



PERCEIVED EFFECTS OF STRIKE ACTION BY HEALTH WORKERS ON THE EFFECTIVE HEALTH CARE SERVICE DELIVERY IN FEDERAL MEDICAL CENTRE, YENAGOA, BAYELSA STATE

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ABSTRACT: *Background: This study was carried out to ascertain the perceived effects of strike action on the effective health care service delivery in Federal Medical Centre Yenagoa. Purpose: The objective of the study was translated in to research question. A null hypothesis was put forward: there will be no significant relationship between health workers strike action and effective health care service delivery in Federal Medical Centre Yenagoa. Relevant literature to the study was reviewed. Methods: The research methodology involved a descriptive study, where a simple random sampling technique was used to select a study population and sample size of 226 men and women from a target population of 520 health workers and patients. A structured questionnaire was used as instrument for data collection. A total of 236 questionnaires were administered to the respondents at Federal Medical Centre; out of which, 226 questionnaires were completely filled and retrieved from the respondents while the other 10 questionnaires were lost. Data obtained were analyzed and presented using percentage tables and figures. Results: The study came out with the major findings that 158(70%) said poor working condition results to health workers strike, while 203(90%) perceived that strike results to mismanagement by alternative healers and high private hospital costs, increase financial burden on patients; increase morbidity and mortality especially the poor and unequal access to quality medical care. The null hypothesis was tested using chi-square (x^2) statistical tool at 0.5 level of significance and at degree of freedom of 4. The chi-square table value is $x^2 = 3.2784$ while the critical value from x^2 table of value is = 9.4858, at a P value of 0.51234. Therefore, since x^2 value calculated is lesser than the critical value, the null hypothesis is rejected while the alternate hypothesis is accepted. Conclusion: Thus, there is significant relationship between health workers strike action and effective health care service delivery in Federal Medical Centre, Yenagoa. Recommendations: were made based on the finding among which are: government employers should define the goals and objectives of health workers in order to avoid incessant industrial action by health workers; health workers should device other means than engage in industrial action. The implications of the study to nursing were spelt out and suggestion for further research was also made.*

KEYWORDS: Strike, Health Care, Health Workers, Federal Medical Centre, Nigeria



INTRODUCTION

Background of the Study

Disputes are bound to occur between employers and health workers. Such disputes have the potential of affecting the confidence entrenched in working employer's relationship, client satisfaction and increase in output. Strike is a strategy used by a group of employers in an attempt to force the employers to meet their demands. Generally, strikes are discussed in terms of economic nature of the event. A third-party involvement may ultimately pressurize the employees and the employer to settle a strike.

In the event of a health care strike, the impact of strike action may extend beyond the economics, which raises the questions of morbidity and the misalignment of health care resources and expenditures caused by unnecessary hospitalization or by patients dropping out care (Samuelson, 2008). Health workers strike usually arises due to a breakdown in negotiation as well as disagreements between 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).

It could equally arise as a result of fall out in negotiation and also as a result of disagreement 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, on the other hands, worker can embark on strike actions and other forms of grievance expression.

Nigeria health care sector has been rocked by strikes and near misses. Since 1999 till date, health care workers across the country have engaged in or threatened various forms of strike action. In some cases, the disputes have lasted over a month or more. In all cases the health care systems have been thrown into turmoil.

In a situation where the health care labour 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, 2005).

It has been argued that to deny any group of workers, including "essential workers" the right to strike is akin to enslavement which is ethically and morally indefensible (Rennie, 2009). While medical strikes occur globally, the impact appears more severe in developing countries circumstances, embedded infrastructural deficiencies, and lack of viable alternative means of obtaining health care.

Striking involves withdrawing services by the employees (in any sector) in a democratic state to realize particular goals in the work place. Striking is generally the last resort to solving a problem and occurs when the collective bargaining process makes insufficient in roads and the unions are not satisfied with management's offers to correct the situation (Fashoyin, 2008).

Strikes are common worldwide, since the 12th century BC, strikes were (and still often are believe to be) the only method by which employees could express discontent with their working environment and achieve desired outcomes.



Health workers strikes pose difficult questions, especially considering their ethical codes and professional cadets. The Hippocratic Oath states, that doctor under take to act in the best interest of the safety, welfare, health and well-being of all those entrusted to their care and the citizens. Stuart (2010) noted that the world Medical Association has published many declarations and codes of conduct which underscore the importance of the fiduciary relationship. In modern medicine science, the fiduciary relationship between health care workers and patient must be honoured to achieve maximum satisfaction.

International studies reveal that the foremost reason for strikes in the medical field is poor working conditions, followed by usage and other incentives (Bloomsbury 2002). Strikes are the most significant aspect of industrial conflict. But they are unfortunately only a part of the phenomenon of conflict should be expanded to include “the total range of behaviour and attitudes that expresses opposition and managers on the one hand, and working people and their organizations on the other (Kornhauser, Dubin and Ross, 1954 cited in Fashoyin, 2005).

Ogundele (2005) quoted Iwuyi (1985) that a system of trade disputes settlement however is provided by policy makers to protect the interest of the public where the trade dispute is an essential service. It is generally agreed that the activities in these areas are of such importance to the communities as to justify, subjecting the settlement of labour disputes to rules in order to limit the damage they can cause.

