Magna Scientia Advanced Research and Reviews

eISSN: 2582-9394

Cross Ref DOI: 10.30574/msarr

Journal homepage: https://magnascientiapub.com/journals/msarr/

(RESEARCH ARTICLE)

Check for updates

Impact of hospital workers industrial actions on eye care service delivery: The patients perspective

Ezenwa, Adanma Chinyele [1], Uzozie, Chukwudi Charles [1,*], Onwuegbuna. Arinze Anthony [1], Onyiaorah. Adaora Amaoge [1], Okpala. Nonso Ejikeme [1], Apakama. Akunne Ijeoma [1], Isu. Fidelis Nkama [2] and Eze. Ugochukwu Anthony [3]

[1] *Department of Ophthalmology, Nnamdi Azikiwe University Awka, Anambra State, Nigeria.*
[2] *Guinness Eye Centre, Onitsha, Anambra State, Nigeria.*
[3] *Department of Ophthalmology, Federal Medical Centre, Asaba, Delta State, Nigeria.*

Magna Scientia Advanced Research and Reviews, 2026, 17(01), 131-141

Publication history: Received on 08 April 2026; revised on 17 May 2026; accepted on 20 May 2026

Article DOI: https://doi.org/10.30574/msarr.2026.17.1.0075

Abstract

Objective: To determine the impact of hospital workers' industrial action on eye care delivery services from the patients' perspective.

Methodology: This was an institution-based descriptive study in which adult patients whose eye care had ever been disrupted by hospital workers' strike were randomly selected and interviewed. Using a pretested structured interviewer-administered questionnaire relevant data were obtained including patients' demographics, information on various aspects of eye care service disruption, affectation of ocular condition, level of affectation of patients' satisfaction and trust, and financial burden. A Microsoft Excel sheet was created and data analysed with IBM SPSS version 25. Frequencies and descriptive statistics were done, and a P-value less than 0.05 was considered significant.

Result: Of the 150 participants, 59.3% were females while males were 40.7%. Their mean age was 48.97 ± 18.18 years. About 86% of the patients were affected only once by strike; 72% of all affected visits were on scheduled appointments and for procedures. Many participants had experienced prolonged waiting times and delays in receiving care (80%), delays in accessing medications and laboratory tests (83%). There was poor quality of care (54.6%) and worsening of eye condition reports (24%). Dissatisfaction with services was reported by 76% while 89.3% still maintained medium to high trust in the system despite the strike. Due to strike 52% sought for alternative care in private eye clinics of whom 36.7% incurred significant increased financial burden.

Conclusion: The impacts of hospital workers' strike on patients ranged from high dissatisfaction as a result of limited or denied access to services, poor quality of care and worsening of eye condition, to increased financial expenditure.

Keywords: Strike; Impact; Eye care; Patients; Satisfaction

1. Introduction

Labor industrial action, otherwise known as strike, is a global phenomenon. Among individuals or groups disputes and disagreements occasionally arise in the course of achieving their common goal. Strike as a means by which employees exert pressure on their employers to acceding to their demands has a long-standing history. Workers' strike or industrial action is defined as "…the collective withholding of labor/services by a category of professionals, for the purpose of extracting concessions or benefits, typically for the economic benefits of the strikers". [1] For some

* Corresponding author: UZOZIE, CHUKWUDI CHARLES

employees striking is generally the last resort to solving a problem and occurs when the collective bargaining process makes insufficient inroads and the unions are not satisfied with management's offer to correct the situation. Strikes are considered a fundamental right and therefore an essential weapon in the armory of organized labor in democratic societies. [2, 3] Some proponents say to deny any group of workers, including "essential workers" the right to strike is akin to enslavement. [4] Section 40 of the 1999 Constitution of the Federal Republic of Nigeria (as amended) does not expressly mention a "right to strike." However, legal experts and courts interpret the right to strike as an essential "derivative right" or a necessary tool for trade unions to achieve the objectives protected by Section 40. It grants every person the right to assemble freely and associate with others, specifically allowing them to form or belong to trade unions to protect their interests. [5]

