



## Physiotherapists and Unionism in Nigeria's Health Sector: A Romance or Unequal Yoke?

\*Chidozie Emmanuel Mbada<sup>1</sup>, Oluwabunmi Michael Bamidele<sup>1</sup>, Kikelomo Aboyowa Mbada<sup>2</sup> Udoka Arinze Chris Okafor<sup>3</sup>, Bashir Kaka<sup>4</sup>, Antoninus Obinna Ezeukwu<sup>5</sup>, Olubusola Esther Johnson<sup>1</sup>, Taofeek Oluwole Awotidebe<sup>1</sup>, Oluwafemi David Adegbemigun<sup>6</sup>, Francis Fasuyi<sup>6</sup>, & Olabisi Aderonke Akinwande<sup>7</sup>

<sup>1</sup>Department of Medical Rehabilitation, College of Health Sciences, Obafemi Awolowo University, Ile – Ife, Nigeria

<sup>2</sup>Department of Political Science, Faculty of Social Sciences, Obafemi Awolowo University, Ile- Ife, Nigeria

<sup>3</sup>Department of Physiotherapy, College of Medicine, University of Lagos, Nigeria

<sup>4</sup>Department of Physiotherapy, Bayero University, Kano, Nigeria

<sup>5</sup>Department of Medical Rehabilitation, University of Nigeria, Enugu, Nigeria

<sup>6</sup>Department of Physiotherapy, University of Medical Sciences, Ondo, Nigeria

<sup>7</sup>Department of Physiotherapy, University College Hospital, Ibadan, Nigeria

### Abstract

*Dissatisfaction with imposed or self-limitations seems to drive Nigerian physiotherapists into unionism in order to attain individual and professional ends. This study assessed knowledge, perception and satisfaction of Nigerian physiotherapists with trade unionism in the health sector. Using a mixed-method design, qualitative interviews and quantitative cross-sectional survey were conducted among ten purposively selected and 289 consenting physiotherapists respectively. Thematic content analysis was used for the qualitative data, while descriptive and inferential statistics were used for the quantitative data at 0.05 alpha level. Five major themes comprising physiotherapists' support for unionism, ethics and professionalism, activism and militancy, current and prospective alliances, and the possible role of Doctor of Physical Therapy as an equaliser for rights and privileges in the health sector emerged. 79.9% to 92.7% were familiar with the different trade unions and professional bodies in the Nigerian Health Sector. 74.8% of the respondents were satisfied with the involvement of physiotherapists in trade unions, as it was considered good for the welfare of the profession (91%), important for job security (85.4%) and provides the avenue for collective bargaining needed to achieve professional goals (80.6%). Most Nigerian physiotherapists supported and were active in the unions in the Nigerian Health Sector. However, there were divided opinions on whether the current alliances between physiotherapy association and other unions in the health sector are downgrading to the profession's status and image. Nigerian physiotherapists were controverted over physiotherapists playing the number one person in a number two position or number two person in a number one position.*

**Keywords:** *Physiotherapy; Trade unions; Professionalism; Nigeria.*

---

\***Corresponding author:** Dr. Chidozie E. Mbada, Department of Medical Rehabilitation, College of Health Sciences, Obafemi Awolowo University, Ile-Ife, Nigeria.  
Email:doziembada@yahoo.com

## Introduction

Trade unions are organisations that represent people at work with the purpose to protect and improve people's pay and conditions of employment (Trade Union Congress, 2013). Ewing (2005) classifies the roles of trade unions principally as service, representation, regulatory, government and public administration functions. Membership of trade unions in the health sector has a long history. Current reports show that unionisation among health care workers is growing compared with other sectors where declines have been observed (Elliott, 2010; Kurek, 2011; Ajayi, 2013; Clark, 2014). However, the involvement of health professionals in unionism is a subject of debate and controversy, especially among certain professionals, patients or clients and policymakers that associate unionism with militancy and activism and thus unprofessional for health care workers (Breda, 1997; Clark, Clark, Day & Shea, 2000).

A gamut of factors not limited to changing economic and political circumstances (Marchington & Wilkinson, 2000), leading to market-driven healthcare reforms (Adamache & Sloan, 1982; Mackender, 1992; Pindus & Greiner, 1997) has been implicated in the increasing unionisation in the health sector. The unionisation of professional associations and formation of alliances within the health sector are an overt reaction to the reduction of health care staff workforce and increased workload and responsibilities (Shindul-Rothschild, Berry & Long-Middleton, 1996; Ariza-Montes, Muniz, Montero-Simó & Araque-Padilla, 2013), and a feeling of loss of control over jobs because of cost-cutting pressures (Elliott, 2010). Outsourcing of certain duties and the replacement of professionals with less qualified and less expensive personnel (Buchan & Dal Poz, 2002) as well as the lopsided politics of hegemony and dominance by certain professional groups such as physicians' have also contributed to the formation of influential pressure groups (Olaoye-Osinkolu, 2012; News Agency of Nigeria, 2014).

Breda (1997) posits that professionalism and unionism are a dichotomy of mutually exclusive choices. According to Haug and Sussman (1973), unionisation and professionalisation are two processes by which members of an occupation seek to achieve collective upward mobility. Consequently, labour unions should be a reflection and representation of the workers and their interests (Breda, 1997; Hovekamp, 1997). Stanford (1975) posits that “*the greater involvement of professional workers in unionism can be a creative and constructive force for better trade unions and better trade unionism.*”

As it is in other healthcare professions, unionisation is an important issue in physiotherapy (Scott & Petrosino, 2008). The mutually exclusive or collectively exhaustive nature of professionalism versus unionism in physiotherapy is controvertible (Stanford, 1975; Bruder, 1999). Opponents of the professionalism-unionism mix often implicate activism and militancy (Stanford, 1975; Scott & Petrosino, 2008). On the other hand, proponents of unionism among professional workers support the opportunities for collective bargaining and welfare improvements (Haug & Sussman, 1973; Breda, 1997; Clark *et al.*, 2000; Marchington & Wilkinson, 2000). Similar to most contexts, there is a series of mergers and alliances between the Nigeria Society of Physiotherapy (NSP) and other professional bodies in the health sector in recent times.

