

Research Article

Enhancing Healthcare Delivery through Collective Bargaining: An Analysis of Labor Relations within Uganda's Medical Sector

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Abstract: This study aims to analyze Uganda's collective bargaining and labor relations dynamics based on the Uganda Medical Association (UMA). It investigates how collective bargaining affects labor relations within the medical sector, especially in campaigning for better working conditions, equitable compensations, and better healthcare service delivery. Utilizing a case study methodology, the study accentuates the leading factors that define the dynamics between UMA, the Ugandan government, and other healthcare stakeholders. The research demonstrates how collective bargaining has been instrumental in improving medical workers' labor conditions but how obstacles such as government opposition, limited funds, and poor policy implementation have continued to hinder steady progress. The research emphasizes the need for improving labor relations mechanisms to secure a more productive and stable health workforce in Uganda.

Keywords: Collective Bargaining, Labor Relations, Uganda, Uganda Medical Associations, Health Workforce, Medical Professionals.

I. INTRODUCTION

Collective bargaining is a core feature of labor relations, especially in the public services sector like healthcare, where staff stability and well-being directly affect the provision of services (Benson & Iles, 2016). In Uganda, the Uganda Medical Association (UMA) is the main representative of medical professionals during negotiations with the government and other stakeholders. Through collective bargaining, UMA lobbies for better remuneration, good working conditions, job security, and career growth opportunities for medical staff (Kasyate, 2019). In spite of the indispensable role that healthcare professionals play, Uganda's medical staff still experience systemic problems, such as low salaries, poor working conditions, and a lack of necessary medical supplies (Mugisha, 2020). These have resulted in regular labor conflicts, strikes, and negotiations between UMA and the government. Although UMA's actions have seen incremental gains, progress has been slow because of financial constraints, political opposition, and poor enforcement of labor deals (Atukunda, 2021). This article will explore the contribution of UMA to collective bargaining in Uganda's healthcare systems. It looks at the association's relationship with the Ugandan government and other actors, evaluating both achievements and ongoing challenges of labor negotiations in the industry. In addition, the research brings to light the wider implications of labor relations on public service delivery and national development, and it underscores the importance of more robust institutional mechanisms to facilitate equitable labor practices in Uganda's health sector.

