc.
1.9 Clarification of Key Concepts.

Imperfect Mobilization - The generality of masses belong to various formal and informal organisations making the capture of absolute loyalty impossible.

Countervailing Force - Creation of balance and compromise arising from clash of interest of groups in a political system.

NANNM - National Association of Nigerian Nurses and Midwives.

ARD - Association of Resident Doctors.

Multi-disciplinary - The existence of composite discipline or professions in an organisation.

Hydraulic Thesis - The existence of composite pressures from various groups on the political system to satisfy a demand, propounded by Social Scientist, Carl Frederich.
Demarcation Strike - A strike action embarked upon by a union in order to induce Management to recognise it or give it some regard.

Institutional Agenda - Demands and problems which government officials believe deserve serious attention.

Neo-colonialism - Colonialism in a new form. "neo" means "new". It equally means subtle control of developing countries' economies by foreigners via alien economic packages.

Balance - An attempt to provide for all areas within a system or engage in all economic activities for total self-reliance. A sort of closed economy which is a euphoria. It is a theory of development postulated by Albert Hirschman and Rosenstein-Rodan.

Lopsided - Prof. Ragnar Morkae's development theory which postulated specialisation and concentration on areas of advantage for maximum economic benefit.

PEST - An acronym for political, Economic, Social and Technological factors as inputs into the political system.

Substantive Issues - Current subjects of conflict or discussion, often distinguished from procedural issues.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open System</td>
<td>A system that receives influences from the external environment equally by its external output.</td>
</tr>
<tr>
<td>Warning Strike</td>
<td>A strike which lasts for a few days/hours to warn the authorities of the need to meet demands of unions, failing which a total strike will follow.</td>
</tr>
<tr>
<td>Input Output</td>
<td>Influences from the external boundaries of the bureaucracy which it processes and pumps into the external environment as tangible manifestations of a policy.</td>
</tr>
<tr>
<td>Outcome</td>
<td>Consequences of the output and its long-term lasting effects.</td>
</tr>
<tr>
<td>U.N.T.H.</td>
<td>University of Nigeria Teaching Hospital.</td>
</tr>
<tr>
<td>M.P.A.</td>
<td>Master of Public Administration.</td>
</tr>
<tr>
<td>Tripartite</td>
<td>Three parties.</td>
</tr>
<tr>
<td>Status quo ante</td>
<td>Existing state of affairs before a strike - Workers usually start work pending settlement.</td>
</tr>
<tr>
<td>Collective Bargaining</td>
<td>A system whereby management and workers sit on a round table conference to negotiate and decide mutually and peacefully matters affecting both parties.</td>
</tr>
<tr>
<td>Policy</td>
<td>A decision with ramifications, long-term connotation and interconnected taken by authorities concerning public goals and means of achieving them.</td>
</tr>
</tbody>
</table>
System

Guided democracy

A complex of elements with specific boundaries and inter-connections functioning in harmony.

A combination of free interaction between labour and management laced with intervention by government if settlement proves tenuous.

A.S.U.U.

Academic Staff Union of Universities (now proscribed).

Distributive, Regulatory & Redistributive

Theodore Lowi's typology of policies hinging mainly on the beneficiaries of the policy.
References


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UNPUBLISHED DISSERTATION

CHAPTER TWO

BACKGROUND INFORMATION ON THE CASE STUDY (UNNTH ENUGU)

The University of Nigeria Teaching Hospital is by no means an alien in the annals of the history of teaching hospitals in Nigeria. It is among the first generation hospitals of that standard and has over the years built up for itself a reputation commensurate with its gigantic status as a Centre of Excellence in Cardiothoracic Medicine within and outside Nigeria.

As a teaching hospital, it performs the three acclaimed cardinal functions of such institutions viz: teaching, therapy and research. These and already been quoted in the UNIVERSITY TEACHING HOSPITALS (RECONSTITUTION OF BOARD ETC) DEGREE NO. 10 OF (1985; AD8).

There is no doubt that all the cardinal functions, and its offshoot already highlighted are aimed at attaining the goal of the National Health Policy (1988:9).

"The goal of the National Health Policy shall be a level of health that will enable all Nigerians to achieve socially and economically productive lives. The National health systems shall be based on primary health care".
Since this research work is a case study, using the University of Nigeria Teaching Hospital as a base, it is only fair that we have an overview of the history and growth of the institution, its organizational structure and some aspects of its internal dynamics.

The University of Nigeria Teaching Hospital has had a chequered history, but not a chequered reputation. Everyone associated with it can testify to the latter.

It started as the African Hospital and later assumed the status of a General Hospital. With the East Central State Edict No. 41 of 1970, its status was upgraded to that of a Specialist Hospital which also changed its role drastically. In 1972, it was handed over to the University of Nigeria, Nsukka Council to manage. This interim arrangement lasted for about five years and was beset with several administrative problems.

By Decree No. 23 of 1974, the Federal Government finally took it over as a full-fledged teaching hospital, but provisionally managed once again by the Council of the University of Nigeria,
Nsukka. In August, 1977 and by virtue of Decree No. 58 which took retrospective effect from 1st April, 1976, the Federal Government gave the Hospital its first autonomous management Board.

In 1978, via Decree No. 74, the administrative structure was modified and the post of the Chief Executive was transferred from the Director of Administration to the Medical Directory/Dean of the Medical College of the affiliate University (University of Nigeria). This began the decanal system whereby the Dean or Provost of the associate University automatically assumed, the executive headship of the teaching hospital. The decanal system terminated with the emergence of Decree No. 10 of 1985 which separated the deanship/provostship from the new Chief Medical Director who became a full time staff of the teaching hospital and a Federal Government appointee, while the former was given the status of a board member.

2. **ORGANIZATIONAL STRUCTURE.**

Statutory changes which characterized the history of the University of Nigeria Teaching
Hoegital also brought administrative changes. The current organogram (appendix 1) was approved by the Management Board in November, 1986.

