ISSN 12449-1314

# OSUN SOCIOLOGICAL REVIEW

Vol.4, No.1 & 2, June 2017



Published by the
DEPARTMENT OF SOCIOLOGY
OSUN STATE UNIVERSITY, OSOGBO
(Okuku Campus)

# OSUN SOCIOLOGICAL REVIEW

*ISSN 12449-1314*

*VOLUME 4 NO. 1, JUNE, 2017*
*&*
*VOLUME 4 NO.2, JUNE, 2017*

*PUBLISHED BY THE*
*DEPARTMENT OF SOCIOLOGY,*
*OSUN STATE UNIVERSITY, OSOGBO*

# OSUN SOCIOLOGICAL REVIEW

*ISSN 12449-1314*

*VOLUME 4 NO. 2, JUNE, 2017*

*PUBLISHED BY THE*
*DEPARTMENT OF SOCIOLOGY,*
*OSUN STATE UNIVERSITY, OSOGBO*

# INFORMAL RELATIONS AMONG HEALTH WORKERS: A CASE STUDY OF SELECTED HOSPITALS IN AKURE, ONDO STATE

**Busari, Aderemi Dauda; Owojuyigbe, Michael Ayomide &**
**Emoruwa, Oluwaseun Temitope**
Department of Sociology
Faculty of the Social Sciences
University of Ibadan
+2348132255456; daudabusari@yahoo.com



**Abstract**

The need for smooth relationships among health workers in any health facility cannot be over-emphasized. This is due to the need to facilitate efficient health care delivery especially in light of growing consumer-focused delivery system. These relationships can be either formal or informal, and nonetheless tend to have effects on health care delivery and the health system as a whole. This paper explores the different forms of the informal relations, which exist among health workers. The study employed a descriptive case-study research design. The location for this research was Akure in Ondo State. The target population for this study included health workers from the Ondo state specialist hospital and Mother and child hospital Akure. The sample size for this study was 290. Questionnaires were applied to all respondents, and eight key informant interviews were conducted within the course of this study. The forms of informal relations identified as existing among workers within the selected health facilities included relations such as Extra-official activities, Social activities, Emotional engagements and Romantic relations with other health workers, Communication in local dialects, Age relations, and Informal Addresses. The extra-official and social activities pointed out were trading activities, get-togethers, thrifts and savings, sporting activities and recreation, parties, fellowships and meetings. The correlation of-0.567 implies that there is a significant moderate negative relationship between informal relations and the level of commitment to the group think of the profession (p-value = .000). The paper concludes that the health care system is filled with different category of health care personnel, who interact both formally, and informally, with both positive and negative consequences, and that these informal relations may perhaps impact much more devastatingly on health care provision than even the formal relations.

**Keywords**: Friendships; Health care delivery; Informal relations; Workers

## Introduction

The need for smooth relationships among workers in any organization cannot be over- emphasized, more so in organizations that is involved in the business of health service provision. This is so due to the need to facilitate efficient health care delivery especially in light of growing consumer -focused delivery system. Health care services are provided by several professionals and semi-professionals, often referred to as health workers, who provide diverse health care services to the people. Health workers are "all people primarily engaged in actions with the primary intent of enhancing health" (WHO, 2006). Jensen (2013) opines that health care professionals can be grouped into two different categories: service providers (i.e. nurses, doctors, midwives, pharmacist, lab technicians, etc.) and health management and support workers that support the health

service without directly providing health services (i.e. managers, computing professionals, tradès people, clerical and service workers, etc.), while the international standard classification of occupations (ISCO) categorizes health- related occupations based on five broad groups: health professionals, health associate professionals, personal care workers in health services, health management, support personnel and other health service providers not classified elsewhere (ILO, 2008).

