AWARENESS AND PERCEPTION OF RECURRENT HEALTH SECTOR CONFLICT AMONG HEALTH SERVICE PROVIDERS AND CONSUMERS AND THE ROLE OF PRIVATIZATION IN RESOLVINGIT:A CASE STUDY OF AMINU KANO TEACHING HOSPITAL, KANO.

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DECLARATION

I declare that the work in this dissertation entitled "Awareness and perception of health sector conflict among health care providers and consumers. A case study of Aminu Kano Teaching Hospital, Kano" has been carried out by me in the department of Community Medicine. The information derived from the literature has been duly acknowledged in the text and a list of references provided. No part of this dissertation was previously presented for degree or diploma at this or any other institution.

SIGNATURE _____

Hussain ZamatuAbdullahi; SPS/12/MPH/00016

CERTIFICATION

This dissertation entitled “Awareness and perception of health sector conflict among health care providers and consumers. A case study of Aminu Kano Teaching Hospital, Kano” by Hussain ZamatuAbdullahi meets the regulations governing the award of BSc Public Health degree of Bayero University Kano and is approved for its contribution to knowledge and literature presentation.

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DEDICATION

I dedicate this project work to my late parents, my brother who sponsored my degree program, my sister and her husband who contributed immensely for my study and my wife who provided great support for my work.

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All praise and glory be to Allah, the gracious, the Merciful, the fulfiller of needs, and the source of all knowledge for giving me the opportunity to go through this master's program. Without Him nothing would have been possible. May the peace and blessing of Allah shine upon His messenger, Muhammad, his household and his companions?

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LIST OF ACRONYMS

AKTH AMINU KANO Teaching Hospital

ARD Association of Resident Doctors

BATNA Best Alternative to a Negotiated Settlement

CT Computed Tomography

DTUs District Tuberculosis Units

ECG Electrocardiography

ENT Ear Nose and Throat

FBOs Faith Based Organizations

GOPD General Out Patient Department

HS Health sector

IDI In-depth Interview

ILO International Labor Organization

IMF International Monetary Fund

JOHESU Joint Health Sector Union

LGA Local Government Area

MDCAN Medical and Dental Consultant Association of Nigeria

MHWUN Medical and Health Workers Union

MHWA Medical Health Worker Association

NAFDAC National Agency for Food and Drug Administration and Control

NANNM National Association of Nigerian Nurses and Midwives

NASU Non Academic Staff Union

NGOs Non Governmental Organizations

NHIS National Health Insurance Scheme

NHRA	Nigerian Health Record Association
NITEL	Nigerian Telecommunication
NMA	Nigerian Medical Association
NTP	National Tuberculosis Programme
NUAHP	Nigerian Union of Allied Health Professionals
PAN	Physiotherapy Association of Nigeria
PPP	Public Private Partnership
PSN	Pharmaceutical Society of Nigeria
SSAUTHRIA	Senior Staff Association of University Teaching Hospitals, Research and Associated Institutions
TB	Tuberculosis
UK	United Kingdom
USA	United State of America

WHO World Health Organization

ABSTRACT

Background: Over the years, health services delivery in Nigerian public hospitals has been disrupted from recurrent industrial actions. Privatization was one of the approaches suggested for resolving the conflict. This study determined the awareness and perception of health sector conflict among the health service providers and consumers of AKTH and the role of privatization in resolving it.

Methodology: A cross-sectional descriptive study with quantitative and qualitative approaches was carried out in AKTH. Data was collected over 4 weeks in April 2015. Pre-tested structured questionnaires were administered to 275 patients (response rate 92.7%). In-depth interviewer guide was used to collect information from the health service providers. The quantitative data was analyzed using the statistical software SPSS version 16.

Results: Majority of the patients (53.3%) and all the health workers knew of health sector conflict. Most patients (53.3%) and all the health workers linked the conflict to all health workers. To the patients, the major causes of the conflict were professional disharmony 43(28.7%), disparity in salary 21(14%), struggle for power and leadership 23(15.3%), selfishness 12(8.0%), government and managements' failure in leadership 21(14%), and demand for increase in salary 25(16.7%). To most health workers, improper handling of situation and industrial disharmony are the major causes of the conflict. While majority of the health service providers think privatization can resolve the conflict, majority of the patients (53.7%) think otherwise. Health workers must learn to establish mutual respect for each other's profession, government should establish a proper remuneration with clear delineation of duties and non-doctors should appreciate the salary differentials between them and doctors.

Conclusion: That conflict exists in the Nigerian health sector is well known in AKTH. Industrial disharmony is the major cause of the conflict. Patients and health workers have conflicting views as to whether or not privatization can resolve the conflict.

CHAPTER ONE

1.0.INTRODUCTION

1.1. BACKGROUND INFORMATION

Conflict has been described as a natural phenomenon and an inevitable event in any organization.[1-2] Conflict in an organization has been defined in many ways. It is saidto occur when members engage in activities that are incompatible with those of colleagues within their network, members of other collectivities, or unaffiliated individuals who utilize the service or products of the organization.[3] Combining those of Putman, Pool and Rahim, conflict refers to an interactive process between interdependent people or social entities (individuals, groups, organizations, etc.) and occurs when there is incompatibility in (or opposition in the realization of) preferences, value, goals and aims (and not only activities), and who see the other party as potentially interfering with the realization of these goals.[2-3]

Although conflict has been generally described as a negative behavior, some conflicts can be beneficial. Conflicts that remain unresolved tend to have negative consequences for an organization and the people working in them, while properly resolved conflict improves productivity, job satisfaction, personal well-being and the relationship between or among the conflicting parties.[3-5]Conflict in organizations is generally of two types: substantive and affective conflicts. Substantive conflict, also known as functional, constructive,cognitive or task conflict arises from disagreements in perspectives and judgment over a task, policy or other organizational issues. Affective conflict, also known as dysfunctional, destructive, relation or emotional conflicts, arises from personal differences and disagreements or from negative reactions of organizational members (personal attacks, racial disharmony and sexual harassment).In substantive conflict, parties involved defend or criticize ideas based on relevant facts and not opinions, and parties are willing to listen to one another. It is devoid of personal preferences and political interests. Outcomes are constructive and the conflict has positive effect on the individual and group performance. Affective conflict, on the other hand, is destructive and

has negative effect on individual and group performance.[3] Thus, organizational conflict in general, may be classified as intra-organizational (conflict within an organization) or inter-organizational (conflict between two or more organizations). Intra-organizational conflict may be interpersonal, intra-group and intergroup. Interpersonal conflict occurs between two or more organizational members of the same or different hierarchical levels or units (structural conflict). Intra-group (intradepartmental) conflict refers to the conflict among members of a group, or between two or more subgroups within a group in connection with its goals, tasks, procedures, etc. Intergroup (interdepartmental) conflict refers to conflict between two or more groups within an organization.[3]Organizational conflict may also involve the employees and their employers. These employers can be the local government, state, or the federal government, or a private employer.

Hospitals are extremely complex organizations made up of different professional groups within a sophisticated environment.[1]WHO described health workers as:*all people engaged in actions whose primary intent is to enhance health. They include doctors, nurses, pharmacists, laboratory technicians, community health workers, management and support workers such as financial operators, cooks, drivers and cleaners.*[7]These are heterogeneous professional groups with differences in training, specialization and hierarchy but must work synergistically and with understanding in other to function effectively. In such organization, disagreement may occur between members of the different professions due to individual differences arising from the way the professionals view each other and the way they view the nature of the care they provide to their patients, a phenomenon referred to as group-think.[8]Health sector conflicts may occur among physicians, between physicians and other staffs, or between the staffs or the health care team and the patients or patients' family, or even among the different professional groups in the hospital setting. The conflict may range from disagreement to major controversies that may progress as far as leading to litigation or violence.[9]

Over the years, health services delivery in Nigeria has repeatedly been disrupted in the public health facilities from recurrent industrial actions embarked upon by the different groups of health workers. The most recent occurrence is the amalgamated health workers' strike over the purported claim of skewed condition of service in favor of the doctors in Nigeria.

Different methods or approaches have been demonstrated for managing organizational conflict at the three levels – individual, group and intergroup levels.[3.10]The management of conflict involves the diagnosis of and intervention in the factors (processes and structures) affecting the two types of organizational conflicts (substantive and affective) in order to reduce affective conflict and to attain and maintain a moderate amount of substantive conflict at these levels.[3] One of these methods is the styles or behaviors by which interpersonal conflict can be handled.In1926, Follet identified three styles of managing conflict: domination, compromise and integration. Fourteen years later, she discovered additional two styles: avoidance and suppression.[3]Blake and Mouton similarly explained five steps of managing interpersonal conflict: forcing, withdrawing, smoothing, compromising and problem solving based on two attitudes of the manager: concern for production and concern for people.[3]Thomas and Kilmann considered, rather than attitudes of the manager, the intentions of the parties (cooperativeness or concern for others and assertiveness or concern for self) for their five styles (competition, collaboration, compromising, accommodation and avoiding).Pruit's dual concern model (concern for self or assertiveness and concern for others or empathy) suggested four styles: yielding, problem solving, inaction and contending.Rahim and Bonoma differentiated the styles into two dimensions: concern for self and concern for others. Concern for self or assertiveness explains the degree to which a person attempts to satisfy his/her own concern, while concern for others shows the degree to which a person attempts to satisfy the concern for others. Combining the two dimensions they yielded five styles (integrating, obliging, compromising, dominating and avoiding) for their dual concern model.[3]

The World Bank report of 1995 declared that there has been a growing consensus among professionals, policy makers, and economic development planners that privatization of public enterprises, especially in the developing countries, can yield substantial benefits relating to greater efficiency, renewed investment , budgetary savings, and preservation of scarce resources for the improvement of the nation's economic condition. Privatization has been said to become an important instrument for streamlining the public sector and promoting economic development as well as improving the production and distribution of goods and services in countries all over the world. It is said to be a strategy for reducing the size of government expenditure and transferring assets and service functions from public to private ownership and control.[11-14]

Premised by the inefficient management, high overhead costs and in most cases, a negative return on investment in addition to the pressure from the international lending organizations, the Nigerian government in 1998 decided to embark on a major public enterprises' reform in the country under the programme of privatization and commercialization. This was introduced by the Privatization and Commercialization Act of 1988, which served as legal support for the implementation of government privatization policy. This later metamorphosised into the decree No. 78 that led to the Bureau of the Public Enterprises in 1993 and the National Council on Privatization in 1999 that was backed by decree 28 of 1999.So far, the telecommunication sector and the Power Holding Company of Nigeria have successfully being privatized in Nigeria.[15-18]

Globally, countries like USA, Italy, Brazil, Spain, Kenya, Holland and Turkey are now in the race of privatization. It has worked in many countries successfully at comparable stage of development with Nigeria.[25-27] The first large-scale privatization programme was in Germany. This occurred as far back as 1961, when the German government of Konrad Adenauer sold a majority stake in Volkswagen in a public share offering which heavily weighted in favour of small investors. Also in Spain, 30 banks and 195 companies were privatized in 1972 and 1975 respectively. The term privatization was coined later by Peter Drucker after British embraced privatization and was adopted to replace the term denationalization.[18-21]

1.2.Problem Statement

Health care delivery occurs within a complex system of institutional environments, multidisciplinary professionals, technology, financial reimbursement, legal and regulatory requirements, and patient, family and community based needs. Competing priorities within this structure of health care often result in personal and professional conflicts between health care providers. These conflicts mostly involve the physicians, nurses and administrators but may extend to other health care professionals such as social workers, pharmacists, dietitians, and physical therapists. Some of the key areas of conflict include perceived lack of interpersonal or inter-professional respect and recognition, treatment protocol or intervention disputes and administrative issues such as competition for scarce resources. Sources of these conflicts include lack of mutual respect and recognition, argument over treatment protocol, and inequitable or inadequate resource allocation[101] Many health care industry disputes are uniquely suited to resolution outside the judicial system because of particular needs and concerns of the health care

industry such as concerns for patient privacy and business confidentiality, reduction of time and cost devoted to disputes in an industry under special economic, political, and social pressures to control costs and satisfaction of the patient safety.[102] This implies that good conflict resolution skill is of utmost important to the health professionals. Limited communication and conflict resolution skills were found to hinder the ability to create and sustain a respectful workplace environment in the hospitals.[103] Conflict management has been explained in the context of conflict management styles and the alternative dispute resolution methods. See chapter two.