The Management Board is at the pinnacle of the hierarchy, and is the policy making organ. Directly below the Board is the Chief Medical Director, who is the Chief Executive and Accounting Officer. Under the Chief Medical Director, are the Director of Administration/Secretary to the Management Board and the Chairman, Medical Advisory Committee. The former is responsible to the Chief Medical Director for the proper functioning of all the administrative units — Main Administration, Personnel, Public Relations, Data Bank, Tenders, all in Administration Department. There are also the Works, Laundry, Security and Catering Departments. The post is statutory and pensionable. It is the prerogative of the Board to appoint the Director of Administration. In the absence of a Board of Management, the Federal Ministry of Health and Social Services (the Hospital’s) parent Ministry appoints them.
The Chairman, Medical Advisory Committee (formerly, Director of Clinical Services and Training) is also an appointee of the Board. He is selected from the consultant staff of the affiliate University (UNN) and is, himself all honorary Consultant to the hospital. It is a statutory position but not pensionable. The Chairman, Medical Advisory Committee is responsible to the Chief Medical Director for running the clinical departments, training schools and the other clinical sub-units under the umbrella of the hospital. These are the Nursing Services, the Laboratory Departments (Chemical Pathology, Haematology, Microbiology and Morbid Anatomy), Pharmacy, Physiotherapy, Accident & Emergency and the General outpatients department. The training schools have already been specified on pages 30 & 31. These three principal functionaries constitute the Management Committee. It is pertinent to state that the multi-disciplinary nature and complexity of health care service make it a matrix organization which William F. Coventry (1979:19) saw as theoretically consisting of a large grid system demonstrating the impact of each industry in turn on all others.
Fred Riggs did conceive development as depicting rising levels of autonomy and discretion in decision-making by the social structures (delegation). He stressed that delegation will produce development only with high level of co-ordination and blending of the activities of the social systems. This is the only way to reduce wastes, duplication, and enhance unity of purpose and goal attainment.

This is manifest in a teaching hospital system where for instance the Asst. Director of Finance and the Asst. Director Audit report to both the Chief Medical Director and Director of Administration at different times. Most Officers are also answerable to more than one master hence the emphasis on harmonisation.

The management arm of the University of Nigeria Teaching Hospital also spreads to other special programmes like the Rural Comprehensive Health Centres, two of which it manages at Obuapa (Enugu State) and Abagana (Anambra State). Additionally, it includes the Institute of Child Health which renders maternal and child care, immunization and health education functions.
to both urban and remote rural communities. These three sub-units show how the hospital is involved and committed to the execution and success of the primary health care programme on which the National Health Policy revolves.
2. B Teaching Hospitals as Organisations.

Allen Louis (1958:57) defined organisation as a process of identifying and grouping work to be done, defining and delegating responsibility and authority and establishing relationships that will enable people to work together effectively to achieve specified organisational goals.

In the same vein, Mary Parker Follett saw organisation as a sensible working arrangement, while Adebayo A. (1979) agreed that it is a combination of human beings, materials, tools, equipment etc, all brought together in systematic and effective correlation to accomplish some desired objective.
Management which we have defined from Rosemary Stewart's viewpoint as "deciding what should be done and getting other people to do it", does not take place in a vacuum. It takes place within the framework of organisations. Without organisations, activities will be chaotic and duplication of efforts and waste of resources will be rife. Organisation as already hinted means a conception of an objective or objectives, conceptualising how that idea could be converted to reality for the benefit of people and for the well being of those floating the idea. It involves the identification of functions, deciding on the tasks and duties of the personnel and their specifications, their recruitment, departments and the relationship of these segments and functions, provision of facilities that will facilitate these work. For instance, if it is an office, registers and typewriters will have to be provide for the clerks and typists. There must be telephone, telex and fax for communication, internally and externally.

Teaching hospitals are organisations. They have identities conferred on them, ending with the Decree 10(1985) which also specified what their functions are as follows:
B.I. Functions of the Board

(1) It shall be the duty of the Board -

(A) to equip, maintain and operate the hospital so as to provide facilities for diagnosis, curative, promotive and rehabilitative service in medical treatment;

(B) to construct, equip, maintain and operate such training schools and similar institutions as the Board considers necessary for providing the hospital at all times with a proper staff of hospital technicians and nurses;

(C) to construct, equip, maintain and operate such clinics, out-patient departments, laboratories, research or experimental stations and other like institutions as the Board considers necessary for the efficient functioning of the hospital.

(2) The duty of operating the hospital imposed by the foregoing sub-section shall include, without prejudice to the extent of what duty apart from this sub-section, the duty of providing proper courses of instruction for medical students of the associate University and the Board may
perform the last mentioned duty by arranging with the approval of the minister, for students of such associate University to attend courses at other institutions not controlled by the Board.

(3) The Board shall secure that the standards of teaching provided at all establishments controlled by itself and the standards of treatment and care provided for patients at those establishments do not fall below those usually provided by similar establishments of international repute.

(4) Subject to this Decree, the Board shall have power to do anything which, in its opinion, is calculated to facilitate the carrying out of its functions under this Decree.

B. II. Discipline

Notwithstanding anything to the contrary contained in any other enactment, where it appears to the Board that any student of the hospital has been guilty of misconduct, the Board may, without prejudice to any other disciplinary powers conferred
on it by regulations, direct:—

(A) that the student shall not, during such period as may be specified in the direction, participate in such activities of the hospital, or make use of such facilities of the Hospital as may be so specified; or

(B) that the activities of the student shall, during such period as may be specified in the direction be restricted in such manner as may be so specified; or

(C) that the student be rusticated for such period as may be specified in the direction; or

(D) that the student be expelled from the Hospital.

The fact that an appeal from a direction is brought in pursuance of the last foregoing subsection shall not affect the operation of the direction while the appeal is pending.

The Board may delegate its powers under this section to a disciplinary committee consisting of such members of the Hospital as the Board may nominate.

Nothing in this section shall be construed as preventing the restriction or termination of a student's
activities at any Hospital otherwise than on the ground of misconduct.

A direction under subsection (1) (a) above may be combined with a direction under subsection (1)(b) above.

Nothing in this Decree shall affect the provisions of any enactment relating to the discipline of medical practitioners, pharmacists, midwives, nurses or members of any other profession or calling.

