

# Collective Bargaining in Nigeria's Public Health Sector: Evidences for an Inclusive Approach

Oyewunmi, Olabode Adeleke\* Oyewunmi, Adebukola Esther

Department of Business Management, Covenant University, Nigeria

\*E-mail of the corresponding author: [olabode.oyewunmi@covenantuniversity.edu.ng](mailto:olabode.oyewunmi@covenantuniversity.edu.ng)

## Abstract

This paper provides a background to the concept of collective bargaining and its history as it relates to Nigeria's public health sector. It further suggests an inclusive approach to collective bargaining based on available evidences. In essence, it advocates a departure from 'bread and butter issues' being the centre-piece of collective bargaining, in the light of other competing issues such as, infrastructure, capacity building and quality assurance. It negates the perspective that prioritizes certain individual interests at the expense of other issues that are apparently militating against the sustainability of Nigeria's public health care delivery system. The paper appropriately recommends that stakeholders must make concerted efforts towards ensuring the survival and sustainability of public health care in Nigeria.

**Keywords:** collective bargaining, Nigeria, public healthcare, inclusive approach, industrial relations.

## 1. Introduction

The decline in the quality of public healthcare delivery and infrastructure in Nigeria is evident. This assessment is apt given the efforts of various agencies (governmental and non-governmental) which have yielded marginal successes, especially in terms of the relatively low access to basic health services. Public healthcare workers have over the years, engaged in recurring negotiations with government at different levels to bring about necessary and important reforms to the public health sector. The results have however been inconsistent in terms of implementation at the State and Local government levels. Available evidence also reveals that Nigeria's public health sector is still relatively weak, majorly as a result of the lack of coordination and integration amongst the human and material resources attributable to this sector (Nigerian National Health Conference Communique, 2009; Obansa and Akinagbe, 2013).

It is this impractical and unproductive state of affairs that underpins the need to construe and appraise the specifics of a pattern that is synonymous with collective bargaining in the Nigerian public health sector. This inquiry becomes complex but necessary taking into account the series of engagements that have occurred at different periods amongst the stakeholders, as well as the various agreements that have resulted. In effect, the outcomes of previous negotiations brings to the fore the divergence in policies and practices as it relates to the sanctity of the collective bargaining process.

On a preliminary note, it is apparent that the challenge for the opposing parties is not one of 'sitting at a round table' as it were. The central issue seems to be that of ensuring a reasonable measure of flexibility to accommodate current realities and also recognizing the importance of identifiable interests working together as co-partners, with a view to devise practical ways to resolve fundamental issues that are negatively impacting on the public health sector. A view to the contrary will be counter productive since it is in the interest of all stakeholders that the Nigerian public health sector is sustainable in the long term.

To this end, a revised approach is tenable, geared at simplifying the issues and setting out a model for achieving same. This implies that the process of collective bargaining in the Nigerian public health sector should be re-appraised to achieve the fundamentals. The approach should be inclusive but also specific so as to create an enabling public healthcare context in the foreseeable future.

### 1.1 Purpose of study

Studies on collective bargaining in Nigeria are largely preoccupied with presenting an overview of the bargaining process as well as insights into the trade union activities of the education and energy sectors. The Nigerian public healthcare sector however provides a veritable laboratory for further studies and theory building. This study entails an assessment of the collective bargaining process and the essence of underlying agreements as it relates to the public health sector in Nigeria. It depicts evidences of what should constitute the focal point of collective bargaining in order to enhance service delivery in the Nigerian public health sector. Hence, it advocates a paradigm shift from the thrust of collective bargaining in Nigeria which usually centers on matters relating to compensation, to equally germane issues such as, infrastructure development, capacity building and the sustainability of policies. Worthy of note is that; the viability of any country's healthcare sector (public or

private) is fundamental, as only a healthy and vibrant population can contribute to overall national development.

## **2. Collective Bargaining: Conceptual Clarifications**

The idea of collective bargaining is almost as old as the formal employment relationship. There are diverse definitions of the concept in terms of its structure and content. Flanders (1965) defined collective bargaining as a method of settling the terms and conditions of employment; it culminates in a final agreement which has a regulative attribute and limits the employer's freedom of action to the issues covered by the collective agreement. The concept can also be viewed in terms of negotiation, interpretation and administration of an agreement derived from a bilateral or multilateral engagement (DeCenzo and Robbin, 1996; Armstrong, 1999; Rose, 2008).