Over the years, health service in Nigeria has been disrupted by frequent industrial actions embarked upon by the various hospitals' unions or associations. No other sector over these years has been so traumatized like the health sector.[104]The problem causing this ranges from poor funding by the government with resulting poor equipment and lack of specialist medical personnel to brain drain and lack of industrial harmony among the workers in the field. The sector has been literarily brought to its knees by inter-professional bickering and struggle for supremacy. While this rages on, the health care sector continues to suffer with attendant loss of innocent lives.[104]Other causes of the conflict include argument over the appointment of surgeon general in the country, disparity in salary and struggle for leadership.[39,46,104]This conflict involves the doctor, nurses, pharmacists, and all other hospital staffs.[9,105]Awareness of this conflict became possible by the incessant strikes and the media. Watchers of the industry have interceded at various times, but rather than wane, the spate of unrest continue to grow stronger.[64]At the middle of this intercession the federal government of Nigeria brought up the issue of privatizing all public hospital in the country. This attempt posed a threat even to the Medical and Dental Consultant Association of Nigeria (MDCAN) which quickly brought the issue discussed in the house of assembly to light for other health professionals' awareness.[14,16] Governments in states and cities have resorted to the privatization of public infrastructures and facilities in response to crisis in their public enterprises.[23] It has been shown that there has been a growing consensus among professionals, policy makers, and economic development planners that privatization of public enterprises, especially in the developing countries, can yield substantial benefits relating to greater efficiency, renewed investment , budgetary savings, and preservation of scarce resources for the improvement of the nation's economic condition.[11-14] However, privatization has also being described as unfair, hurting the poor and the disenchanted, and benefiting the privileged and the powerful. It is also claimed to throw people out of their work or force them to

accept jobs with lower pay, less security, and fewer benefits. It is also believed to raise the prices of goods and services, provides opportunity to enrich the agile and the corrupt, and generally makes the rich richer and the poor poorer. It is also believed to negatively affect the distribution of wealth, income, and political power.[72]Using the concepts of privatization in resolving the health sector conflict is a forcing style of conflict management which favours concern for self. This, and the fact that group think phenomenon is much reduced and the less likelihood of conflict to occur in the private hospitals made privatization to have a role to play in resolving the health sector conflict.[9,39]

1.3.Justification of the study

The Nigerian health sector has been literarily brought to its knees by inter-professional bickering and struggle for supremacy. While the doctors contend that they – by virtue of their training and responsibilities—are the natural heads of the sector, other health workers including nurses, pharmacists, laboratory technicians/technologist, radiographers, and practically every other non-physician staff argue otherwise.[104]Watchers of the industry have interceded at various times, but rather than wane, the disharmony among the health workers grew stronger and stronger.[64]In response to this, privatization of the public hospitals in Nigeria was proposed by the House of Representative Committee on health.[14] This was brought to light by Medical and Dental Consultant Association of Nigeria (MDCAN).[16] The Nigerian Medical Association (NMA) was reported to have brought up the idea of privatizing some sections in the public hospitals including pharmacy, laboratory services, physiotherapy, radiotherapy, catering/dietetics and laundry.[24]Governments in states and cities have resorted to the privatization of public infrastructures and facilities in response to crisis in their public enterprises,[23]and this resort has worked well for many countries at comparable stage of development with Nigeria.[12]It is widely believed that there is an estimated increase in efficiency and productivity from private ownership which is thought to come from the greater importance which private owners tend to place on profits.[20]The dominant assessment of privatization is that it had occurred in all economic sectors. Total proceeds from privatization in this period exceeded one trillion US dollars.[12]In Germany, conversions from public to private for-profit status were shown to be associated with a permanent increase in efficiency of between 2.9 and 4.9%.[85]Similar benefit have been reported in Croatia, Taiwan, Vietnam, and Kenya.[79,83-86,88]In Nigeria, a study in Lagos state, showed

significant differences between the performance of public and private hospitals on certain domain of responsiveness with privately operated hospitals performing better where differences exist, users of private hospitals reported a higher level of overall satisfaction and private hospitals were found to perform particularly better on the domains of dignity, waiting times, and travel times.[87] It was also shown that most women in South Eastern part of Nigeria prefer to have antenatal care and child-delivery in private hospitals rather than in public hospitalsand was even recommended in this study that private hospitals should be included in maternal mortality reduction efforts in this part of the country so as to achieve the desired results.[125]Many consumers perceive that the quality of care they receive at private sector facilities is high with the key factors driving the perception of private sector facilities being friendliness, short waiting time, convenience and cleanliness.[87]Private hospitals in Nigeria functioned well during doctors' strike in the country and even during the Ebola outbreak. They are also said to be less prone to inter-professional conflict than public hospitals. SomeNigerians have expressed their opinions on whether or not the privatization of public hospitals in the country can resolve the recurrent conflict in the Nigerian health sector. Some suggest that the lasting solution to the incessant tussle between doctors and other health workers will be the privatization of health sector in Nigeria and the financial empowerment of Nigerians by National Health InsuranceScheme (NHIS).[25]Besides these, some studies in Nigeria had shown that privatization did not actually increase the citizens' commitment to their country.This means that people perceive this privatization role in resolving health sector conflict differently. NMA had shown their support for privatization of some units in the hospitals but these are only one aspect of the health workers.The perception of other hospital staffs towards privatization is equally important. Few have been done on the subject matter in the country. To form a knowledge base and a tool for advocacy, it was found relevant to carry out a study to find out the perceptions of health service providers and consumers in AKTH, on the awareness and perception of health sector conflict and the role of privatization in resolving it.

1.4. RESEACH QUESTIONS

1. Are the health workers and health service consumers of AKTH aware of the common causes of the recurrent conflict in the Nigerian health sector?
2. Do the health service and the consumers perceive the resolution of the health sector conflict similarly?
3. Do the health service providers and consumers of AKTH have any perceptions on the role of privatization in health service delivery?
4. Do the health service providers and consumers of AKTH have any idea on the role of privatization in resolving the health sector conflict?

1.5. OBJECTIVES OF THE STUDY

1.5.1 **General objectives**

To determine the perception of health service providers and health service consumers of AKTH on the role of privatization in resolving the recurrent conflict in the Nigerian health sector.

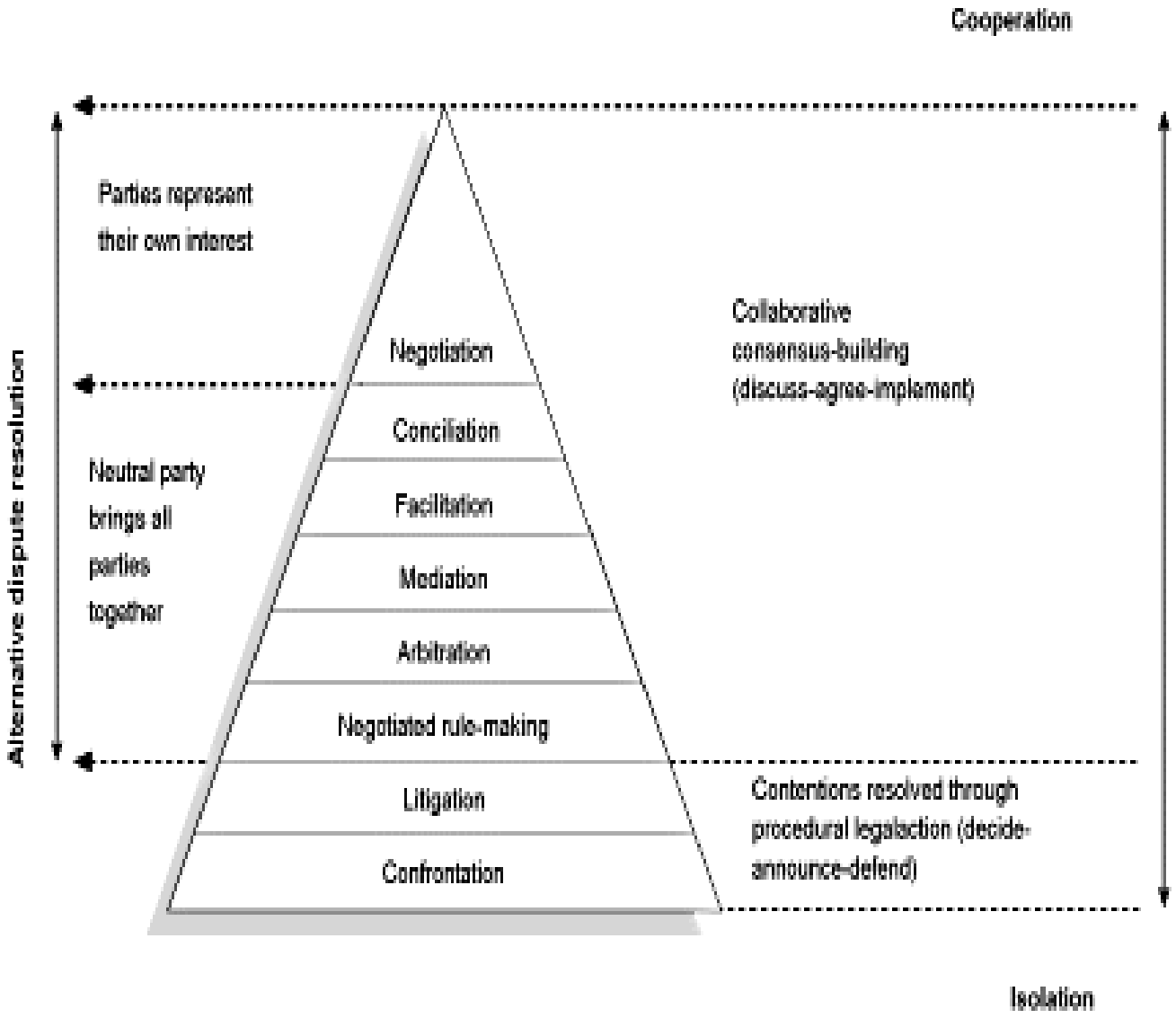
1.5.2. **Specific Objectives**

i. To determine the awareness of health service providers and consumers on the causes of the recurrent conflict in the Nigerian health sector.
ii. To determine the perception of health care providers and health service consumers on conflict resolution in the health sector.
iii. To determine the awareness of health care providers and consumers on privatization and its role in health service delivery.
iv. To determine the perception of health care providers and consumers on the role of privatization in resolving the health sector conflict.

1.6.A conceptual framework for conflict resolution

Various theories have been found to explain management of organizational conflict. The choice of a model depends on the situation at hand and what it is intended to be used for. These include the problem solving approach, the dual concern model, alternative dispute resolution method, the interest based relational approach, Roger-Fisher-William's principled negotiated theory, John Borton's human need method and the Bush Folger and Leederech's transformation theory.[105] For the purpose assessing the role of privatization in resolving the recurrent conflict in the Nigerian health sector, the alternative dispute resolution method is adjudged appropriately.