II. RESEARCH OBJECTIVES

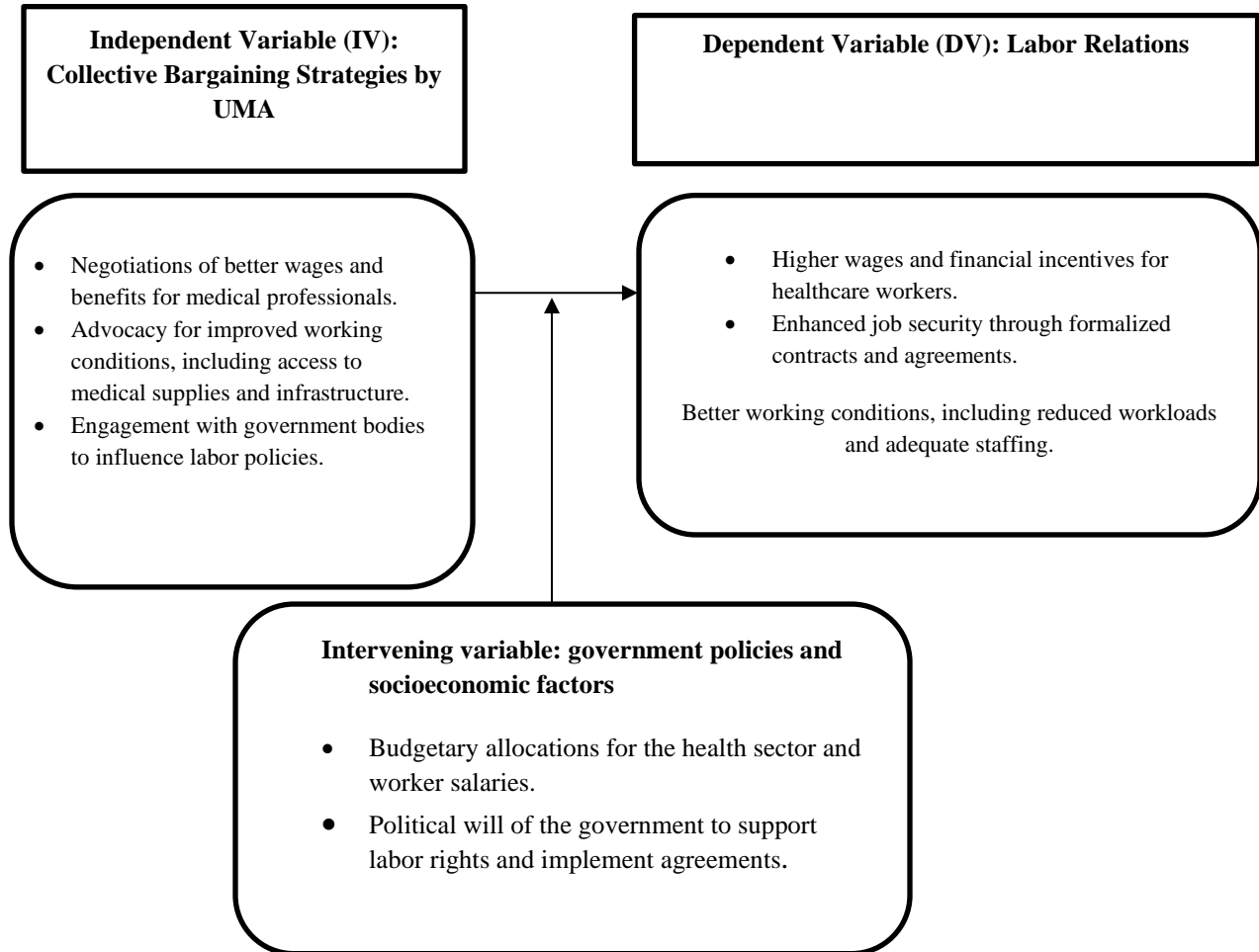
1. To evaluate the effectiveness of UMA's collective bargaining strategies in influencing labor relations for health professionals in Uganda.
2. To assess the impact of government policies on the success of UMA's collective bargaining efforts among health professionals.
3. To analyze the challenges in the management labor relations within Uganda's healthcare sector, focusing on the role of UMA.

III. RESEARCH QUESTIONS

1. How effective are the UMA's collective bargaining strategies in influencing labor relations for health professionals in Uganda?
2. How do government policies impact the success of UMA's collective bargaining efforts among health professionals?
3. What are the challenges in managing labor relations within Uganda's healthcare sector, with a focus on the role of UMA?



IV. CONCEPTUAL FRAME WORK



Source: The researcher 2025

The Uganda Medical Association (UMA) collective bargaining strategies are the Independent Variable (IV). This speaks to the ideas and tactics that UMA has used in negotiations to push for improved pay, benefits, and working conditions for medical professionals. To enhance labor relations, UMA may hold talks with the government, plan strikes, or suggest changes to existing laws. The DV or dependent variable: Better Working Conditions and Labor Relations for Health Care Workers. It is anticipated that UMA's collective bargaining efforts will result in a change in this outcome. Medical Personnel may benefit from increased pay, job security, better working conditions, and generally better labor relations if UMA successfully negotiates with the appropriate parties. The Intervening variable highlights the Socioeconomic Factors and Government Policies. These factors mediate the Association between better worker relations and collective bargaining tactics. Government regulations (such as those pertaining to healthcare financing, budgetary allotments, and labor rules) have the power to help or hurt UMA's tactics. Socioeconomic issues, including inflation, public health needs, and economic stability, can also influence the efficiency of collective bargaining. For example, even successful negotiating tactics could not result in quick changes if the government is underfunded as a result of economic downturns. UMA's collective bargaining tactics (IV) aim to enhance medical professionals' (DV) working conditions and labor relations. However, government policies and socioeconomic variables (intervening variables) determine how much of an influence this has, and they may either help or hinder these tactics.

