

# **RIVALRY AMONG HEALTH PROFESSIONALS IN NIGERIA: A TALE OF TWO GIANTS**

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## **Abstract**

The lingering rivalry that exists between Pathologists and Medical Laboratory Scientists in Tertiary hospitals in Nigeria was studied at a private tertiary hospital in Southwest Nigeria, aimed at determining the factors responsible for the rivalry among these two professional giants. Primary data were collected through in-depth interview of 16 participants in both professions. Result showed that, rivalry among these two professional bodies is as a result of the struggle for headship in the laboratory, patient ownership, remuneration and the fear of a profession going extinct. The study recommended that government should not only enact laws that spell out the roles of these two professional bodies in the hospital in line with international best practices, but also ensure the full implementation of such laws in order to curb the lingering crisis.

**Keywords:** Rivalry, Health Professionals, Doctors, Pathologists, Medical Laboratory Scientists, Remuneration, Patients

## **Introduction**

For few decades now, the Nigerian health sector has witnessed unhealthy rivalry among health professionals which has resulted in several industrial actions thus, hampering sustainable development in the sector. Incidentally, the rivalry has transpired primarily between medical doctors and other health professionals Akor (2018) due to the tussle for leadership positions and wide disparity in salary structure between these two parties (Aregbeshola, 2018). Regrettably, while other health professionals have blamed doctors of being at the helm of affairs of the entire sector with wide disparity in salary structure between them and the doctors, doctors on their own have also alleged other health professional under the umbrella of Joint Health Sector Union (JOHESU) of uniting together as one body to fortify a joint force against them in order to press for their demands (Ugwuanyi, 2018).

Although in Nigeria, healthcare delivery is a blend of private and the three tiers of government with Federal government responsible for the affairs of the Tertiary hospitals, the State governments in charge of the secondary hospitals and the Local government authorities at the helm of affairs of the primary health centres Oyibocha, et al (2014), the Nigerian healthcare sector is currently in bad shape as a result of the consequences of the lingering

crisis resulting from the rivalry that is going on between health professionals in the country (Health Reform Foundation of Nigeria, 2010; and Asangansi and Shaguy, 2011). Despite the fact that, health professionals' primary function is patients' care, certain factors such as organisational hierarchy, sub-specialities, diversity of skills and many more have created rivalry and power tussle among various groups over the control and headship of the work procedure in the sector and as such hindering the growth and development of the sector (Kleinman, 2004).

Over the years however, obvious rivalries have occurred between other health professionals and doctors such as those between Anaesthetists and Anaesthetic Nurses, between Ophthalmologists and Opticians and Radiologists and Radiographers in the sector, but of increase lately, is the rivalry that is presently on-going between Pathologists (Doctors in training and Consultants Doctors) and Medical Laboratory Scientists over the activities in hospital laboratories. This battle for supremacy between these two professional giants has resulted in incessant industrial strike actions and numerous lawsuits filed against Pathologists in some tertiary hospitals at the National Industrial Court (Azoma, 2017). There have also been cases of physical harassment between members of the two parties over the affairs of the laboratory in some tertiary hospitals in the country (Paul, 2016; Obinna, 2018).

Several incessant industrial strike actions being embarked upon by health professionals in the sector is as a result of the lingering crises. These industrial strike actions of course include those embarked upon by medical doctors to press for their demands as well as those embarked upon by other healthcare professionals. Sad to note that, between the year 2011 and year 2016, the Nigerian health sector witnessed a minimum of five major industrial actions embarked upon by health professionals nationwide (Adeloye, et al, 2017)

Unfortunately, this has apparently over the years affected the sector negatively creating professional dichotomy and hindrance to effective delivery of health services and sustainable development in the sector. The brunt of these industrial strike actions has also been borne by the poor and less privileged in the county who depend solely on public health facilities services for their health needs due to cost, thereby constraining several patients to depend on alternative medicine which may eventually cause more havoc on them than good. This untold hardship experienced by patients as a result of incessant industrial actions being embarked on by health professionals every now and then has not only led to dearth of trust by patients on them and the entire sector, but has also made the system weak (Olawale, 2017).