If it appears to the Board that there are reasons for believing that any person employed as a member of the clinical, administrative or technical staff of the Hospital, other than the Chief Medical Director, should be removed from his office or employment, the Board shall require the secretary to:

(A) afford him an opportunity of making representations in person on the matter to the Board; and
(B) give notice of those reasons to the person in question.
(C) if the person in question so requests within a period of one month beginning with the date of the notice, making arrangements -
(i) for a committee to investigate the matter and report on it to the Board; and

(ii) for the person in question to be afforded an opportunity of appearing before and being heard by the investigating committee with respect to the matter; and if the Board, after considering the report of the investigating committee, is satisfied that the person in question should be removed as aforesaid, the Board may so remove him by a letter signed on the direction of the Board.

The Chief Medical Director may, in a case of misconduct by a member of the staff which in the opinion of the Chief Medical Director is prejudicial to the interest of the Hospital, suspend any such member and any such suspension shall forthwith be reported to the Board.

For good cause, any member of the staff may be suspended from his duties or his appointment may be terminated or he may be dismissed by the Board; and for the purposes of this section, "good cause" means -
(A) a conviction for any offence which the Board considers to be such as to render the person concerned unfit for the discharge of the functions of his office; or

(B) conduct of a scandalous or other disgraceful nature which the Board considers to be such as to render the person concerned unfit to continue to hold his office; or

(C) conduct which the Board consider to be such as to constitute failure or inability of the person concerned to discharge the functions of his office or to comply with the terms and conditions of his service.

Any person suspended shall, subject to subsection (2) and (3) above be on half pay and the Board shall before the expiration of a period of three months after the date of such suspension consider the case against that person and come to a decision as to-

(A) Whether to continue such person's suspension and if so, on what terms (including the proportion of his emoluments to be paid to him); or
Whether to reinstate such person, in which case, the Board shall restore his full emoluments to him with effect from the date of suspension; or

whether to terminate the appointment of the person concerned, in which case, such person shall not be entitled to the proportion of his emoluments withheld during the period of suspension; or

whether to take such lesser disciplinary action against such person (including the restoration of his emoluments that might have been withheld), as the Board may determine; and in any case where the Board, pursuant to this section decides to continue a person's suspension or decides to take further disciplinary action against a person, the Board shall before the expiration of a period of three months from such decision come to a final determination in respect of the case concerning any such person.

It shall be the duty of the person by whom a letter of removal is signed in pursuance of subsection (1) above to use best endeavours to cause a copy of the letter to be served as soon as reasonably practicable on the person to whom it relates.
Nothing in the foregoing provisions of this section shall prevent the Board from making such regulations not inconsistent with the provisions of this Decree for the discipline of students and all other categories of employees of the Hospital as the Board may prescribe.

Regulations made under subsection (6) above need not be published in Gazette but the Board shall bring them to the notice of all affected persons in such manner as it may from time to time determine.

If any junior staff is accused of misconduct or inefficiency, the Chief Medical Director may suspend him for not more than three months and forthwith shall direct a committee -

(A) to consider the case; and

(B) to make recommendations as to the appropriate action to be taken by the Chief Medical Director.

In all cases under this section, the officer shall be informed of the charge against him and shall be given reasonable opportunity to defend himself.

The Chief Medical Director may, after considering the recommendation made in pursuant to subsection (1)(b) of this section, dismiss, or take such other
disciplinary action against the officer concerned.

Any person aggrieved by the Chief medical
Director's decision under subsection (3) of this
section may, within a period of 21 days from the date
of the letter communicating the decision to him,
address a petition to the Board to reconsider his

B. III. Miscellaneous.

(1) The Board may, with the approval of the minister,
make bye-laws;

(A) as to the access of members of the public either
generally or of a particular class, to premises
under the control of the Board and as to the
orderly conduct of members of the public on those
premises; and

(B) for safeguarding any property belonging to or
controlled by the Board from damage by members
of the public;

Bye-laws under this section shall not come into
force until they are confirmed (with or without
modification) by the minister and published in such
manner as he may direct.
Rye-law made under this section may provide that a breach of the bye-law or of a particular provision of the bye-law shall be punishable by a fine (not exceeding $50) and in default of payment of the fine by imprisonment for such a term as may be specified, not exceeding 7 days.

Rye-law made under this section shall not apply to any member of the Board and shall not, in their application to a particular institution, apply to an officer or servant of the Board employed in connection with the institution or to a student at the institution. The minister, the permanent secretary of the ministry, the Director of medical services and Training and (on production if so required of his authority) any person authorized in that behalf by any of the persons aforesaid may at any time enter and inspect any institution controlled by the Board.

The Board shall render to the Director of Medical Services and Training at such times and in such form as he may specify, such statistical and other returns as he may from time to time require.
The Board shall prepare and submit to the Federal Executive Council, through the minister, not later than the 30th day of June in each year, a report in such form as the minister may direct on the activities of the Board during the immediately proceeding financial year and shall include in such report a copy of the audited accounts of the Board for that year and of the auditor's report thereon.

The Board shall be responsible for laying down general policies and guidelines relating to major expansion programmes of the Hospital and the provision of facilities for the training of medical students of the associate university and it shall be the duty of the Board to execute such policies and to keep within such guidelines.

The Board shall subject to this Decree have power of promotion, advancement, discipline and the determination of appointment of members of staff of the Hospital.

The minister may give to the Board directions of a general character or relating generally to particular matters (but not to any individual person or case) with regard to exercise by the Board of its
functions under this Decree; and it shall be the
duty of the Board to comply with the directions; but
no direction shall be given which is inconsistent with
the duties of the Board under this Decree.

The Head of the Federal Military Government may,
notwithstanding any provision of this Decree, take
such measures as occasion may warrant in order to
improve the efficiency or due administration of the
teaching Hospitals specified in the schedule to this
Decree.

For the purpose of subsection (1) of this section,
the Head of the appointment of military commandant to
take charge of the administration of any of the teaching
Hospitals specified in this Decree for such period as
may be stipulated in the authority.

The appointment at anytime before the date of
the making of this Decree of a military commandant for
any of the teaching Hospitals specified in the schedule
to this Decree shall be deemed to have been made
pursuant to the provisions of this Decree.

The provisions of the Decree show managers at
different levels. There is the management Board
composed of human beings regarded as experts in their
own fields. Below them is the management team, comprising the Chief Medical Director, the Chairman, M.A.C and Director of Administration. Under them are their immediate subordinates and other professionals and generalists staff all performing various functions.