Statement of Problem

It has become a recurring decimal that time and again health worker embark on strike actions in the health sector. When strike action is embarked upon, so many man-hours are being lost and also health situations of the patient keep deteriorating which in some cases lead to death of patients. It is against this back drop that Garrick (2009) opined that cautions get more critical when health workers embark on strike.

Frequent industrial actions (Strike in the health sector) and how it affects health care delivery in Federal Medical Centre, Yenagoa Local Government of Bayelsa State necessitated this research.

Objectives of the Study

The main objective of the study is to assess the impact of strike action on the effective health care delivery by the health workers in Federal Medical Centre, Yenagoa Local Government of Bayelsa State

Specific objective:

1. Ascertain in the factors that leads to strike among the health workers in the health sector.
2. Identify the effect of strike on health care service delivery
3. Identify the ways by which strike actions by the health worker can be averted.

Significance of Study

This study will help the hospital management to understand the important of averting strikes or if they occur, the measures that should be taken to be on a level of playing ground. It will



also ensure the existence of a pool of skilled workforce who could be utilized for national development.

Labour is a major input to the success of any establishment, if labour is efficient, it will help to improve the performance of the health sector.

This will also serve as a template for the future researchers.

Research Question/Hypothesis

What factors lead to strike action among health workers in the health sector?

What are the effects of strike on health care delivery Federal Medical Centre?

What are the ways by which strike action by health workers can be averted?

Scope of Study

This study is delimited to the important of strike action by health workers of the effective health care delivery in Federal Medical Centre, Yenagoa Local Government of Bayelsa State It will cover the health workers and patients that visits the Federal Medical Centre, Yenagoa Local Government of Bayelsa State

Operational Definition of Terms

The following terminologies are defined for the clarification of concepts:

Impact: A significant or strong influence or an effect

Health Workers: These are People engaged in the promotion, protection or improvement of the health of the population or whose primary intent is to enhance health and they include doctors, nurses, laboratory technician etc

Health care Delivery: This is the organization of people institutions and resources that delivers health care services to meet the health needs of target population.

Strike Action: Collective, organized, cessation of work by workers in protest.

Effective: Having to power to produce a required effect. Or It is an efficient serviceable or operative available for useful work.

RESEARCH METHODOLOGY

Research Design

The descriptive survey will be used in the study to ascertain “the impact of strike action by health workers on the effective health care service delivery in Federal Medical Centre, Yenagoa. This method is chosen because it allows the researcher collect needed data, analyzed them and report findings and the results will be generalization.



Research Setting

The area of study is Federal Medical Centre, Yenagoa Local Government Area of Bayelsa State. This area is both appropriate and adequate for this study because it is a tertiary institution and a government hospital that is situated in the state capital Yenagoa, which has a great deal of influence on the people due to the fact that it's concerned with rendering health care service delivery and for research purpose. As such, it is made up of all cadres of qualified health care professionals and as a result of that, a lot of clients go there to obtain health care services believing that professionals in their various field of medicine are there to provide adequate and quality health care management.

The hospital is large, which accommodates a good number of clients with a bed capacity of 203 and it is adequately staffed with different professionals. It has general outpatient, medical/surgical, obstetrics/gynecology, pediatric, nursing, theatre, Laboratory, pharmacy, physiotherapy, radiology, kitchen, security, social/welfare, Works, Records, and the Morgue departments. They have an estimate of about workers which comprises of qualified doctors, nurses, pharmacist and others health and non-health workers.

Target Population

The target population for this study comprises of a total number of five hundred and twenty (520) health workers and patients.

Sample Size

A sample size of 226 from the total population will be calculated using Taro Yamen's formula. See calculation below:

$$\begin{aligned}
 &= \frac{N}{1+N(e)^2} \\
 &= \frac{520}{1+520(0.05)} \\
 &= \frac{520}{1+520(0.0025)} \\
 &= \frac{520}{1+1.3} \\
 &= \frac{520}{2.3} = 226.08
 \end{aligned}$$

Sample size = **226**



Sample and Sampling Technique

A sample size of 226 men and women regardless of their status will be selected from the target population. Simple random sampling technique will be used because; it will be convenient and based on availability and accessibility of the sampling population.

Instrument for Data Collection

The instrument for data collection was a self-developed questionnaire. The questionnaire will be made anonymous to reflect respondents' confidentiality. It consisted of two (2) section, A and B section.

Section A was designed to elicit the personal data of respondents while section B is design to elicit the information in the variable of the study from the respondents on a 4point liker scale.

Validity of the Instrument

The question was prepared and given to the research project supervisor who under close supervision made necessary corrections and imputes. The corrections were effected hence the questionnaire has face and content validity.

Reliability of Instrument

The reliability of the instrument will be determined by test re-test method. 20 Copies of the questionnaire will be administered randomly using Niger Delta University Teaching Hospital (NDUTH) Okolobiri. There will a re-test of the same instrument to the same sample after two weeks. The initial and the re-test scores of samples will be correlated using Pearson Product Moment coefficient.

Methods of Data Collecting

The questionnaire will be administered personally and with the aid of one research assistance to the respondents.

Instructions guiding the filling of the questionnaire was explained to the respondents. The instrument was collected the following day.

Method of Data Analysis

The data obtained from the respondents was analyzed using percentage, figures and tables. The null hypothesis was tested using chi-square (χ^2) statistical tool at 0.05 level of significant. Findings and results gotten was used to make generalization.

