

Investigating the relationship between managerialist employment relations and employee turnover intention: the case of Nigeria

Abstract

Purpose – This article investigates the relationship between managerialist employment relations and employee turnover intention in Nigeria. The study context is public hospitals in Nigeria, which have a history of problematic human resource management (HRM) practice, a non-participatory workplace culture, managerialist employment relations, and a high employee turnover intention.

Design/methodology/approach – Based on a qualitative, interpretive approach, this paper investigates the process by which Nigerian employment relations practices trigger the employee turnover intention of doctors using 33 semi-structured interviews with key stakeholders in public hospitals.

Findings – This study found that Nigeria's managerialist employment relations triggers the employee turnover intention of medical doctors. Additionally, it was found that although managerialist employment relations lead to turnover intention, Nigeria's unique, non-participatory, and authoritarian employment relations system exacerbates this situation, forcing doctors to consider leaving their employment.

Implications/limitation – Studies on the interface between managerialism and employment relations are still under-researched and underdeveloped. This paper also throws more light on issues associated with managerialist employment relations and human resources practice including stress, burnout, and dissatisfaction. Their relationship with doctors' turnover intention has significant implications for employment policies, engagement processes, and human resources management in general. The possibility of generalising the findings of this study is constrained by the limited sample size and its qualitative orientation.

Originality/value – This paper contributes to the dearth of studies emphasising employer-employee relationship quality as a predictor of employee turnover intention and a mediator between managerialist organisational system and turnover intention. The study further contributes to the discourse of employment relations and its concomitant turnover intention from developing countries' perspective within the medical sector.

Keywords: Managerialism, employment relations, employee turnover intention, Nigeria.

Introduction

Given the nature of workload, stress, and lack of flexibility in the medical profession (Sibert, 2011), organisations are expected to provide engaging and participatory employment relations framework to enable participation, satisfaction, and motivation as well as to reduce conflict and stress in the workplace (Dysvik and Kuvaas, 2010). These issues are crucial for sustainable organisational success. Thus, a key challenge for organisations is the long-term and sustainable retention of good employees, who are the main resources that organisations use to provide effective service and create wealth within the organisation. Long-term and sustainable employee retention is related to job satisfaction among the workforce and reduced employee turnover (intention) (Armstrong, 2011). Furthermore, long-term employer-employee relationships are often affected by a number of factors, including managerial practice (Mueller and Carter, 2005), organisational commitment (Cho and Lewis, 2011), relational satisfaction (Cho and Lewis, 2011), and ultimately, an employment relations system (Kim et al., 2017). As argued by Kim et al. (2017), employee turnover in a high-performing organisation is particularly harmful to organisational performance (Hussain and Asif, 2012) and success (Mosadeghrad et al., 2008). Employee turnover can be defined as individual movement across the membership boundary of a social or organisational system, which is initiated by the individual (Kim et al., 2017).

Employee turnover has received substantial attention in the relevant literature (Cho and Lewis, 2011; Joo and Park, 2010). It is thus crucial to identify and understand the likely triggers thereof, which can help in predicting employee turnover. A range of factors can be responsible for employee turnover, including lack of job satisfaction (Egan et al., 2004), motivation (Dysvik and Kuvaas (2010), organisational justice (Timinepere et al., 2018), and perceived organisational support (Ertas, 2015) as well as managerialism (Brunetto, 2002). Given that employee turnover can jeopardise an organisation's performance and success and that it can be expensive for an organisation, scholars (Hussain and Asif, 2012; Mosadeghrad et al., 2008) have explored the concept in great detail to understand why people leave organisations and/or intend to stay or leave.