In the Decree the objectives of establishing the Teaching Hospital have been clearly stated. It is to render health services to the citizens. By this is meant, advising them on their various physical and mental ailments, diagnosing these ailments, prescribing, manufacturing/procuring drugs that will get rid of the problems.

It also covers the training of health personnel. For instance the teaching hospitals train:

(A) Resident Doctors
(B) Nurses
(C) Midwives
(D) Medical Lab. Scientists
(E) Medical Students
(F) Dental Therapist

This list is but a tip of the iceberg. The training function as it affects nurses span tutelage in:

[Further content not provided in the image]
In the same vein, doctors are trained for all specialties like:

(A) General Surgery
(B) Urology
(C) Cardiothoracic surgery
(D) ENT Surgery
(E) Paediatric surgery
(F) General medicine
(G) Cardiology
(H) Gastroenterology
(I) Obs. and Gynee.
(J) Ophthalmology
(K) Radiology e.t.c.

The scope and catchment areas of the training cover all parts of Nigeria all over Africa and even the world as a whole. Facilities and structures such as machines and consumables of all kinds have to be
provided - Theatres, offices, conference rooms, classrooms and wards. The populace need to be aware of the functions of the Teaching Hospitals to patronize and benefit from their services.

Teaching Hospitals are also expected to perform research functions to update knowledge, discover new knowledge and solve problems. This is the reason for various laboratories scattered all over the place. Although pure research is preponderent, applied research also takes place both in the clinical regions and administrative sectors.

They finance their activities from subventions granted them by the Federal Government through the Federal Ministry of Health and Social Services. Teaching Hospitals also generate revenue but not to a degree of self-sustenance.

2.0 Industrial Relations in Teaching Hospitals.

Authorities on the subject of industrial relations have seen it from different points of view.
This is not surprising as all courses in the social sciences have strong link with human beings. It is well-known that when matters concerning human beings come into focus the exactness of the natural and physical sciences does not hold.

Allan Flanders saw industrial relations as the study of job institutions and the relationship between the employers and employees and amongst employees themselves. Richard Hyman said that industrial relations is centered on conflict and resolution of conflict. This is derived from the marxist's viewpoint of conflict and struggle between the sers and the Lords. His definition also has strong correlation with the definition of flanders since the rules governing relationships as postulated by the latter also should normally cover means of obviating and resolving conflicts. John Dunlop saw the subject as a sub system of the total Societal System Comprising the Political, Economic Social and Technological (PEST). Nigerians like Ubeku, Akpala, Otobo and Fashoyin's definitions do not depart significantly from those of the foreigners.
As already stated teaching hospitals are multi-disciplinary institutions. Education gives the educated enlightenment. It also develops the individual. This is why the teaching hospital environment is complex. Not only is it multi-disciplinary but also most professionals in the system can stand with pride on their own grounds and would withstand challenges or refuse to tolerate challenges from other professionals for a better appreciation of the arrays of disciplines, let us look at medicine for example. The teaching hospitals have three clear cut levels - the consultant/lecturers, the Resident doctors and the House officers.

The consultants are authorities in the specialities spanning over 35 clear areas and over 15 other sub-specialities. For instance, in surgery you will normally have -

- General surgery
- Urology
- Cardiothoracic
- Neuro surgery
- Orthopaedics.
These specialties have sub-specialities. One can see the variety of subjects when it is considered that in medicine you have over ten departments.

Down the ladder, you have the laboratory scientists, the pharmacists, the nurses, radiographers, the accountants, the engineers and the administrators. These para medical and non-medical groups know their onions in their different fields.

As most of these disciplines are independent, so do they have their different trade unions and professional associations. So countervailing forces come into bear arising from imperfect mobilization. These groups, exert pressure among themselves on the one hand and the management on the other hand. This situation is what Carl Frederich (1908) called the hydraulic thesis depicting a system of forces and pressures acting and reacting to one another in the formulation of public policy, albeit at a micro level in this context. Quite often, rather than industrial conflict with management, it becomes inter-union squabbles like that between the N.R.S.U., and medical and health workers union of Nigeria or that between
National Association of Nigeria Nurses and midwives and the Association of Resident Doctors or between Association of Resident Doctors and the association of physiotherapists or medical Laboratory Scientists. First demarcation strikes become rife. All these give management of industrial relations in a typical teaching hospital a unique character. Management is often not seen as rational and fair because it bears the trait of a polygynist with demands from too many wives and their children.

The doctors are ultimately regarded as the leaders of the health team. This seems to give them an edge over others and aggravates the complexity earlier highlighted. Doctors are seen as the favoured children. It is therefore not surprising that in more than one occasion the other groups subtly unite to fight either the doctors or management. The latter aspect brings to reality the "relationship between employers and employees and among employees themselves" apparent in the Allan Flanders definition of industrial relations already stated. Management grapples with substantive industrial relations issues and also tries to resolve inter union imbroglio.
Finally, the U.N.T.H, a typical teaching hospital has the following Trade Unions and other Associations ready and willing to fight for and protect the interest of their members.

C.I. Trade Unions
(A) Non Academic Staff Union
(B) Medical and Health workers union of Nigeria
(C) National Association of Nigeria Nurses and Midwives.
(D) Stenographic and Allied Workers Union
(E) Senior Staff Association of Teaching Hospitals and research institutes.
(F) Association of Resident Doctors
(G) Nigeria Medical Association.

C.II Professional Associations.
(A) Nigeria Physiotherapist Association
(B) Pharmaceutical Association of Nigeria
(C) Association of Laboratory Scientists
(D) Association of Consultants
(E) National association of secretarial staff of Nigeria.
It is pertinent to stress the aphorism "the enemy you know is better than the devil who lives with you in disguise". There exists in teaching hospitals many informal groups which Szlozyi A.D. (1980:201) defined as "groups that generally emerge naturally from the interaction of the members, and that may or may not have purposes that are related to or congruent with the goals of the organization".

Non registered or recognised unions and Associations use these to fight for what they consider their right. They feel they would be heard collectively rather than pursue their case individually.