Some analysts have used the concept of a mountain to symbolize the range of options faced in managing conflicts as follows:At the summit of the mountain is cooperative teamwork, with the goal of achieving a synergy of solutions of mutual advantage to all interests. At the base of the mountain, from where any climb has to begin, are isolation, the decision not to engage in the debate at all, and confrontation, in which positions have been adopted in fixed opposition to one another. From isolation and confrontation at the base of the pyramid the options progress through the stages of litigation, arbitration, mediation, facilitation, conciliation, negotiation, and on tocooperation at the top. See the diagram below. This framework made use of the alternative dispute resolution (ADR) techniques which include negotiation, mediation and conciliation, which are more flexible and produce results that are more acceptable to the parties as well as more sustainable in the longer term. ADR is being used increasingly in conflicts over the environment and natural resources and has considerable advantages over traditional contentious methods.[11]


Cooperation
Parties represent their own interest
Collaborative consensus-building (discuss-agree-implement)
Negotiation
Conciliation
Facilitation
Mediation
Arbitration
Negotiated rule-making
Litigation
Confrontation
Neutral party brings all parties together
Contentions resolved through procedural legalaction (decide-announce-defend)
Alternative dispute resolution
Isolation

1.7.Scope of the study

The study focuses on the recurrent conflict in the Nigerian health sector and the role of privatization in resolving it. It examined stakeholders in AKTH on the awareness and causes of the recurrent conflict and the role of privatization in resolving it. The study also examined awareness of health care consumers on awareness of privatization and its effect on health care consumers. The stakeholders include the health service providers and consumers in AKTH. Hospital administrators and workers with less than 5 year working experience or who have not witness at least two strike actions were excluded. Issues related to patients' satisfaction with, and deficiencies in, health care delivery during the conflicts were also excluded.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1. LITERATURE SEARCH STRATEGY

Information was searched for from published studies using Google database, PubMed, AJOL, WHO publications, Science Direct, local and international journals, published newspapers.

The key terms used were: conflict in organizations, conflict in health sectors, conflict management, privatization, advantages of privatization, and disadvantages of privatization.

Over 110 materials were obtained from which relevant ones for the study were selected. One hundredand five of the publications were then downloaded and stored on a desktop for easy reading and referencing.

2.2. OVERVIEW OF NIGERIAN HEALTH SYSTEM

In Nigeria, health care providers can be categorized based on sources of funding and its management into government or public hospitals, private hospitals and faith-based hospitals. The public hospitals are made up of three levels of care namely; primary, secondary and tertiary hospitals. The primary level of care is funded by the local government authorities with technical assistance from the state government.[29] The primary health care includes the provision of basic health services, community health hygiene and sanitation.[30] The general hospitals which provide secondary level of care are owned and funded by the state government while the teaching hospitals and other specialist hospitals which provide tertiary level of care are owned and funded by the federal government.[9] All the three tiers of government - Federal, State and Local Government - share responsibilities for providing health services and programmes in Nigeria. To elaborate this further, the Federal Government is largely responsible for providing policy guidance, planning and technical assistance, and coordinating state-level implementation of the National Health Policy and establishing health management information systems. In addition, the Federal government is responsible for disease surveillance, drug regulation, vaccine management and training health professionals. The Federal Government is also responsible for the management of teaching, psychiatric and orthopedic hospitals and also runs some medical

centers. The responsibility for management of health facilities and program is shared by the State Ministries of Health, State Hospital Management Boards, and the Local Government Areas (LGAs). The states operate the secondary health facilities (general hospitals) and in some cases tertiary hospitals, as well as some primary health care facilities. The training of nurses, midwives, health technicians and the provision of technical assistance to local government health program and facilities are also parts of the responsibilities of the state authorities. The 774 local governments oversee the operations of primary health care facilities within their geographic areas.[30]The inadequacy of the public health system has given way to increasing peoples' patronization of the private health sector (profit and non-profit) as well as the traditional and spiritual healers.[30]

2.3. **FACTORS THAT CONTRIBUTE TO CONFLICT IN HEALTH CARE SETTINGS**

The health care institution, especially the tertiary institution, is a complex organization comprising of various formally recognized groups interacting with one another in their daily activities in order to realize the goals for which the institution was established. Harmonious relationship and team work among the health workers are very critical to the success of health service delivery in the institution.[9]The constant human interactions which occurred in the hospital setting however, make the hospital vulnerable to conflict. Generally, health sector conflict, like any other workplace conflict, may arise from poor communication, personality differences, value differences, competition, and noncompliance to rules and policies.[31] Others are conflicting resources, conflicting styles, conflicting perceptions, conflicting goals, conflicting pressures, conflicting roles, different personal values, unpredictable policies[41] and lack of trust.[9,29]Trends or changes such as technological change and changing work methodologies can also cause conflict in the workplace.[33-34]

It was revealed that the sources of conflict among hospital nurses and health care personnel include authority, positions and hierarchy, the ability to work as a team, interpersonal relationship skills, and the expectations of performing in various roles at various levels,[35] and that the nurses had significantly higher levels of role conflict, role ambiguity, and burnout (or exhaustion) compared to the physicians.[36]A study in the Canadian workplace to determine the

most common workplace conflict, their causes and their effects showed that almost all health professionals (99%) deal with conflict and the most common causes of the conflict are warring egos and personality clashes (86%), poor leadership (73%), lack of honesty and openness (67%), stress (64%), and clashing values (59%).[37]

A study in Saudi Arabia had implicated role conflict as a significant problem among health personnel in Saudi hospitals.[2]The perceptions among the nurses in Saudi Arabia regarding the conflict and professionalism revealed that the intra-group/other department type of conflict had a statistically significant correlation with the perception of professionalism.[29] This points out to the role of professionalism in health sector conflict. Another study analyzing the causes, the factors contributing to work conflict, the nature of handling of work conflicts, the frequency of occurrence and the possible remedies in Saudi Arabia revealed that educational background had significant influence on role conflicts at work place at 5% level, followed by the occupation, which was significant at 10% level, and that the nature of work and the supervision of employees are the major sources of role conflicts. Receiving incompatible requests from various sources and the nature of administration are said to accelerate the conflict.[29]

The result of a study to determine the sources of conflict at workplace among health workers in Gazi university hospital in Turkey showed that educational differences among the hospital staffs were a major barrier to good communication and information flow between groups. Professionals in the same specialties experience fewer conflicts. Resource allocation was considered unfair across departments. A lack of opportunity for career advancement was mentioned by 52% of the participants as a source of conflict. Bureaucracy was perceived to be a source of conflict with 48.4% of the participants saying that their performance was less than optimal because of the presence of multiple supervisors.[1]

About the Nigerian health sector, Sola and Chioma explained thus '*All is not well with the health sector in Nigeria. For months on end, the industry has been entwined in a web of dispute, discord, protests and wranglings culminating in or arising from strikes, or threats of strikes and other expressions of disharmony*.'[38] In the Nigerian public hospitals, recurrent conflicts occur mostly among industrial unions. These unions include the Medical and Dental Consultant Association of Nigeria (MDCAN), Association of Resident Doctors of Nigeria (ARD), National

Association of Nigerian Nurses and Midwives (NANNM), Nigerian Medical Association (NMA), Medical and Health Workers Union (MHWUN) and Senior Staff Association of University Teaching Hospitals, Research and Associated Institutions (SSAUTHRIA).[39] It happened that all the unions with the exception of the three medical unions amalgamated into one union, the Joint Health Sector Union (JOHESU) to fight for some rights. The doctors on the other hand, felt threatened by those rights and therefore fought against them. Bad relationship between doctors and other health workers is evidenced by the fact that when the Nigerian Medical Association (NMA) reacted to the new list of ministerial nominees under the administration of the then acting president Good luck Jonathan because there was no medical doctor among the list, all other health professional bodies threatened to withdraw their services if a medical doctor is employed as a minister. Inter-professional conflict in the Nigerian health sectors has been described as very intense, deep-rooted and crippling.[9]

To show that conflict really exists in the Nigerian health sectors, Basseyetal demonstrated that in the two tertiary hospitals examined in Nigeria, all the unions and industrial associations embarked on one strike or the other between 1999 and 2003, except in 2000. They showed that for the five years period under study (1999 – 2003), ARD embarked on strike six times giving a total of 18 months strike period; NANNM embarked on strike 3 times giving a total of 8 months strike period, SSAUTHRIA embarked on strike 3 times giving a total of 9 months strike period and MHWA/NASU embarked on strike 3 times giving a total of 8 months strike period. These strikes were national in outlook and shows relative industrial unrest and conflict in hospital organizations.[39]

Adenijihas explained the causes of this conflict in the context of what he called ‘group-think phenomenon’. To him, the members of a group are intensely loyal to their group and its policies but very ‘hard hearted’ to the members of other groups, a phenomenon known as thegroup-think phenomenon. This phenomenon according to himis the major cause of inter-professional conflict in the Nigerian health sectors.[9]There is also what we call the hierarchy of clinical description which refers to the different ways by which health service providers view their patients. Doctors for example, are more inclined to describing a course of a disease while nurses inclined more to the Hippocrates’ view which views the sick patient as the main focus of attention in terms of

patient management. This hierarchy of clinical description results in these professionals having different concerns for patient with the potential to cause conflict.[40] Undervaluing of skills of other professionals, protection of boundaries and the high distrust among the health professionals are among the causes of conflict in the Nigerian health sector. More also, other health workers challenge the leadership of the medical doctors in the health care profession. It was reported that a majority of nurses (86.1%) compared to doctors (29.2%) wanted the leadership of hospitals open to election by all health care professional groups in the hospital.[41] This struggle for power is very critical in the current conflict in the Nigerian health sectors.[9]To some health workers, the doctors have failed, in their leadership over the years, to mobilize and effectively deploy the available healthcare human resources for the growth and development of the sector.[42]

In Nigeria older nurses may expect traditional cultural respect from younger doctors. Doctors are seen by nurses as too proud and arrogant and therefore, have no business giving them instructions on patient care. Now nurses no longer follow doctors on ward rounds. Nurses and other professionals in the health care industry challenge the subordination of their occupational status to that of physicians. On the other hand nurses are viewed as rude and unwilling to carry out their duties not only by doctors but also by patients and their relatives.[9] These attitudes have resulted to inter-professional conflict in the health sector in Nigeria. Aside nurses, the pharmacists are also very active in the fight against doctors. A scenario was reported between the pharmaceutical society of Nigeria (PSN) and the National Agency for Food and Drug Administration and Control (NAFDAC) following the appointed of a medical doctor as the director general of NAFDAC in which the PSN pulled the thread so hard that they have to drag the federal government to court a few months later asking that the Director General's appointment be set aside.[9]

It has being described by Basseyetal in their study to determine the impact of inter-union conflict on industrial harmony that conflict between and among union in the Nigerian tertiary hospitals arose as a result of disparity in salary and allowances such as call duty to Doctors without similar allowance to administrative and technical staff under SSAUTHRAI and MHWA.[39]Similar study reported by Ogbonnayeetal showed that, the perceived causes of inter-professional conflict by health professionals of a tertiary hospital in Abakaliki include differential salary between doctors

and others, physician intimidation and discrimination of other professions, inordinate ambition of other professionals to lead the health team, and envy of the doctors by the other professionals. Doctors differed significantly from the other professionals on the role of each of these in causing conflict. The differential salary between the doctor and the other health workers is found to be the main factor perceived to cause the inter-professional conflict.[43]Doctors and other hospital staffs are of different opinions towards the appointment of surgeon general in the country. While the doctors are in support for it, JOHESU are strongly opposing it. As pointed out earlier, doctors were threatened by some of JOHESU's demands from the Federal Government. Some of these demands are;

- Demand for Consultancy position for support staffs.
- Demand for the abolition of Deputy Chairman Medical Advisory Committee.
- Demand for the appointment of support staffs as directors in the hospitals.
- Demand for the elimination of medical teachers from the eligibility of leadership in the teaching hospitals and re-interpretation of the term 'medically qualified'.[44-46]

Doctors felt threatened by these demands so much so that they have to fight against them. They showed that the demands will bring chaos to service delivery in the hospitals.