Healthcare workers' strikes pose difficult questions, especially considering their ethical codes and professional cadets. The Hippocratic Oath states that doctors undertake to act in the best interests of the safety, welfare, health and well-being of all those entrusted to their care, and the citizens while the World Medical Association has published many declarations and codes of conduct which underscore the importance of this fiduciary relationship based on trust. [6] International studies reveal that the foremost reason for strikes in the medical field is poor working conditions, followed by wage, and other incentives. [7] Additionally, studies in Nigeria have noted disparity in salary and highhandedness of hospital chief executives; unfulfilled agreements; inter-professional rivalry; manpower shortages; lack of career progression; and insecurity challenges as the other causes of hospital worker's strike. [8, 9] Although strikes occur globally it is reported that the effect in developing countries is more severe as there are other issues that compound the effects such as unavailability of alternative health care, poor socio-economic circumstances and poor infrastructures. [10] Such countries are generally confronted by issues of inadequate manpower, poor wages and working conditions, poor organizational ethics and lack of viable alternative means of obtaining healthcare for the general population, thereby fulfilling the international criteria for vulnerability as defined by UNAIDS and other authorities. [10] Strikes have negative impacts on the quality of health care service delivery in most countries as eventually striking health workers may relocate their services leaving a vacuum for a while. [10]

Lack of access to health care delivery services: In Nigeria, the entire health system is disrupted as strikes are mostly nationwide except for the few that have been restricted to individual hospitals. This means that hospitals are closed down and entrances are locked. The wards stay open but the hospitals are forced to run with a skeletal staff. The impact of these strikes is worse when they coincide with national health emergencies such as Ebola viral disease, Lassa fever or cholera outbreaks or even man-made emergencies like Boko Haram suicide bombings where there are mass casualties. [9,11] In their assessment of the effect of strike on health service delivery, Aturaka et al noted that 92.3% of patients were unable to gain access to hospitals during strikes, 89.8% could not secure service in hospital pharmacies, while 96.3% did not have access to laboratory services. [12] These indicate severe service disruptions.

Increased Mortality and Morbidity: Strikes lead to avoidable deaths and worsen existing health complications as patients are often discharged prematurely or denied admission. Reports have shown increase in maternal and child mortality, overall mortality and morbidity: patients who cannot afford private facility bills may end up dying. [11, 13]

Institutional and professional impacts: Strikes cause reduced revenue generation by the hospitals, and loss of confidence in the system. Industrial actions also weaken the health system and constantly drag the system backwards thereby negatively affecting the productivity of an institution. Furthermore, there is increased distrust of the public health system by the general public and dissatisfaction of clients/patients when strikes occur frequently. [11, 13]

Disruption in key health services: Blindness prevention programs such as glaucoma screening and cataract surgery outreaches are severely disrupted thereby worsening the already poor health indices. Other vital health services including immunization and Prevention of Mother-to-child Transmission of HIV (PMTCT) services are negatively affected. [13] Professional impacts of strike actions identified include brain drain, health workers' training disruptions, and damaged professional Relationships. [11]

Financial burden on patients and loss of public trust: Families are forced to seek care at private hospitals, which are significantly more expensive, or turn to unregulated traditional alternatives. Frequent disruptions cause a total loss of confidence in the public healthcare system, driving those who can afford it toward medical tourism abroad. [11, 14]

1.1. Justification of study

Eye care services constitute an essential part of the overall health care delivery system. The disruption of the health system by workers' strike actions tends to affect the various units of the sector in varying degrees with the emergency unit and the administrative department least affected. Often, these areas maintain their normal activities during

industrial actions. Most available data on hospital workers' industrial actions, especially in Nigeria, though few were drawn from generalized studies. For instance, it is known that strike actions may lead to increased maternal and child mortality but not so in the eye care sector where vision is the goal. Therefore, there is need to narrow these studies to some specific specialties rather than generalizing. Furthermore, as patients are at the center of all activities in the hospital it is worthwhile to study these impacts from the patients' perspective. More so, studies on the impact of health workers' strike actions are few in low-income countries such as Nigeria (especially in the south east), which generally are less resilient to the consequences.