Collective bargaining is also defined as a voluntary, formalized process wherein lies the acceptance of a style of employment relationship which is founded on the legitimization of conflict, joint regulation and employee engagement (Fajana, 2000; Lewis, Thornhill and Saunders, 2003; Holinshead, Nicholls and Tailby, 2003). Hayer (2011) describes collective bargaining as a process of negotiation premised on a well defined employment relationship that is characterized by the freedom of workers and employers to associate with an organization that represents their interests so that work related matters are addressed. The report of the International Labour Organization committee on freedom of association in 1960 conceives collective bargaining as a right of the worker to secure improved living and working conditions through effective representation. It adds that public authorities should refrain from any interference that will restrict this right. The Labour Act (S. 91, 2004) which is the enabling law on labour and employment matters in Nigeria, defines collective bargaining as the process of arriving or attempting to arrive at a collective agreement. Ogunniyi (2004) resonates the Labour Act, stating that collective bargaining is the process of working out a 'modus vivendi' between two parties in matters relating to the terms, conditions, rights and interests of the parties.

In the context of this paper, collective bargaining is construed as a purposive and negotiative process between the employer and employees (or their representatives) geared towards the attainment of identifiable demands and interests or a compromise resolution. It is usually deployed in the Nigerian context as a mechanism to resolve areas of differences or divergence in order to achieve a compromise so that productive activity can be revived. The collective bargaining process is driven and facilitated by human actors towards the attainment of certain goals and purposes. It performs functions relative to the terms and conditions that have been agreed upon by the disputing parties, whilst taking cognizance of the context or structure in which such bargaining takes place. It should be noted that the structure of the bargaining process varies across industries; and the peculiarities of each are central to the outcome of the bargaining process which ultimately determines the kind of impact that is made within the external economic environment.

## **3. Adopted Theories on Collective Bargaining**

There are various theories connected with the process of collective bargaining and each lays emphasis on different aspects of the process. The diversity in different models lends credence to the flexibility and practical relevance of collective bargaining to different sectors of the operating environment.

A relevant theory for this study is the Chamberlain (1951) model of collective bargaining. It is based on the determinants or fundamentals of bargaining power and how these determinants interact and eventually lead to settlement of collective disputes. Bargaining power in this case is viewed as the capability to secure the other parties' consent or agreement to one's own terms. Thus, a union's bargaining power is perceived as the willingness of management to consent or agree to the terms of the union and vice-versa. In order to determine the willingness or otherwise of the management/government to consent to the union's terms, Chamberlain (1951) postulates that such a determination is subject to or depends upon how costly disagreeing will be, relative to how costly agreeing will be. Thus, if the union believes that it will be more costly to agree with management than to disagree then the union will not consent to or disagree with management's offer.

The Chamberlain model relies on certain fundamental permutations which include (i) perception of disagreement as being more costly than agreement; (ii) relativity of bargaining power which is dependent on the size of wage increase that is being proposed; (iii) commitment of the parties to be irreconcilable even in the midst of mutually acceptable alternatives to settlement; (iv) reciprocal offers towards a settled agreement; (v) the economic context, that is the macro-economy and the industrial structure plays a vital role in the course of bargaining between the two parties.

The Hicks (1932) model of bargaining places due emphasis on the length and costs of work stoppages. It is important that costs and benefits associated with work stoppages should be taken into cognizance when union

and management are negotiating a settlement. It has been argued that there is a functional relationship between the wage that is being offered and the length of strike that would be necessary to secure that wage. The management would be willing to pay a specific wage based on its own permutations, but because of the unions coercion, is somewhat encouraged to shift ground and thus prevent a strike action which may have long terms effects on operations of that particular industry or sector.