Poorly defined job specification, corruption and failure to address the conflict situations have further worsened the group-think phenomenon in Nigeria.[9] The poor leadership is said to be at all levels of administrative set up: Federal, State, local government, Ministry and even the Hospital leadership.[33]Stress and workload are the two of the biggest causes of conflict.[42]

2.4. APPROACHES TO MANAGING CONFLICT IN THE HEALTHCARE SETTINGS

Approaches to conflict resolution have been described in the context of conflict management styles. These styles which were said to have been identified by Kenneth Thomas and Ralph Kilmann, is the Dual Concern Model, otherwise known as the Thomas-Kilmann approaches. This model is based on concern for self (assertiveness) and concern for others (empathy) or coorperativeness.[3,8,65]The approaches explained by this model include integration, obliging, compromising, dominating and avoiding.

Avoiding, also known as withdrawal occurs when one or both parties who had seen an impending conflict withdraw(s) or postpone(s) the conflict passively. It is characterized by low concern for self and low concern for others. One can do this by creating jokes, changing the topic or denying that something bad had happened.[3]This can be useful for trivial controversies, impossible victory, or for situations where someone else is in the better position to solve the problem. It is inappropriate when issues are important to a party, when it is responsible for a party to make decisions, when parties are unwilling to wait, or when prompt action is required.[3]

Accommodation, also known as obliging, appeasement, or yielding, is an approach in which one party involved in a conflict gives in to the other party at the expense of its needs. It is characterized by high level of concern for others and low level of concern for self, thus a passive pro-social approach.[3]This is common when one party is far more powerful than the other party,[65] a party is not familiar with the issues involved,[8]when one derive benefit from the needs of others or the outcome of meeting the needs of others is more important, or when peace is more valuable than winning.[4] This approach may not likely give the best results because the other party may not return the favour.[65]

In compromising or conciliation, both conflicting parties accept an agreement not because they like it. Both sides will possess an intermediate level of concern for self and for others. It is a form of mutual give-and-take relationship. Each party will therefore, be partially satisfied and partially dissatisfied. It is useful when the goal of conflicting parties are mutually exclusive, when the cost of conflict is higher than the cost of losing ground, when the strength of the parties are equal, or when consensus cannot be reached.[8,65]

Forcing or dominating occurs when one party tries to satisfy its needs irrespective of the impact of that satisfaction on the other party. The approach maximizes assertiveness and minimizes empathy.[3]It is a form of 'I win you lose approach or a zero-sum game', in which gain for one party causes loss for another, hence the name competitive or fighting style.[8,65]Some conflict theorists explained this as party's 'best alternative to a negotiated settlement' or BATNA, implying that if a party's BATNA is better than any collaborative outcome, it will have no option than to follow this approach.[8]A supervisor, for example, may use this style if the issue involve a routine matter or if an urgent decision is required.[3] The federal government of Nigeria possibly attempted using this style when he attempted sacking resident doctors and suspend residency

training in the country or privatize all federal government hospitals. The style is also appropriate when the decision is not well known or when one party is trying to defend against someone who is trying to exploit the situation selfishly.[3]

Integration, also known as creative problem solving, cooperation or collaboration, is an approach whereby a party tries to satisfy its needs and that of the other party. There is active concern for self and for others. Cooperators collaborate with others in an attempt to find a suitable solution that favours both parties. It is a 'plus-sum game or win-win approach.' The approach is appropriate when a variety of views need to be brought together in order to get from the view the best solution to the problem at hand, when the situation is too important to be given in, or when there has been a previous conflict in the group.[8,65]

The choice of style depends on the situation at hand. Managers of organizations should be conversant with all approaches. Positive outcomes arising from workplace conflict are directly tied to conflict management training. Countries with high incidence of training report high proportions of positive outcomes, while countries in which training is less prevalent report low proportions of positive outcomes.[48]A study in Canadian showed that there is a serious gap between the importance of conflict management skills and the effectiveness of current leaders. 18% of those surveyed indicated that current management and leadership is not at all effective at dealing with conflict, and 63% said that they are only somewhat effective. Even those surveyed admitted that Canadian managers can do more to deal with conflict ffectively.[30]It is shown that nearly one-third of managers (31%) feel they are skilled at dealing with conflict, but only slightly more than one-fifth of employees (22%) feel that their managers deal with conflict well.[48] A study analyzing how health professionals manage conflicts related to work cooperation in Norwegian hospital showed that the health professionals tend to use three major approaches to handle conflict: avoidance, forcing and negotiations, and usually in that order. Avoidance behavior or suppression is the most common reaction to an emerging conflict. If the use of power does not re-establish a balance between the participants, one negotiates.[66]Sayed and Buda have indicated that Arab Middle Eastern executives use more of an integrating and avoiding styles in handling interpersonal conflict while U.S. executives use more of an obliging, dominating, and compromising styles.[69] Research on conflict management has more recently moved on to include

other dimensions of conflict, possible outcome and an awareness of the strategies available.[67-68] The six major perspectives identified in conflict research in this decade are:

1. Micro level or Psychological
2. Macro level or Sociological
3. Economic Analysis
4. Labor Relations
5. Bargaining and Negotiation
6. Third-party Dispute Resolution[30]

Conflict resolution also depends largely on the sources of the conflict. Recommendations from the Canadian study included managing toxic individuals more firmly (75%), providing more clarity about their expectations (77%), and modeling appropriate behavior (84%), to indicate importance of causes of conflict in conflict management.[37]The pilot study in Turkey suggested that legislative reform is needed to give public university hospital more flexibility regarding work incentives, open-door policies at the administrative level and social interactions to improve teamwork among hospital staffs. These recommendations were tailored to the study findings on the causes of conflict.[1]In the Cross River study the recommendations to reduce the inter-union conflict and to enhance industrial harmony include the removal of salary disparity among unions, and the review of laws and working conditions. This was because the causes of that conflict were found to include disparity in salary and allowances coupled with failure to pay non-medical workers hazard and inducements.[39] In the Abakaliki study, mutual respect for each other's competence, proper remuneration and clear delineation of duties for all, and other groups appreciating the salary differential between them and doctors were perceived as means of resolving the conflict.[43]In the group-think phenomenon, the recommendations provided are as follows; all government health care institutions should have clearly defined job specification for all categories of health care workers including doctors on employment, and the management of government owned hospitals should conduct interpersonal communication seminars for workers

and establish a committee that will attend to grievances among staff.[9] In the case of health worker crisis, there are some internationally coordinated efforts to address the health resource human crisis, strategies to improve workforce management in source and destination countries, international Codes of Practice to ethical recruitment and treatment of international health workers in the global south.[70] These recommendations were meant for global health worker crisis. All these are tailored to the study findings of the causes of conflict in health sectors.

2.5.PRIVATIZATION AND ITS ROLE IN HEALTH SERVICE DELIVERY AND RESOLUTIONOF HEALTH SECTOR CONFLICT

2.5.1. Privatization

The World Bank defined privatization as a transaction or transactions utilizing one or more of methods resulting in either the sale to private parties of a controlling interest in the share capital of a public enterprise or of a substantial part of its assets or the transfer to private parties of operational control of a public enterprise or a substantial part of its assets.[18] According to the International Labor Organization (ILO), privatization is the transfer from public to the private sector of assets in terms of ownership, management, finance or control.[18]According to the Nigerian Privatization and Commercialization Act of 1988 and the Bureau of Public Enterprise of 1993, privatization is the relinquishment of part or all of the equity and other interest held by the Federal Government or any of its agencies, in enterprises whether wholly or partially owned by the federal government.[18]

Privatization has been described as the most economic, social and political experience and was adopted on a worldwide scale by both developed and developing countries.[18-19]Reasons for privatization differ for different countries. For the UK and Latin American countries, the reason for privatization was to attract funds from private sectors and to release the load of heavy government subsidies. For the other eastern European countries, centralization of government structures is the main reason. Coming to Africa, the reasons for privatization include improving efficiency and effectiveness, accountability, generating job opportunities, controlling external borrowing, and strengthening the capital market.[13]

According to Ugoji, privatization is based on four core beliefs. These include;

1. Government is into more things than it should be. It is intruding into private enterprises and lives,
2. Government is unable to provide services effectively and efficiently,
3. Public officials and public agencies are not adequately responsive to the public, and
4. Government consumes too many resources and thereby threatens economic growth.[18]

Privatization is however, being described as unfair, hurting the poor and the disenchanted, and benefiting the privileged and the powerful. It is also claimed to throw people out of their work or force them to accept jobs with lower pay, less security, and fewer benefits. It is believed to raise the prices of goods and services, provides opportunity to enrich the agile and the corrupt, and generally makes the rich richer and the poor poorer. It is also believed to negatively affect the distribution of wealth, income, and political power.[72]Probably these are the reasons for the negative perceptions towards privatization in some parts of the world including Nigeria.
63% of people surveyed in the spring of 2001 in 17 countries in Latin America disagreed or strongly disagreed with the statement "The privatization of state owned companies has been beneficial", a value much greater than that of 2000 (57%) which in turn is greater than that of 1998 (48%).[73] In 2000, more than 60% of Sri Lankans opposed the privatization of state owned enterprises which were yet to be privatized.[72] A new survey in 2003 showed a worsening perception with the net difference between those who agree and those who do not agree as high as -40. The highest disagreement was in Argentina with difference of -70 and the lowest in Brazil with difference of -20.[72]

A study in Nigeria had shown that privatization did not actually increase the citizens' commitment to their country. This study which examined the commitment to Nigeria, working for Nigeria, reduction of corrupt practices, political participation, quality of life, personal security, meeting of family obligation and self-confidence showed that, only 28.8% recorded a positive impact on their commitment to Nigeria; 26.0% would want to work for Nigeria's progress and goals because of the privatization policy; only 22.6% felt that there was an encouragement for political participation; just 25.9% felt a positive impact in the security of their lives and properties due to privatization; only 28.2% felt that the policy had enabled them meet their obligations to their family; 27.7% also felt that the policy had positive impact in curbing

corruption, and only 27.2% felt a positive change in their quality of life, courtesy of the privatization programme under the eight year rule. So we shall agree with Fayankinnu findings that privatization led to mass retrenchment of workers, changed employment pattern from permanent to flexible/part-time/casual/contract employment. This prevented workers from enjoying social entitlements which invariably would have impacted negatively on their social responsibilities to their families. We will also agree with the observation of the former World Bank Chief Economist Joseph Stiglitz who also argued that privatization can be beneficial when done as a part of a comprehensive set of reforms that include creating jobs for laid-off government workers and regulations for newly privatized companies. Otherwise the result is massive layoffs, a rise in user fees and a decline in services. In other words, unplanned and ineffective execution of privatization policies in any country may be counter-productive to both the nation and the citizens, which may have been the case in Nigeria.[76]

However, it was found that the inequality effect of privatization on growth is negative only in the developing countries – i.e. where markets and institutions are weak and government policy either reinforces or fails to counterbalance those factors.[72] It has been shown that in an industry that is sufficiently competitive privatization improves welfare.[76] It was also observed that, the need to pursue a more vigorous privatization programme on the underperforming state-owned enterprises became imperative because the public sector's poor performance imposed a huge financial drain on the nation's treasury and thus contributed immensely to the stagnated development status of the country. Also privatization was seen as an instrument for reducing debts by attracting foreign capital investments in privatized firms and is expected to generate the revenue needed by the state to pay off workers displaced by industrial restructuring, reduce the state's administrative responsibilities, and the burdens of government intervention in enterprise management, and provide consumers with more efficiently produced goods.[75]