The NSP as a professional body identifies with the National Union of Allied Health Professionals (NUAHP) (formerly known as Nigerian Union of Pharmacists, Medical Technologists and Professions Allied to Medicine (NUPMTPAM) as a trade union which is also in alliance with the Joint Health Sector Union (JOHESU) and the Trade Union Congress. Dissatisfaction with imposed or self-limitations has contributed to Nigerian physiotherapists striving towards unionism in order to attain individual and professional ends. However, the pros and cons of unionisation in physiotherapy remains a verdant area for research. This study assessed knowledge, perception and satisfaction of Nigerian physiotherapists with trade unions and alliances in Nigeria's health sector.

## Methods

A mix-method research of both qualitative and quantitative methods was employed in this study. Qualitative data were obtained through In-Depth Interview (IDI) of ten purposively selected clinicians and academics. The eligibility criteria for the IDI included active participation, contribution to and knowledge of trade unions in the health sector. The respondents in the IDI gave their consent to participate in the study and were assured of anonymity.

The following topics were used to stimulate interview regarding physiotherapy and trade unionism in the IDI-

- Q1. In what capacity have you served or are you currently serving in the NSP?
- Q2. Are/Were you also actively involved in trade unions and/or other alliances in the health sector?
- Q3. Are you in support of the present magnitude of the NSP and individual physiotherapists' active involvement in unionism in the health sector?
- Q4. Don't you think that the present trend of physiotherapists' involvement in unionism is unethical and unprofessional?
- Q5. Do you think the composition of the present unions and alliances between the NSP and other occupational groups in the health sector is downgrading for physiotherapy status and may not be in the best interest of our future aspirations in the health sector?
- Q6. It is said that the JOHESU is very militant, and by association, physiotherapy is militant. What do you say?
- Q7. Do you think physiotherapy will be better off, if it is in alliance with the Nigerian Medical Association (NMA) and the Nigerian Dental Association (NDA)?
- Q8. Do you think that transition to DPT will enhance a possible alliance with the NMA/NDA, and lessen the perceived or real professional repression and the perceived denials of the right to leadership, deserving remuneration, and so forth coming from the NMA/NDA?
- Q9. What is your advice for the NSP about unionism in the health sector?

The first two questions were used as ice breakers to ensure eligibility and to stimulate the interview and put informants at ease with the interviewer.

The quantitative cross-sectional survey aspect of the study recruited 289 consenting physiotherapists from 20 purposively selected hospitals from the six geo-political zones in Nigeria, yielding a response rate of 96.3% (i.e.  $289/300 \times 100$ ). The main eligibility

criterion for participation in the survey was being a member of the NSP. The selected hospitals were those in the following geo-political zones:

1. North-Central (Kwara State) – University of Ilorin Teaching Hospital.
2. North-East (Borno State) – University of Maiduguri Teaching Hospital.
3. North-West (Kano State) – Aminu Kano University Teaching Hospital; National Orthopaedic Hospital, Dala and Murtala Muhammad Specialist Hospital.
4. South-East (Enugu State) – University of Nigeria Teaching Hospital, National Orthopaedic Hospital, Enugu
5. South-South (Edo State) – University of Benin Teaching Hospital.
6. South-West –
  - I. Oyo State: University College Hospital (UCH), Ibadan; Adeoyo Hospital, Ring Road, Ibadan and Jericho Nursing Home, Ibadan.
  - II. Lagos State: Lagos University Teaching Hospital, Idi-Araba; Lagos State University Teaching Hospital, Ikeja and National Orthopaedic Hospital, Igbobi.
  - III. Osun State: Obafemi Awolowo University Teaching Hospital (OAUTH), Ile-Ife; Osun State Hospital, Ladoke Akintola University of Technology Teaching Hospital.
  - IV. Ondo State: State Specialist Hospital, Akure and Federal Medical Centre, Owo.
  - V. Ekiti State: Federal Medical Centre, Ido-Ekiti and Ekiti State Teaching Hospital, Ado Ekiti.

Eligibility for the selection of hospitals was primarily on the basis of availability of physiotherapy services, a large number of staff and being either a tertiary or secondary level hospital. However, because of the higher concentration of physiotherapy services in the South-West geo-political zone of the country, more hospitals were purposively selected from the zone.

A two-section questionnaire developed from related studies on unionism in the health sector (Ponak & Haridas, 1979; Clark *et al.*, 2000) was used for this survey. The questionnaire was subjected to expert review and tested for face and content validity in a pilot study. For the purpose of this study, the questionnaire was self-administered. Section A of the questionnaire obtained information on socio-demographic characteristics. Section B sought information on knowledge on professional associations, trade unions in Nigeria's health sector as well as perception and level of satisfaction of physiotherapists with trade unions and other alliances in the nation's health sector. Ethical approval for this study was obtained from the Health Research Ethics Committee (HREC), Institute of Public Health, OAU, Ile-Ife, Nigeria. Permission of the heads of departments of the selected hospitals was also obtained. All the respondents signed written informed consent.

### **Data analysis**

The IDIs were tape-recorded and in turn transcribed verbatim to guarantee accuracy. Short descriptive codes were allocated to sections of the text, with codes expressing similar concepts being grouped together to form themes. Thematic content analysis of key themes and phrases were used to organise data and narrations were presented. Quantitative data were analysed using descriptive statistics of frequency, mean,

percentages and standard deviation. The Chi-Square test was also used to analyse the data with alpha level set at  $P < 0.05$ . All data analyses were carried out using the Statistical Package for the Social Sciences Software version 16.0 (SPSS Inc., Chicago, IL, USA).

