Strike Activity as an Apparatus for Accomplishing a Superior Work State of Administration in Nigeria: A Case Study of University of Benin Teaching Hospital.

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Abstract

The Thrust of this paper is to examine the Use of Strike Action in Employee - Management Relations in Tertiary Health Institutions in Nigeria, using the University of Benin Teaching Hospital as a case study. The study is anchored on the countervailing power theory. This study adopted a descriptive research design. The population of this study consists of all the unionized workers in the University of Benin Teaching Hospital (UBTH). The population of workers in the University Of Benin Teaching Hospital is 5062 (Nominal roll of the University Of Benin Teaching Hospital, as of 3rd March 2016). The sample for this study is 358 workers. The method of data collection is primary data collection instruments. The primary data collection instrument is the questionnaire. The research data were analyzed, using the SPSS (statistical package for the social sciences) software version 21.0. Most respondents agree that strikes were primarily used to protest poor employment conditions as (90.2%) recognition of court agreements (95.3%) while 79.9% strongly agreed that strikes are used to force negotiations.71.8% of respondents strongly agreed that the union convenes meetings before a decision on strike is agreed. 59.2% of respondents strongly agreed that members of the union vote on whether to embark on strike or not. 79.3% of respondents strongly agreed that a notification is usually made to the requisite quarters in the demands of the union. 85.5% of respondents strongly agreed that the decision to strike is usually made by an executive committee of the trade unions. 67.5% of respondents (241 of 358) strongly agree that management does not respond promptly to worker's needs except there is strike action. 74.3% of respondents strongly agreed that strike action proved more effective than the use of arbitration in securing benefits for healthcare workers. 19.8% agree just as only 3.1% disagree and 2.8% strongly disagree just as 87.7% of respondents strongly agreed that negotiations

are not successful except there is strike action. The study recommends that issues of healthcare worker's welfare have to be addressed by the government comprehensively to forestall the incidence of strike actions in the university of Benin teaching hospital.

Keyword: Strike, Management, Employee, Trade Union, Grievance

Introduction

Strike actions or agitations occur when employees feel their rights and welfare is been neglected, tempered with, or ignored by their employer and the only viable means by which their grievances can be heard and attended is by resolving to strike. Trade unions, therefore, provide a medium in which the employees' voice and grievance will get to the employer through a single unit and forum representing a particular profession, specialization, or the whole workforce having similar or same interest. Health workers' strike usually arises due to a breakdown in negotiation as well as disagreements between the employer(s) and the employees. Strikes connote a temporary stoppage of work resulting from the pursuance of grievance(s) by a given group of workers (Fashoyin, 1992; Fajana 2000; Otobo, 2000; Adesina, 2003; Dauda, 2007). It could equally arise as a result of fallout in negotiation and also as a result of disagreements in the behavior of the employer (and their association) and the employees (and their representatives). Though it is usually very difficult to disconnect one from the other as employers at times lock out workers and workers on the other hand can embark on strike actions and other forms of grievance expression.

Nigeria's health care sector has been rocked by strikes and near misses. Since 1999 till day health care workers across the country have engaged in or threatened various forms of job action. In some cases, the disputes have lasted over a month or more. In all cases, the health care system has been thrown into turmoil. In a situation where the health care labor relations disputes occurred simultaneously in different parts of the state then these disputes would be seen by all as a symptom of a national crisis of epic proportions – a crisis of health care employment (Otobo,1983).

A health system, also sometimes referred to as a health care system or as a healthcare system, is the organization of people, institutions, and resources that deliver health care services to meet the health needs of target populations. Common elements in virtually all health systems are primary healthcare and public health measures. The World Health Organization (WHO), the directing and coordinating authority for health within the United Nations system, is promoting a goal of universal health care: to ensure that all people obtain the health services they need without suffering financial hardship when

paying for them. According to WHO, healthcare systems' goals are good health for the citizens, responsiveness to the expectations of the population, and fair means of funding operations. Progress towards them depends on how systems carry out four vital functions: provision of health care services, resource generation, financing, and stewardship. Other dimensions for the evaluation of health systems include quality, efficiency, acceptability, and equity.