Similarly, employee turnover intention has also been widely investigated by scholars (Joo and Park, 2010) because of its relationship with actual employee turnover (Kim et al., 2017). Employee turnover intention explains the withdrawal cognition process in which an employee thinks of quitting a particular job as well as their intention to leave a job (Kim et al., 2017). It is often used as the dependent factor in a number of works on actual employee turnover. Employee turnover intention is generally considered to be a common issue at work; however, it is a widespread phenomenon in the medical profession (Timinepere et al., 2018). For example, a study by Wen et al. (2018) concluded that improving job satisfaction in relation to increased salary, job safety, and promotion among other factors is critical for decreasing turnover intention among primary-care doctors. However, as suggested by Clarke and Newman (1997), an organisation that is managerialist in its orientation and practice is inclined not to ensure that doctors or other employees have job satisfaction, given the pressures of managerialism for managers to make profit for shareholders (Brunetto, 2002). Hence, managerialism promotes transaction-cost economic ideals and the belief that employers or capitalists are rational entities driven by economic self-interest (Thomas, 2015). This philosophy maintains that managers (who act in the interest of employers) are constantly rational and parochially self-interested agents who customarily advance their subjectively-defined interest maximally at the expense of employees.

A report by the International Labour Organization (Yildiz, 2018) states that there is a growing trend of negative physiological, psychological, and social challenges experienced in the workplace by employees, and that these challenges are rooted in managerialist human resources (HR) policies and practices. For instance, studies by both Tham (2007) and Asegid et al. (2014) confirm this observation. As argued by McIntosh et al. (2012) in an environment in which doctors are perennially pressured to deliver quality services, their work-life balance (WLB) challenges are intensified given the dynamics of the managerial HR practices prevalent in Nigeria (Adisa et al., 2016). To this end, Timinepere et al. (2018) concluded that a lack of organisational justice, such as poor HR practice (including managerialist employment relations system (Mueller and Carter, 2005) necessitates employee turnover intention for both medical and non-medical employees in Nigeria. In Nigeria, a lack of flexibility in the medical sector presents doctors with a high level of exhaustion, burnout, lethargy, and stress (Mushfiqur, 2018). The notion of a managerialist business philosophy and its relationship with employee turnover intention has increasingly become a significant phenomenon of research for understanding the relationship between employers and employees (Brunetto, 2002). This is because employees are important resources of the organisation for providing effective service, sustainable growth, and competitiveness (Alarcon and Edwards, 2011). Therefore, highly motivated, engaged, and empowered employees are required to achieve organisational goals and ensure a steady performance and success. However, there is a lack of research that investigates the relationship between employee turnover intention and managerialist employment relations (Timinepere et al., 2018). The present study attempts to fill this gap and uses a qualitative, interpretivist approach to analyse data from 33 semi-structured interviews with doctors in public hospitals. The study context is public hospitals in Nigeria's medical sector.

Managerialist employment relations

The precursor to managerialist employment relations is managerialism (Mueller and Carter, 2005). Managerialism is a business approach anchored in the principles of agency theory and transaction-cost economics. Managerialism describes a system within an organisation that is hinged on the belief that employers (capitalists) are rational entities driven essentially by competitive, economic self-interests (Thomas, 2015). The managerialist ethos considers managers, who obviously act in the interest of employers, as rational and parochially self-interested agents who constantly and maximally advance their subjectively-defined interests (Bambacas and Kulik, 2013). For example, as revealed by Tham (2007), the difference between social workers in child welfare who planned to leave and those who in fact left their jobs was largely based on the managerial 'organisational culture' (p. 1442), which made workers unhappy about HR practices, and the general organisational approach to employment relations. Similarly, applying a cross-sectional research approach, Asegid et al. (2014) combined qualitative and quantitative data collection methods to evaluate the factors influencing job satisfaction and turnover intention among nurses in public health facilities in Southern Ethiopia. This study concluded that, more than any factor, managers should rethink changing the managerial workplace environment and group cohesion rather than other factors in order to discourage 'anticipated turnover' (p. 1), a metonym for turnover intention. The authors further noted that the lack of an engaging work environment leads to a lack of job satisfaction and engagement among other issues, which force nurses to leave their positions and ultimately results in a shortage of nurses.