## Results

### Qualitative results

The major themes that emerged from the qualitative data are presented in *italics*. Text narrations are presented according to themes.

### Support for the active involvement of physiotherapy in unionism

There was unanimous support for unionism among the informants. However, the magnitude of support for unionism varied. A few of the informants declared support out of sentiments, while others posited that unions are a necessary tool for emancipation and access to get the rights of workers.

*“...I am in support of unions. It emancipates us from the oppression and suppression of doctors. If not for unions, our voices will not be heard...”* (OSO).

The informants showed no clear resentment with physiotherapy being in the union but expressed cautions.

*“There is nothing bad about physiotherapy joining unions. But you should be free to join the union of your choice that operate under the Trade Union Act or other laws that will defend your interest if you want”* (OOO).

*“...you have to be in support of responsible, reasonable and consultative unionism”* (OOM).

Another informant expressed thus

*“...I don't think we just got into unionism. It has a long history. ....Prof. Owoeye was the President of NUPTAM. Through the union's effort, physiotherapy was able to get registration and a regulatory board – the MRTB...”* (OOM).

*“Well, unionism is part of every organisation...the only problem is the approach. In physiotherapy, we are not alone but in alliance with other professions allied to medicine”* (AAA).

### Is the involvement of physiotherapy in unionism unethical, unprofessional and downgrading?

There was a convergence of opinions to the fact that physiotherapy involvement in unionism is not unethical and unprofessional.

*“It is ethical and professional to belong to trade unions (AOO)...*

*“If not for unions, who will fight our course? The problem is how the unions go about the fight for right”* (AA).

*“If the freedom of association is a constitutional right for individuals and other professionals, physiotherapy should not be an exception,...NSP, our professional association is not a trade union, so there is a limitation on how far we can go with bargaining with the government, so we need unions” (AOO).*

However, the grey area curled from the informants in this study was the composition of the unions and alliances in which physiotherapy is involved.

*“I see it (i.e. the composition of the unions) as downgrading but not unethical. I don't like the composition of NUPTPAM (or NUAPH now). We are fighting for post speciality, professionalism and yet most of the composite members of the union do not even have degrees. No administrator will listen to us. This is why doctors (physicians) are making fun of us, maybe to an extreme that even ward maids, gatemen and others...want to become consultants which is what is happening in NUAPH. NUAPH is everybody's!” (AOO).*

*“It is downgrading when the alliance does not tally with professional status...” (OOO).*

*“The nature of our unionism in recent times is downgrading. We didn't preserve ourselves as physiotherapists but belong to a group of health workers which are below physiotherapy in status, standard vis-à-vis scope, length of training and interaction with patients. Being in such a group and being confrontational is what people are actually against” (OOM).*

*“What we can say as downgrading is, if we are in alliance with professionals of lower qualification than we are. But every profession is now upgrading itself. These professionals are no longer diploma holders but have relevant degrees (AOO).*

However, there are contrary opinions to the foregoing, as an expression in the words of some informants.

*“Unethical? Those are ignorant people, but for downgrading it is still ignorance to think so. NUPTPAM has existed as a trade union since 1978. Prof. Owoye was a former president of the union. A lot of what we are enjoying today is a product of the union. Without NUPTPAM, there will be no grade level 17, no CONHESS, no call duty and no teaching allowance. Those who oppose our unionisation are ignorant or are not well informed. All members of our union are professionals and all are university graduates” (AAF).*

*“...It is a union of professionals (i.e. NUPTPAM, now NUHAP) who understand ethics. How can we now be unprofessional because we decide to form a union” (OFO).*

### **Physiotherapists in unions are militant by association**

Some of the informants claim that physiotherapists are not militant but are so labelled by critics. However, this position was highly controverted.

*“We are not militants! We are not into street fight or free for all. Our fight is right. It is an intellectual fight” (OSO).*

*“Our union is not militant. Maybe they mean other low-category workers in the health sector but our union is that of intellectuals, educated and well-informed people”. “No! There are rules that govern trade unions which include trade union act, labour law, ethics and constitution. Physiotherapy is not militant. Physiotherapists form union not physiotherapy” (AAF).*

*“We are professionals! Yes, there is an element of that (i.e. militancy) in what we do especially among some of our leaders. We don’t need to go to such extent to air our views” (AAA).*

*“Sometimes, I think the unions use so much force when they down tool and then they close down the hospitals unnecessarily and even refuse others to work” (AOO).*

Some informants aver that associating union activity with militancy is mere mischief. As such activities are typical of other unions and professional bodies such as the NMA, ARD (Association of Resident Doctors) and so forth.

*“Militancy is not downgrading. The NMA, ARD and others often take adamant posture with the government to press home their demands. When we insist on the fight for right also, they (NMA and ARD) not even government at times call us militants. ...Take stock of workers’ welfare package in the Nigerian health sector today, how many of those benefits were obtained without confrontation or strike action?” (AOO).*

*“It depends on what you mean by militancy. Calling workers to press home their demands? Our union is constituted appropriately and it is known to the law. ...those calling the union militant are not well educated as to distinguish between operating within the context of the law and militancy as it has been initially implied” (OFO).*

Still, some of the informants believed that the activities of the unions are akin to militancy.

