

IMPACT OF INTER-UNION CONFLICT ON INDUSTRIAL HARMONY: A STUDY OF TERTIARY HEALTH INSTITUTIONS IN CROSS RIVER STATE, NIGERIA

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Abstract

The study was carried out to determine the impact of inter-union conflict on industrial harmony. University of Calabar Teaching Hospital and Federal Neuro-Psychiatric Hospital Calabar were the only tertiary health institutions in Cross River State and the total staff strength of the two organizations being 2575 was the study population. A sample of 266 subjects were randomly sampled. Pearson Product Moment Correlation test was conducted to test the null hypothesis and it was discovered that “there is significant influence of inter-union conflict on industrial harmony”. The study recommended removal of salary disparity among unions, review of enabling law and working conditions among others to reduce inter-union conflict and enhance industrial harmony.

Keywords: Inter-union conflict, Industry, Harmony

INTRODUCTION

There are two tertiary health institutions in Cross River State, namely; University of Calabar Teaching Hospital and Federal Neuro-Psychiatric Hospital Calabar. Tertiary health institutions are at the apex of Nigeria health care system and serve as referral and specialized centres. A tertiary health care institution is a complex organization as it comprises various formally recognized groups interacting with one another in their daily activities in order to realize the goals for which it was established to achieve. The harmonious relationship that exists among the work groups that constitute themselves into industrial unions is very critical to the success of the organization.

In view of the strategic relevance of the inter-group relationship, it became imperative to study and understand if the dimension and direction of such relationship is conflictual and its impact on industrial harmony which in itself is a major ingredient that enhance productivity and goal attainment in organization. (Donnelly, Givson, Ivancevich (1984). The primary objective of this study is to determine if there exists inter-union conflict in tertiary health institutions and the impact of such conflict on industrial harmony. This is because the capacity of these organizations to perform their desired function depends on the interplay of internal dynamics such as inter-union conflict as it may affect positively or otherwise industrial harmony. As noted in Byars and Rue (1979), if conflict exists between employee groups, there will likely be distrust, which hinders employee’s performance and commitment to duty, thereby influencing organizational output.

Based on these circumstances and the importance of understanding employee work groups and union relations in the health system, this study will be significant in revealing conditions which foster inter-union conflict, provide information on inter-union relations and highlight consequences of conflictual relationship on industrial harmony. The study will also contribute information on the issue of continuous falling standard of health care delivery, considering the persistence of industrial actions in the sector, as well as provide solutions in terms of managerial strategy for ameliorating inter-group and inter-union conflict in health organizations.

CONCEPTUAL ANALYSIS AND REVIEW

Industry: This refers to a branch of economic activity that is devoted to the production of a particular good or service. The hospital organization is an industrial sector, which at the tertiary level provide services in terms of its functions of healthcare delivery, training and research. Both the University of Calabar Teaching Hospital and Federal Neuro-Psychiatric Hospital are commercialized organizations in the health sector of Nigerian economy.

Industrial Union: This refers to a union which organizes all the various trades (professions) in a given industry. In the tertiary hospital, industrial unions include: Medical and Dental Consultant Association of Nigeria (MDCAN), Association of Resident Doctors of Nigeria (ARD), National Association of Nigerian Nurses and Midwives (NANNM), Nigerian Medical Association (NMA), Medical and Health Workers Union (MHWUN) and Senior Staff Association of University Teaching Hospitals, Research and Associated Institutions (SSAUTHRIA).

Inter Union Conflict: This is an aspect of intra-organization conflict. It refers to conflict that exists between and among different industrial unions that co-exist within an organization or sector of an industry. It occurs when a group or union purposively behave in a way which inhibit the attainment of goal by another group or union.

Industrial Harmony: This refers to a state of relative peace in any industrial organization, which involves; absence of strikes, and distrust among work groups or unions, peaceful relationship between unions and management of the organization, as well as employee positive perception of his or her contribution as participant not as subject within the organization. Industrial harmony is a very critical factor of organizational productivity and performance.

Industrial harmony in its ideal form, presupposes an industry in a condition of relative equilibrium where relationship between individuals and or groups are cordial and productive. Sayles and Strauss (1981) noted that with the inevitable differences among groups within an organization, conflict and differing objectives permeate modern organizations. This type of conflict prevent the existence of industrial harmony which reflects a state of organizational instability (Sayles and Strauss, 1981). On the other hand, Hanson (1972) opined that industrial harmony represents absence of strike by industrial unions in organization which is bound to result in effective and efficient organization.

Eno (1996) considered industrial harmony as an outcome of industrial relations process in an organization. Conflict according to him arise as a result of deviation from organizational norms in terms of remuneration, working condition, safety, professional conduct etc. These variables are located in inter-union relations, as well as union-management relations. Donnelly, Gibson and Ivancevich (1984) focusing on inter-group conflict in organization as a major source of industrial conflict and disharmony, noted that management prefers that groups cooperate and work towards the accomplishment of organizational goals. In this regard, antagonistic relationship often disrupts the entire flow of organizational process disrupting production and provision of service.