Ethical Considerations

Ethical clearance will be obtained from the Faculty of Nursing, Niger Delta University and permission to conduct the study will also be obtained from the department of research studies and ethical issues at the Federal Medical Centre Yenagoa, Bayelsa State.

The consent of the respondents will be sought before administration of the questionnaires.



DATA PRESENTATION AND ANALYSIS

A total of 236 questionnaires were distributed to the respondents at Federal Medical Centre; out of which, 226 questionnaires were completely filled and retrieved from the respondents while the other 10 questionnaires were lost.

Section A

Demographic Data of Respondents, table

Table 1:1 Age of respondents

S/N	Age Distribution	Frequency	Percentage
1.	20-29	10	20
2.	30-39	21	42
3.	40-49	10	20
4.	50 and above	9	18
5.	Total	50	100%

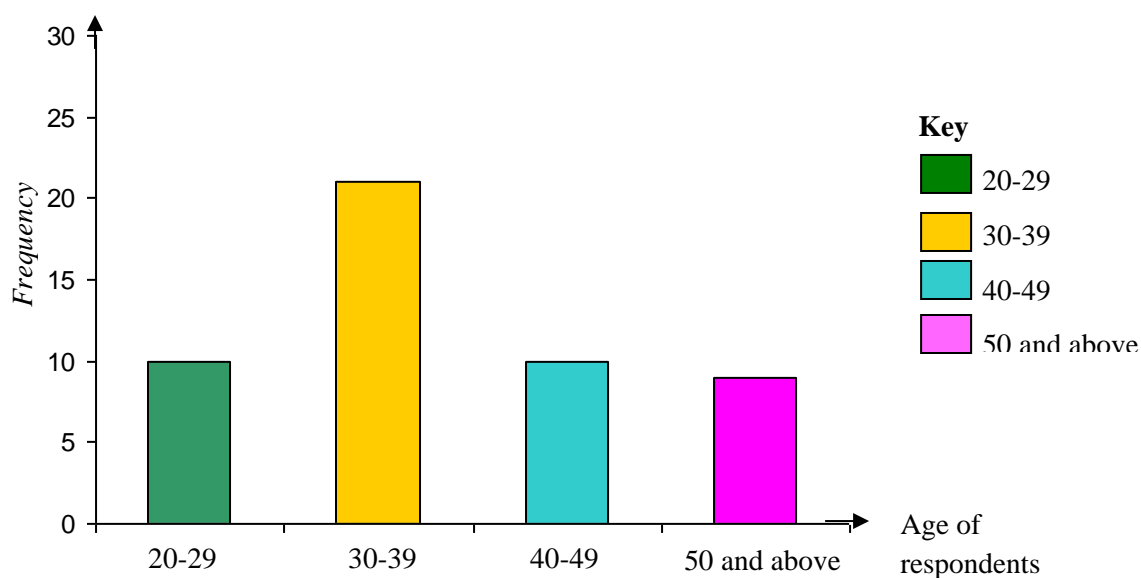
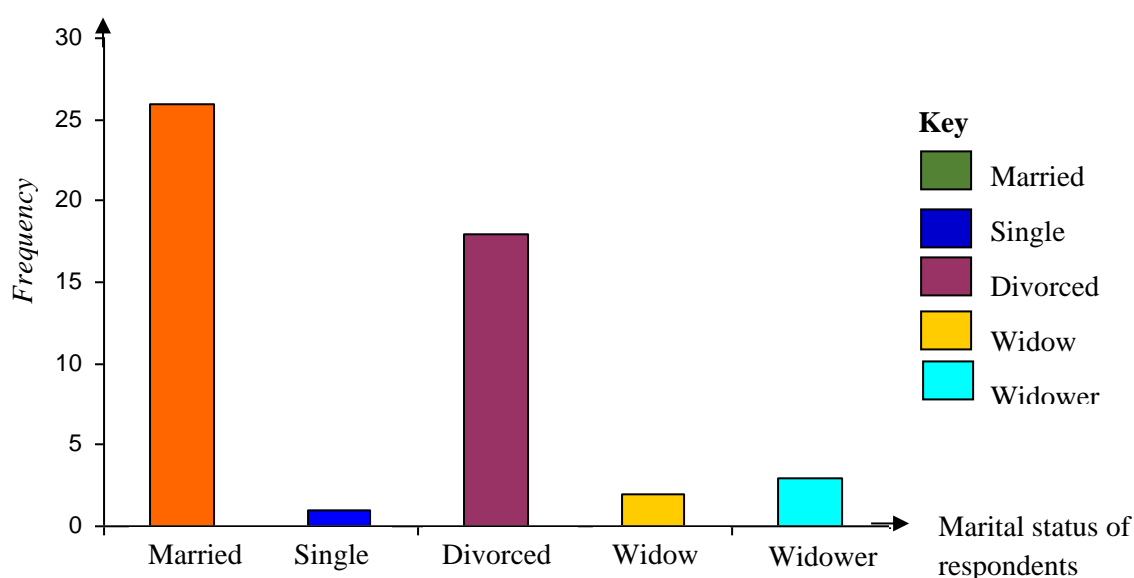


Figure 4.1: Bar Chart Showing Age of Respondents

Table 4.1 and figure 4.1 shows that out of 50 respondents 10(20%) are between the ages of 20-29, 21(42%) are between the ages of 30-39, 10 (20%) are between the ages of 40-49 and 9(18%) are between the ages of 50 and above.

