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AN EVALUATION OF WAGES AND SALARY POLICY IN THE EDO STATE HEALTH MANAGEMENT BOARD

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Abstract

This study critically examined wages and salary policy in public service with particular reference to Edo State Hospital Management Board. Desk analysis of secondary data reinforced by the analysis of transcript obtained from in-depth interviews was utilised. The study adopted equity theory as the framework of analysis. Findings revealed that the use of multiple salary structure for the remuneration of staff in the above mentioned health institution created a wide salary differential between the salary of medical doctors and other health workers leading to fierce inter-union rivalry between Nigeria Medical Association (NMA) and Joint Health Sector Union (JOHESU), inequity in employment terms and service conditions of workers and hence negative organizational performance. It recommends the use of uniform salary structure for payment, implementation of specialist allowance to deserving health workers, extension of federal government post graduate training enjoyed by medical doctors to other health workers among others.

Keywords: Evaluation, Wage, Salary, Policy, Public service, Health Management.

Introduction

Salary is a major factor in the economic and social lives of any community (Adegoroye, 2015). For workers, salary is primarily a source of income, but can also be a source of social prestige and may be judged according to its fairness. Globally, while governments are mainly interested in providing adequate employment to citizens by creating enabling environments for businesses to thrive, wages and salary contribute in no small measure to the economic well-being of the citizenry (ILO, 1992).

Pay and income have been described as hygiene factors that affect motivation, performance, morale, and the ability of employers to attract and retain staff (McCoy, Witter, Bennett and Pond, 2008). Nevertheless, health workers particularly in Nigeria are relatively faced with

differences in pay and income. Relatively low pay causes dissatisfaction and loss of motivation, and cause migration towards higher earning jobs (Adegoroye, 2015). The size of the pay differential between different types of health worker (e.g., doctors and nurses) can also affect morale, working relationships, and the available mix of cadres (Ihejirika (2018). Differences in pay and income can therefore affect both attraction, distribution and retention of health workers (Mustapha and Okunmahie, 2020), whether between urban and rural areas or between the public and private sector.

Statement of the Problem

Payment of wage/salary is the single most important obligation owed by an employer to an employee. However, wage/salary administration has always been the bone of contention in management relations in Nigeria. Its etymological background is traceable to colonization in Nigeria right through to the attainment of political independence in 1960 and after. The issue of wage differential especially in the health sector is not a new terminology in the labour market; it has been in existence even in the advanced and less developed societies. This phenomenon tends to undermine the industrial relations and the performance of health workers.

Predominantly, the pay and income disparity of health workers grossly affect health care and health systems in Nigeria. With the different labour unions in government owned medical institutions including but not limited to the National Association of Resident Doctors (NARD) which is under the umbrella of the Nigeria Medical Association (NMA), and the Joint Health Sector Unions (JOHESU), which houses the following health unions members; National Association of hospital and administrative pharmacist, the National Association of Nigerian Nurses and Midwives (NANNM), Senior Staff Association of Universities Teaching Hospital, Research Institutes and Associated Institutions and the Nigeria Society of Physiotherapist, Nigeria Medical laboratory Scientist Association of Nigeria ((NIMELSAN) among others. The agitations for salary equality are increasingly fiercer.

Therefore, this study tends to clearly address the problem of salary and wages administration among health workers in Edo State, and thus tends to find answers to the following questions: How salary and wages differentials among health workers in Edo State affect organizational performance? To what degree different salary structures affect industrial relation between health workers in Edo State? To what extent do the different salary structures guarantee equity or solve equity problems?

Objectives of the Study

The objectives of the study are:

1. To examine how salary and wages differentials among health workers in Edo State, Nigeria affect organizational performance.
2. To examine the degree different salary structures has affected industrial relation between health workers (NMA and JOHESU members) in Edo State, Nigeria.
3. To determine the extent to which the different salary structures guarantee equity or aggravate equity problems.

Conceptualizing Wage and Salary

According to Maduabum (1998) in Oyedele (2016), salary could be conceptualized as compensation received by an employee for services rendered during a specified period weekly, monthly, or yearly. Wage on the other hand, refers to compensation paid to an employee as stated sum per piece, day, or any other unit or period for services rendered. Essentially, wage and salary refer to money paid in concrete terms in return for job done.