V. LITERATURE REVIEW

A) Theoretical Review

The Dunlop Systems theory of Industrial Relations is the guiding theory of this study. Dunlop's systems Theory of Industrial Relations (1958) is among the most pertinent ideas for comprehending collective bargaining and labor relations in Uganda, particularly in the context of the Uganda Medical Association (UMA). According to John T. Dunlop, there are three main players in industrial relations as a system: The Uganda Government, which establishes Regulations, Salaries, and Working Conditions for Medical Professionals, is an example of an Employer (Government in the Public Sector). Workers (Medical

Professionals and UMA): UMA represents Medical Professionals in Collective Negotiations as a representative organization. Government and other Regulatory Bodies: Labor laws and Government Agencies impact the course of Labor Relations and Negotiation. Dunlop stressed the Legal and Political Context (existing labor laws, collective bargaining rights, and government policies affecting labor relations). As an employee association, UMA engages in collective bargaining with the government to improve working conditions and labor relations for medical professionals. As the employer, the Uganda government is responsible for addressing UMA's concerns, but political decisions, economic conditions, and legal frameworks influence its response. Labor relations are shaped by broader government policies and socioeconomic factors, aligning with Dunlop's idea that those industrial relations are influenced by external forces beyond just the negotiations themselves.

B) UMA's collective bargaining strategies in influencing labor relations for health professionals in Uganda.

Collective bargaining is integral to labor relations through which employees can negotiate better working conditions, improved wages, and employment security. As noted by Agaba et al. (2016), collective bargaining offers a formal framework for negotiating employment conditions and protecting workers' rights. In Uganda, the medical sector has historically encountered systemic issues like low remunerations, working conditions, and lack of professional representation (Kasyate, 2019). The Uganda Medical Association (UMA) has been instrumental in tackling such problems. UMA's strategy involves direct bargaining with the government, strategic industrial action (like coordinated strikes), and legal campaigns. Some significant improvements that can be credited to UMA include salary increases and better resource allocation to health facilities (Okello, 2018). Challenges still exist, especially where the government cannot honor its commitments or delays the implementation of agreed-upon terms (Atukunda, 2021).

C) Government policies and the success of UMA's collective bargaining efforts among health professionals?

Government policy and economic conditions significantly impact the success of collective bargaining efforts. Uganda's health sector has historically suffered from underfunding, which affects the government's ability to meet labor demands (Mugisha, 2020). The enforcement of labor laws remains inconsistent, often resulting in unfulfilled agreements and continued disputes between UMA and policymakers

Budgetary constraints are a major limiting factor. While healthcare expenditure has increased in recent years, the allocations for medical personnel salaries remain insufficient compared to regional standards (Benson & Iles, 2016). Political will also plays a critical role, as labor relations in the public health sector are often subject to shifting government priorities and policy inconsistencies (Atukunda, 2021). Therefore, UMA's ability to influence policy depends on broader economic and political conditions, which either facilitate or hinder the realization of negotiated agreements.

D) Challenges in managing labor relations within Uganda's healthcare sector, focusing on the role of UMA.

Despite UMA's successes, several obstacles hinder labor relations in Uganda's healthcare sector. One of the main challenges is government resistance to implementing agreed-upon labor reforms, often citing financial constraints. Furthermore, lacking comprehensive legal frameworks to support medical professionals' rights weakens UMA's bargaining power (Kasyate, 2019). However, opportunities exist for strengthening labor relations. Increased dialogue between UMA and government representatives has led to gradual improvements in healthcare policies (Okello, 2018). Additionally, international labor organizations and donor agencies have shown a growing interest in supporting healthcare labor rights in Uganda. Strengthening policy enforcement mechanisms and expanding UMA's advocacy efforts to include other healthcare workers, such as nurses and midwives, could further enhance labor relations in the sector (Mugisha, 2020).

VI. METHODOLOGY

This study will adopt a qualitative research approach using a case study design to examine UMA's role in collective bargaining and labor relations.

A) Data collection methods

Semi-structured interviews with key stakeholders, including UMA representatives, Government officials from the Ministry of Health and Ministry of Labor, healthcare administrators, and medical professionals (doctors, specialists, hospital staff, Nurses and midwives, Clinical officers, and Hospital staff involved in patient care or administration.

B) Document Analysis:

Collective bargaining agreements between UMA and the Ugandan government, strike reports and labor dispute resolutions and policy papers and legal documents related to labor relations in Uganda's healthcare sector

C) Data analysis

Thematic coding will analyze the qualitative data, identifying key themes related to collective bargaining effectiveness, government policies, and labor relations challenges. The study will compare findings with existing literature to determine UMA's overall impact and content Analysis. Identify recurring themes, Keywords, and patterns in collective bargaining agreements,

strike reports, and legal documents. Categorize data into key topics such as wages, working conditions, dispute resolution, and policy implementation. Use coding techniques to highlight agreements, conflicts, and trends in labor relations.