According to Dunlop (1958), each actor within a subsystem has its own ideology; the essence of each one is presumed to be relatively compatible to accommodate a common set of ideas that allows for the performance of specific roles by each actor. However, Dunlop's systems approach cannot be wholly relied upon for interpreting and harmonizing industrial relations policies in developing countries because actors in such contexts are prone to making strategic choices that are triggered by the evolving economic environment. This implies that to prevent conflict of ideas and industrial discord, it is imperative for management to involve employees and their representatives in strategic business decisions (Chimezie, Osigwe and Fajana, 1993; Stiglitz, 2000).

The end result of any collective bargaining process is a consensual and collective agreement. The relevance of the bargaining process depends on the legal effect of the agreement that has been concluded between or amongst the involved parties. Collective bargaining and the consequential collective agreement, have diverging implications for the broader economic context and this informs why the settlement of disputes at the work place has been captured in various academic papers and texts. The impact of collective bargaining may vary as a result of the complex and evolving nature of different societies, however the process of collective bargaining, where applicable, has the capacity to produce identifiable and tangible results.

#### **4. Collective Bargaining: The Nigerian Experience**

Collective bargaining is synonymous with the employment relationship in Nigeria's public sector. This is evidenced by the existence of several trade unions and professional bodies vested with the primary objective of protecting the interests of the workers that they represent. The first concerted collective bargaining that resulted in a wage increase was pioneered by Nigerian Civil Service Union in 1960 (Nigerian Department of Labour and Employment, 1960). The initial post independence period was characterized by the tussle between emerging trade unions and employers who did not accept collective bargaining, and the arrest of union leaders by the ruling military class of the period (Yehuda, 2004).

The 1970s was characterized by the emergence of several trade unions, however the seizure of power by late General Sani Abacha in 1993 led to the proscription of union activities. Consequently, the military Provisional Ruling Council (PRC) decreed the abrogation of workers' right to collective bargaining in both public and private sectors of the economy. In 1997, Nigeria's Federal Government restored collective bargaining rights to all employees in both the public and private sectors with the aim of incorporating principles of industrial relations law and practice (Yehuda, 2006).

Trade unions in Nigeria have over time intervened in government's dispute with workers. These unions have progressively grown in stature and are still relevant in labour issues, despite harassment, detention and intimidation of the leaders by previous military governments. The performance of collective bargaining in Nigeria is deemed to be relatively poor and this can be attributed to the sometimes conflicting roles of government as, both employer and regulator. Another reason for the marginal successes of collective bargaining is the prolongation of military rule (Okolie, 2010; Fajana, 2010; Ibietan, 2013; Adebisi, 2014), coupled with the attendant policy inconsistencies and lack of political will towards ensuring industrial harmony over an extended period. Furthermore, the government's incessant breach of collective agreements entered into with trade unions has resulted in the prevalence of labour strikes (Omisore, 2011). Although the stance of the Nigerian government is that it is taking steps towards institutional developments in industrial relations; the collective bargaining process remains under-developed, at best, still maturing. Hence, its purpose as a principal institution for democracy remains unfulfilled (Hayter, Fashoyin and Kochan, 2011).

The collective bargaining process in Nigeria is peculiar owing to the volatile socio-economic context. This fact is exemplified by the relatively high cost of living and further amplified by the weak value of the local currency, which has diminished the purchasing power of the average citizen. It thus stands to reason why the focal point of several collective bargaining agreements in Nigeria is on increased wages, securing benefits and other allowances. This posture is in contrast with what obtains in mature climes where there is a corresponding emphasis on other german issues such as, infrastructure development and capacity building. Besides the recurrence of the bread and butter issues, a characteristic feature of collective bargaining agreements in Nigeria, are other administrative and internal matters that can be resolved via problem solving or partnership models and

not necessarily collective bargaining.

The variance in the collective bargaining structure, particularly in light of the prevailing national policy, reflects the relative capacity of government to allocate resources. In effect, there is an inclination to link prevailing economic policies, particularly in developing countries, to the structure of collective bargaining process in the workplace. This outlook provides a practical balance since it creates an avenue for strengthening the democratic options, facilitates fair distribution of income and mitigates discrimination (Standing, 1991). In spite of the challenges associated with Nigeria's industrial context, there is a need to sustain the practice of collective bargaining by emphasizing effective management and control of the process for optimal results.