2.5.2. Role of privatizationin health service delivery

It is shown that the dimensions of quality healthcare include providing technical competence, efficiency, effectiveness, safety, access to services, physical infrastructure, and strong communication skills. A successful quality improvement process should therefore result in increased provider compliance with evidence-based protocols and guidelines, reduced number of

medical errors, improved patient satisfaction, efficient use of healthcare resources and improved health status of the population.[79]

One longstanding and explicit debate in global health concerns the appropriate role and balance of the public and private sector in providing healthcare services to populations especially in low- and middle-income countries.[77] Health care is one of several areas of organizations which have been increasingly subjected to the privatization concept and strategy in recent times.[78]The private sector in health, also called the "non-state sector" is typically defined as comprising "all providers who exist outside of the public sector, whether their aim is philanthropic or commercial, and whose aim is to treat illness or prevent disease".[79] The private health sector is a large and diverse group that covers a wide range of health sector entities, including the Private practitioners, private clinics, private hospitals, and private laboratories and other diagnostic facilities. The non-profit non-governmental organizations (NGOs) and faith-based organizations (FBOs), the private pharmacies and pharmaceutical wholesalers, distributors, and manufacturers, the shopkeepers and traditional healers, and the private companies not engaged in health who provide health care services to their employees and communities are all private health service providers.[79] But for the purpose of this discussion, the private hospitals are much more of our concern. These include "for profit" hospitals and self-employed practitioners, and "not for profit" non-government health care providers, including faith-based organizations.

While proponents of private health sector such as the IMF and the World Bank are of the view that privatization of health sector will reduce government funding of the public health facilities which in turn will decrease government depth, the critics of privatization such as Oxfam believe that public healthcare provision is of utmost benefit to poor people and is the only way to achieve universal and equitable access to health care.However,the Center for Global Development argued that the Oxfam report ignored the informal sector and that poor people want to go to private providers and will persist in doing so.[77] This is true because all over the globe the poor always will like to consult the nearby drug stores or the pharmacists for their first aid treatment and resort to public hospitals only when problem is not resolved.

Although publicly funded and not for profit public hospitals are usually a lot more affordable and have a lot more beds than private hospitals, it is shown that in private hospitals, patients have the right to select a preferred doctor, medical equipment are modern and innovative with the

convenience of having all the medical facilities under the same roof, managers have full knowledge about patients' hospitalization and care, emergency care is fast, no long waiting list or time, and no strikes because of low pay or other reasons. Staffs of private hospital are said to be better paid compared to public hospitals.[80] Doctor-to-patient ratio is said to be excellent for private hospital compared to public hospitals.[81]Private health care services, particularly those tailored to the rich, are said to be better staffed than those providing services to the poor. Example, many health services delivered through donor agencies and NGOs that offer higher salaries than the public sector, drains staff from the public sectors.[82]

A study to determine the effect of privatization on hospital efficiency in Germany showed that conversions from public to private for-profit status were associated with a permanent increase in efficiency of between 2.9 and 4.9% even though this was related to the substantial decrease in staff ratio in all groups of staffs except for physicians and administrative staffs, while conversion from public to private not-for-profit hospital were associated with a transient increase in efficiency.[85]In a study to determine the effect of privatization on indicators of health care accessibility in general medicine in Croatia during 1997 and 1999, it was found that, of the three research groups analyzed (i.e. privatized general practice, to-be-privatized general practice, and non-privatized general practice), privatized general practice exhibited a significant improvement in the number of registered patients, the scheduling of first visit appointments during working hours, the possibilities of scheduling follow-up visits appointments during working hours, scheduling visits by telephone, obtaining telephone advice after working hours and visiting the practitioners after working hours.[83] In a study to establish the association of hospital ownership with patient transfer to out-patient care in Taiwan, it was found that, for the three diagnostic group tested (caesarian section, femoral/inguinal herniorrhaphy, and haemorrhoidectomy), for-profit hospitals not only had lower length of stay compared to public hospitals, but also showed very high chances of patient transfer to their own out-patient units.[84] In Vietnam, a retrospective survey of patients at District Tuberculosis Units (DTUs) of the National Tuberculosis Programme in Ho Chi Minh City, in which 801 patients in 8 DTUs were interviewed, about half of the patients had initially opted for a private health-care provider for their current illness episode. 27% had been to a private physician and 31% to a private pharmacy at some time during their current illness. This study showed no significant association between socioeconomic status

and use of private health-care providers. Utilization of private health-care providers among people with TB or symptoms of TB in Ho Chi Minh City seems to be similar to the general utilization of private providers in Vietnam, at least before TB is diagnosed. Since a large proportion of people with TB in Ho Chi Minh City across all economic and social strata consult private providers at some time during their illness, planners of TB control strategies need to consider both the health-care seeking behavior of people with TB and the clinical behavior of private providers, in order to secure early detection of TB, early initiation of appropriate treatment, and maintenance of appropriate treatment.[88]It was stated in a study thus, "*For-profit hospitals climb to 16% of all community hospitals, and not-for-profit struggle with access to capital and rural challenges. The percentage of investor owned hospitals is at all-time high, helped in part by the sale of not-for-profit facilities."* [86]This shows that there are differences in efficiency even between for-profit and not-for-profit private health sectors.

In Africa, a study in Kenya found that poor family planning clients receive a variety of benefits by choosing private sector facilities over public sector facilities. Benefits include a much greater proximity of services and better quality of interpersonal care. When the cost of transportation and wages lost was factored in, the private sector facilities were in fact cheaper than those in the public sector.[79]In a study to compare the levels of responsiveness experienced by users of private and publicly managed hospitals in the Lagos state of Nigeria, it was found that there are significant differences between the performance of public and private hospitals on certain domain of responsiveness with privately operated hospitals performing better where differences exist. Users of private hospitals also reported a higher level of overall satisfaction. Private hospitals were found to perform particularly better on the domains of dignity, waiting times, and travel times.[87]It was also shown that most women in South Eastern part of Nigeria prefer to have antenatal care and child-delivery in private hospitals rather than in public hospitals. This was reported in a study to determine the attitude of women towards private and public hospitals in accessing obstetric care and to evaluate its implications for maternal mortality reduction efforts in Nnewi, South-East Nigeria. The majority of the women (72.1%) attended antenatal clinic in their last pregnancy in private hospitals while only 17.8% of them received antenatal care in government hospitals. Twenty-five (6.3%) of the women had antenatal care in maternity homes, and most of the respondents (72.8%) had their last deliveries in private hospitals. Equal numbers

of them (36.4% each), delivered at the private specialist hospitals and private general practice hospitals, respectively. Only 62 (15.6%) of the respondents delivered in the government hospitals, while 37(9.3%) delivered in the maternity homes. Majority (79.4%) would prefer to deliver in the private hospitals in their next confinement while 14.1% would prefer government hospitals. The major reasons for choosing a particular hospital over the others included the friendly attitude of the health workers (33.9%), availability of attending staff at all times (27.4%) and proximity of the facility to their homes (14.6%). It was even recommended in this study that private hospitals should be included in maternal mortality reduction efforts in this part of the country so as to achieve the desired results.[125] Another source mentioned that many consumers perceive that the quality of care they receive at private sector facilities is high with the key factors driving the perception of private sector facilities being friendliness, short waiting time, convenience and cleanliness.[87] These studies have proven beyond doubt that privatization of public hospitals if done properly would really improve health service delivery.

2.5.3. **Role of privatization in managing conflict in health sector**

It is well-known that governments in states and cities have resorted to privatization of public infrastructures and facilities in response to crisis in their public enterprises.[23] This has been shown to have worked well for many countries at comparable stage of development with Nigeria.[20]Reasons that led to the race of privatization worldwide are similar to what conflict cause in the workplace. Unresolved conflict at workplaces like the health sector are said to generate many consequences involving high financial and human costs.[48]Likewise companies have been privatized because theylose billions of dollars from poorly managed conflict, and this is expected to rise in a down economy as stress and workload rise.[49]Mismanaged conflict are said to affect organization's productivity and efficiency through absenteeism, presenteeism(i.e. showing up at work while ill or otherwise not completely fit for work) and time wasting on dealing with the conflict.[50,51]Public enterprises have been privatized because of fiscal austerity and the disappointing performance of government provision of certain goods and services.[18]

Other reasons that steered up privatization includelack of profitability and reliance on large government subsidies, gross mismanagement and consequent inefficiency in the use of productive capital, corruption and partials, and administrative slowness, which in turn weaken

the ability of government to carry out its functions efficiently. These undesirable physical and financial performance and other problems of the public enterprises made Nigeria government to embark on the public enterprises sector wide reforms via the privatization policy. Thus, privatization has become an important instrument for streamlining the public sector and promoting economic development in countries all over the world and a strategy for reducing the size of government expenditure and transferring assets and service functions from public to private ownership and control.[18]Corruption in the form of theft and damages, mismanagement of resources from undue mistakes and inefficiency are all consequences of workplace conflict and were among the reasons for privatizing public enterprises in Nigeria. Privatization has also been indirectly mentioned among the conflict management approaches. The forcing or dominating style of conflict management occurs when one party tries to satisfy its needs irrespective of the impact of that satisfaction on the other party. The federal government of Nigeria attempted using this style when he attempted sacking resident doctors and suspends residency training in the country or privatizes all federal government hospitals. This attempt was to satisfy its needs irrespective of that need to the people of the country.It has also been described that in privately owned clinics and faith based facilities, group-think, which is said to be a major cause of the recurrent health sector conflict in Nigeria, is much reduced among the health workers as the medical director has the power to discipline erring health workers in his establishment as against government hospitals.[9] It is also evident that conflict occurs more frequently in public than in private sectors.[39] These and other reasons show that privatization has a role to play in resolving the health sector conflict.