*“...It very unfortunate that we are fighting each other, trying to get rid of one another within the health care sector” (OOO).*

*Militancy? Not as such, but it is tending towards unfairness and unethical behaviours. In the sense that if a strike (i.e. industrial action) is declared, don’t disturb others who want to work and don’t want to join the strike. Don’t become aggressive to those who don’t share your views. Don’t withhold what belongs to others by blocking roads or removing resources that are even meant to save life sometimes...” (OOM).*

### **Nigeria Society of Physiotherapy and Nigeria Medical Association Alliance, a future prospect?**

Most of the informants opined that it is difficult for the NSP, currently to be able to achieve its professional goals without being in alliance with others. However, with whom to form an alliance is the subject of debate. A test of opinions of members about a prospective alliance with the NMA generated varied viewpoints. Some of the informants expressed pessimism about the prospect of an alliance with the NMA as follows:

*“I don’t think we will fare better or gain more in alliance with the NMA. We may achieve some things but we will still be cheated. But if we work with people of like minds, we will achieve better” (AA).*

*“We won’t gain better! Why? The medical training in Nigeria which they were exposed to make them the way they are. ...I can assure you that if we get under them, we will suffer” (AOO).*

*“If in alliance with the NMA, they will suppress us because of their superiority complex. They will take us to juniors and newcomers. Also, democracy is a number game. They are more than us in number, by the number they will always have their way and win” (OSO).*

*“I foresee a situation where the NMA will not want such alliance because of pride...” (AA).*

Some informants expressed support but cautioned about a possible alliance with the NMA thus

*“We can join the NMA if they will allow it. Because birds of the same feathers flock together. But we should not work as its subsidiary or an appendage. We must endeavour to protect our interest” (OOO).*

*“Alliance is good because we will always gain with a large number. If in alliance with professions which are at par or above us, then we will have something to gain but if we are above them, they will run us down. If in alliance with NMA, there will be no need for this existing alliance since most of our fight is against NMA” (AOO).*

*“...We may not be able to make alliance with NMA in the present state because of logistics that border on ego, designation and differential in the number of years in training. But if an alliance happens, we stand to gain. But firstly, we need to get the Doctor of Physical Therapy (DPT) programme started before making such alliance” (AA).*

However, an informant felt a temporary alliance is what NSP needs.

*“A temporary alliance with the NMA is welcomed when there is a goal of common interest, we can jointly pursue the course. To form a lasting alliance? That is something that has not happened before and I cannot tell whether it will be bad or good. However, I can tell you that if you look at an example of the alliance between the NMA and Dentistry to form the Nigerian Medical and Dental Council, to some extent, they have fared well especially in terms of monetary benefits. Nonetheless, when it comes to hegemony in the health sector, they (dentists) are still second-rated. ....Their professional freedom is still encumbered. If our union wants to go into alliance with them (NMA), we will need an MoU with all the terms of reference. I think the alliance may end most of the fight on payment differentials but how about the other things” (OFO).*



Lastly, some informants expressed total support for an unreserved NSP-NMA alliance. *“Alliance with the NMA is very good. In fact it will be a lot better than what we have presently. Some NMA members have often asked why we are in NUAHP, what do we have in common with others in NUHAP? Why? With respect to patients care, since patients are the most important, PTs and doctors work as a team to get the impression of patients’ condition and treatment. Other health workers in alliance with the NSP do not treat patients per se. They are rather supportive vis-a-vis diagnosis or educational background”* (OOM).

Another informant ambitiously envisioned a bigger alliance thus:

*“My expectation in future is that the NMA will come together in future with the JOHESU. It will afford us greater opportunity to more easily press home our demands. Presently, the NMA wants to separate itself and get better demands, so we are fighting each other instead of joining each other to press collective demand from the employer”* (AAF).

### **Doctor of Physical Therapy - an equaliser for rights and privileges in the health sector?**

The desire for the transition into DPT among the informants was not unanimous. There was scepticism that the DPT may not achieve the professional ends for prestige, right to leadership and monetary compensations among others. Some proponents of DPT stated:

*“A future alliance with NMA/NDA is not very feasible with the current 5-year programme; we need to transition to the six-year DPT”* (OOM).

*“I’m in support of DPT. It will improve our clinical practice significantly and benefit us in terms of professional prestige and monetarily”* (OFO).

*“DPT is just an extra year to what we have on the ground. I don’t think it will be a disadvantage”* (OOO).

*“...DPT is more than an extra year of undergraduate study. That is exactly what the NMA takes pride in. That one year difference gives some NMA members the impression of superiority and they see others as allied or assistants. To close the gap is to make for a prospective alliance to be smooth, implement DPT, speciality training and fellowship and fight for true professional autonomy”* (AA).

Some of the informants, however, expressed fears that DPT may not be feasible; after all, it may not serve as the anticipated equaliser.

*“Doctors are very protective and defensive. If DPT bridges the gap, they will want to resist it. As it stands, DPT may not help matters”* (AK).

*“Even if we achieve DPT, nothing much will change. Until they get washed off their ego problem. I work with a lot of them, I know what I am saying. Even when they don’t know, they believe they should do something because they are born to lead”* (AA).

*“I don’t believe that achieving DPT will solve the problem of ego with the NMA” (AK).*

However, whether DPT guarantees rights and privileges, an informant expressed thus:

*“...I don’t think DPT will make the NMA and others rate us appropriately. For example, Dentistry is at par with Medicine by the number of years of undergraduate training, are they (dentists) not playing second fiddle in the alliance?” (OFO).*

Regarding the need for the agitation for DPT, this was considered by some of the informants as being borne out of insincerity and selfishness.

*“Everything boils down to the insincerity of the government, who pays for who you are and not what you do? So, everybody wants to improve his status and image because that’s what you get paid for and not the services rendered. If the government would follow their work evaluation report in the health sector, PTs will be paid more than GPs based on the services rendered. To whom much is given much is expected....but that is not the case here. A PT spends lots of hours in patients’ care and at the end of the day, he earns less” (OFO).*

*“DPT? It is an unnecessary pride. That pride is born out of selfishness and ignorance, as these leaders know little about law, unions, etc. If they had good knowledge, they would know that it is not the number of years in the training school that confers leadership... Therefore spending 4 years should not translate to being inferior to spending six years among professionals. Thus any form of inferiority complex felt by physiotherapists is wrong. People in the health sector are myopic. If dentists who are in alliance with the NMA, still feel marginalised, somebody must challenge the status quo” (AAF).*

### **Informants’ admonition for the Nigeria Society for Physiotherapy**

When asked about specific advice for the NSP about unionism in the health sector, the informants proposed several solutions and final words:

*“...physiotherapists should be knowledgeable to know that a physician is not their boss, ....and that they are not in a subordinate position, as some physiotherapists are used to the slavish attitude and cannot challenge status quo or fight for their profession. Positive education - acquisition of knowledge and use of the knowledge to challenge the issues of the day to achieve a newer position” (AAF).*

However, another informant posited thus:

*“I think we should concentrate more on capacity building to distinguish ourselves in the profession by the results of our practice and stop peddling sentiments...I think we are into too much fighting. You cannot be a professional and dress like a tout. Presentation matters! I feel we should build ourselves first and then achieve DPT. Then nobody will be able to limit or delimit us” (AA).*

Other extracts on possible relational unions in the health sector include:

*“Physiotherapists should be careful not to think active involvement in unionism will translate to professional gains. You can become the head of the union, but that does not*

*place your profession on top. It is the impact and expertise of physiotherapists in the hospital with respect to patient care that will eventually make way for the profession” (AA) “I recommend that we either remain alone or seek an alliance with the NMA and professionals lower than us such as laboratory scientists and radiographers” (OOM).*

*“The NMA is making progress in its jurisdiction. We can learn from them with respect to residency and fellowship programmes as we have the potential to do better” (OOO).*

However, an informant recommended that:

*“The government should pay us (physiotherapists) for what we do. How can a nine-year difference exist in practice, when there is just one educational year difference. It is gross injustice. They should stop paying for who you are but what you do. Then the health sector will move forward” (OFO).*

### Quantitative results

A total of 289 physiotherapists participated in this aspect of the study. The socio-demographic characteristics of the respondents are presented in Table 1.

**Table 1:** Socio-demographic and occupational characteristics of the respondents (N= 289)

Variable	n	%
<b>Age (years)</b>		
21-30	136	47.1
31-40	101	34.9
41-50	50	17.3
>51	2	0.7
<b>Sex</b>		
Male	175	60.6
Female	114	39.4
<b>Marital status</b>		
Single	120	41.5
Married	166	57.4
Divorced	3	1.0
<b>Qualification</b>		
B.PT	217	75.1
MSc.	61	21.1
Ph.D.	11	3.8
<b>Work years</b>		
<1	63	21.8
1-5	86	29.8
6-10	69	23.9
>10	71	24.6
<b>Work place</b>		
State hospital	58	20.1
Teaching hospital	156	54.0
Federal medical centre	37	12.8
University	9	3.1
Private practice	3	1.0
Specialist	26	9.0

**Designation**

Assistant director	25	8.7
Chief physiotherapist	20	6.9
Principal physiotherapist	32	11.1
Senior physiotherapist	49	17.1
Physiotherapist	154	53.3
Lecturer	9	3.1

**Specialisation**

Neurology	53	18.3
Paediatrics	24	8.3
Orthopaedics	80	27.7
Community physiotherapy	8	2.8
Obstetrics & gynaecology	13	4.5
Cardiopulmonary	26	9.0
General practice	78	27
Sports	7	2.4

Table 2 shows the distribution of correct responses on knowledge about professional associations and trade unions in the health sector. The respondents identified the NSP (92.7%), the NMA (91.3%), the Association of Medical Laboratory Scientists of Nigeria (79.9%) and the Pharmaceutical Society of Nigeria (78.5%) as professional associations in the health sector. The Joint Health Sector Union (82%), the Nigerian Union of Pharmacists, Medical Technologists and Professionals Allied to Medicine (NUPTHPAM) (76.5%), the Medical and Health Workers Union of Nigeria (72.7%), and the National Association of Nigerian Nurses and Midwives (31.8) were the most commonly identified associations or unions in the health sector.

**Table 2:** *Distribution of correct responses on knowledge about professional associations and trade unions in the health sector (N = 289)*

S/N	% of correct responses	
	PA	TU
1. National Association of Nigerian Nurses and Midwives†*	19.4	31.8
2. The Nigerian Union of Pharmacists, Medical Technologists and Professionals Allied to Medicine*	66.8	76.5
3. Nigeria Medical Association†	91.3	76.1
4. Pharmaceutical Society of Nigeria†	78.5	82.7
5. Senior Staff Association of Universities and Teaching Hospitals, Research Institutes and Associated Institution*	65.7	58.1
6. Association of Medical Laboratory Scientists of Nigeria†	79.9	86.5
7. Non Academic Staff Union of Education and Associated institution*	84.1	59.5
8. Nigeria Society of Physiotherapy†	92.7	81.0
9. Medical and Health Workers Union of Nigeria*	71.6	72.7
10. Joint Health Sector Union*	70.2	82.0

†PA (Professional Association), \*TU (Trade Union)

Table 3 shows the respondents' perception of trade union and alliances in the health sector. 91% of the respondents agreed that physiotherapists' interest in union representation is good for the welfare of the profession, 85.4% agreed that unions in health sectors are important for job security and welfare, while 80.6% agreed that

collective bargaining is very important to physiotherapy in the pursuit of their professional goals and that given the ongoing changes in the health sector, unions are necessary now more than ever.