This study therefore aims at determining the impact of hospital workers' industrial action on eye care delivery services when investigated from the patients' point of view. Findings from this study will help in shaping policy guidelines that will ameliorate any negative impact on eye patients during strikes.

2. Methodology

2.1. Study Design and Setting

This is a cross-sectional descriptive study in which patients diagnosed with eye pathologies were recruited consecutively at the Guinness Eye Centre, Onitsha, Anambra State, South east Nigeria. The hospital is a tertiary eye facility serving all the five states in the South east geo-political zone in Nigeria. It holds clinics for anterior segment, vireo-retina, glaucoma, pediatrics, and oculo-plastics, among other subspecialties services.

2.2. Sample Size determination

A sample size of participants with visual impairment was determined using the formula

- $N = z^2pq/d^2$

Where

- N = Minimum sample size.
- Z = Standard normal deviate, usually set at 1.96 corresponding to 95% confidence interval.
- p = Assumed prevalence taken from the estimated prevalence of visual impairment (mild, moderate and severe) which is 10.1% (0.101).[10]
- q = 1.0 − p (1.0 − 0.101) = 0.899.
- d = Precision level acceptable = 5% (0.05).

This gives a minimum sample size of approximately 140.

2.2.1. Eligibility criteria

Inclusion criteria

- Adults' patients (≥18 years) on follow-up for at least 3years
- Patients whose follow-up must have been interrupted at least once by strike action
- Patients who granted written informed consent

2.2.2. Exclusion criteria

- Patients who were critically ill or who were unable to complete the interview due to severe cognitive/communication impairment.
- Patients who chose not to provide consent

2.3. Data Collection and Analysis

Informed verbal consent was obtained from each respondent. Oral informed consent was considered since the data was collected by using an interview administered structured questionnaire and also there was no invasive examination procedure on the patients for the sake of this research. Patient information was obtained and confidentiality maintained. Data collected was cleaned and validated for use. Simple frequency tables were produced and associations between categorical variables determined using Chi square test at a significance level of $P < 0.05$. Age, Gender, educational qualification, and occupation were re-coded for the Chi-square analysis.

3. Results

A total of 150 participants were enrolled in this study, and the majority were females who constituted 59.3% of the study sample, while males accounted for 40.7% (Table 1). The mean age of the participants was 48.97 ± 18.18 years. Those within the age range 31 – 50 years constituted the highest proportion of respondents (42%). Tables 2 and 3 show the descriptive statistics of their ages and the frequencies of the age categories.

Table 1 The Sex Distribution of the Respondents

		Frequency	Percent
Gender	Female	89	59.3
	male	61	40.7
	Total	150	100.0

Table 2 The Descriptive statistics of the Ages of Respondents

	N	Range	Minimum	Maximum	Mean		Std. Deviation	Variance
	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Statistic
Age	150	75	18	93	48.97	1.485	18.182	330.576
Valid N	150							

Table 3 The Frequency of the Age groups

Age Groups	Frequency	Per cent
21-30	8	5.3%
31-40	27	18.0%
41-50	36	24.0%
51-60	20	13.3%
61-70	24	16.0%
71-80	14	9.3%
81-90	5	3.3%
Under 20	15	10.0%
91 and Older	1	0.7%
Total	150	100.0%

Table 4 shows that 68% of the participants attained at least secondary level education while 80.7% were either self-employed or employees. The unemployed group (19.3%) included retirees. The respondents were predominantly of the Christian faith (98.0%).