CHAPTER THREE

1.0. METHODOLOGY

1.1. STUDY AREA

The study was conducted in Aminu Kano Teaching Hospital (AKTH), Kano. Kano is the capital city of Kano state and the most populous north western states in Nigerian. According to the 2006 National census figures, Kano State had a population of 9,383,682 of which 47.4% are females[126] and a projected population of 11,058,314 in 2011.[99]The state has 44 local government areas. Eight of the LGAs are within the kano metropolis among which is Tarauni LGA. The Hausa-Fulani ethnic group dominates the state. Other ethnic groups in the state include Igbos, Yoruba, and Ebira. The dominant religion is Islam, but Christianity and traditional religion are also practiced. Hausa language is the predominant language in the area and the family system is highly valued.[95]

AKTH is a federal government owned tertiary institution supervised by the Federal Ministry of Health and headed by a chief medical director. It was established in August, 1988 when the Kano State Government formally handed over the then Aminu Kano Cottege Hospital to the Federal Government to be used as a Teaching Hospital.The hospital, which temporarily started operation at MurtalaMohammadd Specialist Hospital, moved to its permanent site in 1996. Today the hospital has grown to be a full 500 bedded Teaching hospital with some modern equipment and facilities.[99]The present site is in Tarauni local government area of Kano state along Zaria road and the new hospital road.[127]The hospital has a staff strength of two thousand four hundred out of which over one hundred are consultants in various specialties. One major area that the hospital has impacted on the lives of the people is in the area of kidney transplant.[99]The hospital receives patients from within Kano and the neighbouring states of Jigawa, Katsina, Kaduna, Bauchi and Zamfara states. The majority of the patients are the indigenous Hausa Fulani. Yoruba and the Igbo also constitute a substantial number of the patients. Most of the people attending this hospital are traders, business men, farmers and civil servants.[127]The hospital consists of 20 clinical and 7 non-clinical departments and 12 units. The clinical departments include Anesthesiology and Intensive Care, Internal Medicine, Chemical Pathology and Immunology, Community Medicine, Dental and Maxillofacial Surgery, Family Medicine, Haematology and Blood Transfusion, Histopathology, Medical Microbiology and Parasitology, Nursing Services, Obstetrics and Gynaecology, Opthalmology, Otorhinolarylgology (ENT), Paediatrics, Pharmacy, Physiotherapy, Psychiatry, Radiology and Surgery departments. The non-clinical departments

include Accounts and Finance, Administration, Health records, Catering Services, Horticulture and Environmental Health, Laundry and Linen, Store and Issue, and Works and Services departments. The units include Drug Manufacturing, Security, Information, Internal Audit, Legal, Professor S. S. Wali Virology Center, Anticorruption and Transparency, Plants, Equipment and Maintenance, Planning Research and Statistics, General administration, Information Technology, and School of Health and Information Management units. The services provided in this hospital include general out-patient service, accident and emergency service (gynaecological, medical, surgical, and paediatric emergency services), ante-natal and delivery services, specialty clinic services, in-patient services, diagnostic (Chemical Pathology, Heamatology, Microbiology, Parasitology, Virology and Histopathology, 3D Ultra Sound Scanning, C. T. Scanning, Endoscopy, Colonoscopy, E.C.G, Spirometry, Mammography, Angiography and ERCP) services, and medical retainership services.[126]About 282,573 people attended the hospital in 2014.[99]GOPD Clinic was selected because it is the first point of contact of most of the hospital's patients including NHIS patients. Patients attending other clinics in the hospital are mostly referred from the GOPD except for a few that get to the clinic via the Accidents and Emergency unit.Services that have been privatized in AKTH include the catering service, security service and part of the cleaning service.

1.2.STUDY DESIGN

The study was a cross sectional descriptive study with a mixed method of data collection. Data was collected over 4 weeks in April 2015.

1.2. STUDY POPULATION

The study population comprised of the following:

1. The health service providers – leaders (presidents and secretaries) of
    - Nigerian Medical Association (NMA), Kano Chapter,
    - National Association of Resident Doctors (NARD), AKTH Chapter,
    - Medical and Dental Consultants Association of Nigeria (MDCAN), AKTH Chapter,

- National Association of Nigerian Nurses and Midwives (NANNM), AKTH Chapter,
- Pharmacists Society of Nigeria (PSA) AKTH Chapter,
- Association of Medical Laboratory Scientists of Nigeria (AMLSN) AKTH Chapter,
- Physiotherapists Association of Nigeria (PAN) AKTH Chapter,
- Nigerian Health Record Association (NHRA) AKTH Chapter.
- National Union of Allied Health Professionals (NUAHP)

2. Consumers of health care service – patients attending GOPD in AKTH were used because it is the first point of contact with the hospital.

2.3.1. INCLUSION CRITERIA

This included the

- Presidents and the secretaries of the various professional unions in the Nigerianhospitals or any two members of each union who have been in the system for more than 5 years or have witnessed at least two strikes.
- Patients attending the general outpatient department in AKTH aged 18years and above.

2.3.2. EXCLUSION CRITERIA

This include

- health service providers with less than 5 year employment or have not witnessed at least two strike actions in the hospital and
- Patientswho are less than 18 years or who will refuse consent to participate in the study.

2.4. SAMPLE SIZE DETERMINATION

Sample size for the quantitative aspect of the study was calculated from the following formula:

$$n = z^2pq / d^2$$ (107)

Where n = the desired minimum sample size

Z = the standard normal deviate set at 1.96 corresponding to 95% confidence level.

P = prevalence of positive perception on privatization of health sector in Nigeria obtained from a previous study[94] which in this case = 79.4% or 0.794

q = complementary probability of p or 1-p = 0.206

d = level of precision usually set at 5% = 0.05

Therefore $n = \frac{(1.96)^2 x 0.794 x 0.206}{(0.05)^2}$

$$= \frac{(1.96)^2 x 0.163564}{0.0025}$$

$$= 251.34$$

This is approximately 251 or 250 to nearest ten participants

10%[125]of the calculated minimum sample size, i.e. 25, was added to account for non-response, missing or incomplete data making 275. So, 275 patients were recruited for the study.

2.5. SAMPLING TECHNIQUE

A systematic random sampling method was used to select 275 participants from the patients attending GOPD clinic in AKTH. A minimum of 425 patients are seen every day in GOPD. A sampling frame of 2975 over the one week of the data collection was obtained. This gave a sampling interval of 2975/275 which is 1:11. Therefore, one in every 11 persons from the daily list of GOPD attendees was enrolled and this continued on daily basis until the sample size was achieved. The first subject on the daily list was randomly selected by picking a random number between one and the sample interval.

2.6. INSTRUMENTS AND METHODS FOR DATA COLLECTION

2.6.1. Study Instruments–The study instruments used to collect data were

1. In-depth interviewer (IDI) guide which was used to conduct interview on the key informants among the health service providers,and
2. Structured questionnaire which was used to collect information from the health service consumers. This questionnaire was pretested among health care providers and consumers in Murtalla Muhammad Specialist Hospital to validate it.

2.6.2. Methods of data collection

The research involved both quantitative and qualitative methods of data collection through questionnaires and in-depth interviews respectively. The in-depth interviews were conducted on the health service providers to elicit information on

a- the frequency of dealing with conflict in AKTH and the factors associated with that,
b- the perceptionon conflict resolutionin the health sector,
c- the perception on the role of privatization in health service delivery,
d- the perception on the role of privatization in resolving the health sector conflict

Twenty one health care providers participated in the in-depth interview session and the information was collected using audio recorder and direct documentations.

Both interviewer and self-administered semi structured questionnaires wereused to collected quantitative data from the patients. The questionnaires were pretested on 50 patients in Murtala

Muhammad Specialist Hospital and the reliability of the questionnaire was ensured before administration.The questionnaires were designed to elicit responses on

1- Socio-demographic characteristics,
2- Awareness of causes of recurrent conflict in the Nigerian health sector
3- Conflict resolution in the health sector
4- Potential effect(s) of privatization on health service delivery
5- Role of privatization in resolving the health sector conflict

2.6.3 Training research assistants

Ten persons among clinical assistants in GOPD were recruited as research assistants to assist in the data collection process. A three day training section was conducted for the research assistants. The training included reading through the questionnaires, understanding the questions and standardization of Hausa language translations of certain terms that may be necessary in the research and the assent process. Emphasis was laid on ensuring that the questions were filled and labeled legibly.

2.7. STUDY PROCEDURE

Advocacy visits was paid to the key informants among the health service providers of AKTHand IDIs were conducted to collect the required information using written documentation and audio recordings and analysis were done on the subject matter.

Interviewerand self administered questionnaires were used to collect information from the consumers of health service attending GOPD in AKTH and data was analysed using SPSS version 16.

2.8. DATA MANAGEMENT AND ANALYSIS:

1.8.1. Data collection and questionnaire retrieval

Filled questionnaires were checked after collection on the field. Checking helped to ensure completeness, rule out missing information and ensured corrections are made before leaving the field on the same day. Experiences and challenges were shared and strategies for addressing them on subsequent days shared. Using non-repetitive unique identification numbers (001, 002 etc. and without names of respondents) each questionnaire were labeled.

1.8.2. STATISTICAL ANALYSIS

Data cleaning and checking were done to exclude incomplete, inaccurate and inconsistent data before analysis. The data collected was presented using tables, charts and graphs. Qualitative variables were described in frequencies and percentages while the quantitative variables were described using mean and standard deviation. Data were analysed using the statistical software SPSS version 16. Data obtained from the indepth interviewwas transcribed and triangulated along main thematic areas.

1.9. ETHICAL CONSIDERATION

The provision of Helsinki's Declaration was respected.

- Ethical approval was obtained from the Medical Research Ethic Committee of Aminu Kano Teaching Hospital (AKTH), Kano.
- Consent: A written informed consent was obtained from each participant before recruitment into the study. Consenting participants had to append their signatures in the presence of a witness.
- Confidentiality: Data collected was used only for research purposes and kept confidential. Participants were assured of the confidential nature of responses and research assistants were trained to keep information strictly confidential.
- Non-maleficence: the study did not involve any invasive or intrusive actions.
- Beneficence: all the stakeholders were given feedback and recommendations were made on how to resolve conflict in the public health sectors in Nigeria.

2.0.LIMITATIONS OF THE STUDY

1. Selection bias can result especially from the non-probability sampling method and from the research assistances despite their training. To solve this problem, the members were selected at random and the research assistances well trained on data collection.
2. Lack of access to some key stakeholders due to their tight schedules. To resolve this, members of the unions were interviewed where necessary in place of their leaders.
3. Most patients refused to indicate their monthly earnings in the questionnaire and this made it difficult to calculate the mean and the standard deviation of the patients' monthly earnings.

CHAPTER FOUR

4.0. RESULTS

There were 255 questionnaires returned completed after administering to consumers of health service in GOPD, AKTH, out of 275 sample size calculated. This gave a response rate of 92.7%.

4.1. Socio-demographic characteristics of health service consumers

Table 1: Socio-demographic characteristicsof health service consumers

Variables	Frequency n=255	Percentages (%)
AGE (years)		
≥20	32	12.5
21-30	105	41.2
31-40	68	26.7
41-50	39	15.3
51-60	8	3.1
61-70	3	1.2
Mean± standard deviation	31.9±10.0	
SEX		
Male	115	45.1
Female	140	54.9

MARITAL STATUS		
Married	166	65.1
Single	83	32.5
Widowed	6	2.4
EDUCATIONAL STATUS		
Primary	6	2.4
Secondary	70	27.5
Tertiary	167	64.7
Quranic only	14	5.5
ETHNICITY		
Hausa	223	94.1
Yoruba	8	3.4
Igbo	6	2.5
Fulani	8	3.1
Ibira	5	2.0
Others	5	2.0
RELIGION		
Islam	238	93.3
Christianity	17	6.7
OCCUPATION		
Civil service	119	55.9

Trading	49	23.0
Farming	5	2.3
Unemployed	40	18.8
Student	32	12.5
House wife	9	3.5
Retired civil servants	1	0.4
Monthly Earnings (in thousands)		
<10	6	2.4
10-50	34	13.3
51-100	14	5.5
>100	9	3.5
Unspecified	192	75.3

Table 1 above shows the socio-demographic characteristics of the respondents with mean age and standard deviation of 31.87+10.044. Most of the respondents 56(22%) were between the age group 21-25 and were females (54.9%), 45.1% were males. Majority of the respondent were Hausas (94.1%), Muslims (93.3%) and married (65.1%). Educational level among the respondents is high with 64.7% having tertiary education. Those with only Quranic education (5.5%) were second only to those with primary education (2.4%) and 27.5% had secondary education. Most of the respondents are civil servants (55.9%). Traders, students, farmers and unemployed made up 23.0%, 12.5%, 2.3% and 18.8% respectively with 3.5% being full time house wives.Only 1(0.4%) respondent was a retired civil servant. It is a tradition of people to hide their earnings from other people in other to avoid stress from relatives. Probably this is why

majority of the respondents (75.3%) did not specify their monthly earnings and some of these were even civil servants. Notwithstanding, among those that specified their monthly earnings, majority (13.3%) earn between 10,000-50,000 naira monthly. 2.4% earn less than 10,000 naira, 5.5% earn between 51-100,000 naira and 3.5% earn more than 100,000 naira monthly.