### **5. Nigeria's Public Health Sector: Overview and Evidences**

The genesis of organized healthcare delivery in Nigeria can generally be linked to the activities of Christian missionaries. Specifically in 1885, the Roman Catholic mission built the first hospital, known as The Sacred Heart Hospital in Abeokuta, Western Nigeria (Scott-Emuakpor, 2010). Adeyemo (2005) also attributes the evolution of public healthcare delivery in pre-independence Nigeria to the activities of the British Army Medical Services. The incident of amalgamation of the Northern and Southern regions of Nigeria provided the platform for the establishment of government owned health facilities in rural and city dwellings alike. Public medical services grew progressively under the British colonial system and medical doctors were categorized as civil servants. Noteworthy, is the appointment of a doctor as the chief medical officer with the responsibility of executing healthcare policies in Nigeria. The chief medical officer in consonance with senior medical officers and other medical personnel implemented the national health policy in accordance with their privileges as major participants in the affairs of the Ministry of Health in Lagos. Between 1952 and 1954, the unfolding political ideology and structure in Nigeria was mirrored in the public health sector in terms of decentralization. This process brought about a situation where the three (3) identified regions (Western, Eastern and Northern) gained some measure of control over healthcare delivery within their respective regions. Each of these regions established its own health ministries, whilst the central government managed the budgetary allocation (Scott-Emuakpor, 2010).

Over the years, the structure of health administration has evolved. Presently, the Federal government appropriates funds for healthcare from the national budget and the State and Local governments also perform the important and concurrent responsibility of ensuring quality healthcare within their respective geo-polities. The question however, is whether these tiers of government are collectively providing quality and affordable healthcare to the average Nigerian as the present state of public healthcare delivery in Nigeria suggests the contrary view. The prevailing situation is inconsistent with the lofty goals of the various health development plans that have been put in place over the years and this is further affirmed by the continuous low ranking ascribed to Nigeria's health sector by the World Health Organization (2007a).

There are several recurring challenges militating against the effectiveness of the Nigerian public health sector. One of such is the challenge of industrial unrest and incessant strike actions which have become a characteristic trend. The most recent strike action in the health sector was the Nigerian Medical Association (NMA) face-off with the federal government which commenced on 1 July, 2014 and eventually ended 25 August, 2014. Whilst the Minister for Health, Onyebuchi Chukwu stated that the demands of the NMA can be resolved through internal administrative mechanisms and does not require a strike action, the president of the NMA maintained that the strike action will not be called off until the federal government accedes to its demands. These demands amongst others, expressly favoured medical doctors assuming administrative and leadership roles within the health sector (Daily Times Nigeria, 2014). The effect of this face-off like many of its kind is immeasurable, since it is the proverbial grass, in this case the average Nigerian that suffers when two elephants fight. As a result of industrial disharmony, many lives have been lost to treatable illnesses as not all persons can afford private healthcare.

Another problem bedeviling the Nigerian public health sector is the apparent infrastructural deficit, as observed in the poor state of various healthcare facilities across the nation. This situation is directly linked with the consistent underfunding of the health sector and attendant mismanagement of appropriated funds, and further compounded by Nigeria's increasing population. Thus, healthcare workers have to make do with obsolete equipments, circumvent electricity challenges and work with the available basic amenities. This situation definitely impacts on the quality of output and efficiency in the healthcare sector. It is also a major reason for the rising incidence of medical tourism, as a few privileged people avail themselves of the option to access better healthcare in countries like, the United Kingdom, United States of America, South Africa and India. The infrastructural challenge has also contributed to the growth of private medical practice in Nigeria. It is not

uncommon for doctors employed by public healthcare institutions to refer patients to their own private medical practices on the basis, amongst other reasons, that they possess modern medical equipment which invariably enables them to provide relatively better healthcare services.

The epileptic state of the Nigerian public health system is the reason for the massive loss of talent and brain drain as healthcare workers continue to seek greener pastures in countries like, United Kingdom, United States of America and South Africa (Akingbade, 2006). The effects of the brain drain syndrome is multidimensional. An angle to it is that, the Federal Government of Nigeria commits considerable investments towards subsidizing the training of health workers in Federal and State Universities. Unfortunately, because the public health sector has not progressively developed, the investments have not yielded the intended results, particularly in terms of retaining the requisite capacity and expertise.