**Table 4.2: Marital Status of Respondents**

S/N	Marital Status	Frequency	Percentage
1.	Married	26	52%
2.	Divorced	1	2%
3.	Single	18	36%
4.	Widow	2	4%
5.	Widower	3	6%
	Total	50	100%

**Figure 4.2: Bar Chart Showing Marital Status of Respondents**

Result in table 4.2 and figure 4.2 shows that 26(52%) are married 1(2%) divorced, 18(36%) are single, 2(4%) widows and 3(6%) are widowers.

Table 4.3: Occupation of respondents

S/N	Occupation	Frequency	Percentage (%)
1.	Medical Doctors	1	2%
2.	Nurse	26	52%
3.	Pharmacist	18	36%
4.	Lab scientist	3	6%
5.	Others	2	4%
	Total	50	100%

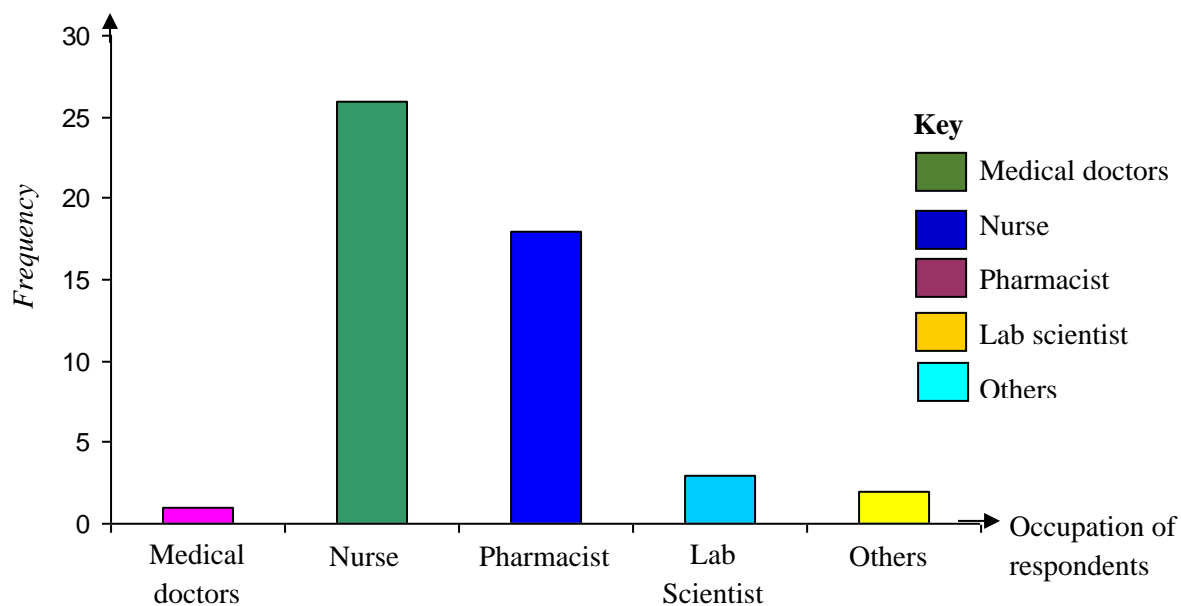


Figure 4.3: Bar Chart Showing Occupation of Respondents

Result in table 4.3 and figure 4.3 shows that 1(2%) is a medical Doctors, 26(52%) are nurses, 18(36%) are pharmacist, 3(6%) are lab scientist and 2(4%) as others.

Table 4.4: Educational level of respondents

S/N	Educational level	Frequency	Percentage
1.	Secondary	2	4%
2.	Tertiary	48	96%
	Total	50	100%

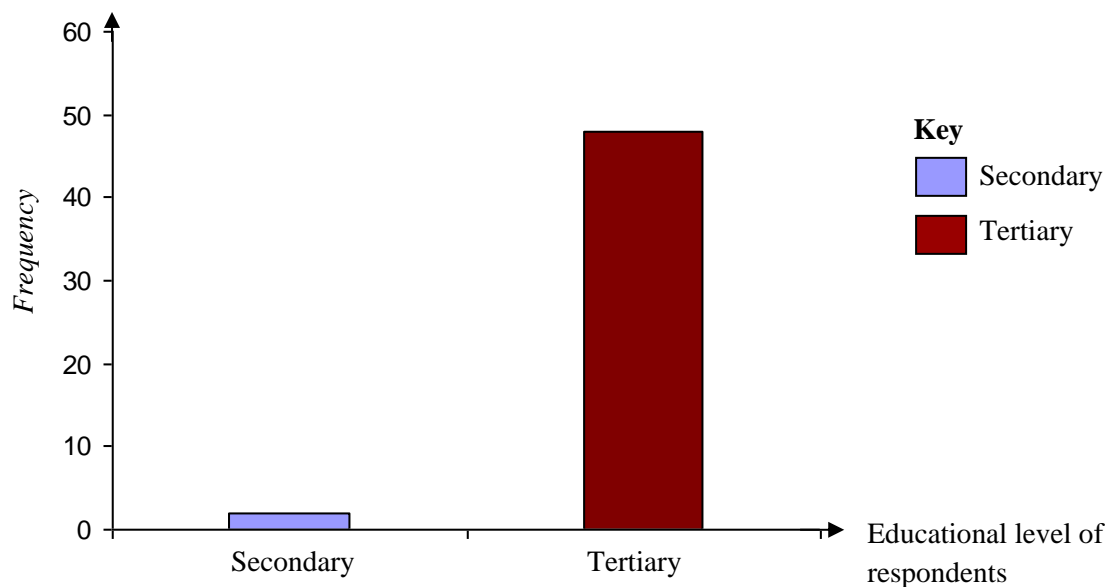


Figure 4.4: Bar Chart Showing Educational Level of Respondents

Result in table 4.4 and figure 4.4 shows that 2(4%) had s secondary education and 48(96%) had tertiary educations