**Table 3:** *Respondents' perception of trade unions and its alliances*

S/N	Item	Disagree	Don't Know	Agree
1.	Unionisation in Nigeria health sector is in part a consequence of the government market-driven reforms	58(20.1)	96(33.2)	135(46.7)
2.	Unionisation in Nigeria health sector is in part a consequence of the lopsided leadership by certain professionals at the expense of others	61(21.1)	49(17.0)	179(61.9)
3.	Unionisation in Nigeria health sector is associated with activism and militancy	171(59.2)	49(17.0)	69(23.9)
4.	Unionism is the cause of incessant strike actions in the health sector in Nigeria	189(65.4)	27(9.3)	73(25.3)
5.	Given the ongoing changes in the health care, union are more necessary than ever	23(8.0)	33(11.4)	233(80.6)
6.	Unions should be prohibited or banned in the Nigeria health sector	255(88.2)	24(8.3)	10(3.4)
7.	Mutual support between Nigeria Society of Physiotherapy and unions representing hospital workers is a good idea	12(4.1)	30(10.4)	247(85.5)
8.	Physiotherapy image and status will be better enhanced if in alliance with Nigeria Medical Association	168(58.1)	54(18.7)	67(23.2)
9.	Just like the Osteopaths and Chiropractors, alliance of Nigeria Society of Physiotherapy with Nigeria Medical Association will lead to a better prospect for the profession	141(48.8)	64(22.1)	84(29.1)
10.	Alliance of Nigeria Society of Physiotherapy with the Nigeria Medical Association and other trade unions may reduce political tension in the Nigeria health sector	101(34.9)	63(21.8)	125(43.2)
11.	Nigeria Society of Physiotherapy can stand alone as a professional association	49(17.0)	34(11.8)	206(71.3)
12.	Collective bargaining is very important to Physiotherapy in pursuit of their professional goals	28(9.7)	28(9.7)	233(80.6)
13.	The Nigeria Society of Physiotherapy has not come of age and will still need alliance with other professional associations for collective bargaining	111(38.4)	42(14.5)	136(47.1)
14.	I believe that the quality of patient care will be better in un-unionised than unionised physiotherapy	163(56.4)	72(24.9)	54(18.7)

15.	Unions in health sectors are important for job security and welfare	18(6.2)	24(8.3)	147(85.4)
16.	It is preferable to belong to a union that is willing to go on strike if it feels such action is necessary	34(11.8)	52(18.0)	203(70.3)
17.	Trade union involvement negatively affects job commitment	187(64.7)	63(21.8)	39(13.5)
18.	Unionism by physiotherapists requires a greater expenditure of time and effort than the potential gain would justify	167(57.8)	74(25.6)	48(16.6)
19.	Unionism is not appropriate for professionals	138(82.4)	34(11.8)	17(5.8)
20.	Unions are pro-workers and anti-management	200(69.2)	45(15.6)	44(15.2)
21.	Physiotherapists' interest in union representation is good for the welfare of the profession	6(2.1)	18(6.2)	265(91.7)
22.	I believe that physiotherapy have fared better with involvement in unions than without union representation	41(14.2)	47(16.3)	201(69.5)

*Note.* Values are presented as frequencies with percentages in parentheses

Table 4 shows the respondents' agreement on satisfaction regarding trade unions and alliances. Involvement of NSP with the Joint Health Sector Union was agreed upon by 74.8% of the respondents.

**Table 4:** Respondent's level of agreement on satisfaction regarding trade union and its alliances

S/N	Item	Disagree	Don't Know	Agree
1.	I am satisfied with Nigeria Society of Physiotherapy involvement with Nigerian Union of Pharmacists, Medical Technologists and professionals Allied to Medicine (NUPTAM) (now NUAHP)	47(16.3)	39(13.5)	203(70.2)
2.	I am satisfied with Nigeria Society of Physiotherapy's involvement with the Joint Health Sector Union	40(13.8)	33(11.4)	216(74.8)
3.	Involvement of Nigeria Society of Physiotherapy with Nigerian Union of Pharmacists, Medical Technologists and Professionals Allied to Medicine (NUPTAM) is downgrading for professional image and status	197(68.2)	51(17.6)	41(14.2)
4.	Involvement of Nigeria Society of Physiotherapy with the Joint Health Sector Union is downgrading for professional image and status	217(75.1)	46(15.9)	26(9.0)

*Note.* Values are presented as frequencies with percentages in parentheses

## Discussion

This study assessed knowledge, perception and satisfaction of Nigerian physiotherapists with trade unions and alliances in the health sector. A summary of the qualitative interview extracts show that unionism in the NSP has a long history, members were in support of unions and as such were active and leading in union matters in the health sector. Some of the informants considered union activities as tending towards militancy and unethical behaviours. Others considered the current alliance with other health workers as downgrading but not unethical. However, the benefits and potentials of a future alliance with the NMA was controvertible.

With the aim to validate the opinions expressed in the interviews, a quantitative cross-sectional study across the six geo-political zones in Nigeria was carried out. The response rate of 96.3%, obtained in this study indicate that unionism in physiotherapy in the Nigerian context is a topical issue. This quantitative results revealed that Nigerian physiotherapists have a high (79.9 to 92.7%) familiarity rate with the different trade unions and alliances in the Nigeria's health sector. Findings on supports for unions and alliances showed high support for JOHESU (82.0%) and NUPMTPAM (72.7%).

It is implied that the familiarity and knowledge about trade unions and alliances in the health sector may be an indication of the high level of involvement of physiotherapists' unionisation in the Nigeria's health sector. Recent events including calls and agitations for wage adjustments, entry point and upgrade of members in higher cadres, clamour for the creation of a directorate for physiotherapy at the Federal Ministry of Health (Okoghenun, 2015) and participation in industrial actions (Fagbemi, 2011) point to the fact that the NSP is embroiled in trade unionism in the health sector. From this study, the level of unionisation in the NSP is a sequela of the dominance or hegemony by physicians, market-driven health reforms and drive to attain professional and individual goals. For example, in recent times, the NSP in collaboration with other associations and unions in the health sector, using different forms of media, threatened industrial actions over the passage of the Health Bill by the National Assembly. It accused doctors of marginalisation and illegal hijacking of administrative positions from professional hospital administrators and the continued exclusive appointments of medical doctors as chief executive officers of health care agencies (Ihekweazu, 2011; Fagbemi, 2011; Ajayi, 2013).