Furthermore, managerialism is moored to a neo-liberal, capitalist ideology and plays a significant role in shaping business systems and culture that are largely authoritarian, non-participatory, shareholder centric, and hierarchical. Such an organisational structure celebrates

a vision in which employees (non-managerial members of staff) have little or no substantive influence on key decisions affecting their wellbeing in the workplace (for example, employee voice and legitimate WLB policies). As argued by Clarke and Newman (1997), managerialist business ideals legitimise and further normalise inequality, power asymmetry, authoritarianism, and unjust treatment of employees by employers through the instrumentality of an employment relations system that negates engagement, voice, and wellbeing. The ascendancy of managerialism in the modern world of work has been described not only as a management strategy but also as ‘a larger, more encompassing project which can be described as (global) managerialism’ (Mueller and Carter, 2005, p. 370).

The phenomenon of global managerialism finds expression in Miller’s (2009) work on the National Health Service (NHS) in the UK, where she revealed how the ideological, political, and socio-economic landscape of the 1980s and 1990s saw the advent of managerialism in public sector management, which came with the integration of managerialism, marketisation, and a performance management system that served political ends at the expense of employees (Lane, 2004). Furthermore, within the NHS, managerialism’s emphasis on command control, financial control, cost saving, efficiency, competitiveness and performance management measures helped to create and sustain a clinical governance regime that resulted in a ‘national service framework and institutionalised performance management’ (p. 106). Accordingly, this managerial practice celebrates the ‘transactional style of management’ (Miller, 2009, p. 107; Mannion et al., 2005), leading to ‘fixed contract and staff turnover’ (p. 105).

To this end, the managerialist employment relations ideology can be defined as a set of human resource management (HRM) practices and procedures, at the core of which the management sets up and maintains HR policies for ‘better’ management of resources and employees for efficiency, cost reduction, and competitiveness as well as the enhancement of performance, strategic gain, and power centralisation (Brunetto, 2002). This article therefore considers managerialist employment relations as the process that explains an organisation’s orientation to achieve strategic and economic benefits for shareholders (and managers) by applying strategic and shareholder-centric employer-employee engagement processes that afford managers greater autonomy, dominance, and power over employees, which can lead to dissatisfaction, stress, an unhappy workforce, WLB challenges, and ultimately, employee turnover intention. As noted by Brunetto (2002), this process seeks to suppress internal conflict concerning the distribution of power between employers and employees by ensuring that the management retains control of organisational structures, power, and the organisation of work (Abbott, 2006). Smeenk et al. (2009) argue that this can reduce workers’ autonomy, rights, and fair treatment at work. Fundamental to managerialist employment relations is the primacy of efficiency as opposed to effectiveness in HR practice. In the Nigerian context, sadly, HR practice has had a history of problematic, non-participatory, and unrepresentative employment relations (Fajana et al., 2011; Elegbede, 2010) due largely to high power distance, inequality, and a patriarchal system in the wider society that shapes organisational practice, including HRM (Oruh et al., 2018; Adisa et al, 2017, 2016; Anakwe, 2002). These instances make employment relations processes different from what is obtainable in western countries like the UK (Miller, 2009).

Managerialist employment relations in Nigeria

According to several scholars (see Fajana, 2006), Nigerian employers are at an advantage in terms of employment relations, as most regulatory institutions are plagued by a lack of funding, poor management, ineffectiveness, and recession as well as the gagging of trade unions (Otobo, 2016). Issues such as privatisation, deregulation, and fierce capitalist practice following

economic recession reinforce the nature of the relationship between employers and employees. Nigeria's economy is largely characterised by job insecurity, high inflation, low per capita income, high unemployment, and unequal power relations in the workplace (Ituma and Simpson, 2007). Socioculturally, Nigeria is a collectivist society with a traditionally ordered master-servant arrangement and respect for hierarchy (Ituma and Simpson, 2009). Authority figures like managers are typically conceived as having the 'right answers' to employment issues; hence, their decisions are not challenged by their subordinates, which disables speaking 'truth to power' (Oruh et al., 2018; Foucault, 1980) and obstructs employee voice and constructive criticism in the workplace. As noted by Okpu (2016), such an employment system jeopardises participatory and mutually beneficial employment relations practice. As argued by Oyelere (2014), historically, Nigerian employees hardly have a voice in employment relations due essentially to a lack of government support for employees' desire for better working conditions, as the nation has experienced more military and dictatorial regimes than democratic administrations. This situation has also resulted in 'the lack of involvement...of workers' representation (trade unions) in policy formulation, which has a severe impact on ...' (p. 2) HR policies and their implementation.