Another fundamental challenge bedeviling the public health sector in Nigeria is the lack of political will as exhibited by successive governments in terms of short term planning, preference for a quick fix approach and policy inconsistencies at several levels. It has been characteristic of several Nigerian governments to generate their own policies to the detriment of existing ones without due regard for continuity, effectiveness and urgent needs of the masses. This trend of disconnect is clearly evident in the many national health development plans that have been designed but have not been optimally implemented and integrated across the country. A recent illustration of this is the incidence of 'Ebola' virus which initially broke out in Sierra-Leone and also spread to Guinea and Liberia. The Nigerian Government, in spite of fore knowledge that the virus was spreading, neglected to put in place concrete and strategic plans to sensitize the citizenry, liaise with and empower the relevant agencies. Proactiveness and efficiency on the part of Federal Government, could have curtailed the entry of an infected person from neighboring Liberia into Nigerian territory. Policy inconsistency and lack of political will in Nigeria's public health sector has stagnated effective collective bargaining process; it is worrisome that the Nigerian Medical Association (which is primarily constituted of medical doctors and surgeons) initially refused to call off its industrial strike action, inspite of the 'Ebola' virus outbreak in Nigeria at the time.

The need to comply with international best practices cannot be over-emphasized particularly when the focal point is on matters of health care. It is important to note that quality health care delivery is essentially a function of effective and practical administrative structures underlying the system. This fact is most evident in Nigeria's public health sector where operations are hampered by the tussle for supremacy amongst the myriad of professional health care providers. The status quo in Nigeria is the predominance of medical doctors and surgeons in various leadership positions related to the management of public hospitals across the country whilst other health care professionals are left with limited opportunities to assume leadership positions. In other countries (i.e. United Kingdom), it is not unusual for trained and seasoned managers, who are not necessarily medical practitioners to assume management positions with respect to public health administration. There has been a shift in advanced climes, from the vertical structure to a matrix health management structure, as this approach seems to serve better the interests of all participants involved with public health care delivery. This approach (matrix) or any other one as may be deployed depending on circumstances, will only be effective if the requisite "medical governance" structure is duly enforced and adaptable to the dynamics of public health care delivery in Nigeria. In effect, it is the enforcement of the prevailing governance structure that would actually facilitate the integration of various medical disciplines that co-exist within the health sector.

In Nigeria, the apparent lack of attention to the importance of enforcing the applicable "medical governance" structure has contributed significantly to the declining state of public health care delivery across the country. There is a seeming disconnect amongst the various health disciplines which has consequently resulted in a battle for due recognition and supremacy in the internal governance system of public health sector. It is this unfortunate level of engagement amongst the diverse health care providers that will ultimately diminish any reasonable progress and advances that may be attributable to the health sector in the foreseeable future. Thus, in the absence of unanimity of purpose and processes, only limited successes will be achieved, and opportunities will be lost to make enduring contributions towards the sustenance of a healthy nation with a growing population such as, Nigeria. In more specific terms, it is pertinent that each of the participants identifies and performs their pre-defined roles at any given point in time. The major yard stick for measuring performance (quality health care delivery) will be based on the degree to which each participant has contributed to the totality of the primary objective of the health context. Hence, irrespective of their health disciplines, health care professionals must be accountable for the deliverables associated with their assigned roles. A contrary view to this is a signpost to re-appraise the applicable medical governance structure. The central issue must always be to adapt the prevailing governance structure to suit the peculiarities and needs of the citizens for whom it is meant to serve.

## 6. Collective Bargaining: An Inclusive Approach

The centre-piece of the collective bargaining process should not revolve predominantly around “*bread and butter*” issues, most especially when the industrial context (in this case, the Nigerian public health sector) does not possess the enabling requirements to deliver its primary objectives to an appreciable degree. In other words, when it becomes apparent that the goose (health sector) which lays the golden eggs (quality health care delivery) is ailing, it stands to reason that the quality of deliverables will progressively diminish. It suffices to say that, a trend of diminishing returns in the public health sector can only be effectively reversed by identifying and applying the required doses of remedy to the necessary processes over a period of time. In other words, for the collective bargaining process in the public health sector to be viable, it should naturally accommodate and deliver certain fundamentals that would preserve the sanctity of that sector.