The University of Benin teaching hospital (UBTH) has grown rapidly since its establishment. Although UBTH plays a vital role in contributing to Nigeria's economy, human capital problems have consistently occurred in this hospital but have often been neglected by researchers. As the hospital has a large number of clinical and non-clinical staff employees, recruitment and retention of employees are among the most important challenges it faces. Therefore an understanding of employees and the possible causes why they become dissatisfied is of paramount importance. The causes of labour strikes have not, to date, been substantially documented for the hospital. Good industrial relations are necessary for the following reasons: to boost the discipline and morale of employees, to help manage both in the formulation of uniformed labour relations policies and in their translations into action, to help in the economic progress of a country, and also to help the government in making laws forbidding unfair practices of unions and employers. Strikes are often the eventual outcome of employee dissatisfaction. A strike refers to the refusal of employees to attend work or picketing outside the workplace to prevent or dissuade other employees from working in their place or conducting business with their employer. Thus a work stoppage caused by the mass refusal of employees to perform work. This is commonly used by employees as an effective way of pressing their demands, or communicating issues relating to their dissatisfaction or poor management. Thus employees, tend to use strikes as a tool for resolving dissatisfaction, by pressuring management to ensure their satisfaction. Strikes usually bring a halt to all operations of an organization, thereby rendering the organization incapacitated. The prominent outcomes of strikes are mainly loss of revenue, excessive labour strike action, and sometimes physical damage to an organization's property. A strike may be in a form of, sit-down strike, work-in, general strike, sympathy strike, or rarely hunger strike. Some of the methods adopted by employers to deal with strikes include strike preparation, strike-breaking, union-busting, lockout, and violence (Stuart, 2010).

In recent times, strike actions have been the most common tool adapted by employees to address their grievances and dissatisfaction. Health care workers and other allied professionals in the delivery of health services belong to one of the registered trade unions in Nigeria. They regularly embark on strikes to press home demands on different levels.

Industrial actions by this group of workers regularly necessitate responses from the government, the donor agencies, and the populace. Strikes usually have devastating effects on the image as well as the operations of an organization. They tend to halt the activities of an organization, reduce productivity and output for a particular period, and dips the annual revenue and profits of an organization. Other possible outcomes of strikes may be physical damage to an organization's property, and the eventual collapse of an organization when strikes are frequent. The aftermath effects of strike action on an organization and a country's economy are appalling. In a global perspective, for decades, employee strike has been a continuing problem faced by many organizations around the world. As the health industry is a service and labor-intensive industry, it is common to suffer strike rates higher than other sectors. The use of strike action by the trade unions in the tertiary hospitals in industrial relations remains an area of interest that has not enjoyed significant scholarly investigations. There is the need to evaluate the tool of strike actions to have an insight into the causes and factors that makes it a ready tool in industrial relations. This research seeks the following objectives; to identify the issues that lead to the use of industrial action by the trade unions in the university of Benin teaching hospital; to examine the perspective of trade unions on management on the issues that leads to industrial actions by the trade unions in the university of Benin teaching hospital. In an attempt to further elucidate on our objectives, we shall enquire on issues that lead to the use of industrial action by the trade unions in the university of Benin teaching hospital?; What tactics do trade unions adopt on management that leads to industrial actions in the university of Benin teaching hospital?

Operational Definition of terms

Strike

Collective refusal by employees to work under the conditions required by employers. Strikes arise for several reasons, though principally in response to economic conditions (defined as an economic strike and meant to improve wages and benefits) or labour practices (intended to improve work conditions). Other strikes can stem from sympathy with other striking unions or jurisdictional disputes between two unions. Illegal strikes include sit-down strikes, wildcat strikes, and partial strikes (Agbonifoh and Yomere, 2006).

Conflict

Stuart (2010) contends that conflict is a complex phenomenon that occurs in an institution and work relationships. Stuart further asserts that conflict is when one party perceives that the other has frustrated or is about to frustrate some concern of his/hers. Conflict is caused by unlike points of view.