In a study undertaken by Ahiauzu (1989), he concluded that Nigeria's sociocultural and political contexts celebrate a deference to authority and stifle mutual, wholesome inputs from employees in employment relations and decision-making processes, which are largely shaped by managerialism (Clarke and Newman, 1997). As argued by Fajana (2006), justifying HRM on the basis of managerialist rationality helps in situating employment relations within the remit of acceptable engagement frameworks operative in Nigeria, including the Nigeria Employment and Labour Law, Employment and Labour Relations Act, and Trade Disputes Act, among others (Otobo, 2016). As a society with a high power-distance index and deference to management control, this state of affairs helps to reinforce the logic of managerialist HR practices. The landscape painted above helps in shaping Nigeria's employment (and economic) terrain as well as normalising managerialist employment relations, leading to a consensus approach to HRM.

Nevertheless, according to Anakwe (2002), the consensus approach to HRM in Nigeria that is proclaimed by Nigerian organisations is rather flawed (Otobo, 2016), and some scholars say it is mere rhetoric (Oruh et al., 2018). Emelifeonwu and Valk (2019) and Siyanbola and Gilman (2017) argue that managerialist organisational practices in Nigeria have given rise to managerialism-motivated decisions that do not recognise input from employees, leading to voice silence and turnover. Specifically, Siyanbola and Gilman's (2017) study unpacks 'the extent of employee turnover in Nigerian SMEs' (p. 967), which is replicated across the board in both private and public organisations (Fajana et al., 2011). In taking this debate further, Oruh et al. (2018) identified that such a workplace culture democratises disempowerment and erects silos between leaders (managers) and the led (employees), a system that is supported by a high power-distance organisational orientation. It is on the strength of this that Anakwe (2002) stated that 'in a high power-distance society such as Nigeria...hierarchy is respected and not questioned..., reflecting a belief in the appropriateness of power distinctions' (p. 1054).

Moreover, Oruh et al. (2018) have cautioned that for a more balanced, pluralist debate about employment relations, there should be a rethink of the managerialist ethos prevalent in Nigeria. They further warned that if such a unitarist corporate ideology is not reworked, it could lead to 'managerial capture' (p. 1) in employment relations. Nevertheless, since 1999 when the Obasanjo government took office, the intervening democratic governments have taken some steps to address these organisational and systemic issues, which have led to the creation of

some high-profile anti-corruption campaigns and agencies, including the Economic and Financial Crimes Commission (EFCC), raising civil service salaries, civil service reform, and other measures to curb incessant industrial relations disputes (Oyelere, 2014; World Bank, 2005). Nevertheless, nothing seems to have changed about these systemic problems (Otobo, 2016). Apparently, it is based on the preceding argument that the Africa Competitiveness Report ranked Nigeria's institutions and bureaucracies as the second to last country in Africa as well as the fifth to last in the world in an index that takes into account the viability and enforceability of a country's (employment) contracts, legal system, and level of corruption (World Economic Forum, 2004). Consequently, as argued by Siyanbola and Gilman (2017), such a situation can create an employment relations system that forces employees to leave, and ultimately, high employee turnover.

Employee turnover

Employee turnover, which is also called 'labour turnover', 'attrition', or 'waste' is the rate at which employees leave or enter an organisation (Hussain and Asif, 2012). A variety of factors trigger employee turnover, including a lack of job satisfaction, a poor reward system, workload pressure, and generally unethical HR practice. These predictors vary from industry to industry and can be premised on an individual's preferences (Yildiz, 2018). There are two main types of employee turnover: *voluntary* and *involuntary*. Voluntary turnover characterises an individual's preference. The core influences include the out-of-work environment, the working environment, and the individual factors. Involuntary turnover means a person's employment has forcibly been terminated by their employer or they have been reassigned to another job or unit within an organisation, which could be as a result of poor performance or unacceptable behaviour.