Table 4 Socio-economic status of respondents

		Frequency	Percentage
Educational status	None	9	6.0%
	Elementary	39	26.0%
	Secondary	53	35.3%
	Tertiary	49	32.7%
	Total	150	100.0%
Occupation/Employment status	Employee	34	22.7%
	Self-employed	87	58.0%
	Unemployed	29	19.3%
	Total	150	100.0%
Religion	Others	1	0.7%
	Christianity	147	98.0%
	Islam	2	1.3%
	Total	150	100.0%

Participants reported witnessing hospital strike disruptions ranging from once to up to five times since registering with the hospital. However, the majority (86.0%) had experienced it only once as shown in Figure 1. About 80% of these visits were on scheduled appointment while 12.7% were emergencies (Figure 2).

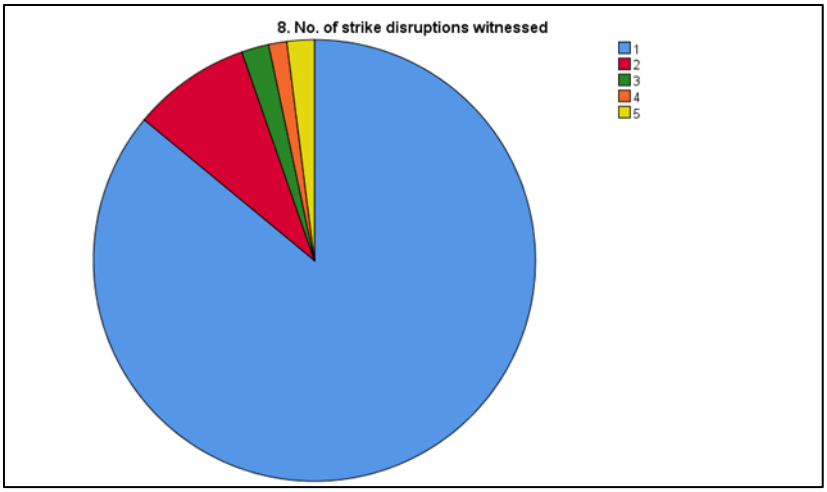

Figure 1 Number of strike disruptions

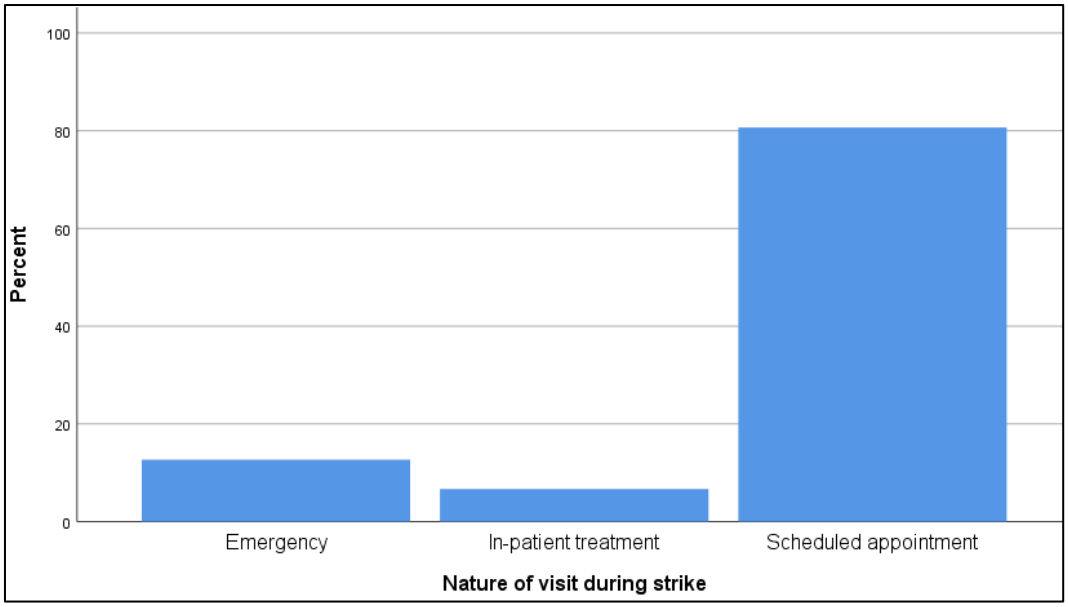

Figure 2 Nature of visit during strike

3.1. The various aspects of impacts of strike actions on the respondents are shown in Table 5.

Cancelled outpatient appointments and scheduled procedures (including ocular surgeries and some investigations) due to health workers' strikes were reported by 72% of the respondents. Majority of the respondents (80%) also reported that during certain strike actions in which they nevertheless received care there were prolonged waiting times and delays in services. These involved delays in accessing medications from the pharmacy section and running and retrieval of laboratory tests as indicated by 83% of the respondents. Overall, barrier and limitations to services amounted to 78.4% [(72% + 80% + 83%)/300]. When asked to compare the quality of care received during normal non-strike periods to that witnessed during various labor unrest the results were summarily as follows: very poor or poor quality of care during striking periods were reported by 54.6% while 36.0% attested to have received similar services. However, 14 (9.3%) persons claimed they received better care. Most of the respondents did not report any change in the state of their ocular health although 24% believed health workers' strike worsened their eye problems. Chi square analysis showed that the educational status of the respondents was not associated with neither the rating of quality of care nor the belief that strike worsened their ocular condition (P>0.05).