It is important to note that despite the fact that these individual categories of health care personnel have different job specifications and work schedules as a result of their different characteristics, background and practice patterns, their common objective is to provide adequate health care to all those who need it. However, in a bid to achieve this collective purpose, informal interpersonal interactions become as important as formal interactions between the health workers. Aina (2012) opines that just as in other social beings, health workers interact with each other in many ways within the organization and the nature of such interactions could range from being intimate to being detached and impersonal. Relationships among health workers whether impersonal or personal may be positive or factitious and fractionalized (Dovidio, Saguy and Shnabel, 2009). Amjad, Sabri, Ilyas and Hameed (2015) noted that employees' job satisfaction; contextual performance and task performance are highly affected by workplace friendship. To deliver the best care to each patient however, health workers are expected to work co-operatively with each other, whilst doing away with elements of conflict, which have become daily occurrences and usually disturb the process of care giving. Good interpersonal relationships and social interaction are considered as indispensable in creating a comfortable work environment for health workers (Rickard, Lenthall, Dollard, Opie, et.al, 2012). While informal relationships are seen as an encouragement in any organization, on the other hand it can also be the cause of inefficiency and inconvenience. Good relations both outside and within work place are universally considered well (Rath, 2006). According to Berman, West, Maurice and Richter (2002), friendship at the workplace increases productivity and serves as a source of motivation while at the same time creating a supportive climate for work. Some forms of informal relations like romantic relationships, favoritism, negative association, and conflict of interest could serve as a form of distraction from the main official task, which they were employed for. This could be very harmful for the organization and employee performance as a whole (Berman *et.al*, 2002).

The implication of having conflicts among each other is that it creates a stressful, unpleasant work environment and invariably rubs off on the patients. Though it is expected that health care professionals tend to have a common goal of caring for their patient's well-being; it is interesting to note that when there is hostility between the various groups or persons, it is the patients that suffer and this is because they tend not to get the best care from providers who ought to be concerned for them (Adeniji, 2010). Hence, there is a need to look into the nature and outcome of informal social relations within the health care sector.

**Theoretical Framework: Talcott Parsons' functionalism**

The "Talcott parsons AGIL scheme" was used to understand the forms of informal interactions that go on in the hospital institution. Talcott believes that there are

four functional imperatives that are necessary for or characteristics of all systems. In order to survive, societies or institutions have to perform these four functions- Adaptation (A), Goal Attainment (G), Integration (I), and Latency (L). Adaptation refers to a system's need to adapt its environment and to transform an environment in order to meet the needs of the system. A system must cope with external situational exigencies. Goal attainment refers to a system's need to create and achieve goals. Each system must define and achieve its primary goals. Integration on the other hand refers to the need of a system to coordinate the interrelationships among its component parts. It also must manage the relationship among the three other functional imperatives (Adaptation, Goal attainment & Latency). Latency refers to the need of a system to provide and renew the motivation of individuals and the patterns of culture that motivate people. A system must furnish, maintain, and renew motivation of the people in it. The system performs these functions by providing actors with the norms and values that motivate them for action (Johnson, 2010).

## Methodology

**Research Design:** This is a descriptive case-study. The objective of the study was to describe the informal relations among health personnel in selected hospitals in Akure, Ondo state. Data were collected through the quantitative and qualitative research methods. This was used to make up for the inadequacies of either method and provide a fuller understanding of the topic.

**The Study Area:** The location for this research was Akure in Ondo State, South-Western Nigeria. It is the capital of Ondo State. The present day Ondo State consists of 18 LGAs with a total population estimated at 3,441,024. Akure has its population estimated at 484,798 (National population commission, 2006).

**Study Population:** The target population for this study include health workers from the Ondo state specialist hospital and Mother and child hospital Akure. Four categories of professions in the hospital were chosen, namely; Doctors, Medical Laboratory Scientists, Nurses and Pharmacists. The four professions were chosen because there are a lot of medical and Para-medical personnel in the hospital but these four group work closely together as part of the therapeutic team. Health workers who have been in the institution for over 3 months were used for the study.

**Sample Size Determination:** The hospital management board records documents that there are a total of 366 doctors, nurses, pharmacists and medical laboratory workers on the state hospital staff roster while there are 130 health workers of the same category in mother and child hospital making up for a total population of 496. Hence, the sample of this research is calculated by using Taro Yamane (Yamane, 1973) formula with 95% confidence level.

$$n = \frac{N}{1+N(e)^2}$$

The sample size for this study as computed using the formula above was 290.