Theoretical Discourse

To get a glimpse of this paper, the theory of countervailing power was adopted. The theory of countervailing power was propounded by Galbraith in 1952 to explain market regulation. Whiles acknowledging the important role of competition in regulating market activities, Galbraith (1952) highlights other powerful factors such as the state, trade unions, consumers, and even suppliers and collectively calls their influence, a countervailing power. Traditionally since the time of Adam Smith, competition has been perceived as the only effective regulator of economic activity, besides the regulation by the state. Competition within the mainstream capitalist economic theory is upheld as a means of ensuring that economic power does not reside with a few individuals or firms. In other words, that monopoly is not created in the economy where, few individuals or firms possess and exert economic power to determine prices, wages, and the quality of goods available for the consumer. According to Galbraith (1980), this exercise of economic power, if not checked, can potentially transcend into "politics and controlling access to public opinion". He however asserts that this important role of competition is a myth and that in reality, "new restraints on private power do appear to replace competition" (Galbraith, 1980). Regarding these new restraints, Galbraith says they emerged from the opposite side of the market, not from competitors but consumers and/or suppliers. It is these new restraints that Galbraith calls the countervailing powers. As the name suggests, these exert checks on the private economic powers and their appearance is not by accident but as Galbraith argues, they are produced by the very activities of the monopolistic firms they seek to check, which is "the concentration of industrial enterprise in the hands of a relatively few firms brought into existence, not only powerful sellers (firms) but also powerful buyers" (Galbraith, 1980).

Logically, as monopolistic firms exert their economic powers, their buyers, suppliers, and even workers seek and develop powers, which may be social, economic, or political to protect them against exploitation. This is confirmed by Dapiran and Hogarth-Scott (2003) who suggest that the theory of countervailing power is useful in explaining supply chain governance. In this way, the economic powers of monopolies are neutralized and though competition still plays some regulatory roles, to Galbraith, it has been superseded. To Galbraith, the greatest manifestation of countervailing power is found in the labour market, specifically with the activities of trade unions. Because the most powerful trade unions tend to be found where the markets are characterized by strong enterprises, it is quite defensible for Galbraith to cite countervailing power by trade unions as a reaction to domineering economic power. This not withstanding, the theory of countervailing powers cannot in any way serve as a monolithic explanation for trade unionism. If that were the case, trade unions will exist only where powerful monopolistic enterprises are, as claimed

by Galbraith. However, as we know in reality, trade unions are ubiquitous and pervasive. The formation of trade unions as an example of countervailing power has been described as illogical since trade union influence only raises real wages at the expense of consumers rather than at the expense of the employers that they are meant to be checking (Weihrich, 1993*).* This leads to another problem with the theory of countervailing powers. Though Galbraith also cited consumers as an example of countervailing powers, the theory fails to provide explanations as to how they emerge, their motivations, their tactics, and most especially, their potential benefits. According to Whitney (1953), consumer powers can effectively benefit consumers only with government-sponsored protections and not in isolation. While this appears the case, recent developments have shown that consumer efforts such as labeling and boycotts have not necessarily been aimed at benefiting consumers but have emerged as efforts by the elite and middle-class consumers to seek protection for vulnerable groups such as workers in developing countries (Frank, 2011). As can be expected in reality, there are times when really powerful firms have resisted the emergence and influence of countervailing powers. The reality of international trade is the creation of very powerful oligopolies, sometimes than national states, and that successfully resisted such influences. Even the traditional trade union influences are threatened in this age of global capitalism. The fundamental reasons why capitalism in its current form is so products cannot be explained by Galbraith's theory. There are a host of firm-specific strategies as well as externally imposed standards, which dictate how business enterprises compete successfully. This may include image building, employee satisfaction, and commitment, social responsibility as well as compliance to legalities. As it relates to this discourse, submitting to consumer pressure may be for purely profit motives – a way of excelling above other competitors.