Table 5 Distribution of Limitations to Access to Services/Quality of care

		Count	Percentage %
Scheduled appointment or procedure cancelled?	No	42	28.0%
	Yes	108	72.0%
	Total	150	100.0%
Delays in receiving care	No	30	20.0%
	Yes	120	80.0%
	Total	150	100.0%
Delays in accessing medication or lab tests?	No	25	16.7%
	Yes	125	83.3%
	Total	150	100.0%

Quality of care during strike	Better	14	9.3%
	Poor	77	51.3%
	Similar	54	36.0%
	Very Poor	5	3.3%
	Total	150	100.0%
Believed strike worsened eye condition?	No	114	76.0%
	Yes	36	24.0%
	Total	150	100.0%

About 38.7% of the respondents said they did seek care at a different facility while 61.3% did not.

Table 6 Sought care at different facility

	Frequency	**Percent**
No	92	61.3
Yes	58	38.7
Total	150	100.0

The emotional, financial and safety impact of strike actions on patients are depicted in Table 7. Only 24% said they were satisfied while 76% reported being generally dissatisfied or very dissatisfied with the services and system of activities during strike periods. Conversely most respondents (89.3%) narrated having a level of trust in the system which could be described as medium or high. Seeking for alternative care in private eye clinics was the option taken by 52% of the respondents of whom 36.7% said they incurred increased financial burden compared to what they were used to. Nearly equal number of respondents felt their safety was at risk (47.3%) or not (52.7%) during strike periods. Chi square test also showed no association when age groups, educational status or number of strike disruptions witnessed were cross-tabulated with the level of satisfaction of respondents ($p>0.05$). However, the quality of care reported was strongly associated with the level of satisfaction expressed by the respondents ($p = 0.001$).