Anjorin (1992) in Oyedele (2016) contends that, in practice, wage and salary policy serves three principal needs. These are to: attract capable and sufficient employees to the organization; motivate employees towards superior performance; and to retain good employees. Organizations need to ensure that employees are satisfied with their pay. According to him, the three major determinants of satisfaction with salary or wage are: equity, pay level and pay administration practices (Mustapha and Okunmahie, 2020). Pay equity refers to the relationship between what employees feel they should be receiving and what they are receiving. Pay level is a determinant of the perceived amount of pay compared to what should be received. Pay administration suggests that: (i) The wages and salaries offered should be approximate to the wages and salaries paid to other employees in comparable organizations in order to attract new employees and keep them; and (ii) in order to enhance pay satisfaction, pricing of jobs should embody a philosophy of equal pay for equal work (Mustapha and Okunmahie, 2020).

Theoretical Framework

The theoretical framework applied in this study is the ***Equity Theory*** propounded by John Stacey Adams (1963). The equity theory is built on three primary assumptions namely;

1. Employees expect a fair return for what they contribute to their jobs, a concept referred to as the "equity norm".
2. Employees determine what their equitable return should be after comparing their inputs and outcome with their co-workers. This concept is referred to as "social comparison".
3. Employees who perceive themselves as being in an inequitable situation will seek to reduce the inequity either by distorting inputs and/or outcomes in their own minds ("cognitive distortion"), by directly altering inputs and or outputs or by leaving the organization (Carrel and Dittrich, 1978).

The equity theory is of the belief that employees become de-motivated both in relation to their job and their employer if they feel their inputs are greater than the returns. It suggests that employee perception of what they contribute to the organization, what they get in return, and how their return-contribution ratio compares to others outside the organization, determines how fair they perceive their employment relationship to be.

Adams (1963) therefore, calls for a fair balance to be struck between an employee's inputs (hard work, skill level and so on) and an employee's returns (Salary, Benefits, etc.). To him, finding this fair balance serves to ensure a strong and productive relationship is achieved with the employee, with the overall result being a contented and motivated employee. Spector (2008) went further to say that anger is induced by underpayment inequity and guilt is induced with overpayment equity, so the payment of a fair monetary incentive is the main concern for employees. Thus, the issue of equitable remuneration remains important to every

employee irrespective of gender. In any position, an employee wants to feel that their contributions and work performance is commensurate with his/her pay. If an employee feels underpaid, then it will result in the employee feeling hostile towards the organization, which may result in the employee underperforming.

Methodology

The paper adopted desk analysis which utilized two sources of data collection. The first method is the secondary source of data collection which was used to gather literature relating to the subject under study. They include books, journal, newspapers, magazines, internet publications and relevant documents from account section of Edo state hospital management board, as well as publication of National Salary Income and Wages Commission (NSIWC) among others. The second source is the primary method of data collection which involved in-depth interview of the union leaders of the two umbrella trade unions in Edo State hospital management board which are Nigeria Medical Association (NMA) and Joint Health Sector Unions (JOHESU). The essence of using the combination of both methods was to enable the researchers generate adequate data of the issue involved in the study, so that a robust evaluation can be drawn.

History of Edo State Hospital Management Board (ESHMB)

Edo State Hospital Management Board (formerly Government Hospital) was created in 1902 by the British Colonial administrators with headquarters in Ibadan. However, with the creation of the Midwest state in 1963, the headquarters was moved to Benin City, the Edo State capital under the Ministry of Health till 1970 (www.central.org.ng).

In 1970, an edict was promulgated which established Edo State Hospital Management Board by the military under Ogbemudia's regime and was the first to be established in Nigeria, at this time the Ministry of Health was for operation while curative was handed over to Hospital Management Board. The hospital is situated along Sapele Road, Benin City. It is made up of various departments which render specialized care to patients with varied problems and in charge of curative health care and training of personnel. It manages and supervises other government general hospitals spread across the eighteen local government areas of the state (www.central.org.ng). The tables below show the different salary charts implemented in Edo State Health Management Board:

Table 1: Salary Chart for Medical Doctors

Step	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
CONMESS 1	184,197										
CONMESS 2	213,621	220,020	226,4419.33	232,820	239,383.7	245,633	252,015	258,455	264,854	2712,253	277692
CONMESS 3	299,449	306,615	314,577	322,158	329,705	337,269	344,833	352,397	359,803	367,524	375,088