Besides resistance by strong firms, the organization of countervailing power requires a certain level of opportunity and capacity, which many developing countries do not have. A similar view had been expressed by Hunter (1958) when he indicated that, the development of countervailing power, in one form or another is typical of western industrial society. Though Galbraith fails to explain the reasons for this lack of countervailing capacity in poor countries, Marxist economic theory explains that externalities of capitalism – a powerful global economic regime, with exploitative potentials, to which poor countries are constantly subjected and remain vulnerable. Thus, the dependent position of these countries concerning powerful multinational oligopolistic firms is the most plausible and probable explanation. While state intervention has often been sought as a regulator of the market in such countries, just like trade unions, the sovereignty of national states themselves is increasingly being weakened by the activities of global capitalism and their propagandist market theorists. Thus, if the purely economic

competition has failed to effectively and singularly regulate the market, and if the traditional countervailing forces – the state and trade unions are also losing their influence, what then is left to regulate the market operations? Interestingly, despite the problems with the theory of countervailing powers, as the state and trade union influences are weakening, other forms of countervailing powers are emerging as predicted by Galbraith in 1952. The strong presence of consumer campaigns and civil society initiatives in the USA and Europe are indications. They have sought to influence multinational corporations to enforce labour standards among other things. The extent of their influence is worth examining empirically.

Review of Relevant Literature

Studies from sub-Saharan Africa discussing health workers' experience of working conditions point to demands on factors such as remuneration, training, supervision, recognition, and transparency in human resource management (Chandler 2009; Awofeso, 2010). A systematic review study of motivation and retention of health workers in developing countries concludes that financial rewards, career development, continuing education, hospital infrastructure, resource availability, hospital and management, and recognition or appreciation are core demands in a low-income framework.

However, Songstad et al, (2011) finds that there are good reasons to believe that health workers' experiences of their working conditions have a substantial impact on the level of satisfaction and motivation as well as their effort and accuracy in working; A study by Songstad et al, (2011)

in Tanzania revealed that health workers' demands are based on their dissatisfaction and perceived unfairness on salary level, promotion, recognition of work experience, allowances and upgrading opportunities, as well as human resource management. The study also revealed that many health workers lack information or knowledge about factors that influence their working conditions.

Theoretically, an important aspect of the working conditions concerns the relationship and communication between health workers and their employers. The Joint Learning Initiative (JLI), a network of global health leaders, argues that health workers must be treated as partners in delivering health rather than mere employees. Based on the work of this group, the motivation of health workers encompasses adequate remuneration, positive work, and career environments as well as supporting health systems. Along the same line of argument, the commitment of health staff is determined by several organizational and management factors. Health workers are therefore motivated by a feeling of responsibility

in technical and financial achievement while working in an environment of mutual reliance in which differences are dealt with in a team spirit.

Trade unions and the University of Benin Teaching Hospital

The University of Benin Teaching Hospital is a tertiary healthcare facility that was established in the year 1973 following an enactment edict (number 12) as the sixth of the first generation Teaching hospitals in Nigeria. It was established to complement the University of Benin in the training of her medical students and to provide secondary and tertiary care to the then Midwestern region and its environs. It provides training for high and middle-level manpower for the health industry. The University of Benin teaching hospital is a tertiary facility composed of many specialized organs and departments. It has a very diverse health care workforce and provides training, residency, and all types of human resource management functions in line with the demands of the state. The administration of the hospital derives from the university teaching hospitals act promulgated on the 1st of January 1985. The following policy directives constitute the provisions of the act. The administration of the hospital consists of a board headed by the chief medical director who is answerable to the minister of health. These groups have trade unions that articulate their interests before the management of the hospital. Strikes do occur when the trade unions call for them to press home to management-specific demands.

The right to strike, that is, the right of employees collectively to withdraw their labour, is regarded by many as an integral part of collective bargaining. According to Lord Denning M.R, Strike is "a concerted stoppage of work by men done … to improve their wages or condition of employment or give vent to a grievance or marking a protest about something or other or supporting or sympathizing with other workmen in such endeavor, it is distinct from a stoppage, which is brought about by an external event such as bomb scare or by an apprehension of danger". In industrial relations, trade unions are the interface between the employers and the employees who are grouped in categories of professions or occupations.