Table 7 Frequency of emotional, financial and safety impacts on respondents

		Frequency	**Percentage**
Level of Satisfaction	Dissatisfied	104	69.3%
	Satisfied	36	24.0%
	Very dissatisfied	10	6.7%
	Total	150	100.0%
Level of trust	High	17	11.3%
	Low	16	10.7%
	Medium	117	78.0%
	Total	150	100.0%
Increased financial burden	No	23	15.3%
	Yes	55	36.7%
	Total	78	52%

Felt safety was at risk	No	79	52.7%
	Yes	71	47.3%
	Total	150	100.0%

Nearly half of the respondents (48.7%) declared that they were poorly communicated about the strikes by any one of the following: officially from the hospital management, or informally by the media, the general public, or family/friends (Table 8). About one-third (33.3%) are not aware of the reasons behind the strike while 66.7% claim to be informed. However, 30.7% support the reasons behind the strike, others were undecided (53.3%) or against the strike (16.0%). Some respondents (56%) believed strike was appropriate to resolve issues while 44% did not. There was strong association between the extent of prior communication received and the level of satisfaction and trust reported (P=0.001). Also, awareness of reasons for strike associated strongly with having support for the strike (P=0.001).

Table 8 Frequency of Awareness about strike

		Frequency	**Per cent**
Informed in advance about the strike/limitations in services?	No	147	98.0%
	Yes	3	2.0%
	Total	150	100.0%
Communication from hospital/media/public ETC?	Fair	51	34.0%
	Good	26	17.3%
	Poor	73	48.7%
	Total	150	100.0%
Knowledge of reasons for the strike?	No	100	66.7%
	Yes	50	33.3%
	Total	150	100.0%
Believe strike appropriate to resolve issues?	No	66	44.0%
	Yes	84	56.0%
	Total	150	100.0%
Do you support the reasons behind the health workers' strike?	No	24	16.0%
	Undecided	80	53.3%
	Yes	46	30.7%
	Total	150	100.0%

4. Discussion

This study found that strike action by hospital workers significantly disrupted eye care service delivery and impacted negatively on eye patients via barriers and limitations to access of services, worsening of ocular conditions, emotional problems, safety concerns and increased financial burden.

Generally, there is ample evidence of increased mortality and morbidity during strike actions as health institutions often give restricted access with few workers attending to services including emergencies. [15, 16] This study found there was an overall limitation to aspects of eye care delivery of 78.4%. It is in tandem with a similar study by Aturaka et al in Cross River State in which they found that overall limitation to access to services stood at 92.1%. [12] This is particularly high with possible negative visual implications considering the delicate specialized nature of eye care. Patients such as glaucoma patients who are on regular monitoring of their eye pressure and continued eye medication stand the risk of deterioration in vision. Cancelled cataract surgeries will affect the goal of prevention of blindness. The cancellation of scheduled appointments and elective procedures (72%) were high during medical doctors' strike because of availability

of few ophthalmologists assigned to handle emergencies. For the same reason there were prolonged waiting times and delays in receiving care of up to 80%. Despite these challenges only 38.7% of the respondents sought care at a different facility. There was no association between level of educational attainment or employment status, and seeking of care elsewhere. This study also found delays in accessing medications and laboratory tests (83.3%) which is higher than the above-mentioned limitations resulting from availability of few doctors. This finding may suggest that non-medical doctors' strikes cause more disruption of access to services as they are usually more in number and occupy more duty posts. It may also imply that they provide fewer contingency services.

Nearly one quarter (24%) of the respondents reported that their eye conditions worsened as a result of hospital workers' strike. Although the authors are yet to find any research work linking strike to specifically increased visual morbidity, however, considering the barriers and restrictions to access to services encountered by the patients as shown in this study it is logical that some of them who had sought for alternative care elsewhere (38.7%) met with unqualified personnel, quacks, or herbalist who compounded their ocular problems. This is more likely in low-income underdeveloped settings where patients pay out-of- the-pocket for expensive professional care. Yet some others would have resorted to self-treatment or taken unprofessional advice from family/friends. Consider a scenario where a patient being managed for infective corneal ulcer but due to strike action had purchased and applied steroid eye drops with devastating visual outcome. For those who due to limited access to pharmacy had resolved to just continuing their medications sourced outside the hospital they may be exposed to fake and adulterated drugs with negative impact on their ocular condition. It is highly probable that some whose appointments were cancelled took no action but reserved to fate with worsening of their eye condition. This is not being oblivious of the fact that some patient's ocular conditions may have also worsened as a result of the suboptimal quality of care received during the strike. This is evident from this study that more than half (54.6%) reported witnessing poor and very poor quality of care. There was no association between employment or educational status and the belief that strike worsened eye condition. This may stem from the demography of the patients where nearly 70% attained at least secondary education and about 80% were gainfully employed. It is noteworthy that this study did not set out in any way to objectively verify these reports of worsened eye conditions.