**Table 1: Distribution of Research Instrument by Study Population**

| | Doctors | Nurses | Pharmacist | Medical lab Scientist | Total |
|---|---|---|---|---|---|
| **State Hospital** | 46 (53) | 123 (239) | 10 (17) | 10 (23) | 189 |
| **Mother and Child** | 15 (17) | 75 (98) | 2 (2) | 8 ( 10) | 100 |
| **Total** | **61** | **198** | **12** | **18** | **289** |

Questionnaire Total = 290approximately
Key Informant Interview =8
Total number of respondents = 298

**Analysis:** Quantitative analysis was done using Statistical Package for Social Sciences (SPSS version 22), while qualitative analysis was transcribed, and subsequently interpreted and analysed using typologies. A typology is a systematic method for classifying events, actions, objects, people, or places, which are similar into discrete groupings (Berg, 2001).

## Results

### Socio-demographic Characteristics

On the age distribution of the respondents, the study revealed that at least 3 in 4 were aged between 30 and 39, and the least represented in the study were respondents who aged between 50 and 59 accounted for only 7.2%. Regarding the sex distribution, the females constituted the majority of the health workers while only about one-quarter were males. The ethnic composition in both hospitals reflects the nature of a typical state-managed organization (or more specifically, hospital set up in Nigeria). As reported, at least, 9 in10 health workers in both health facilities are natives of the Yoruba ethnicity while the other 1 in 10 is more likely to be Igbo than Hausa or any other ethnic group.

**Table 2: Socio-demographic characteristics of Respondents**

| Variables | Categories | Hospital Identification | | TOTAL |
|---|---|---|---|---|
| | | Akure State Hospital | Mother and Child Hospital | |
| **AGE** | 20-29 | 89 (46.8) | 40(40.0) | 129(44.5) |
| | 30-39 | 61(32.1) | 40(40.0) | 101(34.8) |
| | 40-49 | 25(13.2) | 14(14.0) | 39(13.4) |
| | 50-59 | 15(7.9) | 6(6.0) | 21(7.2) |
| | Total | 190(100) | 100(100) | 290(100) |
| **Sex** | Male | 52(24.7) | 20(20.0) | 72(24.8) |
| | Female | 138(72.6) | 80(80.0) | 218(75.2) |
| | **Total** | **190(65.5)** | **100(34.5)** | **290(100)** |
| **Ethnic Affiliation** | Yoruba | 172(90.5) | 90(90.0) | 262(90.3) |
| | Igbo | 10(5.3) | 6(6.0) | 16(5.5) |
| | Hausa | 4(2.1) | 4(4.0) | 16(2.8) |
| | Others | 4 (4.0) | 0 | 4(1.4) |
| | **Total** | **190(100)** | **100(100)** | **290(100)** |
| **Religion** | Christianity | 163 (85.8) | 85(85.0) | 248(85.5) |
| | Islam | 27(14.2) | 15(15.0) | 42(14.5) |
| | **Total** | **190(100.0)** | **100(34.5)** | **290(100)** |
| **Marital status** | Single (Never Married) | 101(53.2) | 54(54.0) | 155(53.4) |
| | Married | 82(43.2) | 44(44.0) | 126(43.4) |
| | Divorced/Separated | 4(2.1) | 1(1.0) | 51.7) |
| | Widowed | 3(1.6) | 1(1.0) | 4(1.4) |
| | **Total** | **190(100)** | **100(100)** | **290(100)** |
| **Profession** | Doctor | 49(76.6) | 15(23.4) | 64(22.1) |
| | Medical Laboratory | 24(75.0) | 8(25.0) | 32(11.1) |
| | Nursing | 93(55.4) | 75(44.6) | 168(57.9) |
| | Pharmacist | 24(92.3) | 2(7.7) | 26(9.0) |
| | **Total** | **190(65.5)** | **100(35.5)** | **290** |