Table 4.5: Religion of respondents

S/N	Religion	Frequency	Percentage
1.	Christians	50	100%
2.	Islam	0	0
3.	Traditionalist	0	0
4.	Others	0	0
	Total	50	100%

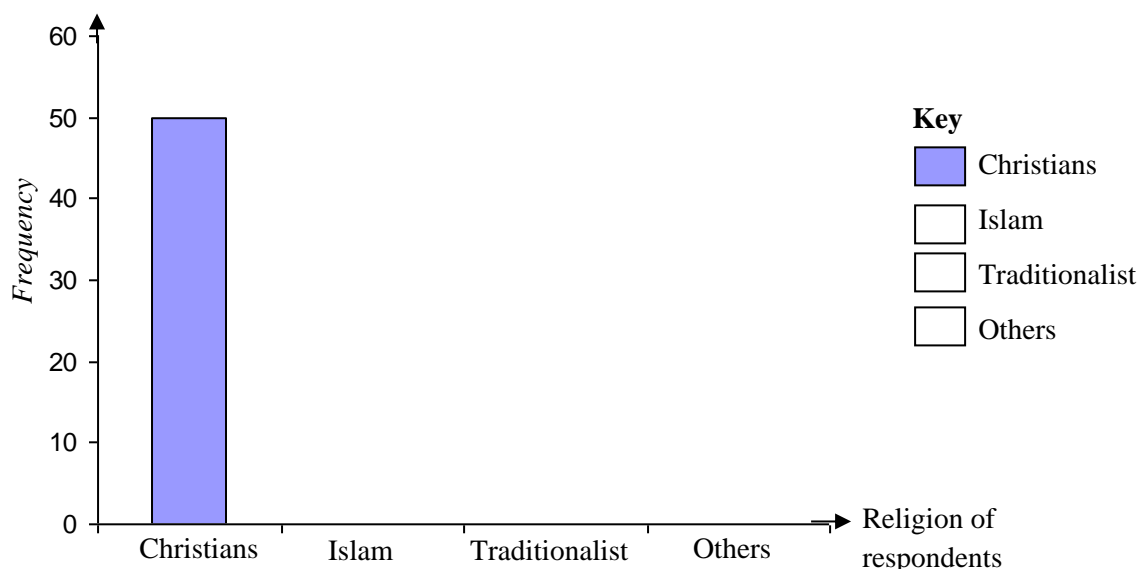


Figure 4.5: Bar Chart Showing Religion of Respondents

Results in table 4.5 and figure 4.5 shows that 50(100%) are Christians.

Table 4.6: Factors Leading to Strike Action in Health Sectors

S/N	Statement	SA	A	D	SD	Frequency	Total
1.	Demand for increment of salary causes strike	15 30%	20 40%	10 20%	5 10%	50 100%	100%
2.	Negligence of workers complaints in health sectors causes them to go on strike.	20 40%	30 60%	- -	- -	50	100%
3.	Negligence of government attention on health facilities causes the workers to go on strike.	30 60%	20 40%	- -	- -	50	100%
4.	Poor working condition makes workers to go on strike.	35 70%	10 20%	5 10%	- -	50	100%

Result in table 4.6 shows that 15(30%) strongly agreed that demand for increment of salary causes strike, 20(40%) agreed also while 10(20%) disagreed, and 5(10%) strongly disagreed to the statement. 20(40%) strongly agreed that negligence of workers complaints in health sector causes them to go on strike, 30(60%) agreed and none disagreed to the statement. 30(60%) strongly agreed that negligence of government attention on health facilities causes the workers to go on strike, 20(40%) agreed also and non-disagreed to the statement. 35(70%) strongly agreed that poor working condition makes the workers to go on strike, 10(20%) agreed also, while 5(10%) disagreed and none strongly disagreed to the statement.

**Table 4.7: Impact (effect) of Strike on Health Care Service Delivery**

S/N	Statement	SA	A	D	SD	Frequency	Total
1.	Breach of agreement by government by government or employers causes strike action	20 40%	15 30%	5 10%	10 20%	50	100%
2.	Man-power is limited in a health facility as a result of strike	15 30%	25 50%	5 10%	5 10%	50	100
3.	Strike increases mortality rate in health sector?	25 50%	15 30%	10 20%	- -	50	100%
4.	Strike affects people's perception toward the personal or professionals that embark on it	10 20%	20 40%	10 20%	10 2%	50	100

Result in table 4.7 shows that 20(40%) strongly agreed that breach of agreement by government or employers causes strike action, 15(30%) agreed also, while 5(10%) disagreed and 10(20%) strongly disagreed to the statement. 15(30%) strongly agreed that Man-power is limited in a health facility as a result of strike, 25(50%) agreed also while 5(10%) disagreed and 5(10%) strongly disagreed to the statement. 10(20%) strongly agreed that strike affects people's perception towards the personal or professionals that embark on it, 20(40%) agreed also, while 10(20%) disagreed and 10(20%) strongly disagreed.