Yusufu (1984) looked at industrial harmony as the absence of industrial discontent, which exists when the satisfaction derivable from work situation tends to become permanently elusive. Under this condition, employee groups are unable to adjust to changing work condition and demand of one from the other. When these group grievances are monitored, channeled and promoted in an organized way, such as by trade unions, they become trade disputes. Conflictual industrial conditions like; go-slow, work to rule, over time ban, sit-in, work-in, strike and lock-out may occur. The study examines the impact of inter-group conflict (which may arise as a result of groups competing for benefits and relative significance) on industrial harmony.

THEORETICAL FRAMEWORK

Conflict theory is derived from the classical work of Karl Marx. The root of conflict is social inequality in the society.

Social conflict emerged as a result of struggle among segments of society over valued resources. Social conflict is the outcome of struggle among social groups. This study focuses on inter-union conflict in organizations and its implications on industrial harmony. The conflict theory is useful for this study as it reveals causes of conflict among competing groups which industrial unions represents as in the case of this analysis in healthcare institutions. This study hopes to discover how industrial harmony can be enhanced in the face of possible conflict between and among industrial unions which conflict theory may be inadequate.

In view of the inadequacy noted above, the study also made use of functional theory in terms of Merton's dynamic equilibrium postulation (Merton, 1968). Health organizations are open-social systems and can be analyzed using the structural functional theory. Hospitals which are health institutions are formal organizations with various parts (Departments and Units, as well as work groups and unions). These parts interact in their daily activities and relate with one another for the hospital to achieve its objectives. These groups are structures within the hospital and can be studied functionally. Merton (1968) considered function as objective consequences of pattern of action or activities on the system in which it takes place. In this regard, inter-union conflict is a pattern of action and industrial harmony is the manifest (expected) function. The theoretical framework in the study consequently involves, a synthesis of conflict and functional theory. Conflict theory guide analysis of inter-union relationship, while functional theory presents the expected consequence of inter-union relation (conflict) on the organization which is industrial harmony.

METHODOLOGY

The study utilized survey design to investigate the impact of inter-union conflict on industrial harmony. The independent variable was inter-union conflict, while the dependent variable was industrial harmony. The population of the study covers the entire staff strength of the University of Calabar Teaching Hospital and Federal Neuro-Psychiatric Hospital being 2575 (UCTH and FNPHC, 2006).

A sample of 226 subjects was randomly chosen from the two hospitals in proportion to the total staff strength of each hospital being employees of the hospital in various unions such as MDCAN, ARD, NANNM, NMA, MHWUN and SSAUTHRIA. A total number of 226 copies of questionnaire instrument were administered on the subjects and returned back based on continuous check back and follow-up for a period of three weeks. The instrument was designed in three parts, namely demographic and structured questions requiring Very Strongly Agree (VSA), Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD), and Very Strongly Disagree (VSD) in a six points ratio scale. The last section consisted of 2 open ended questions. One hypothesis was designed to guide the study which states thus in its null form: "There is no significant influence of inter-union conflict on industrial harmony". Pearson Product Moment Correlation Coefficient Test was conducted to determine the validity of the hypothesis. Data gathered from the field survey was manually coded.

TERTIARY HEALTH INSTITUTIONS IN CROSS RIVER STATE

University of Calabar Teaching Hospital (UCTH) and Federal Neuro-Psychiatric Hospital Calabar (FNPHC) are complex organizations with various industrial unions. The University of Calabar Teaching Hospital was established in 1979 to provide clinical medical services in the training of medical students of University of Calabar. The main functions of the teaching hospital include: The development of manpower at undergraduate and postgraduate levels, teaching and research, as well as patients care.

The Federal Neuro-Psychiatric Hospital, Calabar was first established in 1903 as part of Saint Margaret Hospital from where UCTH also emerged. In 1907, it was named Mental Hospital and taken over by Federal Hospital in 1995 from when the current name was given FNPHC, its functions include: general mental health, child and adolescent psychiatric services, management of substance use disorders, training of mental health personnel and research. Both hospitals are governed by management boards under the supervision of Federal Ministry of Health.

Table 1: Personnel Statistics in UCTH and FNPHC

Hospital	Doctors	Nurses	Other clinical staff	Admin staff	Total
UCTH	178	524	638	845	2185
FNPHC	21	94	25	251	391
Total	199	618	63	1096	2576

Sources: UCTH and FNPHC Nominal Roll and Annual Reports – 2006

Table 1 shows the relative staff strength of both UCTH and FNPHC. Doctors are divided into three unions namely Medical and Dental Consultants Association of Nigeria (MDCAN) for consultants only, Association of Resident Doctors (ARD) for doctors in residency training to become consultants, and Nigerian medical Association (NMA) for medical officers who are not training to be consultants. All the medical doctors union or associations unite in making industrial demands to management and in relating with other unions. National Association of Nigerian Nurses and Midwives (NANNM) exists for Nurses and Midwives, Medical and Health Workers Union (MHWUN) exists for all junior employees such as clerical and health assistants, while Senior Staff Association of University Teaching Hospital, Research and Associated Institutions (SSAUTHRIA) exists for senior staff in administrative, technical, paramedical and other allied services.