It was under this kind of umbrella, that the nurse Anaesthetists, a very important group in surgical operations suddenly withdrew their services from the theatre in 1991 and paralysed services for two days. Management used its big hammer and gave them various terms of suspensions ranging from one to two weeks for side-tracking the official channel of communication and grievance procedures.

Since this incident management has defined group action, preferring to deal with a union or Association at a time. When unions unite under JATU (Joint Action
of Trade Unions) management becomes apprehensive, sceptical and refuse them both recognition and dialogue. It was under the umbrella of J.A.T.U that the UNTU was held under siege for over four hours by Trade Unions Officials seeking bend management to meet their demands.
3.1 Data Presentation.

The data collected at the study are hereby presented as follows.

Table 3.1.1
Number of Respondents Classified by Length of Service.

<table>
<thead>
<tr>
<th>Length of Service (Years)</th>
<th>No of Respondents</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5 - 10</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>10 and above</td>
<td>150</td>
<td>75</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Research Questionnaire administered on selected sample of UNTH staff - 1998.

To understand the dynamics of industrial relations in an institution like the Teaching Hospital with many Unions, one needs to have worked long enough in the place. The preponderance of those who had worked in the Hospital up to 10 years and above (i.e. 75% of the respondents) validates this view. Although those who had spent up to five years were 25%, people in that
category who are conscious of the events in their environment will also be knowledgeable. The views of these groups of staff can be held as reliable on the subject of research.

Table 3.1.2
Number of Respondents Classified by Trade Union Membership.

<table>
<thead>
<tr>
<th>Membership of Trade Union</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>198</td>
<td>2</td>
<td>200</td>
</tr>
</tbody>
</table>

Source: Research Questionnaire administered on selected sample of UNTH staff - 1998.

Out of the 200 questionnaire distributed, 198 of the respondents agreed that they belong to a Trade Union. Again, the smattering 2 who said they do not belong to trade unions incidentally are members of one association or the other. This gives this question 100% agreement since both trade unions and professional associations more or less perform similar functions. This further validates the information in Table 4.2 as members of the unions are involved in one rally or meeting from time to time. It is in these fora that decision on strike and issues in dispute and relationship
generally are thrashed out, with majority support based on which mandate for action is given to the officials of the unions or associations.

Table 3.1.3
Response of Respondents on No. of Strikes Embarked upon in the last 10 years.

<table>
<thead>
<tr>
<th>Has your union gone on strike/s in the past 10 years.</th>
<th>Yes</th>
<th>No</th>
<th>No. of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>200</td>
<td>-</td>
<td>2 - 8, with 4 as the mode (180 times)</td>
</tr>
</tbody>
</table>

Source: Research Questionnaire administered on selected sample of UNTi staff - 1998.

All the 200 respondents admitted that their union/s have gone on strike within the past 10 years. This shows that the unions have had one problem or the other with the Management or the Federal Government.

Additionally, they agreed that the frequency ranged between 1 to 8 times. The most frequent figure was four times which the researcher regarded as the mode having occurred up to 180 times. Cursory look at this figure may portray the frequency as low. This is not true when considered strikes are undesirable. In the same vein the
duration of the strikes is a vital factor. None of the strikes lasted for less than 2 weeks and if the average revenue generation of the hospital is put at ₦250,000.00 per day as a conservative estimate, a loss of ₦3,500,000.00 (three million, five hundred thousand Naira) would be incurred for two weeks. For a strike like the one embarked upon by the nurses in 1994 that lasted for eight months, the hospital would have lost:

8 months at 30 days per month = 240 days

240 days x ₦250,000.00 = ₦60,000,000.00

(Sixty million Naira).

This is only one aspect of the trauma. When the medical laboratory scientists went on strike in 1996 for 1 month, the Blood Bank lost 50 pints of different categories of blood donated by individuals for services. Using the price of ₦1,200.00 for the O+ group which is the cheapest, the sum of ₦1,200.00 x 50 = ₦60,000.00

(sixty thousand Naira).

These are only two aspects of the effects of strikes on finance alone. Some others are emotional and therefore very depressing but unquantifiable financially.

Table 4.4 is more or less self-explanatory. The most prominent single cause of strike is non-payment and late payment of staff salaries and in a situation of
prevalent depressed economy and spiral inflation, no situation can be more devastating.

The above is followed by discrimination in the treatment given to medical doctors of all kinds in sharp contradistinction to other staff. For instance, while a pre-registration House officer earns over ₦10,000.00 per month, a Director of Administration who possesses a postgraduate certificate with over 17 years of service earns less than ₦8,000.00. In the same way almost any request made by a doctor is given attention or granted invariably whereas those of other staff are subjected to critical security and often not granted.
There follows non implementation or establishment of circulars with 24%. Again research effort indicates that this is a very problematic issue. For instance, circulars released in 1991 had been the cause of strike since 1993. The Unions have demanded, dialogued and exhausted their patience. While the Management decided to implement the decisions as it affected the doctors, it did so in piece-meal.

In this instance, the doctors were not satisfied and other staff who received no consideration became restive and uncompromising.

Management itself was facing a dilemma since the Federal Government which approved the circular refused to release money for its implementation. In most cases, it urged Management which could raise money to pay to do so. Otherwise, implementation should be halted. So teaching hospitals which have money pay while those which do not face protracted problems. Same situation applied to circular I, of 1998 where the allowances due to medical doctors were increased but the government never provided money for payment. Most teaching hospitals paid and others could not. The resident doctors in UNTH went on strike two times between December 1995 and February 1998. In apprehension and to stem further terrors, the Management
paid doctors from the general salary pool and the money for salaries got short circuited creating dissatisfaction all through the institution.

The adverse effects of strike were slated with death of patients coming at the apex, followed by loss of revenue which we have already highlighted, disruption of service, low morale and low productivity followed.

Boom to private hospitals and quacks ranked equal with destruction of the economy.

Loss of credibility was next and loss of patients and strained relationship between Management and staff followed.

The respondents also offered solutions to the causes of strike and eventually their adverse effects.

According to them, prompt payment of salaries and allowances ranked highest. It was followed by correct implementation and interpretation of circulars. Implementation of collective agreements, release of subventions promptly and treatment of workers grievances promptly were rated equally.