Consequently, despite the current modern development in the health sector with insight on the imperativeness of the laboratory service in healthcare delivery, it is sad to note that this tussle between the two professional bodies has received very little attention. The government seem to be paying only lip service to the battle for supremacy currently going on between these two giants (Azoma, 2018). This may in the long run affect the harmonious relationship that is expected among health professionals in order to effectively deliver quality health care services to patients.

Despite the inherent problems that stem from rivalry among health professionals in Nigeria, research conducted on this problem is quite scanty let alone rivalry between pathologists and medical laboratory scientists. It is against this background that this study is being conducted. This study therefore aims to fill this gap by investigating the factors

responsible for unhealthy rivalry between the two professional bodies and preferring possible solution to the problem.

## **Theoretical Foundation**

### ***Structural Functionalism Theory***

Rivalry among health professionals in the Nigerian health sector was explained with the Structural functionalist theory propounded by Talcott Parsons in 1951. The fundamental telnet of the theory is that, society comprise of interrelated institutions that work together to ensure the stability of the society. The theory sees society as a whole in terms of the functions of its constituent elements in which each elements work together to ensure proper functioning of the body as a whole. This is likened to an organism that has different parts working together to ensure the survival of the organism. It is believed that if anything goes wrong with any part of the body, it will ultimately affect the proper functioning of the body as a whole as such, every part of the body is important to ensure the smooth functioning of the body as a whole.

Taking a cue from these propositions put forward by Parsons (1951) the study can be explained on the premise that, all health professionals in the Nigerian health sector work together to ensure the smooth running and stability of the sector. As such all health professionals are useful in health care delivery to patients because of the functions each perform in the sector are interrelated and imperative for patient and as such if anything goes wrong with one, it affects all. This means that nurses are equally important as doctor in the hospitals ditto to other health professionals because they perform a different imperative role that is necessary for patient care. Therefore, any strike action embarked upon by any health professional will definitely affect the whole sector.

## **Methodology**

The study was conducted in a tertiary hospital in South-west Nigeria. Health care provision in Nigeria is the responsibility of the three tiers of government in Nigeria which include the Federal, State and Local governments while the private sector also plays along (Aktah, 1991). Whereas, the Federal government controls the affairs of the tertiary hospitals, the State government oversees the activities of the general hospitals and other secondary health facilities while the Local government sees to the affairs of the primary health centres. In a view to investigate the factors responsible for the lingering rivalry among Pathologists and medical laboratory scientists in the Nigerian health sector, a qualitative research design was employed. This type of design was adopted in order to gain an in-depth access into the opinion of the participants. The study was conducted in 2017 by the researcher and information was retrieved from participants using in-depth interview.

An interview guide containing semi-structured questions was employed to retrieve information from the participants. A total of 16 participants were involved in the study consisting of 8 Pathologists and 8 Medical Laboratory Scientists from the four major sub-specialties of Pathology in the country, i.e. Medical Microbiology, Haematology, Chemical Pathology and Histopathology. Multi-stage sampling method that includes convenience, purposive and random sampling methods were employed in the study in selecting participants .After completion of interview, transcripts were imported to the qualitative data analysis

program ATLAS.ti: the Knowledge Workbench. The researcher employed ATLAS.ti version 8. ATLAS.ti had the ability to evaluate and process complex data in innovative techniques (Louisa, 2017) while the researcher personally transcribed the data. Participants identities were treated in anonymity to gain the participants' confidence while participants were allowed to opt out of the research if they so wish. In order to keep the privacy of the participants, identities of the participants were branded with their professional qualification in the hospital i.e. doctors represented with DOC and Medical Laboratory Scientist represented with MLS.

## **Results**

In the course of investigation, the following factors were found to be responsible for the rivalry among Pathologists and medical laboratory scientists in the study population.