A happy patient is often a satisfied one; confidence breeds trust and loyalty to the system. At the core of all aspects of patient management is the goal of achieving life satisfaction and good quality of life. A previous study done in the same location had shown that many patients became less satisfied with life after diagnosis of eye disorder. [17] The present study also found that majority of the respondents (76%) were dissatisfied during the strike. This is in line with other studies which found that health worker strikes significantly increase patient dissatisfaction, with up to 88% of patients reporting unhappiness due to disrupted services, increased mortality risks, and higher out-of-pocket costs. [12, 16] Their level of satisfaction was strongly related to the quality of care reported ($p=0.001$). It is expected that the more the challenges faced by patients in accessing care the less satisfied they become. Other factors as the pre-existing psychological effects of eye diseases, resilience and duration of illness may have acted as co-modifiers. [18, 19]

Many strikes do not happen abruptly but follow failed negotiations. Often there is a window period of warnings by workers' union before declaration of strike after deadline. Notwithstanding, this study found that nearly half (48.7%) of the respondents reported being poorly communicated about the strike either from the hospital management, the media, the public, or family/friends thereby keeping them in the dark. This had added to the financial burden of those who visited and were turned back. This impacted on the level of trust on the system which significantly correlated with the extent of communication received ($p=0.001$). Furthermore, the study found that those respondents who were well communicated before the strike reported overall satisfaction. These findings underscore the importance of adequate communication to the emotional well-being of patients.

Recommendations

Rarely, strikes by hospital workers may be inevitable but they almost never happen as emergencies. It is therefore recommended that hospital managements develop contingency plans for "minimum service levels" for eye clinics which are activated during strikes to prevent irreversible vision loss. A bi-layered communication module is proposed whereby the hospital management in the event of a strike announces to the general public through the media of its plan to scale down services to only emergencies. The second layer, specific and unit based, consists of the Eye clinic sending SMS messages to patients whose scheduled appointments fell within the strike. This will reduce their financial burden of transportation and strengthen confidence. Generally, stake-holders in the health sector should jointly develop alternative means to resolving disputes without strikes.

Limitations

The small sample size of respondents and the focus on only one hospital are the major limitations to generalizing the findings of this study. Some of the responses of the patients are prone to recall bias as the study was not done during a strike.

5. Conclusion

Many patients who visited eye clinics during strike were dissatisfied as a result of inadequate prior notification of strike, cancellation of appointments, limited access to and poor quality of care, denial of medications and laboratory tests, and increased financial burden. Some believed that all these resulted to worsening of their eye condition. Future research should involve many hospitals and investigate the long-term clinical impact on patients' vision years after a strike.

Compliance with ethical standards

Acknowledgments

Not applicable

Disclosure of conflict of interest

None declared

Statement of ethical approval

The study was approved by the Nnamdi Azikiwe University Teaching Hospital Ethics Committee.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

Author Contribution

CCU and AIA conceptualized and designed the study. All authors were involved in the writing and revision of the manuscript. The authors read, approved to the final manuscript and agree to be accountable for all aspects of the work.

References

[1] Wolfe S. Strikes by health workers: A look at the concept, ethics, and impacts. Am J Public Health. 1979;69:431-3.

[2] Osakede KO, Ijimakinwa SA. The effect of public sector health care workers strike: Nigeria experience. Rev Public Adm Manag. 2014;3:154-61

[3] Okene OV. The Status of the Right to Strike in Nigeria: A Perspective from International and Comparative Law No. 15. RADIC 2007:54.