There were followed by judicious use of available resources by Management and the call for trained administrators to take over the headshop of teaching hospitals.
Table 3.1.5
Contribution of Management & Federal Ministry of Health to Strikes.

<table>
<thead>
<tr>
<th>CONTRIBUTION</th>
<th>YES (No.)</th>
<th>NO (No.)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMGH</td>
<td>180</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>UNTH Management</td>
<td>8</td>
<td>2</td>
<td>1</td>
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<table>
<thead>
<tr>
<th>HOW</th>
<th>FMGH</th>
<th>MANAGEMENT</th>
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<tbody>
<tr>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>Lack of Supervision and monitoring 50%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inadequate subvention 100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Late Release of Subventions 100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Favouritism to doctors 50%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Favouritism to doctors 50%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Response from Questionnaires administered to a Selected Sample of UNTH Staff - 1998.

From Table 4.5 the Federal Ministry of Health was blamed for the frequent industrial action in teaching hospitals. While the parent Ministry got 90%, the
Management got about 10%. Those who exonerated the Federal Ministry of Health were only 10% and those who exonerated Management from blame were 1%.

The respondents blamed the Federal Ministry of Health for inadequate funding and late release of subventions. These were followed by lack of supervision and monitoring of performance while favouritism to doctors came least.

Management was moderately blamed for mismanagement of funds and favouritism for doctors to the same degree.

Table 3.1.6

Adequacy or Otherwise of Funding and Relationship Between Funding and Industrial Peace.

<table>
<thead>
<tr>
<th>Funding</th>
<th>Adequate</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>10</td>
<td>180</td>
</tr>
<tr>
<td>Relationship Between Funding &amp; Industrial Peace:</td>
<td>Yes (160)</td>
<td>80</td>
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Source: Response to questionnaire administered on a selected sample of UNTH Staff - 1998.
The response was heavily tilted (90%) that the UNTH was inadequately funded only a smattering 10% disagreed.

Regarding the relationship between industrial peace and funding, 80% of the respondents agreed that there is a strong relationship while 20% disagreed.

3.2.1 Budgetary Allocation Below WHO Prescription:

A look at Table 2.2 shows that the Nigerian government has not been heeding to this call. It
budgetary allocation has consistently been below WHO prescription.

3.2.2 Lack of Modern Facilities and Poor Maintenance Culture.

This low funding which our test of hypothesis has proven has made the teaching hospitals unable to:
(a) Provide modern facilities for treatment of patients, research, diagnosis and teaching.
(b) Maintain and refurbish existing facilities.
(c) Sponsor staff for training to improve their knowledge.
(d) Respond with adequate strength to epidemics and disasters.
(e) Pay staff salaries and allowances on time.

3.2.3 Annual Budget Regarded as Ritual:

The annual budget exercise of teaching hospitals are regarded as mere rituals. Whatever they present as their needs and, however, they defend those requirements, the authorities at the Federal level just give what they like to the Institutions.

Additionally, the amount so allocated is not made known to the teaching hospitals to enhance planning.

Again the teaching hospitals are regarded as Institutions rendering social services. They are not permitted, as a matter of policy, to charge commercial rates.
3.2(b) **Staff Motivation and Industrial Relations.**

Industrial peace is a sine-qua-non for progress in any institution and the teaching hospitals are no exception.

3.2.1 **Teaching Hospitals are Hazardous Institutions:**

Teaching hospitals are hazardous institutions and the workers are so exposed. They are not motivated. The UNTH for instance, has not promoted its staff since 1991. The trade unions have complained until they seem to have resigned themselves to their fate.

3.2.2 **Irregular Salaries:**

To worsen the lack of motivation, the staff of UNTH do not receive regular salaries. For the past 10 years, salaries have been always three months in arrears. This puts the staff in a very trying and tempting, pitiable condition.

3.2.3 **Allowances Paid in Installments or Piecemeal:**

My interview with the officials of the trade union indicate that time was when the staff salaries were paid without attendant allowances, paid in installments and in fractions.
3.2.4 UNTH Staff are Frustrated:

Without motivation and facilities, staff are frustrated as they find no avenue to express their skill.

3.2.5 Skill Drain:

This has made skill drain a common feature of the teaching hospitals and UNTH for the past 15 years. A specialist in neuro-diseases once decided as a patriotic act to return home. His visit to the theatre sent him packing again. According to him, the facilities for surgery in the theatre were unfit for monkeys, not to talk of human beings.

3.2.6 Lack of Opportunities to Lay Complaints to Executives:

Some Chief Executives deny their staff access to their offices to lay complaint. Experience has shown that a labourer who was allowed access and spoke cordially with the Chief Medical Director always felt on top of the world. This is true at all levels. When trade unions call for meetings and the authorities refuse to honour the call, the trade union officials feel neglected and they give this impression to their members who end up developing hatred for those in authority.
When the JATU (Joint Action Off Trade Unions) in UNTH held the institution on siege in 1995 it was as a result of the authorities bluffing the call for dialogue by the union officials. In the end it was the service and patients that suffered.

3.2(c) Circulars, Interpretation and Implementation.

3.2.1 Undue Publicity to Fringe Benefits.

It was a common feature in the public service from 1985 that government released circulars augmenting allowances and fringe benefits or even salaries. The government publicize this action and fuel inflation. Unfortunately, the government does not back up the circular with the finances for implementation. Circular 1 of 1991 for instance, introduced certain allowances for certain categories of health workers. Up till now that circular has not been implemented in the UNTH fully. The unions of the group of workers affected have applied all forms of dialogue. While Management was willing to pay, it lacked the finances. For that circular alone, over seven separate industrial actions have resulted.
3.2.2 Domination of UNTTH by Doctors to the Detriment of Others:

In the health sector doctors are regarded as leaders. Ordinarily a leader is supposed to carry the led along. This has not been so in the UNTTH. Research findings reveal that doctors dominate the system. They earn fatter salaries. When circulars are released, theirs are implemented first and nearly all requests made by them are granted. This partiality and discrimination whip up sentiment and acrimony. It makes the other staff very willing to vacate the place for doctors at the slightest provocation.