An effective balance of competing interests should be the focal point of any applicable methodology in ensuring quality health care delivery to the public. The departure from the practice of consistently ensuring that standards are maintained in the different disciplines would culminate in the corporate decline of the health sector. An assumption to the contrary in all reasonable estimation cannot be substantiated. In order to restore the public health sector to fulfilling its basic constitutional obligations, all relevant stakeholders should contribute in different respects towards strengthening the operational process and also the enhancement of human capacity (training, development and utilization) within Nigeria’s public health care sector. It should be noted that government agencies, regulators, policy makers and health care practitioners associated with public health, must be effectively integrated in an approach as captured in this paper that seeks to ensure the survival and sustainability of public health on multiple levels.

This paper does not attempt to relegate the importance of competitive and timely compensation as a focal point in the collective bargaining process. However, beyond compensation, there are also other primal competing issues that should be emphasized consistently in the collective bargaining process, especially in a developing country like Nigeria. Thus, issues associated with infrastructure, capacity building, appropriate internal governance structure and quality assurance should be central variables of the inclusive approach.

## 7. Conclusion

The primary objective of this study lies in advancing a perspective that challenges the traditional focus of collective bargaining as captured in various texts and commentaries. It reinforces the need for content validity by balancing traditional collective bargaining theories with the realities of Nigeria’s public health sector. By adopting this approach, outcomes that will serve best interests are expected. It thus negates a view that prioritizes the isolated interests of diverse participants, who in all reasonable estimation ought to unite and make concerted efforts towards preserving the highest standards in Nigeria’s public health care sector. In effect, there is a need to reappraise the variables within the prevailing frameworks and adapt such to the current public health circumstances in Nigeria.

In exceptional situations where traditional theories are found to be largely deficient, it may be expedient to construe the current and unfolding indicators within a given environment. The adoption of an inclusive approach will contribute significantly towards resolving issues that are negatively impacting on the collective bargaining process and at the same time, accelerate the overall viability of Nigeria’s public health sector.

## References

- Adebisi, M.A. (2014), ‘Democratic Governance and the future of Collective Bargaining in Nigeria’, *Academic Journal of Interdisciplinary Studies*, 3(1), 91.
- Adeyemo, O. (2005), ‘Local Government and Health Care Delivery in Nigeria: A case study’, *J. Hum. Ecol.*, 18(2), 149-160.
- Akingbade, B. (2006), ‘Meeting the Challenges of Human Capital Development in Nigeria: the case for Reforms in our Educational Policies and System’, being paper presented by the CMO MTN at the Alumni Convocation Lecture of the University of Nigeria, Nsukka.
- Anon. (2014, July 6), ‘FG,NMA Disagree over Resumption Conditions’, *Daily Times Nigeria*, <http://www.dailytimes.com.ng/article/fg-nma-disagree-over-resumption-conditions>
- Armstrong, M. (1999), *A Handbook of Human Resource Management Practice*, Kogan Page: London, 679-699.
- Chamberlain, N.W. (1951), *Collective Bargaining*, New York: McGraw-Hill Book Co. Inc.
- Chimezie, A.B., Osigwe, Y.G., & Fajana, S. (1993), ‘Economic Challenges and the Changing Concerns of Actors in the Industrial Relations System of Nigeria’, *Labour Studies Journal*, Winter, 51-72.
- DeCenzo, D. A., & Robbins, S. P. (1996), *Human Resources Management*, New York: John Wiley & Sons Inc.
- Dunlop, J. (1958), *Industrial Relations System*, London: Holt and Co.