The logic and idiosyncrasies of alliances between physiotherapy and other associations and unions are complex and context-specific. Therefore, unionisation within the NSP is not exceptional but spectacular, in terms of perceived militancy associated with the unions' activities, and inequality in the alliance between composite associations in the unions. Some physiotherapists considered the involvement of the NSP in NUPMTPAM and JOHESU as downgrading to professional image and status. A common anecdote among these physiotherapists is that NSP is currently in alliance with health care workers who are of lower qualification and status, and different practice orientation. Therefore, it was opined that the NSP was neck deep in playing the number one person in a number two position, instead of seeking alliances with equals, which may facilitate better professional advancement. This viewpoint was buttressed in a presentation delivered by Professor Joseph A. Balogun at the Scientific Session of the 55<sup>th</sup> Annual

Conference of the NSP held at Lokoja in 2015, where he stated “...*We have within our ranks, certain individuals who have spent valuable time and resources, taking physiotherapy profession in the wrong direction by forming alliances with vocational careers; and destroying the organisation, foundation and administrative structure conceptualised by our forbearers. In the same vein, other physiotherapists have hijacked our profession for personal aggrandisement and career enhancement to the detriment of our collective struggle towards professional emancipation*” (Balogun, 2015). Conversely, some other physiotherapists attributed the professional milestones and achievements hitherto to the involvement of the NSP in trade unions in the health sector.

The NSP may explore the alliance model between the World Confederation for Physical Therapy (WCPT), the World Health Professions Alliance (WHPA), and the Global Health Workforce Alliance (GHWA) in future alliances’ plans (WCPT, 2010). The alliance model that operates under the philosophy of working in collaboration for the benefit of patients and health care system benefit, instead of along parallel tracks is often recommended (WCPT, 2010; WHPA, 2016). The WCPT alliances were encompassing and not selective or skewed towards certain lower vocational groups. Similarly, physiotherapists in Australia are in alliance with the Health Services Union which is a specialist health union encompassing doctors, nurses, radiographers and other allied health professionals (WHPA, 2016).

The majority of the physiotherapists showed satisfaction with the involvement of physiotherapists in trade unions in Nigeria’s health sector. Furthermore, the findings revealed that involvement in unionism was perceived as good for professional welfare, important for job security and as the opportunity for collective bargaining for professional ends. Also, the physiotherapists agreed that unions were more necessary in Nigeria’s health sector now more than ever. Literature is replete with reports on the benefits of trade unions for collective bargaining for personal and professional goals (Haug & Sussman, 1973; Breda, 1997; Clark *et al.*, 2000; Marchington & Wilkinson, 2000). Conversely, almost a comparable proportion of the physiotherapists in this study asserted that unionism was not appropriate for professionals while a few others also supported that unions in Nigeria’s health sector be prohibited or banned. In line with this submission, some critics have instigated that health professionals in favour of unions are greedy, selfish and unconcerned with the needs of the patient (Bruder, 1999). Breda (1997) posited that professionalism and unionism are a dichotomy of mutually exclusive choices.

Physiotherapists worldwide belong to their respective local professional associations such as the American Physical Therapy Association (APTA), the Chartered Society of Physiotherapists (CSP), the Irish Society of Chartered Physiotherapists (ISCP), and the South African Society of Physiotherapists (SASP). These professional associations under the laws of the respective countries are legally allowed to go into trade unions and alliances with other professional bodies permitting their members to unionise. For example, the CSP is both the professional body and trade union for physiotherapists in the UK since 1976 (CSP, 2013). In the USA, physical therapists have been legally empowered to unionise in all settings since the 1974 amendment to the National Labour



Relations Act, which gave health care workers in non-profit organisations the right to participate in collective bargaining (Scott & Petrosino, 2008). Likewise, the NSP is the national professional association representing Nigerian- and foreign-trained physiotherapists practising in Nigeria. The NSP was granted recognition by Decree 38 of the Federal Republic of Nigeria in 1988 with the establishment of an independent registration body called the Medical Rehabilitation Therapists' Board of Nigeria (MRTB). Despite the age-long history of trade unionism and alliances in the NSP, there seems to be an apparent dearth of empirical data on the merits or detriments of its unionisation.

To our knowledge, this is the first study that attempted to document information about unionisation of the NSP. It was not our intention to pitch tents with any point of view about the NSP and unionism in the health sector, but to provide the empirical fact that may serve as the metric to NSP's involvement in unionism and also influence future policymaking with respect to unionisation. However, the findings of this study should be interpreted with caution as it is largely an analysis of opinions. Although the informants for the IDIs comprised senior and administrative cadre academic and clinical physiotherapists who had or were active in the NSP and health sector politics, their views were too divergent and skewed to reflect any sense of common paradigm with respect to unionisation of the NSP. Also, the academic versus clinician perspective to unionism in the NSP was a sharp contrast. It should be noted that the result of the IDIs analysis was not brought out in order to ensure the anonymity of the informants. It, therefore, seems that the work milieu (i.e. clinic or class) influences physiotherapists' viewpoints on unionisation, as it was overwhelmingly demonstrated in the qualitative aspect of the study. A potential limitation to this assumption, however, is the small number of academic respondents recruited.

## **Conclusion**

Most Nigerian physiotherapists supported and were active in trade unionism in Nigeria's health sector. There are divided opinions on whether the current alliances between the NSP and other unions were downgrading to physiotherapy status and image. Nigerian physiotherapists were controverted over physiotherapists playing the number one person in a number two position or number two person in a number one position. Therefore, understanding the dynamics of unionism in physiotherapy may be strategic to achieving professional gains.

## **Acknowledgement**

The authors wish to appreciate the African Population and Health Research Centre (APHRC), Nairobi, Kenya for funding the presentation of this study at the World Confederation for Physical Therapy in Singapore (2015) through the African Doctoral Dissertation Research Fellowship (ADDRF). The ADDRF is funded by the International Development and Research Centre, Canada.