3.2.3 Staff Welfare Undermined by top Administrative Staff:

Those in Administration appear not to be really interested in staff welfare. While a circular on deduction from staff salaries are implemented with speed and to the letter, those on staff welfare will not come on time. When provided from unofficial sources, it will be rejected as unofficial. Its interpretation is often skewed. This is exemplified by the circular on EUSS salary scale which has been a case of dispute between Management and staff till date. Without specific directives from anywhere those in personnel and Administration harried officers on EUSS 09 and
above from running their increment up to the end. They were made to stop at step 8 while the salary scale actually terminated on step 10 and some on 12. Information obtained from other sister institutions have shown that they run the increment as it is on the salary scale. It has also shown that in some areas staff allowances in UNTH are underpaid.

3.2(D) Mismanagement of Funds and Monitoring of Performance

3.2.1 Misappropriation of Fund.

It is a big problem that available funds for services are inadequate. It is worse when the little available is mismanaged and frittered away. The 1995 siege had very strong relationship with this issue. The Unions were alleging that Management should be disbanded to move the UNTH forward and the Management stood its ground that its actions were contrary to what the unions were portraying to the general public.

3.2.2 Lack of Effective Monitoring Scheme.

It is the duty of the Federal Ministry of Health to monitor the performance of teaching hospitals. There is no evidence that they did this in the past in real practical terms. The statutory audit exercise has been reduced to almost a routine. Moreover, it comes in arrears. It is
only this year that a team of the Minister's representatives started visiting hospitals to monitor capital projects only.

3.2.3 Lack of Effective Consultation by the Ministry of Health.

There is also evidence that sometimes the Ministry officials determine priorities for hospitals without consulting them. Privileged people are just dispatched with letters of awards and the teaching hospital officials are asked to cooperate with the contractors from above whom they are also compelled to pay. The trade unions may not know what goes on and they heap the blame on Management.

3.2.4 Management Incapacitation:

Having come from heaven, the contractors do not perform like those from there. Since they relate to the powers that be, the Management find itself powerless to criticise them for shoddy jobs for fear of being relieved of their posts.

3.2(I) Findings from the Test of Hypothesis.

3.2.1 Relationship Between Government Funding and Industrial Relations.

The test was conducted scientifically and it showed strong positive relationship between the variables on
finance and preferred solutions to them by the respondents. This buttresses the comparative response that there is relationship between funding and industrial relations in teaching hospitals.

3.3 Implication of Findings for Administrative Efficiency and Effectiveness.

From the findings, it will be seen that the teaching hospitals as component of the Nigerian environment is influenced by the environmental factors.

Both responses from the questionnaire, findings from interview and other observations and the test of hypothesis have proved that the amount of funds given to teaching hospitals is inadequate.

This inadequacy has resulted in a lot of problems internally. Staff salaries are not paid on time and in frustration they embark on strike and this takes its toll on the service to patients who die in large numbers especially very indigent ones.

Again this inadequate resources also mean that even when staff are ready to work, the materials for the work are not there. A consequence of this is that blood may not be screened and patients may be forced to patronize
private hospitals and laboratory. Those who cannot afford
the charge of these business men simply go home and resign
to fate.

It is, therefore, clear that the input received from
outside i.e. finance play a serious role in the processual
institutions (i.e. the teaching hospitals). The quantity
and timeliness of this input determine, to a great extent,
the efficiency of the system. The efficiency of the
system (teaching hospitals) determines the quality of their
output i.e. the number of children immunized, the number
of samples processed in the laboratories and the quality
of these services. Therefore, if the issues raised in the
findings are well addressed by the government, the
implication will be to enhance the level of administrative
efficiency and effectiveness.
CHAPTER FOUR

4.1 Summary and Conclusion.

This research has been thorough. The objective of research is to solve problems and contribute to knowledge generally. The objective of this work is not different. It is to detect the causes of the constant rift and industrial relation crisis in teaching hospitals over the past ten years. If this crisis is allowed to persist, the health of our people already dwindling will nose-dive.

No reasonable person will question the importance of manpower. Since it has been acknowledged as the foremost of all resources, prime attention should be paid to it also.

Health is a development indicator and a country full of poor and sickly populace will always be retrogressive. Good health enhances even proper mental development. Sickness is like a parasite. It saps national resources and reduces productivity. It, therefore, pays to give health utmost priority.

The problems in the health sector with regard to industrial relation crisis also spread across the education, industry, agriculture, etc. This is an indication that the country is really suffering a very debilitating malaise.
If the research findings and the preferred recommendations are implemented a lot of progress will be recorded.

There is also no doubt that the recommendations will help other sectors, other than health if they avail themselves of them.

An equilibrium point based on industrial peace which is the product of the three major actors in the industrial relation system - employee and their unions, the employers and their association and the government as the regulator of the system is a sine-quo-non for progress and development.

4.2 Recommendations:

The recommendations announced below are based on research findings and should improve the system if applied.

4.2.1 Funding:

(a) The Federal Military Government should strive to increase the level of finding of teaching hospitals. Its aim should be the WHO prescription as 5% of the GNF or 5% of total budget.

(b) To enhance planning, the Federal Ministry of Health should be realistic in allocation of funds to teaching hospitals. Based on
selfless service of the Chief Medical Director of Obafemi Awolowo University Teaching Hospital, Ile Ife who, when his tenure expired, had all staff rally round him on their own and recommended his retention to the Federal Ministry of Health.

(h) The Petroleum Trust Fund is everywhere. They have started supplying drugs to eaching hospitals and should be encouraged to venture into other areas.

(i) The fund system of public accounting is gradually being adopted in most teaching hospitals. Thus, partial autonomy and commercialization of major service areas like drugs, x-ray, laboratory services and mortuary services have taken place. The innovation has sustained services in these areas. It should be encouraged and sustained.

(j) Teaching Hospitals are still regarded as social services institutions. Consequently, most indigent people in the society can still be treated without charges. The extant Federal Government policy still requires that diseases like leprosy, cancer and malnutrition, etc be treated free. The teaching hospitals comply with these directives but do not
this, what each hospital should receive in a year as recurrent subvention and capital grants should be made known to them.

(c) With (b) above, that amount should be released on time to enable the hospitals finance their operations.

(d) The hospital services arm of the Ministry should set up a permanent monitoring agency for teaching hospitals not just for capital but also recurrent operations.