Table 4.8: Importance of Strike on Health Care Service Delivery

S/N	Statement	SA	A	D	SD	Frequency	Total
1.	Striking awakens government unconsciousness towards important issues of concerns.	25 50%	20 40%	5 10%	- -	50	100%
2.	Striking enables the government to improve working conditions of health workers?	25 50%	25 50%	- -	- -	50	100%
3.	Positive outcome of strike enhances productivity of health workers	24 48%	22 44%	- -	4 8%	50	100%
4.	Striking makes the public to see and feel the concerns or challenges of health workers?	20 40%	30 60%	- -	- -	50	100%

Results in table 4.8 shows that 25(50%) strongly agreed that striking awakens government unconsciousness towards important issues or concerns, 20(40%) agreed also, while 5(10%) disagreed and none strongly disagreed to the statement. 25(50%) strongly agreed that striking enables the government to improve working conditions of health workers, 25(50%) agreed also, and none disagreed to the statement. 24(48%) strongly agreed that positive outcome of strike enhance productivity of health workers, 22(44%) agreed also, non-disagreed but 4(8%) strongly disagreed to the statement. 20(40%) strongly agreed that striking makes the public to



see and feel the concern or challenges of health workers, 30(60%) agreed also and none disagreed to the statement.

Table 4.9: Ways of Averting Strike Actions

S/N	Statement	SA	A	D	SD	Frequency	Total
1.	Striking action can be averted when goals and objectives are defined?	25 50%	15 30%	10 20%	- -	50	100%
2.	Meeting the demand of health care workers will help to avert strike action?	15 30%	20 40%	10 20%	5 10%	50	100%
3.	Financial incentives will reduce industrial or strike actions?	25 50%	25 50%	- -	- -	50	100%
4.	Collective bargaining will help to avert strike action?	25 50%	20 40%	5 10%	- -	50	100%

Result in table 4.9 shows that 25(50%) strongly agreed that striking action can be averted when goals and objectives are defined, 15(30%) agreed also, while 10(20%) disagreed, none strongly disagreed to the statement. 15(30%) strongly agreed that meeting the demand of health care workers will help to avert strike action, 20(40%) agreed also, while 10(20%) disagreed and 50(10%) strongly disagreed to the statement. 25(50%) strongly agreed that collective bargaining will help to avert strike action, 20(40%) agreed also, 50(10%) disagreed and none strongly disagreed to the statement.

Test of Hypothesis

There will be no significant relationship between health workers strike action and effective health care services delivery in Omoku General Hospital.

$$\text{Using chi-square: } x^2 = \sum \frac{(of - ef)^2}{ef}$$

Where: \sum = summation

x^2 = chi-square

of = observe frequency

ef = expected frequency

**Table 4.10: Test of Hypothesis**

S/N	Statement	SA	A	D	SD	Frequency Total
1.	Striking awakens government unconsciousness towards important issues of concern?	25 a	20 b	5 c	- d	50
2.	Positive out-come enhances productively of health workers	24 e	22 f	- g	4 h	50
	Total	49	42	5	4	100

$$ef \frac{EF \times CT}{GT}$$

Where:

RT = row total

CT = column total

GT = grand total

$$\therefore \text{cell } a = \frac{50 \times 49}{100}$$

$$= \frac{2450}{100}$$

$$= 24.5$$

$$\text{Cell } b = \frac{50 \times 42}{100}$$

$$= \frac{2100}{100}$$

$$= 21$$

$$\text{Cell } c = \frac{50 \times 5}{100}$$

$$= \frac{250}{100}$$

$$= 2.5$$

$$\text{Cell } d = \frac{50 \times 4}{100}$$

$$= \frac{200}{100}$$

$$= 2$$



$$\begin{aligned}\text{Cell e} &= \frac{50 \times 49}{100} \\ &= \frac{2450}{100} \\ &= 24.5\end{aligned}$$

$$\begin{aligned}\text{Cell f} &= \frac{50 \times 42}{100} \\ &= \frac{2100}{100} \\ &= 2\end{aligned}$$

$$\begin{aligned}\text{Cell g} &= \frac{50 \times 5}{100} \\ &= \frac{250}{100} \\ &= 2.5\end{aligned}$$

$$\begin{aligned}\text{Cell h} &= \frac{50 \times 4}{100} \\ &= \frac{200}{100} \\ &= 2\end{aligned}$$

$$x^2 = \sum \frac{(of - ef)^2}{ef}$$

$$a x^2 = \left[\frac{25 - 24.5}{24.5} \right]^2$$

$$b x^2 = \left[\frac{-1}{21} \right]^2$$

$$= 0.095$$

$$c x^2 = \left[\frac{5 - 2.5}{2.5} \right]^2$$

$$= \left[\frac{2.5}{2.5} \right]^2$$

$$= 2$$

$$d x^2 = \left[\frac{0 \times 2}{2} \right]^2$$

$$= \left[\frac{0}{2} \right]^2$$

$$= 0$$



$$e x^2 = \left[\frac{24 \times 24.5}{24.5} \right]$$

$$= \left[\frac{588}{24.5} \right]^2$$

$$= 48$$

$$f x^2 = \left[\frac{22 \times 21}{21} \right]^2$$

$$= \left[\frac{462}{21} \right]^2 = 44$$

$$g x^2 = \left[\frac{0 \times 2.5}{2.5} \right]^2$$

$$= \left[\frac{0}{2.5} \right]^2$$

=

$$h x^2 = \left[\frac{4 \times 2}{2} \right]^2$$

$$= \left[\frac{8}{2} \right]$$

$$= 8$$

$$x^2 0.041 + 0.095 + 2 + 0 + 48 + 44 + 0 + 8 = 102.136$$

To determine degree of freedom

$$df = R - 1 \times c - 1$$

Where:

R = number of rows

C = number of columns

$$\therefore df = 2 - 1 \times 4 - 1$$

$$= 1 \times 3$$

$$= 3$$

Level of significant = 0.05

**Table 4.11: Results of Test of Hypothesis**

χ^2	$\chi^2_{tab.}$	df	Level of significant	Decision
102.136	7.815	3	0.05	H_0 rejected and H_1 accepted

Discussion Rule

Discussion rule states that the null hypothesis (H_0) be rejected if the calculated value of the test statistics is greater than the critical value and accept null hypothesis if the calculated value of test statistics is less than the critical value.

The calculated value is $\chi^2 = 102.136$ while χ^2 table value is 7.815.

Therefore, since χ^2 value calculated is higher than the critical value, the null hypothesis is rejected while the alternate hypothesis is accepted.

Thus, there is significant relationship between health workers strike action and effective health care service delivery in Omoku General Hospital.

CONCLUSION/SUMMARY AND RECOMMENDATIONS

Discussion of Findings

The demographic data of respondents from 4.1-4.5 shows that 10 respondents are between 20-29 years, 21 respondents are between 30-39 years, 10 respondents are between 40-49 years and 9 respondents were 50 and above.

As regards in marital status, 21(52%) are married, 1(2%) are divorced, 18(36%) are single, 2(4%) widows and 3(6%) are widowers.

Also, the occupation of respondents were 1(2%) is a medical doctor, 26(52%) are nurses, 18(36%) are pharmacist, 3(6%) are lab scientist and 2(4%) as others.

Again, the educational level of respondents shows that tertiary education had the highest percentage with 49(96%) and secondary education 2(4%).

And religion of respondents shows that Christians had the highest percentage with 50(100%) (all are Christian).

Research Question One: Factors Leading to Strike Action in Health Sectors

The analyzed data on table 4.6 15(30%) of respondents strongly agreed, 20(40%) of respondents agreed, 10(20%) disagreed while 5(10%) strongly disagreed that demand for increment causes strike action. 20(40%) of the respondents strongly agreed that negligence of workers complaints in health sectors causes them to go on strike, 30(60%) agreed, none of the respondent neither disagree nor strongly disagreed.



Also 30(60%) of the respondents strongly agree that negligence of government attention on health facilities causes the workers to go on strike, 20(40%) agreed also, and none disagreed.

Again, 35(70%) strongly agreed that poor working condition makes the workers to go on strike, 10(20%) agreed 5(10%) disagreed.

This is in line with Yiding and Quanax (2010) who said that demand for increment of salary, negligence of working conditions, negligence of health facilities and poor working conditions are the major cause of strike action.

Research Questions Two: Impact (effect) of Strike on Health Care Delivery

The analyzed data in table 4.7 shows that 20(40%) of respondents strongly agreed 15(30%) of respondents agreed, 5(10%) disagreed while 10(20%) strongly disagreed that breach of agreement by government or employers causes strike action.

Also 15(30%) of respondents strongly agreed that limited manpower for effective health care service delivery causes or results to strike action 5(10%) strongly disagreed

10(20%) strongly agreed that strike affects people's perception towards the personal or professionals that embark on it, 20(40%) agreed also while 10(20%) disagreed and 10(20%) strongly disagreed.

This is in line with Oyedepo (2014) that limited manpower for frequent strike and that strike causes decline in moral and that strike increase mortality rate in health sector and affects people perception towards the personnel or professionals that embark on it.

Research Question Three: Importance of Strike on Health Service Delivery

The analyzed data on table 4.8 shows that 25(50%) of respondent strongly agreed that striking awakens government unconsciousness towards important issues or concerns, 20(40%) agreed also, 5(%) disagreed and non-strongly agreed.

Moreover, 25(50%) strongly agreed that striking enables the government to improve working conditions of health workers, 25(50%) agreed also and none either disagreed nor strongly disagreed.

Again 24(48%) strongly agreed that positive outcome of strike enhance productivity of health workers, 22(44%) agreed also none disagreed but 4(8%) strongly disagreed.

Also 20 (40%) strongly agreed that striking makes the public to see and feel the concern or challenges of health workers.

This is in line with Renine (2009) who said that striking awakens government unconsciousness towards important issues or concerns and that shows enables the government to improve working conditions of health workers and that positive outcome of strike enhance productivity of health workers and also striking makes the public to see and feel the concerns or challenges for health working.



Research Question Four: Ways of Averting Strike Action

Analyzed data on table 4.9 shows that 25(50%) of respondents strongly agreed, 15(30%) agreed also that strike action can be averted when goals and objectives are defined, 10(20%) disagreed, while none strongly disagreed to the statement.