CONMESS 4	384,944	395,006	405,061	415,132	425,195	435,257	445,920	455,383	465,446	475,508	485,568
CONMESS 5	483,954	498,026	512,2089	526,113	540,216	554,280	568,343	582,407	596,470		
CONMESS 6	621,294	638,879	656,445	674,020	691,596	709,189	726,747	743,823	761,898		
CONMESS 7	939,630	964,157	988,585	1,009 812	1,037 548	1,061 901	1,086. 337	1,079 158	1,169 024		

Source: Accounts Department, ESHMB; August, 2019

Table 2: Salary Chart for Medical Doctor (employed as consultant)

Step	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
CONMESS 5	575,043	591,589	608,127	624,627	641,205	657,744	674,282	690,821	707,357		
CONMESS 6	735,155	755,665	776,322	796,656	817,373	834,675	858,518	878,159	915,820		
CONMESS 7	797,312	818,456	839,517	860,744	881,722	902,700	923,761	944,822	965,883		

Source: Accounts Department, ESHMB; August, 2019

Table 3: Salary Chart for Pharmacist, Medical scientist, Radiography, physiotherapist scientific officers

Step	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**
COHESS 7	111 909 .42	115 ,62 0.3 3	119 ,29 1.2 5	122 ,96 2.1 7	126 ,63 3.0 8	130 ,34 3.8 3	134 ,01 4.9 2	137 ,68 5.8 3	141 ,39 6.7 5	145 ,08 4.3 3	148 ,73 8.5 3	152 ,40 5.3 3	156 ,12 0.4 2	159 ,79 1.3 3	163 ,46 2.2 5
COHESS 8	129 ,57 3.1 7	133 ,94 0.5 8	138 ,27 4.5 0	142 ,58 5.1 7	146 ,93 5.9 2	151 ,29 0.2 5	155 ,63 7.2 5	159 ,94 7.9 2	164 ,29 8.6 7	168 ,64 9.2 5	173 ,00 0.0 0	177 ,31 0.6 7	181 ,66 1.2 5	186 ,01 2.0 0	190 ,36 2.6 7
COHESS 9	152 ,29 8.8 3	156 ,60 8.4 2	161 ,35 5.8 3	166 ,14 3.1 7	170 ,93 2.2 5	175 ,71 8.0 8	180 ,50 5.5 0	185 ,29 2.8 3	190 ,07 1.9 2	194 ,86 7.6 7	199 ,65 5.0 0	204 ,45 9.1 7	209 ,22 9.9 2	214 ,01 7.2 5	218 ,73 6.8 3
COHESS 10	179 ,16 1.0 0	184 ,08 0.1 7	188 ,99 9.2 9	193 ,92 0.0 8	198 ,83 7.4 8	203 ,75 6.6 7	208 ,67 5.8 3	213 ,59 5.0 0	218 ,51 4.0 0	223 ,43 3.1 7	228 ,39 2.3 3				
COHE	219 ,97	225 ,27	230 ,58	235 ,89	241 ,20	246 ,51	251 ,81	257 ,12	262 ,43	267 ,74	273 ,05				

SS 11	0.95	9.08	7.21	5.25	3.29	1.42	9.50	7.67	5.75	3.83	2.00			
COHESS 12	266,459,00	273,387.25	280,315.46	287,243.38	294,172.13	301,100.33	308,029.43	314,957.83	321,885.17	328,813.42	335,741.67			

Source: Accounts Department, ESHMB; August, 2019

Table 4: Salary Chart for Pharmacist, Medical scientist, Radiography, Physiotherapist scientific officers (entitled to specialist allowance that is not paid)

Step	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
COHESS 13	334,967.50	344,715.50	354,423.46	364,171.50	373,879.50	383,619.17	393,335.50	403,083 3.50	412,791.58
COHESS 14	410,654.00	422,228.00	433,801.98	445,375.92	456,949.90	468,523.92	480,097.00	491,671.92	503,245.83
COHESS 15	504,306.83	517,570.75	530,834.61	544,098.56	557,362..54	570,626.42	583,890.33	597,154.25	610,418.00