[4] Rennie S. An Epidemic of Health Care Worker Strikes. Lagos: Global Consult; 2009. (Google Scholar)

[5] Nigeria. Constitution of the Federal Republic of Nigeria, 1999 (as amended). Abuja: Federal Government Press; 1999

[6] Stuart K. Professionalism and healthcare strikes. South African, Journal of Bioethics and Law. 2010;3(1):14-28.

[7] Bloomsbury G.. A strategy for Industrial relations in Great Britain. Britain Journal of Industrial Relations. 2002;10(20):12-20.

[8] Akin-Otiko, B.O., Adamolekun, M.M., and Amoka, J.R. (2019). Nurses' Perception of Causes of 2015 Strikes at Federal Medical Centre Owerri: Implication for Preventive Strategies. Medicine, Political science (2019).

[9] Roberts T, Mohamed Ali A, Farahat M, Oloyede R, Mutung'u G. Surveillance Law in Africa: a Review of Six Countries [Internet]. The Institute of Development Studies and Partner Organisations; 2021 [cited 2026May24]. Available from: https://hdl.handle.net/20.500.12413/16893.

[10] Osakede KO, Ijimakinwa SA. The Role Of Ombudsman As A Means Of Citizen Redress In Nigeria. *Review of Public Administration and Managemen*t. 2014; 3(6):154-161.

[11] Oleribe OO, Udofia D, Oladipo O, Ishola TA, Taylor-Robinson SD. Healthcare workers' industrial action in Nigeria: a cross-sectional survey of Nigerian physicians. Hum Resour Health. 2018 Oct 17;16(1):54.

[12] Aturaka SO, Amosu AM, Chiegil RJ, Sanni F , Orenyi M , Dakwat M et al. Assessment of Effect of Labour Strikes on Access to Service Delivery in Secondary Health Institutions in Cross River State, Nigeria. Texila International Journal of Public Health. 2018; 6(2).

[13] Weldon S, McCrone P, Kalocsányiová E, Essex R, Thompson T, Deb S. The impact of health care strikes on patient mortality: A systematic review and meta-analysis of observational studies Health Services Research. 2022;57(6):1218-1234.

[14] Essien MJ. The Socio-Economic Effects of Medical Unions Strikes on the Health Sector of Akwa Ibom State of Nigeria. Asian Business Review. 2018; 8(2):83-90.

[15] Adebimpe WO, Owolade OA, Adebimpe MA. (2010). Health worker's perception of the use of strikes as a tool for dispute resolution in Lagos State, Nigeria SocSci Public Policy. 2010; 2: 19–23.

[16] Ogunbanjo G.A. and Knapp van Bogaert D. (2009), Doctors and strike action: can this be morally justifiable? S AfrFamPract. 2009; 51(4):306–8. doi: 10.1080/20786204.2009.10873869.

[17] Apakama AI, Onwuegbuna AA, Nwafor CE, Uzozie CC, Isu FN, Onyekwe AE. Comparative Analysis of Life Satisfaction of Patients before and after Diagnosis of Eye Pathologies. Ophthalmol. Res. Int. J. 2024;19 (3):28-36.

[18] Michael C Okosa, Richard Uwakwe, Akunne I Apakama, Arinze A Onwuegbuna, Chukwudi C Uzozie, Miriam-Benigna C Amobi, Chinwe A Uzuke. Psychological Effects of Eye Diseases: A Tertiary Eye Center Study. Journal of Psychiatry and Psychiatric Disorders 5 (2021): 128-139

[19] Apakama AI, Onwuegbuna AA, Nwafor CE, Uzozie CC, Isu FN, Onyekwe AE. Duration of Illness and Resilience as Determinants of Life Satisfaction amongst Patients with Eye Pathologies. Int. Neuropsy. Dis. J. 2024 ;21 (3):45-53.