(e) The government has been hammering that it cannot provide all resources required to move the economy forward, yet it is capable of collecting all oil and tax revenues. In view of this claim, it should not delay further the implementation of the National Health Insurance Policy or Scheme.

(f) During the National Health Summit in 1998, the communiqué issued agreed on the need to establish a health bank. This should be executed.

(g) Conservation of fund is a means of instilling discipline to public office holders; they should understand that serving the public is serving humanity and oneself. Patriotism rather than self enrichment should be the goal. Most Chief Medical Directors in teaching hospitals should emulate the...
receive the relabursement which is a component of the policy. The Federal Government should fill these vacuum that saps the resources of the teaching hospitals.

4.2.2 Establishment Circular, Interpretation and Implementation.

(a) When trade disputes are stalled through collective agreement, circulars dwelling on the agreements emerge. It negates absolutely the objective of settlement if the financial backing is not provided. This has been a thorny issue in teaching hospitals. It was also partly the cause of the siege in 1995. To make settlement meaningful the authorities should provide the funds to implement them.

A lesson from the UNTH experience is that non-implementation of agreements leads to loss of confidence in the Management. It leads to lack of trust and aggravates industrial circs. This situation caused the death of Prof. Bandikpo in Ahmadu Bello University Teaching Hospital. The staff who believe he had their money beat him to death only to discover that the man had not been given any money.
(b) The Administrators whose duties it is to interpret circulars should do so meticulously not with victimisation and bad blood in mind. Modern personnel management demands that matters of welfare where in doubt should be clarified or resolved in favour of staff.

(c) The Administrators should also go after circulars early. Most of the times, before circulars on staff welfare reach UNTH, it is always very late and staff grumble.

4.2.3 Discrimination.

(a) Teaching Hospitals are multi-disciplinary institutions. The care of the patients is a team work. While the doctors are regarded as leaders they should also command followership. A situation where any segment of the staff are regarded or made to feel they are sacred cows should be discouraged. In the UNTH, preferential treatment to doctors has made the other workers suffer and feel marginalised. This should be discouraged.

(b) Circulars dealing with welfare of staff should be comprehensive. This is the only way to obviate disenchantment and uncompromising attitude. Research
findings indicate that since 1991, all circulars issued on staff welfare have excluded other hospital workers with the exception of doctors, nurses, pharmacists and laboratory scientists. Anything the other categories of staff got has been through arbitration or industrial action which is not the best for the country.

4.2.4 Multi Disciplinary and Integrated Approach.
To Health Management.

(a) Health care is in the exclusive as well as concurrent list of the 1979 Constitution. It is therefore a function of the Federal and State Government, with the Local Government not excluded. These segments should be involved through proper articulation and determination of priorities to avoid waste of resources. A situation where state government embarks on the establishment of teaching hospitals where one exists is a waste. Most of these hospitals are shadows of what they should be. Such funds should be given to the viable Federal Government sponsored teaching hospitals to bolster their performance.
The National Health Policy reckons good drinking water, efficient sanitary and sewage disposal system, provision of food and nutrition. With these objectives it is clear that the pursuit of good health should be a multi-sectoral effort encompassing provision of water, sanitation and food. The Federal and State Ministries of Health should liaise and involve these other Ministries in its planning so that everybody complements the goals of each unit for integrated fruitful result.

4.2.5 Scanning of Environment to Detect Feelings.

(a) Woodruff Imberman stressed the need for employers to scan the work environment to detect the feelings of staff so as to stall escalation of grievances before they go off hand. This is something that is lacking in the teaching hospital environment. To a large extent, it is also an indication of how indifferent the government is to the emotions of their staff. This needs revision. In the teaching hospitals the Management could use the security officers to sample the views of staff especially during trying times and use it to dialogue with the staff or union leaders who will disseminate management concern for the people to appreciate.
Management should from time to time address staff under a congenial atmosphere. Seminars and workshops to stress the need for cooperation among all segments of staff should be a regular feature.  

When rumours fill the air, management should diffuse it by issuing circulars clarifying the situation. The staff may not be completely satisfied but they would have known the truth which could make their perseverance enduring.  

Moreover, grievances by staff and trade union should not be treated with indifference. There was abundant evidence that trade unions wrote management for dialogue over some issues bordering on staff welfare but management refused to grant them audience. Prompt response should be the watchword. It will even bring lasting peace if the management consults the trade unions officials regularly especially on major policy or decisions likely to affect staff or their welfare.

4.2.6 Arrest of Brain Drain:  
The problem of brain drain has affected the health and education sectors adversely. A country where its citizens feel the pang of injustice is doomed. President
Babangida even constituted a special panel to investigate the cause. We know migration to other lands arose as a result of dissatisfaction with the system. The need has then arisen for the government to enhance considerably the salaries and allowances of staff in the health and education sectors so that its cream of manpower could return home to serve their father land.

4.2.7 Teaching Hospitals Commission.

The government should save itself a lot of headache if it establishes a teaching hospitals' commission to articulate the needs of the hospitals, procure needed revenue, disburse it and if possible monitor their performance.
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Workmen's Compensation Decree No. 17 of 1987.
I shall appreciate it if you assist me in filling the questionnaire below to enable me carry out a research study on relationship between government funding and industrial relations in Teaching Hospitals in Nigeria with UNTH, Enugu as a case study.

May I assure you that information given will be treated as confidential.

Questions

1. For how long have you been in the service of UNTH?
   - 1 - 5 YEARS
   - 5 - 10
   - 10 and Above

2. Are you a member of any Trade Union/s in the UNTH, Enugu? YES/NO

3. Has your Union gone on strike in the past 10 years? YES/NO

4. If Yes, how many times?

5. What in your view was/were the cause/s of the strike?

6. Do you think that the parent Ministry (i.e., Federal Ministry of Health) contributed in any way? YES/NO

7. If yes, how did they contribute?

8. If your answer to question (6) is No, do you think the Management should bear the blame for the strikes - YES/NO

9. If your answer to (8) is Yes, how did Management contribute?

10. Have strikes any benefits - YES/NO

11. What are the adverse effects of strikes?

12. Can frequent strikes be reduced?