4.2. Perceptions of health service consumers on the awareness of causes of the recurrent conflict in the health sector.

When the health service consumers of AKTH were assessed on the awareness of the recurrent conflict in the public hospitals in Nigeria, most of them (58.8%) said they were aware of the recurrent conflicts while the remaining 41.2% were not aware of it.

Among the patients who knew that admitted to the presence of the conflict, majority 80(53.3%) said the conflict occurred among all the health workers, 28(187%) claimed that it is between health workers and government and 18(12%) said it was between doctors and the hospitals' management.See table 2 below.

Table 2: Perceptions of health service consumers on who was involved in the conflict in the health sector.

Health workers involved (n=150)	**Frequency**	**Percentages (%)**
All health workers	80	53.3
Health workers versus patients	13	8.7
Doctors versus hospitals' management	18	11.8
Nurses versus doctors	8	5.3
Doctors versus pharmacists	2	1.3
Government versus health workers	28	18.7
Certificate nurses versus degree nurses	1	0.7

Among the patients who admitted to the presence of the conflict, majority of them 43(28.7%) pointed out rivalry among the health workers as the major cause of the conflict. However, other causes given by these patients includedisparity in salary 21(14%),struggle for power and leadership 23(15.3%), government and managements' failure to provide good leadership21(14%), etc. See table 3 below.

Table 3: Perceptions of Health Service Consumers on the Causes of the Recurrent Conflict in the Nigerian Health Sector.

Causes of conflictFrequencyPercentage (n=150)(%)		
Disparity in salary21	14	
Struggle for leadership and power	23	15.3
Professional disharmony	43	28.7
Selfishness of health workers	12	8.0
Greediness	2	1.3
Failure to provide good leadership 21	14	
Demand for increase in salary	25	16.7
Indiscipline	2	1.3
Impatience of patients and health workers	1	0.6

4.3. Perception of health care consumers on conflict resolution in the health sector.

Table 4 below illustrates the perception of health service consumers on the possible ways of resolving the health sector conflict. Thirty eight percent (38%) of them were of the view that the conflict can be resolved by fulfilling each worker's demands, 12.9% think it can be resolved by establishing good worker-worker relationship, 12.2% think the conflict can be resolved through negotiations, 9.8% said it can be resolved by good leadership and 27.1% went for good salary grades consistent of every worker.

Table 4: Patients' perception on the possible ways of resolving health sector conflict.

Possible ways of resolving the conflict	Frequency n=255	Percentage (%)
Fulfilling the workers' demands	97	38.0
Establishing good worker-worker relationship	33	12.9
Negotiations	31	12.2
Good leadership	25	9.8
Salary grades consistent of every worker	69	27.1

4.4. Perceptions of the health care consumers on the role of privatization on health service delivery.

To assess the patients on the effect of privatization on health service delivery, they were subjected to questionsto elicit responses on privatization benefits to the health system and to the health care consumers. For the benefit to the health system they were subjected to the question 'Do you think privatization of hospitals would benefit the system?'majority of them 233(91.4%), answered 'No' to the question leaving only 22(8.6%) to support the motion. For the privatization benefit to health care consumers, they were subjected to the question 'Do you think privatization of health sector will benefit the patients?' Majority of the patients (91.4%) answered 'No' leaving only 8.6% of them to go for 'Yes'. See table 5 below.

Table 5: Patients' response on the effect of privatization on health system and health care consumers

	Do not support	**Support**
Parameters	**Frequency/%**	**Frequency/%**
HS* privatization will benefit the system	207 (81.2%)	48 (18.8%)
HS* privatization will benefit the patients	233 (91.4%)	22 (8.6%)

*HS – Health Sector

4.4. Perceptions of health care consumers on the role of privatization in resolving the health sector conflict.

When assessed on whether or not privatization can provide solution to the recurrent conflict in the Nigerian health sector, more than half of the health service consumers (53.7%), answered 'No' to the question 'Do you privatization of health sector can resolve the recurrent conflict in the Nigerian health sector?' leaving less than half of them to go for 'Yes.' See figure I below.

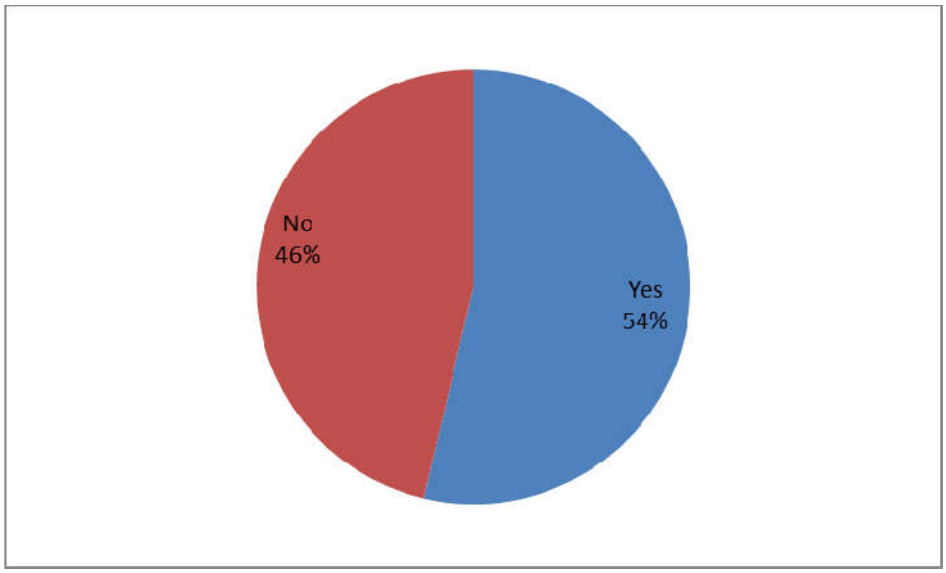


Figure I: Patients' response on whether or no privatization can resolve the health sector conflict

4.5. REPORTS FROM THE IN-DEPTH INTERVIEW WITH THE HEALTH SERVICE PROVIDERS

In the in-depth interview (IDI), all the health workers interviewed said they deal with conflict in the in the health sector. These correspondents only differed in the frequency of which they deal with the conflict. Majority of them said they deal with these conflicts almost every day whiles others said they deal with conflict in the hospital settings once in a while. They also said the conflict involves all health workers and some even specified that the conflict is between JOHESU and NMA.

When asked specifically on the causes of the recurrent conflict in the Nigerian health sector, most of these health service providers pointed out improper handling of situation by the leaders, poor communication, struggle for leadership and industrial disharmony as the major causes of the conflict. This industrial disharmony existed in the form of envy between professionals and non-professionals or envy of senior workers by junior ones, demand for call duty allowance by staffs who do not do calls, inferiority complex or feeling of being marginalized, conflicting egos, crossing other peoples' boundary, disagreement over policy, disunity among health workers, display of value and position, excessive stress placed on the staffs by staffs seeking for healthcare and the influence of the various health worker unions or associations. Others causes mentioned include disparity in salary, excessive stress due to inadequate human resources, lack of law or Act guiding the management in providing something and selfish interest.

Majority of the health care providers were of the view that the conflict can be resolved through negotiations or dialogue but most others mentioned creative problem solving, respect for profession and boundaries, establishing justice among workers, fulfilling each workers demand, and accepting facts. Few of them said that for the conflict to be resolved the management must stop discriminating against any group of health workers, the government must provide policies and guidelines for the management in providing anything and reduce staff stress by employing more human resources, workers must avoid selfishness and thevarious hospital's staff unions must be discipline. The others said the hospitals must be privatized or there should be a neutral leader who does not belong to any of the unions or associations of the health workers.

When asked on the effect of privatization of health sector on health service delivery, majority of the health workers interviewed said it can improve health service delivery through improved efficiency, effectiveness and hard work. Workers' welfare and development through training will improve and working materials will be available with improved manpower or human resources. The promotion of income, tourism and professionalism were among their reasons for saying that health service delivery would be improved. The few who said that privatizing the health sector will have a negative impact on health service delivery claimed that the aim of setting up the public hospitals, i.e. to increase accessibility and aid affordability, would be defeated. People will rather resort to patent medicine vendors or drug store operators and will only think of the hospitals when conditions become complicated. They added that reduced patients turn out in the hospital as a result of privatization would lead to system collapse. The private hospitals they said are not performing better than the government hospitals. To some of them, majority of people would want to go to government hospital because government hospitals have all it takes to manage patients. Private hospitals usually do not have enough funds and resources including man power to manage patients.

Also, almost all the health service providers were of the view that there could be mass retrenchment of health workers if hospitals are privatized, but to the few workers that would be retained, there could be better wages, payment would be regular; they will have additional packages if they perform well, and motivation will be high. For the masses, they said there would be reduced access to health care because of high cost of service. But for the few patients that can afford the service privatization will be beneficial, because there will always be a doctor for them in a well-furnished place. For the very few of the respondents privatization will sieve out quackery and redundant workers and the patients would have the best of care as a result of that.

More than half of the health service providers interviewed admitted that privatization of public hospitals in Nigeria can resolve the recurrent conflict in the Nigerian health sector. The reasons provided by this category of workers include the fact that every worker in the private setting is going to be on his/her own so much so that nobody will be under the influence of any union. Working in the private setting is going to be a no work no pay affair, salary will be paid as at when due and will be based on what every worker does and attendance at work. Those that will

own the hospital will not allow the workers to involve in any conflict at the expense of what they get as profit. For the minority who did not admit that privatization can resolve the conflict, the privatization is going to bring the same people together and the rivalry and salary disparity will still be there. To them we only need good leadership to resolve the conflict. They added that the country's economy does not depend on private sector; the masses are going to be dying of their diseases and they may revolt against it.

CHAPTER FIVE

DISCUSION

Majority of the patients (54.9%) were females and this explains the believe that larger proportion of females attend hospitals than males. This finding is in keeping with Tomilolaetal's finding whose final sample consisted of more females (54.5%) than males (45.5%).[106] It is however, not in keeping with Al-Mutairietal's findings who have more males (64.3%) than females (35.7%) in their sample.[97] This may be due to the fact that Al-Muttairietal's study was carried out among workers as against patients attending a particular hospital. Even in the health sector there are more male workers than females.The study was carried out in the north western part of the country where majority of the people are Hausa Muslims. This explains why there are more Hausa Muslims than other tribes in the sample.