### **Who Heads the Laboratory?**

Diverse opinion was given by participants in the study as to the ingenuity of either party on the ownership of the laboratory. For example a laboratory scientist has this to say:

“The question is that who controls the laboratory? Usually medical doctors try to lead the team claiming that they were in medical school they learnt a little of everything which is unacceptable. Doctors seem to have this ego that they have spent six years in school so they should be at the helm of affairs” (MLS2)

Similarly, another Laboratory Scientist had this to say:

“It is not possible to place medical doctors above medical laboratory scientists and expect a cordial relationship in the hospital that will not work. Medical lab scientist is a separate profession on its own which is being regulated by a different body entirely from that of the doctors, so you do not expect us to sit down and watch doctors trying to subdue us, we will not take that”(MLS 4).

On the contrary, a Pathologist had this to say:

“The problem is that, medical laboratory scientists do not have an understanding of the history of medicine. At the onset of medicine, it was the doctors who created the hospitals but in the process of time when the task became enormous for them and there was need to give better care for the patients, doctors had to train the nurses to sit by the patients, pharmacists to administer drugs and laboratory scientists to carry out tests. How come they are now claiming to be the leaders in lab” (DOC 1).

### **Who own the Patients?**

The ownership of the patients was also keenly contested by both parties, take a look at what a medical lab scientist have to say:

“It is very wrong for the doctors to claim that the patients belong to them. Everyone is working primarily for the patient, why then do doctors claim ownership of patients as theirs. It really upset me when I hear doctors say ‘my patient’. A patient that comes to the hospital

for the very first time is usually being attended to by the nurse after whom the patient is presented to the doctor. What the doctor do often times is to clerk the patient and then send the patient to the laboratory for test before they now have a direction for diagnosis, why then do they doctors claim that patients belong to them. If that is the case then, the sample that comes to the laboratory also makes the patient my own.”(MLS 8).

However, a Pathologist has a different view entirely to this:

“When a patient comes to the hospital, who do they come to see? It is the doctor who takes total responsibility of the patient because they have been trained to take decisions on patients’ ailments and having made a diagnosis, it is the doctor that decides what the line of care will be. Although, in having to do these doctors have to work with other health professionals, but it is this function that puts the doctor in the position of how to direct the way all other things go. So it is not pride, it is a responsibility because if anything goes wrong with the patients the doctors are liable” (DOC 4).

Likewise another Pathologist aired a similar view to this:

“... Ummm...If a patient comes to the hospital for example and gets mismanaged, who goes for it? The doctor of course, because the doctor was the one who should have decided on what was wrong with the patient and taken the right decision on the line of care. So who then own the patient? It is the person who takes full responsibility of the patient period...” (DOC 6).

### **Remuneration**

Another factor that contributes to the rivalry between Pathologist and medical laboratory scientist is the factor of disparity in remuneration between the two professional bodies. Hear this:

“I think the doctors are overrated, the gap between the take salary of the doctors and that of the medical laboratory scientists is too wide. If at all there will be any difference, the gap should not be too wide. For example, if the doctors take hazard allowance, medical laboratory scientists should also be able to take as much as that of the doctors because we are also prone to hazards. The samples that we work on in the laboratory also make us vulnerable to hazards. So what is good for the goose is also good for the gander, there must be fair play to ensure harmonious relationship between doctors and laboratory scientist in the laboratory otherwise.....”(MLS 3).

But a Pathologist had this to say:

“I don’t think there is wide disparity between the salary of doctors and medical laboratory Scientists. They take call duty allowance just like the doctors do although; the entry point for doctors is usually higher than that of the medical laboratory scientist in many cases. It is however glaring that everybody gets what they work for. I think it’s more of envy, they don’t seem to be satisfied with what they earn, so if they want to earn as much as the doctors, let them also go to medical school and become doctors “(DOC 5).