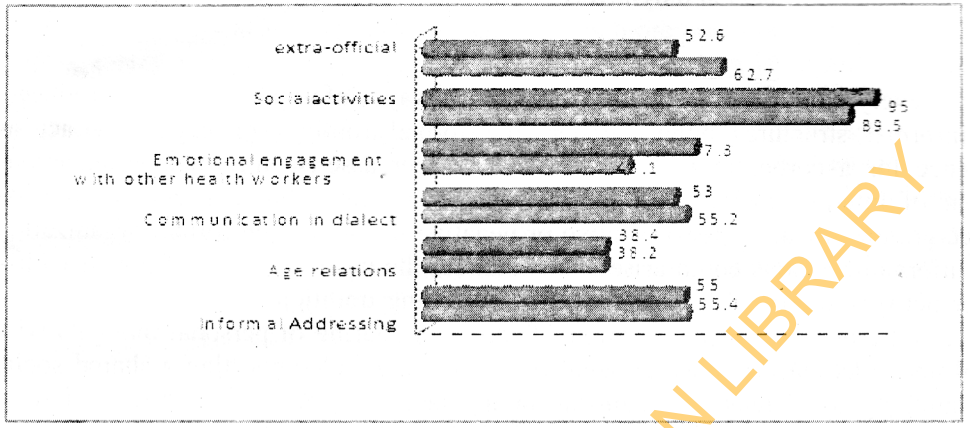


**Forms of Informal Relations**

More than half of the respondents in both hospital affirm that they address each other informally with a percentage of 55% and 55.4% respectively, while more than 6 out of 10 respondents in Ondo State Hospital engage in extra-official activities as against 52.6% in Mother and Child hospital. Percentages for social activities in both hospitals were 95% in the M&C as against 89.5% in the other (Figure 1). In M & C, more than half the respondents confirmed engaging in emotional attachments often romantic with other staff members, while less than half of respondents in the state hospital replied affirmatively to the question on emotional engagement.

Figure 1: Forms of Informal Relations
M and C

Ondo State H.




The extra-official and social activities mentioned by respondents were trading, get-togethers, savings, sports, parties, fellowships and meetings (Figure 2).

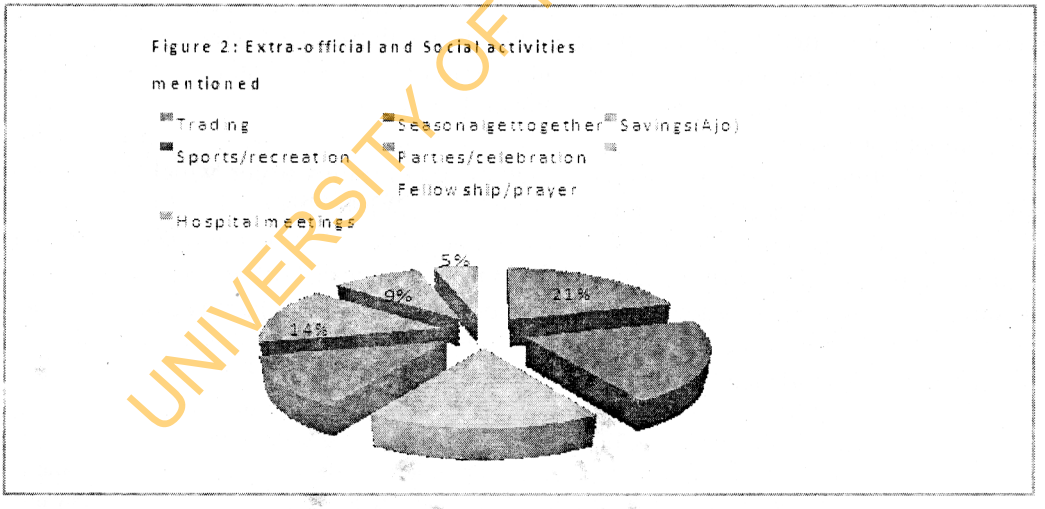



Table 3 shows the relationship between informal relations and level of commitment to professional practices. The correlation of -0.567 implies that there is a significant negative moderate relationship between informal relations and level of commitment to the profession's group think (p-value = .000). Table 3 further showed the result of Pearson Product Moment Correlational Test of relationship between level of commitment to Professional practices and Informal social relations

| | | ScoredInformal Relations |
|---|---|---|
| Scored professional groupthink | Pearson Correlation | -0.567** |
| | Sig. (2-tailed) | 0.000 |
| | N | 290 |