This study showed that majority of the health service consumers (58.8%), were aware of the recurrent conflict in the AKTHand 53.3% of this known the conflict involves the health workers. The alarming repeated industrial actions in the hospitals coupled with the availability of information sources might have contributed to this awareness. The level of patients' awarenessof the recurrent conflict was even lower than what was obtained in the IDI in which all of the respondents said they dealt with conflict in one way or the other and all of them linked the conflict to the health workers. These findings explainthat conflict really existsin the health sector and the recurrent conflict involves the health workers. This is in keeping withBasseyetal'sfindings which demonstrated that in the two tertiary hospitals examined in Nigeria, all the unions and industrial associations embarked on one strike or the other between 1999 and 2003, except in 2000. These strikes they said, were national in outlook and shows relative industrial unrest and conflict in the hospitals.[39] The result is also in keeping with the result of the study carried out in Canada by the Psychometrics in which almost all the respondents (99%) said they dealt with conflict at workplace with majority of them occurring among the staffs of the worplace.[37]

The recurrent conflict in the health sector has been shown to be associated with professional disharmony, salary differentials and struggle for leadership.[9,39,41,45.]Probably, this why the major causes of the health sector conflict in the patients' point of view included professional

disharmony or rivalry between doctors and non-doctors (28.7%), struggle for power and leadership (15.3%) and disparity in salary (14%).The patients might have been able to point out these causes because of the current availability of information sources. This finding was in agreement with what was obtained in the IDI in which industrial disharmony, disparity in salary and struggle for leadership were among the causes of the conflicts in the hospital mentioned by the health service providers.The struggle for power and leadership in keeping with the challenge of other health workers to the leadership of the medical doctors in the health care profession mentioned by Adeniji,[9]and Roselineetal's finding in their questionnaire survey of working relationships between nurses and doctors in University Teaching Hospitals in Southern Nigeria in which majority of nurses (86.1%) compared to doctors (29.2%) wanted the leadership of hospitals open to election by all health care professional groups in the hospital.[41]Disparity in salary as a perceived cause of the recurrent health sector conflict is in keeping with Basseyetal'sfinding in their study to determine the impact of inter-union conflict on industrial harmony in Cross Riverstate and that of Ogbonnayeetal in Abakalikiin which disparity in salary in favor of doctors was found to be the major cause of inter-professional conflict between and among health professionals[39,43] The perceived physician intimidation and discrimination of other professions found in Ogbonnayeetal's studyand the undervaluing of skills of other professionals, protection of boundaries and the high distrust among the health professionals mentioned by Adenijiare in keeping with the rivalry between doctors and non-doctor or the professional disharmony found in this study.[40,43]The improper handling of situation by the management of the hospital found in this study is in keeping with unfair resource allocation across departments and bureaucracy which were found to be the causes of conflict among hospital staffs in the Gazi university hospital in Turkey.[1]

It is a well-known fact to the ordinary people that privatization can raise prices of commodities and services which in turn affect the masses negatively. Probably, this is whymajority (81.2%), of the health service consumers did not believe that privatization of hospitals can benefit the health system or the patients attending the hospitals (91.4%). In accordance with this believe, the health service providers also said that it is not good to privatize public hospitalsand almost all of them said privatization of public hospitals will not be beneficial not only to the health service consumers but also to the health workers themselves. To them, most of Nigerians would not be able to access health care because of the high cost of service that may follow the privatization

process and most of the health workers may lose their jobs because the private owners would not be able to maintain all of them. The study findingwhich shows that privatization will not benefit the patients or the health workers is in keeping with Folorunso'sfindings which demonstrated that privatization of state owned companies has not been beneficial and did not actually increase the citizens' commitment to their countryand with Oxfam's belief, who believed that public healthcare provision is of utmost benefit to poor people and is the only way to achieve universal and equitable access to health care.[75,77]It is also in keeping with what was mentioned by Birdsalletal about the response of Latin Americans on privatization of public facilities in which they reported that 63% of people surveyed in the spring of 2001 in 17 countries in Latin America disagreed or strongly disagreed with the statement "The privatization of state owned companies has been beneficial", and they even added that this disagreement is much greater than what was obtained in the previous years, i.e. 57% in 2000 and 48% in 1998 and worse in 2003 (60%).[72-73]. This means that peoples' consideration for privatization of public facilities is getting worse and worse with time.

The study findingthat privatization can bring about workers retrenchment is in keeping with Fayankinnu's findings which showed that privatization of public facilities led to mass retrenchment of workers and changed employment pattern from permanent to flexible/part-time/casual/contract employment.[75]The finding is also in keeping with Tiemannetal'sfinding which showed that conversions from public to private for-profit status in Germany were associated with a substantial decrease in staff ratio in all groups of staffs except for physicians and administrative staffs.[85]

The study also showed that suggestions for the conflict resolution from the health service consumers' point of view includedfulfilling each worker's demands(38%), establishing a salary grades consistent of every worker (27.1%), establishing good worker-to-worker relationship (12.9%), negotiations (12.2%) and good leadership (9.8%). Fulfilling each worker's demands is an accommodation style of conflict management which is characterized by high level of concern for others and low level of concern for self, establishing a salary grades consistent of every worker is a compromising style conflict management characterized by an intermediate level of concern for self and for others and establishing good worker-to-worker relationship is a creative problem solving or collaboration approach characterized by active concern for self and for

others.These respondents in their attempt of targeting the causes of the conflict in their choices for conflict management approachesindirectly mentioned some of the conflict management approaches, except for those who went for negotiation - an alternative dispute resolution method. Targeting the causes of conflict in conflict management is in keeping with some works done on conflict in which the authors gave recommendations targeting the causes of the conflicts.[1,39,43]

Some of the health workers interviewed also mentioned some of the conflict management styles indirectly in their attempt to target the causes of the conflict. However,creative problem solving alongside negotiation was mentioned by majority of them. Mentioning the conflict management approach indirectly is in contrast with thefindings of the studies with

1. the Arab Middle Eastern executives in which it was shown that they use more of an integrating (creative problem solving) and avoiding styles in handling interpersonal conflict,
2. the Norwegian health professionals in which it was shown that they use three major approaches to handle conflict: avoidance, forcing and negotiations, and usually in that order, and
3. theU.S. executives in which it was shown that they use more of an obliging, dominating, and compromising styles.[51,66,69]

The fact that only one conflict management approach and alternative dispute resolution method was mentioned in this study indicates that the respondents have little knowledge on the conflict management approaches or the alternative dispute resolution methods as compared to their counterparts in the Arab Middle East, Norwegiansand in the USA.

This study also showed the health service providers differed in perceptions towards the use of privatization in resolving the recurrent conflict in the health sector with the health care consumers. While majority of the consumers of health service in AKTH do not believe that privatization of hospitals can resolve the recurrent conflict more than half of the health careproviders believed that privatization of public hospitals in Nigeria can resolve the recurrent conflict in the Nigerian health sector. The widespread believe that privatization increases cost of service might have contributed to the disbelief. Knowledge of the fact that private owners seldom allow room for conflict in their organizations might have contributed to the believe that

privatization can resolve the conflict. The disbelief that privatization cannot resolve the conflict is in keeping with Oxfam's belief stated above and the perception of the critics of privation.[75,] It is however not in keeping with the fact that government in states and cities have resorted to privatization in resolving crisis in their public enterprises.[23] It is also not in keeping with the perceptions of the proponents of privatization like IMF and the World Bank.[11-14] However, the believe that privatization can resolve the conflict is in keeping with the fact that governments in states and cities have resorted to the privatization in resolving crisis inpublic enterprises and the perception of IMF and the World Bank and is in contrast with Oxfam's belief and the perception of the critics of privatization.[11-14,72,75]

CONCLUSION AND RECOMMENDATIONS

CONCLUSION

The fact about conflict in the health sector is that it exists. This is explained by the high level of awareness of this conflict in AKTHon the side of both patients attending AKTH and the health service providers of this hospital. Some conflict resolution approaches, although indirectly, and negotiations were suggested for the management of the conflict. Among this privatization was mentioned by only one person. Although awareness of privatization is alarming, it is still not considered to have any benefit on patients and the hospital staffs. Despite this, health providers in still believe that privatization of the public hospitals can bring an end to the recurrent health sector conflict.

RECOMMENDATIONS

1. Government must establish a proper remuneration relative to all health workers with clear delineation of duties in the hospitals.
2. Government can consider privatization of some units/departments in the hospitals in its attempt to manage the recurrent conflict and to improve health insurance to involve all citizens and not only civil servants.
3. Hospital management must understand the interplay of the factors associated with the conflict and recognize its role in the handling of such conflicts.
4. In order to achieve the objective for which the hospital is set up, interactions between all members within the medical team must be conducted in such a way that conflicts are minimized as much as possible.
5. Doctors and other health workers must learn to establish mutual respect for each other's profession and appreciate the salary differentials between them.
6. Doctors and other health workers must also acquire the understanding of team building and group dynamics as well as conflict management approaches through training.

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APPENDIX

STUDY TOOLS

1. Questionnaire

1.0. Section A:Socio-demographic characteristics

1.0. Age (years): ……

1.1. Sex: Male ☐ Female ☐

1.2. Marital status: Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐

1.3. Educational status: Primary ☐ Secondary ☐ Tertiary ☐ Quranic only ☐

1.4. Ethnicity: Hausa ☐ Yoruba ☐ gbo ☐

Others, specify? ……

1.5. Religion: Islam ☐ Christianity ☐

Others, specify? ……

1.6. Occupation: Civil Service ☐ Trading ☐ Farming ☐ Unemployed ☐

Others, specify? ……..

1.7. Monthly earnings (NGN) ……

2.0. SECTION B. Awareness and causes of recurrent conflict in Nigerian Health Sector

2.0. Are you aware of the recurrent conflicts in the Nigerian health sectors?

Aware ☐ Not aware ☐

2.1. If aware, who among the health workers are involved?
.....
.....

2.2. What do you think are the common causes of the conflict?
……
……
……
……..

2.3. How can the conflict be resolved?.....
……

3.0. SECTION C. Role of privatization on health service

3.0. Do you know what privatization is? Yes ☐ No ☐

3.1. If yes, are you aware of privatization involving any public sector in Nigeria?

Yes ☐ No ☐

3.2. If yes what are they?
……
……
……

3.3. Do you think it is possible to privatize health sector in Nigeria?

Yes ☐ No ☐

3.4. Do you think privatization of health sector will benefit the system?

Yes ☐ No ☐

3.5. Do you think privatization will benefit the consumers of health service?

Yes ☐ No ☐

4.0. Role of privatization in resolving the health sector conflict

4.1. Do you think privatization of public hospitals in Nigeria will provide solution to the recurrent conflict in the Nigerian health sector? Yes ☐ No ☐

4.2. If yes how? ……

……

……

4.3. If no why?.....

……

……

2. IN-DEPT INTERVIEWER GUIDE FOR HEALTH SERVICE PROVIDERS/HOSPITAL ADMINISTRATORS

1. In your carrier as a hospital worker/administrator, how frequent do you deal with conflict in the health sector?
2. What are the causes of those conflicts?
3. What do you think are the causes of the recurrent conflicts in the Nigerian health sector?
4. How can they be resolved?
5. Whose ultimate responsibility is it to manage the conflict in the health sector?
6. Of what importance is handling conflict as management/leadership skills?
7. How effective is management / leadership at dealingwith conflict?
8. What is your view on privatization of public enterprises in general?
9. What is your view on privatization of public hospitals in Nigeria?
10. If at all it should be privatized, which type of privatization do you think would be proper for the health sector?
11. If opted for partial, which of the units/departments do you think should be privatized and which should not?
12. What is your opinion on using privatization of public hospitals in Nigeria to resolve the recurrent conflicts in the Nigerian health sector?
13. What do you think are the potential effects of this privatization on health service delivery?
14. Of what benefit or harm is privatization to health workers and the consumers of health services?
15. If at all health sector should be privatized, how best do you think it can be implemented in Nigeria?

Application letter to ethical committee

Family Medicine Department,

Aminu Kano Teaching Hospital,

Kano.

22nd July, 2015.

To;

The Ethical Committee,

Aminu Kano Teaching Hospital,

Kano.

Sir,

APPLICATION FOR CARRYING OUT A STUDY IN AMINU KANO TEACHING HOSPITAL

I am one of the post graduate students of BUK offering master's in public health. I am going to carry out my project study in this hospital (AKTH). The topic of my study is "Can Privatization Resole the Recurrent Conflict in the Nigerian Health Sector? A Case Study of the Perspectives of Stakeholders in Aminu Kano Teaching Hospital." I wish to apply for permission to carry out this study in Aminu Kano Teaching Hospital.

I hope my application would be considered at your earliest convenience. Thank you.

Yours faithfully,

……..

Hussain ZamatuAbdullahi

Permission Letter from Ethical Committee