Furthermore, organisations must deal with the costs of both direct and indirect turnovers for sustainability (Ertas, 2015). Direct cost covers recruiting, selecting, and training new employees; indirect cost deals with the demoralisation of remaining workers, increased workloads, and a lack of organisational citizenship (Spector and Fox, 2009). Turnover can be low or high; when it is low, it means that few people are leaving employment, and it is high when a large number of people are leaving. A survey by Ologunde, Asaolu, and Elumilade (2003) supports the findings of Adah-Ogoh (2016) that the rate of employee turnover in Nigeria has risen. Specifically, there has been a 23% rise in employee turnover in the medical sector in the last decade and a half (Adah-Ogoh, 2016). This trend is expected to be on the rise, thereby affecting employee performance (Ugbam et al., 2012). Similarly, other sectors, including banking and hospitality, have a high employee turnover (Siyanbola and Gilman, 2017, p. 967). Nevertheless, measuring employee turnover is important for organisational positioning and success, including reducing employee turnover intention.

Employee turnover intention

Employee turnover intention is a form of a mental decision that prevails between an employee's approach with regard to a job in terms of whether to continue with it or leave it (Cho and Lewis, 2011). Turnover intention is not really the act of leaving a job; it is, however, one of the predictors of leaving. It represents the individual's judgement about not keeping the job (i.e. their negative attitude towards their work). In the context of this study, it is the rate at which Nigerian doctors in public hospitals intend to leave their employment because of the nature of the managerialist employment system dominant in the country, which is characterised by a lack of engagement, motivation, satisfaction, voice, participation, and empowerment (Joo and Park, 2010). This situation also creates stress, inflexibility, and WLB challenges (Siyanbola and

Gilman, 2017; Adisa et al., 2016). For instance, Chandra's (2012) study reveals that the above situation triggers a lack of social sustainability of employment and poses WLB challenges for employees as managerialism applies a system that is based on market rules, cost minimisation, and efficiency and negates the 'realist understanding of HRM' (Mueller and Carter, 2005, p. 371). Specifically, Okpu (2016) argued that other manifestations of Nigeria's managerialist practice in terms of employment relations finds expression in lack of empowerment, participation, and possible loss of employee voice (Mushfique et al., 2018; Reesa et al., 2013). Like employee turnover, turnover intention can be costly and disruptive for an organisation (Joo and Park, 2010). An individual's working environment, past experiences, and out-of-work environment play crucial roles in framing such intentions. It has to be noted that while turnover can be measured, turnover intention cannot.

As revealed by Yildiz (2018), negative relationships with an employee's superiors and co-workers; a declined promotion; better job opportunities elsewhere; low wages; a lack of engagement; health and safety issues; demotivation; reassignment; and a lack of a voice are factors that can precipitate an individual's turnover intention. This situation is exacerbated in the medical profession, where there is huge pressure on doctors to act quickly and promptly in order to save lives (Sibert, 2011). Turnover intention negatively impacts organisations as it can lead to both the loss of organisational, human, and social capital as well as an interruption in the workflow. Therefore, organisations should endeavour to reduce the incidences of turnover intention by providing a sustainable and consistent workplace that supports good HR practice, thereby encouraging employees to stay and promoting organisational success (Joo and Park, 2010). As noted by Mushfiquir et al. (2018), this situation can lead to a lack of social sustainability in the workplace. In a similar vein, Adisa et al. (2016) admitted that Nigeria's medical sector's mode of employment relations stifles employee voice and can lead to a lack of empowerment and engagement, including WLB challenges. The preceding contention constitutes a source of concern for sustainable employment relations that can enhance productivity and good service delivery in Nigeria's medical sector, because of the incidence of managerialist HR practice and its relationship with doctors' intentions to leave.

The literature so far highlights an abundance of research on the relationship between job satisfaction, burnout, and turnover (intention) among doctors (Wen et al., 2018); the relationship between organisational justice and employee turnover intention (Kim et al., 2017); causes and consequences of employee turnover (Ertas, 2015); and the interface between job satisfaction and commitment, among others (Kim et al., 2017). However, studies on the relationship between employee turnover intention and managerialist employment relations are very limited and need broadening (Asegid et al., 2014; Brunetto, 2002). Specifically in Nigeria, extant literature on this phenomenon is sparse (Timinepere et al., 2018). Consequently, we argue that a substantial gap exists in terms of research dealing with the interface between managerialism and HRM generally and its relationship with turnover intention. Thus, the main aim of this study is to fill this research gap and to further offer a contextual understanding of managerialist employment relations in Nigeria in the age of fierce capitalism (Brunetto, 2002).