Source: Accounts Department, ESHMB; August, 2019

Table 5: Salary Chart for Theatre and Anesthetic Nurses

Step	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**
COHESS 5	49,533.08	51,353.58	53,174.17	54,994.83	56,775.51	58,596.08	60,416.75	62,280.75	64,018.08	65,833.15	67,659.36	69440.00	71,760.58	73,081.25	74,861.92
COHESS 6	74,193.92	76,737.83	79,351.83	81,930.77	84,509.67	87,088.58	89,707.50	92,286.42	94,865.42	97,435,92	100,079.92	102,602.17	105,221..08	108,022.22	110,381.14
COHESS 7	108,989.42	76,732.83	79,351.83	81,930.75	84,509.67	87,088.58	89,088.50	92,286.42	94,865.42	97,435.92	100.079.99	102,602.17	105,221.08	108,022.22	110,381.14
COHESS 8	126,093.17	130,340.58	134,554.58	138,745.17	142,975..92	147,210.25	151,437.25	155,627.92	159,860	164,089	168,320.00	172,510.62	176,743.47	180,932.00	185,162.67
COHESS 9	148,218.83	152,368.42	157,035.83	161,663.17	166,332.25	170,958.08	175,625.50	180,295.83	184,911.92	189,587.67	194,215.00	198,889.17	203,509.92	208,177.25	212,799.06
COHESS 10	174,441.00	179,160.17	183,879.29	188,560.08	193,277.48	197,998.89	202,715.83	207,435.00	212,154.00	216,873.17	221,592.33				

COHESS 11	213,290.95	218,359.08	223,467.21	228,535.25	233,535.25	238,711.42	243,819.50	248,887.67	253,995.75	259,103.83	264,172.00				
COHESS 12	257,690.00	264,387.25	271,115.56	277,115.46	284,492.13	291,180.33	297,869.42	304,556.83	311,245.17	317,933.42	324,661.67				
COHESS 13	323,967.50	333,395.50	342,823.46	352,211.50	361,639.50	371,019.17	380,455.50	389,883.50	399,271.58						
COHESS 14	397,294.00	408,508.00	419,681.98	430,895.92	442,069.00	453,283.92	464,457.92	475,631.92	486,845.83						
COHESS 15	488,106.83	500,930.75	513,754.61	526,578.56	539,442.54	552,266.42	565,090.33	577,914.25	590,738.00						

Source: Accounts Department, ESHMB; August, 2019

Table 6: Salary chart for other Nurses and Health staff in Hospital, Clinic and Health Centres in MDAs

Source: Accounts Department, ESHMB; August, 2019

Step	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**
COHESS 1	31,175.58	31,921.83	32,669.00	33,415.63	34,164.42	34,911.75	35,658.92	36,406.08	37,153.33	37.90.50	38,395.92	39,395.92	40,143.25	40,891.42	41,638.67
COHESS 2	31,538.42	32,456.92	33,375.50	34,294.00	35,212.58	36,131.08	37,050.58	37,969.17	38,887.67	39,806..25	40,724.83	41,643.42	42,561.83	43,480.33	44,398.92
COHESS 3	32,821.42	33,924.17	35,028.83	35,840.83	37,234.67	38,338.50	39,442.33	40,546..17	41,636.50	42,752.75	43,855.42	44,959.33	46,062.17	47,166.00	48,352.42
COHESS 4	36,585.06	37,868.00	39,143.08	40,432.08	41,715.08	42,998.08	44,279.00	45,562.08	46,845.08	48,128.00	49,410.08	50,692.00	51,991.75	53,258.00	54,540.00
COHESS 5	43,611.08	45,173.58	46,737.17	48,299.83	49,866.26	51,425.08	52,987.75	54,633.75	56,114.08	57,676.70	59,239.36	60,802.22	62,365.58	63,928.25	65,487.92