Medical and dental association of Nigeria
Joint Action Committee (JAC),
National Association of Nurses and Midwives (NANM)
Medical Health Workers Union counterpart (MHWUC)
Nigerian medical association (NMA)
Joint Health Workers Union, (JUHESU)
The Association of Medical Laboratory Scientist of Nigeria (AMLSN)

The Nigerian dental association (NDA)
Medical women association of Nigeria (MWAN)
National Association of resident doctors (NARD)
Medical and dental consultants association of Nigeria (MDCAN)
National Association of doctors in university health services (NADUHS)
National association of government general medical and dental practitioners (NAGGMDP).

The Medical and Health Workers Union of Nigeria (MHWUN) was formed in the year 1978 with the merger of 17 unions, by the fiat of the Registrar of Trade Unions. A major achievement of MHWUN s the union's leading role in the emergence, growth, and development of the Joint Health Sector Unions (JOHESU). JOHESU is a coalition or conglomeration or association of five distinct registered trade unions in the health sector. This united front of five unions, which collectively represent nine-tenths of the health sector's workforce, consists of a broad range of allied workforce in the tertiary hospitals. MHWUN has chaired the national JOHESU since its formation, being at the fore of its leadership in terms of both material sustenance and ideological stance. JOHESU branches have subsequently evolved from what used to be Joint Action Committees (JAC) in State Councils and particularly tertiary health institutions branches. Health care workers in the hospital have engaged in strike actions in solidarity with the general body of health care trade unions. The current study examines the perceived effect of strike action as a tool for trade union-management relations in the University of Benin Teaching Hospital Benin City.

Effects of the Mechanisms by Governments to End Health Workers Strikes

Most of the governments in Sub-Saharan African opted for a salary increase as a mechanism to send health workers to work and end the strike. In Kenya, the government changed from a threat to fire the workers to a one hundred percent salary increase. This succeeded to send the health workers on strike back to work (GNDA, 2012). The situation in Kenya was not the same in every place as some medical professionals and health workers in other countries were not ready to end the strikes by salary increase alone while the working conditions and facilities were not changed. Chuquela (2013) reports that in Mozambique, despite the government's intimidation, arrest of health workers leaders, and intervention by state apparatus; health workers maintained their strikes. The Medical Association of Mozambique and the Commission of Health Professionals reiterated that the strike would only cease when the government stopped intimidating health professionals and other staff who joined the cause, as well as when their demands are met.

The health workers protested the way wage adjustments were being done, in violation of the memorandum agreed between the association and the Government.

In Tanzania, WHO (2012) reveals that the government used the court as a mechanism to end the strike after having no fruitful negotiation with the health workers on strike. It, therefore, obtained an injunction against the strike on 22nd June, which was largely ignored; and then the situation was greatly inflamed by the mysterious kidnap and beating of the striking doctors' leader, Stephen Ulimboka. Additionally, the situation became even worse with the government's decision to dismiss 300 striking medical professionals.

Responding to this state of unrest, on 7th July a group of religious leaders and activists issued five conditions to the government in which they emphatically suggested the need to end the dispute. The conditions included the withdrawal of the lawsuit on the strike filed by the government at the High Court, reinstating all sacked doctors, and resumption of negotiations. They also demanded that the government should give assurances on the security of doctors and also set up an independent commission of inquiry to investigate the reoccurring kidnapping of its members.

Tactics or Techniques of Conflict Resolution

The various strategies of conflict resolution identified above entail some tactics like bargaining, mediation, and arbitration. Bargaining is a tactic mainly used when compromising over issues at hand. It is a negotiation situation that can be either distributive or integrative. Distributive bargaining refers to a negotiation situation in which a fixed sum of resources is divided up. It leads to a win-lose situation between the parties. Integrative bargaining is a negotiation situation that seeks to increase the total amount of resources. It creates a win-win situation between the parties the mediators guide solutions to their problem. Meditation techniques include asking each party the state of the problem, that is, to state the view of the problem each party perceives and to ask them to confirm the accuracy of the repeated response of others. Once the initial positions have been presented and understood, alternative solutions are generated using brainstorming. The use of recess in the mediation process is valuable. A recess can help calm the parties after an emotional encounter. It can also be used to conduct private inquiries about interests, as well as to de-escalate conflict (WHO, 2012).