### **The fear of Medical Laboratory Scientist going extinct**

Some of the Medical lab scientists in the study expressed fear of going into extinction if the doctors continue to do the job of the medical laboratory scientists. The following are their thoughts:

“Doctors know that laboratory diagnosis is the bedrock of modern medicine and they want to hijack that role from us, that we will not accept....As we speak, we have won several court cases against the doctors in at the National industrial court in many of our hospitals. This is because it is not within the capacity of the doctors to work on the bench. It is only medical laboratory scientists that are licensed to work on the bench. . I am afraid if this continues, one day our service may not be needed again in the lab ..... No! no! no! we don't want that to happen “(MLS 1).

However, a Pathologist has this to say:

“Going back to the genesis of medical practice, it was the doctors the doctors performed the role of the scientists alongside with theirs but, when it became imperative for doctors to delegate this responsibility; doctors took it upon themselves to train medical laboratory scientists to do the tests for them. So it's not that doctor cannot conduct tests of course we thought them..., why then will they now say doctors should not enter the lab. It is doctors that interpret this slide that laboratory scientist come up with and match it with patients' history to come up with a diagnosis. What the lab scientist brings out is just raw data so I don't think there is need for anyone to be afraid of losing their place, what is important is for them to know their limitations so that we all can work together as a team” (DOC,7)

### **Discussion**

The first factor identified by the rivalry factions' is the battle for supremacy in the laboratory. This finding is constant with the view of Obinna (2018) who identified battle for supremacy in the laboratory as one of the problems confronting professionalism and deliverables in the laboratory while the opinion of the Pathologists was however supported by the views of Uchegbu (2017) who argued that Pathologists had long been in existence long before medical laboratory scientist existed.

The second factor identified in the study responsible for the on-going rivalry between the two professional bodies is the factor of who actually own the patient. While the claim of the doctors corroborates the view of Karim (2016) who emphasized on the traditional hierarchal structure associated with hospitals in which significant power differences exist between doctors and other health care professionals and that of Paul (2014) who also argued that, doctors by virtue of their training occupy a central position in the hospital. However, contrary to this, Parsons (1951) in his Structural Functionalism theory negates this by view by demonstrating that every part of a system is imperative in ensuring order and peaceful co-existence of the system in which if applied to the study corroborates the views of the Laboratory Scientists that claim that everyone is important to the patient and not the doctors alone.

Thirdly is the factor of wide disparity in remuneration between the two professional giants. Hence, the views of the medical laboratory scientists in the study is in tandem with that of Fejiro (2013) who argued that although, doctors though play an important role in

health care delivery but are sometimes overhyped. On the contrary, Kartsonis (2012) also contended that, doctors remuneration is well justified

The last factor identified in the study responsible for unhealthy rivalry between the two professional bodies is the fear that medical laboratory scientist as a profession may soon go into extinction if Pathologists continue to intrude on the bench even though the pathologists argued that if both parties follow their job descriptions there would be no need for the any unhealthy relationship between the two professional bodies which support the argument of Ibenebe (2004), who stressed the fact that a glaring difference exist between the duties of Pathologist and that of medical laboratory scientists in the laboratory.

### **Conclusion**

This study investigated the factors responsible for the unhealthy rivalry currently going on between Pathologists and Medical Laboratory Scientist in Nigeria. The study revealed that the continued rivalry between these two giants is as a result of the struggle for leadership in the laboratory, patient ownership, disparity in remuneration of both parties and the fear of extinction of Medical Laboratory Science as a profession.

### **Recommendations**

The study therefore recommends that Nigerian government should enact laws that will spell out the roles of these two professional bodies in the hospital in line with International Best Practices and also fully enforce it. The study further recommends that Laboratory Managers should be employed in hospitals to manage the administrative affairs of the laboratories while other professionals trained to work in the clinical laboratory runs the operational affair of the laboratory.

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**OLUYEMI, Joseph A. & ADEJOKE, Joseph A.:** *Rivalry Among Health Professionals in Nigeria: A Tale of Two Giants*

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