COHESS 6	66,211.92	68,495.83	70,778.83	73,062.75	75,345.67	77,629.58	79,913.50	82,197,42	84,482.08	86,755.92	89,063.92	91,331.17	93,615.08	95,895.25	98,181.92
COHESS 7	98,822.42	101,841.33	105,059.25	108,277.17	111,496.08	114,496.08	117,932.92	121,150.83	124,368.75	127,604.83	130,805.58	134,019.33	137,242.42	140,460.33	143,679.25
COHESS 8	113,898.17	117,704.58	121,476.50	125,265.17	129,053.92	132,846.25	136,632.25	140,420.92	144,210.67	147,999.25	151,788.00	155,578.67	159,367.25	163,156.00	166,944.67
COHESS 9	133,826.33	137,526.42	141,703.83	145,881.17	150,061.25	154,236.08	158,413.50	162,590.83	166,760.92	170,946.67	175,123.00	179,318.17	183,478.92	187,656.25	191,805.83
COHESS 10	157,845.00	161,828.17	165,810.29	169,793.48	173,773.48	177,755.67	181,737.83	185,720.00	189,702.00	193,684.17	197,66.33				
COHESS 11	186,024.95	190,348.08	194,669.21	198,991.25	203,313.29	206,635.42	211,957.50	216,279.67	220,601.75	224,924.83	229,247.00				
COHESS 12	219,169.00	225,035.25	230,903.46	236,767.83	242,634.13	248,500.33	254,367.42	260,232.83	266,099.17	271,966.42	277,832.67				
COHESS 13	273,351.50	281,846.50	289,940.46	298,235.50	306,529.50	314,813.17	323,118.50	331,413.50	339,707.58						
COHESS 14	333,863.00	343,710.00	353,556.98	363,403.92	373,250.90	383,098.92	392,965.95	402,792.92	412,639.83						
COHESS 15	409,254.83	420,565.75	431,876.61	443,188.56	454,499.54	465,810.42	477,121.33	488,433.25	499,743.00						

There are currently two salary structures in the public tertiary hospital in Nigeria. They are called Consolidated Medical Salary Structures (CONMESS) for medical doctors (as contained in table 1 and 2 above) and Consolidated Health Salary Structures (COHESS) for other hospital workers which include; pharmacist, medical scientist, radiography, physiotherapist scientific officers, theatre and anesthetic nurses, other nurses and health staff including those in administration and accounts (as contained in table 3 to 6 above). CONMESS came into fruition on 29th of September 2009 via the circular SWC/S/04/S.410/22 while the COHESS came into fruition on 8th December 2009 through the circular SWC/S/04/S.410/Vol.II/349 of National Salary Income and Wages Commission (NSIWC) respectively. Both salary structures are consolidated and derived from the traditional grade level (GL) (www.nsiwc,gov.ng). This was fully adopted in Edo State Hospital Management Board with effects from 1st May 2018 without skipping GL 11 as it is obtainable in the traditional grading system for civil servants.

The CONMESS pay structure grades in (ESHMB) are usually set up with predetermined steps for each grade which range from grade level one (1) to seven (7). The steps range from one (1) to eleven (11) for medical doctors. An MBBS graduate after NYSC is employed to start from grade level 2 of CONMESS salary chart and can rose to grade level 7 ending at a bar of step 11(table 1 above give a better illustration). More so, a consultant medical doctor is employed to start from grade level 5 with CONMESS salary chart and can grow to grade level 7 and ending at bar of step 9 of CONMESS salary structure and the higher the wider. The salaries of medical doctors are computed with basic, call duty, hazard, teaching/rural posting and specialist allowances. Specialist allowance are paid to medical doctors who have grown to grade level seven (7) and to consultant medical doctors who were employed to start from grade level five (5). Teaching allowances are paid to medical doctors for teaching junior doctors as well as rural posting for those doctors that work in the rural areas. All these allowances are computed to arrive at the total salary payable to medical doctors as contained in table 1 to 2 above.

On the other hand, COHESS pay structure grades in (ESHMB) for pharmacist, medical scientist, radiography, physiotherapist scientific officers range from level seven (7) to fifteen (15). Their step ranges from step one (1) to fifteen (15). Any of the officers above are employed from grade level seven (7) and can grow to level fifteen (15) subject to promotion or post graduate training and other requisite qualifications. The step for officers from grade level ten (10) to twelve (12) ranges from step one (1) to eleven (11) whereas the step for officers between grade level seven (7) to nine (9) ranges from step one (1) to fifteen (15) and the step for officers from grade level 13 to 15 range from step one (1) to nine (9) (see table 3).