Within a period of five years, the tertiary health institutions experienced many industrial actions especially strikes, than ever before, within which period all unions embarked on strike. A summary of the industrial actions which shows a relationship of conflict is presented in Table 2.

Table 2: Strikes in Tertiary Hospital in Cross River State 1999 – 2003

Industrial Union	1999	2000	2001	2002	2003	Total Duration
ARD/NMA/MDCAN	2		2	1	1	18 months
NANNM	-	-	1	1	1	8 months
SSAUTHRAI	-	-	1	1	1	9 months
MHWUN	-	-	1	1	1	8 months
Total Ann. No. of Strikes	2	-	5	4	4	48 months 15 times

Sources: Data obtained from ARD, NANNM and SSAUTHRIA Records 2004

Table 2 indicates that industrial actions which reveals conflict was prevalent in the two hospitals under study. All the unions and industrial associations embarked on strike between 1999 and 2003, except in 2000. This shows relative industrial unrest and conflict in hospital organizations. What is very peculiar and remarkable is that the two hospitals experienced these strikes at the same time (simultaneously). The question is, what is the impact of these strikes on the harmonious existence of industrial unions in the hospital and the overall industrial harmony of the organizations which is necessary in terms of their effectiveness, efficiency and productivity.

ANALYSIS, INTERPRETATION AND DISCUSSION OF FINDINGS

Ho: There is no significant influence of inter-union conflict on industrial harmony.

Hi: There is significant influence of inter-union conflict on industrial harmony.

Pearson Product Moment Correlation was used for the analysis of data in testing the hypothesis. The result is presented in Table 3. In the analysis, ‘X’ represent statement number ‘1’, while ‘Y’ represents statement number ‘2’ in the instrument as below:

Statement 1: Frequent strikes in the hospitals is an outcome of inter-union conflict.

Statement 2: Inter-union conflict disrupt industrial harmony in the hospital.

Table 3: Pearson Product Moment Correlation Coefficient Matrix of X, Y, Variables for Hypothesis I (n – 226)

Variables	$\sum X$	$\sum X^2$	$\sum XY$	df	r-cal	r-critical 0.05
	$\sum Y$	$\sum Y^2$				
X	867	3754	3178	224	0.04	.255
Y	827	3067				

Significant level $r = 0.05$

Decision: The obtained $r(0.04)$ is less than the critical value (.255), the null hypothesis (Ho) was rejected while alternative hypothesis (Hi) was invoked. Thus, “there is significant influence of inter-union conflict on industrial harmony”.

The study revealed significant influence of inter-union conflict on industrial harmony. For the five years period under study (1999 – 2003), ARD embarked on strike six times giving a total of 18 months strike period; NANNM embarked on strike 3 times giving a total of 8 months strike period, SSAUTHRIA embarked on strike 3 times giving a total of 9 months strike period and MHWA/NASU embarked on strike 3 times giving a total of 8 months strike period. These strikes were national in outlook and evidenced inter-union conflict as revealed by the result of hypothesis test. Findings from open ended question in the instrument indicates that conflict between and among union arose as a result of disparity in salary and allowances such as call duty to Doctors without similar allowance to administrative and technical staff under SSAUTHRAI and MHWA (payment of different salary scale to different categories of workers such as Harmonized Tertiary Institutions Salary Structure (HATISS) to SSAUTHRAI which was lower than Harmonized Public Service Salary Scale (HAPSS) paid to ARD, MDCAN and MMA. Salary disparity coupled with failure to pay non-medical workers hazard and inducement widen the gap between members of the unions, causing perpetual disaffection, distrust and withdrawal and lukewarm attitude to one another and the hospital organization at large, resulting in industrial disharmony. The finding of the study was confirmed in view of the fact that the strikes by paramedical and non-medical unions (NANNM, SSAUTHRAI and MHWU) were always a reaction by the unions to favourable working conditions given to members of medical unions (ARD, MDCAN and NMA) without correspondent treatment to them.

The finding of the study indicates lack of industrial harmony in tertiary hospital organizations which according to Sayles and Strauss (1981) require relative equilibrium where interpersonal and groups relationships are cordial and productive. The degree of strikes was alarming and reflects a state of organizational instability. Functionally, lack of industrial harmony is seen as a consequence of persistent strikes in the hospitals.

CONCLUSION AND RECOMMENDATION

The University of Calabar Teaching Hospital and the Federal Neuro-Psychiatric Hospital Calabar are complex organizations with various industrial unions operating side by side and competing for relevance and control of decision as well as resources of the organizations. As a result of the multi-union nature of the tertiary hospital organizations, conflict is inherent as each union strives to survive and outdo the other. The finding of the study reveals significant influence of inter-union conflict on industrial harmony as occasioned by frequent strikes. The study recommends that a conducive working environment should be created for all employees to feel relevant to the healthcare system. Government should reconsider and review the existing salary structure and scale with the aim of harmonizing all the scale to remove any form of disparity that may give rise to inter-union conflict. It is also hoped that review of enabling law of the hospital will give all stakeholders equal right of place in decision making and will reduce possible areas of conflict to foster industrial harmony.

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