Also 15(30%) strongly agreed that meeting the demand of health care workers will help to avert strike action 20(40%) agreed also, while 10(20%) disagreed and 5(10%) strongly disagreed to the statement.

More so, 25(50%) strongly agreed, 25(50%) agreed also that financial incentives will reduce industrial or strike actions while none either disagreed nor strongly disagreed to it.

Again, 25(50%) strongly agreed that collective bargaining will help to avert strike action, 20(40%) agreed also, (5(10%) disagreed while none strongly disagreed to the statement. This in line with Omeleke (2005) who said that strike action can be averted when meeting the demands of health workers will help to avert strike action and that financial incentive will also help to reduce industrial or strike action, more so, collective bargaining will also help to avert strike action.

Summary/Conclusion

This study was designed to determine the impact of strike action on the effective healthcare service delivery in Federal Medical Centre Yenagoa. The theoretical framework applied in cause of this study was that of Abraham Maslow Hierarchy human needs.

The instrument used for data collection was questionnaire. In view, the study revealed that there is a significant relationship between health workers strike action and effective health care service delivery. This was evident through the use of a statistical tool known as chi-square to determine the relationship between health workers strike action and effective healthcare service delivery in Federal Medical Centre Yenagoa. In view of this the (H_1) alternate hypothesis was accepted while the (H_0) null hypothesis was rejected; thus, there is a significant relationship between health workers delivery in Federal Medical Centre Yenagoa.

Recommendations

Based on the findings, the following recommendations were put forward; thus,

- Government or employers should define the goals and objectives of health workers in order to avoid incessant industrial actions by health workers.
- Government or employers should endeavor to meet a reasonable percentage of health workers demand in order to avert industrial action by health workers.
- Government or employers should always resort to collective bargain with health workers whenever their demands are made to avoid strike.
- Government or employers should always review the working conditions of health workers in order to improve their living standard to avert strike.
- Health workers should device other means of agitation to government or employers other than engaging in industrial action.



- Health workers should always consider the effect of industrial action on the low socio-economic class before embarking on it.

Suggestions for Further Research Studies

Further research should be carried out on causes of health workers industrial actions in Rivers State.

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APPENDIX 1

RELIABILITY TESTING

The reliability of the instrument was tested using Pearson's product moment correlation co-efficient.

S/N	X	Y	X ²	Y ²	XY
1	50	60	2500	3600	3000
2	30	40	900	1600	1200
3	50	40	2500	1600	2000
4	70	60	4900	3600	4200
5	50	40	2500	2600	2000
	Σx = 250	Σy = 240	Σx ² = 13,300	Σy ² = 12,000	Σxy = 12,400

$$\text{Formula } r = \frac{n(\Sigma xy) - (\Sigma x)(\Sigma y)}{\sqrt{[n\Sigma x^2 - (\Sigma x)^2][n\Sigma y^2 - (\Sigma y)^2]}}$$

Where n = sample size (5)

r = correlation co-efficient.

$$r = \frac{5(12,400) - (250 \times 240)}{\sqrt{[5 \times 13,300 - (250)^2][5 \times 12,000 - (240)^2]}}$$



$$r = \frac{62,000 - 60,000}{\sqrt{[66,500 - 62,500][60,000 - 57,600]}}$$

$$r = \frac{2000}{\sqrt{[4000 \times 2400]}} = \frac{200}{\sqrt{9600000}}$$

$$r = \frac{2000}{3098.4}$$

$$r = 0.65$$

Correlation coefficient of 0.65 is high. Therefore, the instrument is reliable because it is greater than 0.5.



QUESTIONNAIRE

SECTION A

DEMOGRAPHIC DATA OF RESPONDENTS

Instruction: please tick (✓) where applicable to you in the box provided

1. Age: 20-29 years 30-39 years 40-49 years
50 and above
2. Marital Status: Married Divorced Single Widow widower
3. Occupational status: Medical Doctor Nurse Pharmacist
Lab. Scientist Others, specify:
4. Educational status: Secondary Tertiary
5. Religion: Christian Islam African traditionalist
Others, specify:

SECTION B

S/N	ITEMS	A	SA	D	SD
FACTORS LEADING TO STRIKE IN HEALTH SECTORS					
6.	Demand for increment of salary causes strike?				
7.	Negligence of workers complaints in health sectors causes them to go on strike?				
8.	Negligence of government attention on health facilities causes the workers to go on strike				
9.	Workers condition makesworkers to go on strike?				
IMPACT (EFFECT) OF STRIKE ON HEALTH CARE DELIVERY					
10.	Breach of agreement by government or employers causes strike action				
11.	Man-power is limited in a health facility as a result of strike?				
12.	Strike increases mortality rate in health facility?				
13.	Striking affects people's perception towards the professionals that embarked on it				
IMPORTANCE OF STRIKE ON HEALTH CARE DELIVERY					
14.	Striking awakens government unconsciousness towards important issues of concerns?				
15.	Striking makes the government to improve working condition of health workers				
16.	Positive outcome of strike enhance productivity of health workers				
17.	Striking makes the public to see and feel the concerns/challenges of health workers				



18.	Strike action negatively affect people from low socio-economic class				
WAYS OF AVERTING STRIKE ACTION					
19.	Strike action can be averted when goals and objectives are defined				
20.	Meeting the demand of health workers will help to avert strike action				
21.	Financial incentive will reduce industrial or strike action				
22.	Collective bargaining will help to avert strike action				

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