** Correlation is significant at 0.01 levels (2- tailed)

**Discussion**

In every formal organization, there are always informal structures produced. These informal structures either support the formal routines or negatively act as interference for a corporation. Treslan (2011) further asserts "informal organizations grow out of interpersonal transactions deriving from the many clusters of informal influence groups having either a positive or negative impact on the formal organization itself". Informal relations could arise as a result for the need for being affiliated with a group or network of friendships and support, replacing traditional formal organizations that offers little or no room for emotions, feelings or sharing of personal thoughts with informal networks that serve as an agent for structuring and supporting a shared social reality, building up defense mechanisms in the face of a perceived threat to reduce uncertainty and strengthen each individual's ability to respond to the stress through group cohesion and so many others (Waldstrom, 2001). In addition to all these, informal relations could also lead to the birth of "Group Think" where group of individuals develop their own set of norms and distort their thinking to become overly supportive of suggestions made within the group and dismissive of suggestions from outside the group (Adeniji, 2010). The inference that can be drawn from table 3 is that the higher one is likely to be committed to his/her profession's group think, the lower the tendency of having a good informal relationship with other workers in the hospital. The norms of the group are often very strong because of their implicit nature. This could have an adverse effect on both productivity and overall organizational morale.

In relating with other workers, series of relationships occur which give rise to issues like addressing each other in an informal way. While this could reflect positively on their official relationship, it could also have a negative effect on the relationship. This is similar to the position of Berman et.al (2002) that some forms of informal relations like romantic relationships, favoritism, negative association, and age relations could serve as a form of distraction from the main official task which they were employed for. This point is corroborated by evidence from qualitative data:

> I got into a misunderstanding with a matron. I gave her an order on a patient and she didn't do it. The following day I repeated the order and she said she would do it later and I reminded her of the order she didn't carry out before. She got offended and asked me if I didn't have a mother at home. I really got angry and I had to tell her to separate our informal relationship from official duties. She actually knew me when I was on house job in this same hospital.(Male/Medical Doctor/KII/Ondo State Hospital/2016)

This view contradicts that of another respondent who said:

> We don't really deal with age. We deal with seniority. I might be younger than you but once I am a consultant and you are a senior registrar or medical officer,

> I am your superior and you must listen to what I say (Male/Medical Doctor/KII/Mother and Child Hospital/2016)

From the above responses, it can be deduced that the consideration of age when it comes to official duties can lead to friction and in the long run affect how they carry out their official duties which is the main reason they were employed. The figure also shows that they communicate in their dialect although this is more common in Ondo state hospital with (55.2%). More than half attest that their communication is usually in their dialect. The disparity in both hospitals could be borne from the fact that the hospital is much older than mother and child hospital and most workers there have spent a long time together, which could give birth to addressing each other in vernacular. This can be understood from the perspective of majority (90.5%) of the health workers being Yoruba as presented in Table 1. This makes it easier for them to communicate in their dialect. Not every worker is comfortable with this occurrence and this was made known from the statement of a respondent:

> The challenge is this place being a south-western location, the people always communicate in their local language. Hardly would you see people not conversing in their local dialect. Even people from the eastern part have to start adapting fast. (Female/Nurse/Ondo State Hospital/KII/2016)

Another form of informal relation shown in the figure is emotional engagement with other health workers. This quite differs in both hospitals. In Ondo state hospital, 43.1% attest that they engage in emotional relationship with fellow workers in the hospital but this is more prominent in mother and child hospital. The reason for the disparity in both hospitals being that they differ in size. Ondo state hospital has a large condensation of land mass and a large population. Knowing each other closely would be quite hard compared to mother and child hospital, and thereby have the opportunity of knowing each other more intimately.

Social activities are phenomena that most of the health workers affirm more than any other form of informal relations presented to them. Their response show that there are lots of social activities that go on in the workplace and they participate in. About 95% in mother and child hospital and 89.5% in Ondo state hospital attest to the fact that they engage in social activities among each other. This is a good pointer as participating in social activities could improve the informal relations. This is similar to the findings of D'amour *et al* (2008) that creating social conditions that will foster collaboration through social interaction by familiarizing with each other at social occasions, participating in joint training activities and other formal or informal events fosters collaboration among these health professionals.