Arbitration is a process in which a third party to a conflict has the authority to impose an agreement that is binding on the parties in conflict. If mediation fails, disputes often go to arbitration. This may occur if negotiations between unions and management have reached an impasse; a grievance is presented and the arbitrator listens to both sides. In this process,

the dispute is referred to a third party. The third party is given the power to formulate a settlement that is binding on both parties. This is similar to a judge in a courtroom. The arbitration may be voluntary or compulsory. The former occurs when both parties involved have the choice of whether or not to have a decision imposed on them. Compulsory arbitration, perhaps due to government regulations, denies them that choice (Wolfe, 1979).

Methodology

This study adopts a descriptive research design; the population of this study consists of all the unionized workers in the University of Benin Teaching Hospital (UBTH). The sampling technique that was employed in this research is the stratified random sampling technique. The method of data collection is primary and secondary data collection instruments. The research data will be analyzed, using statistical tools of frequency counts and simple percentages

Table 1: **Socio demographic details of respondents**

Socio demographic profile of respondents		
Gender	Frequency	Percentage
Male	124	34.6%
Female	234	65.4%
Total	358	100%
Occupation		
Resident doctors	34	9.5%
Nurses	79	22%
Dentists	12	3.4%
Non clinical staff	226	63.1%
Total	358	100%
Trade union membership		
Medical and dental association of Nigeria	34	9.5%
National Association of Nurses and Midwives	79	22%
Joint Health Workers Union, JUHESU	226	63.1%
Medical and dental consultants association of Nigeria	12	3.4%
No response	7	2%
Total	358	100%

Source : Field work 2021

The socio-demographic profiles of respondents indicated that there are more female respondents as they account for 65.4% of the entire sample. The distribution of respondents by occupations indicates that non-clinical staff accounts for 63.1% of the entire sample while resident doctors are 9.5% of the sample and nurses are 22% of the entire sample. Dentists account for 3.4% of the sampled respondents. The trade unions in the hospital are also represented as the medical and dental association has 9.5% of the sample. The association of nurses and midwives accounts for 22% of the sample and the medical and dental council accounts for 3.4% of the sample. 7 respondents did not indicate their membership in trade unions

Table 2: Responses on issues that lead to strike actions

Issues that leads to strike actions	Strongly disagree	Disagree	Agree	strongly agree	Total
To protest poor employment conditions	10 (2.8%)	10 (2.8%)	15 (4.2%)	323 (90.2%	358
Delay in salary payment	206 (57.5%)	4 (1.1%)	5 (1.4%)	143 (39.9%)	358
In solidarity in the national trade union body	26 (7.3%)	10 (2.8%)	4 (1.1%)	318 (88.8%)	358
To protest insecurity	192 (53.6%)	3 (8%)	12 (3.4%)	15 (42.2%)	358
As a tool to push for the recognition of court agreements	9 (2.5%)	8 (2.2%)	127 (35.5%)	214 (59.8%)	358
As a tool to force negotiations	10 (2.8%)	7 (2.0%)	55 (15.4%)	286 (79.9%)	358