- Fajana, S. (2010), Industrial Relations and Collective Bargaining in Nigeria, Unpublished Paper.
- Fajana, S. (2000), Industrial relations in Nigeria: Theory & Features, Lagos: Labofin & Company Lagos.
- Flanders, A. (1965), 'Industrial Relations: What is Wrong With The System?', *London Institute of Personnel Management*, 86-87.
- Hayer, S. (Ed.). (2011), The Role of Collective Bargaining in the Global Economy: Negotiating for Social Justice, International Labour Office.
- Hayter, S., Fashoyin, T., Kochan, T.A. (2011), 'Review Essay: Collective Bargaining for the 21st Century', *Journal of Industrial Relations*, 53(2), 225-247.
- Hicks, J. (1932), The Theory of Wages, London: Macmillan.
- Hollinshead, G., Nicholls, P., & Tailby, S. (2003), Employee Relations, Prentice Hall.
- Ibietan, J. (2013), 'Collective Bargaining and Conflict Resolution in Nigeria's Public Sector', *Ife Psychologia*, 21(2), 220.
- Lewis, P., Thornhill, A., & Saunders, M. (2003), Employee relations: Understanding the Employment Relationship, Prentice Hall.
- Nigerian Department of Labour and Employment (1960), A brief history of the Nigerian Labour Movement, report no. 231 Lagos, Nigeria: Government Press.
- Nigeria National Health Conference Communique (2009), Nigeria: Abuja.
- Obansa, S.A.J., & Akinagbe, O. (2013), 'Health Care Financing in Nigeria: Prospects and Challenges', *Mediterranean Journal of Social Sciences*, 4(1) 221-236.
- Ogunniyi, O. (2004), Nigerian Labour and Employment Law in Perspective, Folio Publishers Limited.
- Okolie, C. N. (2010), Trade Unionism, Collective Bargaining and Nation Building: The Nigerian Experience, [www.ajol.info/index.php/og/article/viewfile/57929/46295](http://www.ajol.info/index.php/og/article/viewfile/57929/46295) Accessed 18 August, 2014.
- Omisore, B.O. (2011), 'Breach agreement: Threat to Management Union Relationship', *The Social Sciences*, 6(4), 299-306.
- Rose, E.D. (2008), Employment Relations (3rd ed), UK: Pearson Education Ltd.
- Scott-Emuakpor, A. (2010), 'The Evolution of Health Care Systems in Nigeria: Which way forward in the twenty-first century', *Niger Med J*, 51, 53-65.
- Standing, G. (1991), 'Structural Adjustment and Labour Market Policies: Towards Social Adjustment?' In (Standing, G. & Tokman, G. eds.) *Towards Social Adjustment: Labour Market Issues in Structural Adjustment*, International Labor Office: Geneva, 5-51.
- Stiglitz, J. (2000), 'Democratic Development as the Fruits of Labour', *Keynote address for the Industrial Relations Research Association*, Boston, MA.
- The Labour Act (2004), Laws of the Federation of Nigeria, Section 91, Cap. L1.
- World Health Organization (2007a), World Health Statistics, Geneva:WHO.
- Yehuda, Y.B. (2004), 'Union Contracts and Performance in Nigeria', *Compensation and Benefits Review*, 36(35), 35-40.
- Yehuda, Y.B. (2006), 'Major Issues in Nigerian Labour-Management Relations: Perceptions of Representatives of Unions and Employers', *Compensation Benefit Review*, 38(42).

The IISTE is a pioneer in the Open-Access hosting service and academic event management. The aim of the firm is Accelerating Global Knowledge Sharing.

More information about the firm can be found on the homepage:  
<http://www.iiste.org>

## CALL FOR JOURNAL PAPERS

There are more than 30 peer-reviewed academic journals hosted under the hosting platform.

**Prospective authors of journals can find the submission instruction on the following page:** <http://www.iiste.org/journals/> All the journals articles are available online to the readers all over the world without financial, legal, or technical barriers other than those inseparable from gaining access to the internet itself. Paper version of the journals is also available upon request of readers and authors.

## MORE RESOURCES

Book publication information: <http://www.iiste.org/book/>

## IISTE Knowledge Sharing Partners

EBSCO, Index Copernicus, Ulrich's Periodicals Directory, JournalTOCS, PKP Open Archives Harvester, Bielefeld Academic Search Engine, Elektronische Zeitschriftenbibliothek EZB, Open J-Gate, OCLC WorldCat, Universe Digital Library, NewJour, Google Scholar