Figure 2 shows that (14%) of the health workers participate in trading at the work place. An example is those who sell recharge card and other commodities among their colleagues. This could be an avenue to know each other and develop a closer relationship. Meanwhile, (21%) of them said they mix during seasonal get together like Christmas, new year celebration, festivals and Muslim celebrations. They usually gather to felicitate. Exchange of gift also occurs during the festive season and this adds to the events that bring them together as one. Monthly contribution is also apparent in the figure with (17%) reporting that they do participate in this activity. Parties and celebration is also

another event that brings them together in the workplace with (14%) of the total respondents listing it as part of their extra official activities. when any of the workers has an event to celebrate, they all come together to participate. Fellowship/prayer is also an important activity mentioned by the health workers with a (9%). Data from qualitative data revealed that the informal relations in both hospitals are quite good, and often help in forging a bond that may positively affect service delivery. This view is expressed by a respondent:

> The informal relation here is very good. The informal relation can also strengthen the formal relationship. If you are too formal about everything, you might not get some things done. You can actually beg medical lab scientists to run a particular test for you with urgency. You know you are not writing formally, you are just pleading on behalf of the patient due to the good rapport you have. And they will single it out and you will be able to treat the patient on the result available for you. The informal most times help in the management of the patient. (Male/Medical Doctor/Mother and Child Hospital/KII/2016)

**Conclusion**

Patients are always the focus in any health care system and the health personnel are saddled with the responsibility of providing quality health care to them. The health care system however is filled with different category of health care personnel, who interact both formally, and informally, with both positive and negative consequences. Formal boundaries are often set by bureaucratic processes, unions and associations, and conflicts in job specifications and duties handled formally. Informal relations are however an entirely different ball game and friction is bound to occur, with little or no means of stopping it having a spiral effect on health care delivery when it does occur. This friction indirectly affects their output in the workplace as they need to work together to provide quality health care. Patients are the ones who bear the brunt of any friction that exists among these health workers, thus necessitating the need to understand the forms of informal relationships existent within the hospital setting that may lead to such friction. The actors in the health care system thus need to be re-orientated to know that their roles are complementary, and how best to avoid pitfalls of informal relations that may affect their service delivery.

## References

Adeniji, F. (2010), Group-think among health workers; the Nigerian Perspective, *Research*; 2(5).

Aina, J.O. (2012), Professions, hierarchy and management within the health community: A Nurse's view in Readings in Medical Sociology". E.A Oke and B.E. Owumi, 2012.

Amjad Z., Sabri P., Ilyas M. & Hameed A. (2015), Informal relations at workplace and employee performance: A study of employees private Higher education sector, *Pakistan Journal of Commerce and Social Sciences*, Vol 9(1), 303-321

Berg B.L. (2001), Qualitative Research Methods for the Social Sciences. Pearson Education Company

Berman E.M, West J.P, Maurice W. and Ritchter N. (2002), Workplace relations: Friendship patterns and consequences (According to managers), *Public Administration Review*, 62: 217-230

Dovidio, J.F, Saguy, T, Schnabel, N. (2009), Cooperation and conflict within groups: bridging intra-group and inter-group processes, JSocissues: 65:429-41

ILO, 2008.ISCO-08 Structure and preliminarycorrespondencewithISCO-88 [online] ILO. Available at http://www.ilo.org/public/english/bureau/stat/isco/isco08/index.htm[accessed March 22 2017

Jensen, N. (2013), The Health Worker Crisis: Analysis of the issue and main international responses.

Johnson D.P. (2008), Contemporary Sociological Theory: An integrated Multi-level Approach. Springer

Rath T. (2006), Vital friends: The people you can't afford to live without. New York: Gallop Press

Rickard G, Lenthall S., Dollard M., Opie T., Knight S., Dunn S. Wakerman J., Mcleod M, Seiler J. and Brewster-Webb D. (2012), Organizational intervention to reduce occupational stress and turnover in hospital nurses in the Northern Territory, Australia. Collegian. 19 (4): 211-221.

Waldstrom C. (2001), Informal Networks in Organizations – A literature review. DDL Working Paper No 2 February 2001. The Aarhus school of business

WHO (2006a), World Health Report 2006 –Working Together for Health [online] WHO, available at http://www.who.int/who/2006/en/ [accessed March 6 2016]

Treslan D.L. (2011), Effective management of the informal school organization: A modest proposal. The Morning Watch, vol. 34 pp3-4

Yamane T. (1973), Statistics: An Introductory Analysis. New York: Harper & Row.