VII. RESULTS AND DISCUSSION

A) UMA's collective bargaining strategies in influencing labor relations for health professionals in Uganda.

The research affirms that UMA has been at the forefront of pushing for improved remuneration and working conditions. UMA's negotiation tactics, industrial action, and court advocacy have brought incremental advances in healthcare labor relations. Nonetheless, some challenges face it because of inadequate financial resources and opposition from the government. Collective bargaining and labor relations in Uganda, specifically regarding the Uganda Medical Association (UMA), have experienced dramatic developments over the years. Founded in 1964, UMA is a professional body representing registered and qualified medical doctors in Uganda. Its core goals are to support universal access to health, uphold professional ethical standards, and fight for the well-being of medical practitioners. UMA has been leading the fight for better working conditions and salaries for medical practitioners in recent years. A good example is the 2017 national doctors' strike, where UMA called for increased remuneration, sufficient medical supplies, and adding medical interns and senior health officers to the public service payroll. The UMA president, Dr. Ekwaro Obuku, stated that a signed collective bargaining agreement was necessary as a point of reference for medical practitioners' rights and entitlements in Uganda. Despite this, there have been challenges in the collective bargaining environment. For instance, in 2017, the National Organization of Trade Unions (NOTU) and other labor unions challenged UMA's legitimacy to negotiate for all health workers, resulting in court cases. The unions believed that UMA, as a limited company with fewer members, did not have the legal basis to represent the wider interests of health workers in Uganda. In addition, in 2022, UMA condemned the government for not uniformly applying agreed welfare enhancements for doctors. Although there were increases for some posts, UMA noted inconsistencies that did not follow presidential orders, which could negatively impact the health sector. These cases illustrate the intricacies and continued challenges in labor relations and collective bargaining in Uganda's medical industry. UMA's continued activism emphasizes the essential requirement for consistent and legally valid guidelines to attend to the nation's well-being and the rights of medical workers.

B) Government policies and the success of UMA's collective bargaining efforts among health professionals?

Government policies significantly influence UMA's bargaining power. The study highlights how budgetary constraints and weak enforcement of labor policies hinder progress. The government's inconsistent commitment to collective bargaining agreements suggests that labor relations improvements depend not only on UMA's advocacy but also on broader political and economic conditions. There has been an improvement in salaries: UMA's negotiations have resulted in periodic salary increments, although Ugandan medical professionals still earn less than their regional counterparts. There were also enhanced working conditions: UMA has advocated for better healthcare infrastructure, including supplying essential medical equipment in government hospitals. The issues of Job security and formalized contracts: UMA has pushed for employment agreements that provide greater job security for medical professionals. There was a reduced frequency of strikes: while UMA still relies on strikes to push for better conditions, their frequency has declined due to successful negotiations.

C) Challenges in managing labor relations within Uganda's healthcare sector, focusing on the role of UMA.

There is Government Resistance: the government of Uganda tends to delay or not implement agreed-upon negotiations due to budgetary limitations. Weak Policy Enforcement: even though there are labor laws favoring medical practitioners, enforcement is inconsistent, impacting the success of collective bargaining. The Limited Scope of Negotiations: UMA only represents doctors, while other health workers, including nurses and midwives, are underrepresented in labor negotiations. Though challenges exist, the potential exists to strengthen labor relations in Uganda's health sector. UMA could extend its campaigns to involve more healthcare workers and partner with other international labor movements for maximum leverage. Moreover, enhanced government involvement in negotiations in labor relations would lead to more sustainable bargains that will profit both the medical professional and health care delivery.

VIII. CONCLUSION

Collective bargaining is still crucial for negotiating labor issues in Uganda's healthcare sector. UMA has significantly improved salaries, work conditions, and security at the workplace for healthcare practitioners. Yet, funding challenges, poor policy enforcement, and government opposition persist in stunting the actualization of labor rights. For the future of labor relations to be better, there is a need for more political will, improved enforcement of labor legislation, and more cooperation between UMA, the government, and international labor organizations. Additional research should investigate collective bargaining in other public sector sectors to determine general labor relations trends in Uganda.

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