For the theatre and anesthetic nurses their grade level range from grade level five (5) to fifteen (15) and with a step that ranges from one (1) to nine (9) for officers between grade level thirteen (13) to fifteen (15). The step for officers between grade level ten (10) to twelve (12) range from one (1) to eleven (11) and the step for officers between grade level five (5) to nine (9) range from one (1) to fifteen (15). Other nurses and health workers including those working in administration and accounts departments have their grade level range from one (1) to fifteen (15) and a step that range from one to fifteen (15). Only nurses that have degree can only grow to grade level 15. However, the following allowances are computed into COHESS salary structure; basic, hazard, teaching allowance (paid to those teaching junior officers), rural posting allowance (paid to those health workers posted to work in rural areas), call duty

allowance (paid to theatre nurses and pharmacists and lab scientist working in clinical wards, non-clinical allowance (paid to health workers in administrative and accounts offices). Specialist allowance are supposed to be paid to pharmacist, medical scientist, radiography, physiotherapist scientific officers of level 13 above with post graduate training as contained in COHESS but they are never paid(table 4 above shows the amount paid without the specialist allowance).

Salary and Wages Differentials among Health Workers and Organization Performance

The salaries and wages differentials of health workers affect health care delivery and health system in many ways. Salaries and wages being a hygiene factor affect motivation, performance, morale and the way and manner health workers relate with one another (Adegoroye, 2015). Pay differential among health workers can cause migration towards a higher earning jobs or brain drain in the health sector. The existence of a huge pay differential among health workers in absolute terms results in health workers seeking to supplement their incomes through the provision of private health care to patients, engaging in other income earning activities, extracting informal fees from their patients or seeking per diem payments by attending workshops and seminars. No doubt, these activities affect the organizational performance of health workers in various ways mainly manifesting in absence from duty post, lateness to work, job dissatisfaction and loss of motivation and negative working relationship between health workers (Adegoroye, 2015).

However, pay differentials within the health sector is justified when considered against the backdrop of job functions and other requirements as opined by the branch Chairman of JOHESU and NMA:

> It is immoral for non-doctors in the health sectors to ask for equal salary with NMA members, even when they are fully aware that our job worth and specifications are entirely different. They fail to understand that we hold the core mandate to the existence of the health sector and the service of other health sector workers are supportive, with this you cannot expect us to receive equal salary with non-doctors. This is also in tandem with the long years of training in the medical school and the mental task associated with our job. So you don't expect us to work like an elephant and eat like an ant. It is obvious that sometime the non-doctors exhibit unpleasant attitude to their job which negatively affect health delivery, but they quickly adjust when they are reminded of the terms and condition of their employment **(Dr. Carl/NMA**, **salaries and wages differentials among health workers and organization performance).**

Wages and Salary Disparity and Industrial Relation in the Health Sector

Pay disparity in Nigeria's health sector has over the years affected the relationship between public health workers and their employer (the government). This has led to lingering crisis that has bedevilled the sector reinforced by the rift between doctors and other health workers. The situation has become more worrisome in the health sector as the Joint Health Sector Union (JOHESU) remains resolute in its demand for pay parity with doctors which most of the time leads to industrial actions to drive home their points (Ihejirika, 2018). Health workers, including pharmacists, nurses and medical laboratory scientists according to Ihejirika (2018) have decried what they described as delay tactics and deliberate foot-dragging of the federal

government in approving the adjustment of Consolidated Health Salary Scale (CONHESS) as was done for medical doctors' Consolidated Medical Salary Scale (CONMESS) since January 2014. Again, when the branch chairmen of JOHESU and NMA were interviewed on how salary and wage disparity affect inter union relations, the following responses were given:

> JOHESU members have a very fierce and antagonistic inter union relation with NMA members on account of salary and wages disparity as well as other employment benefits enjoy by NMA members that JOHESU members are not privy to. NMA members don't see us as partners in the business of health-care, rather they see us as rival that must continuously be dominated. For example, NMA members are the only health workers that enjoy fully sponsored post graduate training by the Federal Government of Nigeria, all other health care workers finance their post graduate training themselves, NMA members are the only health care professional that enjoy specialist allowance even when specialist allowance was document in the consolidate health sector salary structure for other health care professional who have gotten post graduate qualification in his/her field and has attained COHESS 13 above. NMA members have used their influence to prevent other medical officers from being appointed as consultant and CMD and even when the law clearly state that any medical officer can be appointed as CMD. These are some of the reasons why JOHESU member can never have harmonious inter union relations with NMA members **(Mrs. Ametu/JOHESU, Wages and Salary Disparity and Industrial Relation in the Health Sector).**