Source: Field work 2021

The responses above indicate the triggers for strike action. Most respondents held that strikes were primarily used to protest poor employment conditions as 90.2% strongly agreed. 4.2% of respondents agree while 2.8% disagree and 2.8% strongly disagree on the response to delay in salary payment, 206 respondents strongly disagree as 4 respondents disagree. 143 respondents (39.9%) strongly agreed that delay in salary payment is a trigger for strike action with 1.4% agreeing on the solidarity with rational trade union body 88.8% of respondents strongly agreed, 1.1% agree. 26 respondents strongly disagree (7.3%) while 2.8% disagree on the use of strikes to protest insecurity, 53.6% strongly disagree while 42.2% strongly agree. This indicates that opinions are split in the use of strikes to protest insecurity. On the recognition of court agreements, 35.5% agree while 59.8% strongly agree that strike action is utilized to get administrators to recognize court agreements. 79.9%

strongly agreed that strikes are used to force negotiations. 55 respondents (which is 15.4%of the sample) agreed that strike action is a potent tool to force negotiations. From the responses above, strikes are used to protest poor conditions of work (90.2%), in solidarity with the national trade union body (88.8%), as a tool to push for the recognition of court agreements (59.8%) and to force negotiations (79.8%)

Table 3: perceived effectiveness of strike actions

Effectiveness of strike action	**strongly disagree**	**Disagree**	**Agree**	**strongly agree**	**Total**
Trade unions have achieved more prestige when compared to other unions in Nigeria	27 (7.5%)	134 (37.4%)	31 (8.7%)	166 (46.4%)	358 (100%)
The use strike has effective for healthcare workers	141 (39.4%)	20 (5.6%)	6 (1.7%)	191 (53.4%)	358 (100%)
Trade unions have successfully second improved working condition	58 (16.2%)	172 (48.0%)	2 (6%)	126 (35.2%)	358 (100%)
Strike actions proved more effective in reducing workload	10 (2.8%)	333 (93.0%)	5 (1.4%)	10 (2.8%)	358 (100%)
Strike actions proved more effective than the usage arbitration in securing benefits for workers	10 (2.8%)	11 (3.1%)	71(19.8%)	266 (74.3%)	358 (100%)
Negotiation are not successful except there is a strike action	16 (4.5%)	23 (6.4%)	5 (1.4%)	314 (87.7%)	358 (100%)

Source: Field work 2021

One hundred and sixty-six respondents (46.4%) of the sample strongly agreed that healthcare trade unions have achieved more when compared to other trade unions in the country. 8.7% of respondents agreed, while 134 respondents 37.4% disagree and 7.5% strongly disagree. 53.4% of respondents strongly agree that the use of strikes has been effective for healthcare workers just as 1.7% agree and 5.6% disagree with 39.4% strongly disagree. One hundred and seventy-two respondents disagree that trade unions have successfully second improved working conditions for healthcare workers while 126 respondents strongly agree. Most respondents disagree that strike action has been effective in reducing the workload (93.0%). 74.3% of respondents strongly agreed that strike action

proved more effective than the use of arbitration in securing benefits for healthcare workers. 19.8% agree just as only 3.1% disagree and 2.8% strongly disagree just as 87.7% of respondents strongly agreed that negotiations are not successful except there is strike action.

The Way forward

The pattern of strike action indicates that strikes are deliberated upon before they are called. There is also a democratic process of deliberation before strike action is called as members vote on whether to embark on strike or not, notification of strike is also made which implies that a strike action becomes public before commencement. The structure of the health system requires that manpower should always be available for patients. It is in this light that strikes actions are quite detrimental to the health system. A notification is therefore important to save lives and seek alternatives. Most respondents also held that decision is usually the exclusive preserve of the executive committee of the unions this shows that the executive of the committees is peaceful decision making in the trade unions capable of influencing the collective bargaining process. This is in line with the findings of Oleribe et al (2016) as well as Oyewunmi et al (2014) and Osakede et al (2014) on the state of health care workers welfare and poor working conditions.

Conclusion

Strike actions have been used to register grievance of working conditions in the university of Benin teaching hospital. The strikes are representative of workers with union executives playing a more dominant role in the strike actions. Strike actions have not been very effective in securing the welfare of workers, but it has become a very important tool for influencing management in the university of Benin teaching hospital. Strike actions have been shown to depend largely on agreements than full implementation of demands. This has an important role in strike recurrence as agreement tends to be broken. It also shows that full implementation of demands is quite unrealistic as the demands rely on other factors outside management.

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