## References

- Adamache, K.W., & Sloan, F.A. (1982). Unions and hospitals, some unresolved issues. *Journal of Health Economics*, 1, 81-108.
- Ajayi, F. (2013). Emerging trends of industrial relations in health sector: The way forward. *Nigeriaworld.com/columnist*. Retrieved September 12, 2015, from <https://nigeriaworld.com/columnist/ajayi/120313.html>
- Ariza-Montes, A., Muniz, N.M., Montero-Simó, M.J., & Araque-Padilla, R.A. (2013). Workplace bullying among healthcare workers. *International Journal of Environmental Research and Public Health*, 10, 3121-3139.
- Balogun, J.A. (2015). The path to our destiny: The transitioning of physiotherapy from a semi-profession to a true profession. A Key Note Speech Delivered by Distinguished University Professor Joseph Balogun at the Third Christopher AgboolaAjao's Lecture on the Occasion of the 55th Annual Conference of the Nigeria Society of Physiotherapy held at Lokoja, Kogi State, Nigeria on October 29, 2015. Retrieved February 22, 2016, from <https://www.researchgate.net/publication/284299692>.
- Breda, K.L. (1997). Professional nurses in unions: Working together pays off. *Journal of Professional Nursing*, 13(2), 99-109.
- Bruder, P. (1999). Nursing unions, Part II: Mature organisations lead to shared management. *Hospital Topics*, 77(3), 33.
- Buchan, J., & Dal Poz, M.R. (2002). Skill mix in the health care workforce: reviewing the evidence. *Bulletin of the World Health Organization*, 80, 575-580.
- Chartered Society of Physiotherapy. (2013). *History of physiotherapy*. Retrieved September 12, 2015, from <http://www.csp.org.uk>
- Clark, D.A., Clark, P.F., Day, D., & Shea, D. (2000). The relationship between health care reform and nurses' interest in union representation: the role of the workplace climate. *Journal of Professional Nursing*, 16(2), 92-96.
- Clark, P.F. (2014). *The State of Unions in the U.S. Health Care Industry. Perspectives on work*. Retrieved from <http://lerachapters.org/OJS/ojs-2.4.4-1/index.php/PFL/article/viewFile/905/899>.
- Elliott, V.S. (2010). *Unions for health care workers are growing*. Retrieved June 7, 2015, from <http://www.amednews.com/article>
- Ewing, K.D. (2005). The function of trade unions. *Industrial Law Journal*, 34(1), 1-22.
- Fagbemi, S.-J. (2011, May 24). Medical workers threaten nationwide strike over passage of health bill, tell Jonathan not to sign the bill, accuse doctors of marginalisation. *Ghana MMA*. Retrieved November 24, 2015, from <https://www.ghanamma.com/2011/05/23/medical-workers-threaten-nationwide-strike-%E2%80%A2over-passage-of-health-bill-%E2%80%A2tell-jonathan-not-to-sign-the-bill-%E2%80%A2accuse-doctors-of/>
- Haug, M.R., & Sussman, M.B. (1973). Professionalisation and unionism: A jurisdictional dispute? In E. Freidson (Ed.), *Their professions and their prospects* (pp. 89-104). Beverly Hills, CA: Sage Publications.
- Hovekamp, T.M. (1997). Professional associations or unions? A comparative look. *Library Trends*. 46(2), 232-244
- Ihekweazu, C. (2011, August 6). The controversial clause in the "new" National Health Bill. *Nigerian Health Watch*. Retrieved February 12, 2016, from <http://nigeriahealthwatch.com>

- Kurek, J. (2011). *Unions Continue Success in Organizing Healthcare Employees. Healthcare Update*. Retrieved from <http://tinyurl.com/jvr4d9h>
- Mackender, D. (1992). Harmony in the health care industry at last? American hospital association v. national labor relations board, 111 S. Ct. 1539 (1991). *Nebraska Law Review*, 71(3), 937-963.
- Marchington, M., & Wilkinson, A. (2000). Direct participation. In S. Bach & K. Sisson (Eds.), *Personnel management: A comprehensive guide to theory and practice* (3rd ed., pp. 340-364). Oxford: Blackwell.
- News Agency of Nigeria. (2014, February 12). Nigeria Medical Association insists on relativity in salary structure for health sector workers. *News Agency of Nigeria*. Retrieved September 2, 2014, from <http://leadership.ng>
- Okoghenun, J. (2015, September 8). Physiotherapists task government on funding, seek directorate. *The Guardian*. Retrieved December 18, 2015, from <http://www.ngguardiannews.com/2015/09>
- Olaoye-Osinkolu, D. (2012, October 29). Salary disparity threatens workers in health sector. *The Nations Newspapers*. Retrieved from <http://thenationonlineng.net>
- Pindus, N.M., & Greiner, A. (1997). *The effects of health care industry changes on health care workers and quality of patient care: Summary of literature and research*. Retrieved December 24, 2015, from <http://www.urban.org>.
- Ponak, A., & Haridas, T.P. (1979). Collective bargaining attitudes of registered nurses in the United States and Canada: A Wisconsin-Ontario Comparison". *Relations industrielles/industrial relations*, 34(3), 576-591.
- Scott, R.W., & Petrosino, C. (2008). Human resource management in physical therapy settings. In *Physical Therapy Management* (1<sup>st</sup> ed., pp. 36-67). Elsevier Inc.
- Shindul-Rothschild, J., Berry, D., & Long-Middleton, E. (1996). Where have all the nurses gone? *American Journal of Nursing*, 96(11), 25-39.
- Stanford, J.D. (1975). The employed professional and trade unionism. *Australian Journal of Physiotherapy*, 21(3), 88-92.
- Trade Union Congress. (2013). *What is the TUC?* Retrieved June 8, 2013, from [http://www.tuc.org.uk/tuc/students\\_tuc.cfm](http://www.tuc.org.uk/tuc/students_tuc.cfm)
- World Confederation for Physical Therapy. (2010). *WCPT formally admitted to health professions' coalition*. Retrieved March 3, 2016, from <http://www.wcpt.org/node/34581>
- World Health Professions Alliance. (2016). *What is the WHPA?* Retrieved March 3, 2016, from <http://www.whpa.org/whpa.htm>