> Members of NMA have good inter union relation with JOHESU members. It is only JOHESU member that can tell whether they have harmonious inter union relation with us. Obviously they don't. JOHESU members have taken us to court over the payment of specialist allowance and appointment of CMD, despite the fact that sometimes judgments are in their favour, NMA members will always have their way because we wield enormous influence in the health sector in view of our essential service, we also enjoy more public sympathy than other health sector workers. NMA members are the ones that are supposed to be complaining that JOHESU members receive far more than their contributions to the health sector. **(Dr.Carl/NMA, Wages and Salary Disparity and Industrial Relation in the Health Sector).**

Salary Structures and Equity Issues in the Health Sector

The use of multiple salary structure for the remuneration of health workers does not in any way promote equity, rather it promotes anarchy between and among the health sector workers (Ihejirika, 2018). JOHESU members are of the opinion that they are under- paid in line with their effort compared to the job of NMA members. Additionally, when the branch chairman of JOHESU and NMA were interviewed on whether the use of different salary structures guarantees or solves equity problems they hinted as follows:

> Multiple salary structure does not guarantee equity or fairness in the payment of health sector workers. The problem of salary imbroglio started when FG

> approved a different salary structure for NMA members with adjusted salary relativity for doctors without including JOHESU members which was sharply different from the way health sectors worker were remunerated before the era of Dr. Bello Ransome Kuti where doctors and other health care workers are employed to start from the same grade level with salary relativity determine by difference in step but the reverse is the case now. How can you expect this abeyance to guarantee equity in the health sector? The consequences are what I have explained before. The present salary structures promote industrial discord and disharmony. The sooner this differential in salaries are addressed the better for the health sector and a guarantee productive health sector **(Mrs. Ametu/JOHESU, to what extent do the different salary structures guarantee equity or solve equity problems).**

> I think there is fairness in respect to what we are paid compare to what other health sector workers are paid even though what we earned is far below what is paid to medical doctors in other countries. Members of NMA made a convincing case before FG on the need for doctors to be paid specially and government obliged to our demand having realized that it will be unjust for NMA and JOHESU to be paid equally (**Dr. Carl/NMA, to what extent do the different salary structures guarantee equity or solve equity problems).**

Conclusion

The health sector is critical to the survival of any nation. Therefore, the needs and aspirations of healthcare workers should be taken seriously by employers which in this case – the government. As examined in this study, the issue of pay disparity in the Nigerian health sector has a basis for performance and industrial relations between healthcare workers and equity or inequity of remuneration among health sector employee. In a nutshell, the study critically examined the pay differentials between various associations in the health sector such as the NMA and JOHESU and how it affects performance and relationship with their employer.

Recommendations

To address the fierce and inter union relations between the medical doctors and other health professionals; stimulate a peaceful industrial environment in the health sector that will be free from persistent exchange of strike between the members of JOHESU and NMA; and promote equity in remuneration with enhanced job satisfaction and motivation in the health sector, the following are recommended:

1. The use of multiple salary structure for the remuneration of health workers should be abolished forthwith and immediate return to the salary structure that were in existence before the era of multiple salary in the health sector where medical doctors and other health workers of equivalent level had identical basic salary, hazard and teaching allowance, such that the difference was in call allowances where doctors earned higher. More so, all salary relativity existing between doctors and non-doctors should be closed.
2. The immediate implementation of payment of specialist allowance as contained in the Consolidated health salary structure to other health professionals from grade level 13

above and who have acquired post graduate training in the relevant field in the health sector.

3. The federal government of Nigeria should immediately extend the sponsorship of post graduate training to other health workers as applicable to medical doctors.

4. Appointments of other qualified health sector professionals as specified by law as Chief Medical Doctors (CMD) and Consultant in the relevant field within the hospital system.

5. Members of NMA and JOHESU should be constantly re-orientated to see themselves as partners in progress in the delivery of quality health care in the health sector to the extent that they demonstrate the spirit of oneness and comradeship in trade unionism.

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