To operationalise this intention, we leverage Taylor's (1911/2014) notion of scientific management, which relies on employees delivering organisational success but not taking into account their views, wellbeing, and personal satisfaction into consideration, as organisational goals have to be met (Miller, 2009). The context of this study is public hospitals in Nigeria's medical sector. It is important to focus on this context in order to salvage it and save lives. Currently, public hospitals in Nigeria are undergoing a crisis (Adisa et al., 2016; World Bank,

2005). They are also under the shadow of inept management practices, poor employment relations policies, and authoritarian HRM system (Oruh et al., 2018). Additionally, according to the World Bank (2005), weak governance in Nigeria has been a major ‘obstacle to improvement in public services, including healthcare’ (p. 2). Despite vigorous reforms by the current democratic government (Okonjo-Iweala, 2018), the long years of military dictatorship have politicised, weakened, and corrupted government bureaucracies, and the present economic meltdown has worsened matters, as the government is insistent on saving cost at the expense of acceptable HRM practices (Fajana et al., 2011; George, 2010). Mushfiqur et al. (2018) have noted that this situation poses a threat to the survival of the medical sector in Nigeria. To the best of our knowledge, the only study that has examined the nexus between turnover intentions and HR practice within the medical sector in Nigeria is Timinepere et al.’s (2018) work, which relies on social justice theory. Therefore, the current study aims to explore the relationship between managerialist employment relations and turnover intentions in the medical sector. By investigating this research gap, the results of this research are expected to contribute to literature in HRM in general and, specifically, employment relations.

In this paper, we adapt Taylor’s (1911/2014) scientific management framework with regard to employment relations (Vijai et al., 2017). The highpoint of this theory is that a scientific approach to employment relations can lead to better management, efficiency, and effectiveness in the workplace as well as, by extension, HRM practice (Abbott, 2006). In its pure form, the scientific management method lays too much emphasis on the mechanics and processes of work itself while distancing people’s views and not taking their welfare, rights, and participation into consideration in the organisational decision-making processes (Taylor, 1911; 2014). As Pollitt (1990) posits in his landmark work, the particular brand of managerialist practice in modern organisations has evolved following the footsteps of Taylorism, which is called ‘neo-Taylorism’ (Payne et al., 2006). Like managerialism, Taylorism—scientific management philosophy—promotes an efficient and productive organisation ethos and endorses a notion that there is ‘one right way’ to do things in the workplace, which negates alternative views from employees triggering unequal power relations, lack of motivation, and unhappy workforce (Mueller and Carter, 2005; Brunetto, 2002). Furthermore, a situation that does not value employees’ side of the bargain can cause negative consequences, including WLB challenges, stress, and employee turnover intention. It is for this reason that Abbott (2006) questions the rationality, validity, and ethics of the scientific method. Thus, while the Taylorist philosophy divorces manual from mental work, current organisational employment relations approaches, such as social justice and ethical HRM, which seek to incorporate employees’ experiences, ideas, and knowledge into best practice (Greenwood, 2013).

Although it has been argued that applying managerialism in the right situation can lead to efficiency, cost-saving, effective performance management, and organisational success (Brunetto, 2002), this notion is, however, challenged by other scholars (Smeenk et al., 2009), who contend that scientific management works against its own intentions of effective and efficient management of resources (Vijai et al., 2017). Smeenk et al. (2009) refer to this as ‘managerialism contradiction’. By adopting this theory, the present study hopes to challenge unitarist values and assumptions presented by scientific management approach, which hold that internal tension and conflict in the workplace between employers and employees can be addressed by means of a scientific approach for a sustainable work relationship and success. In this regard, the management approach to employment relations is one that seeks to suppress internal conflict and WLB challenges and negates the distribution of organisational power by ensuring that management retains superior knowledge about HRM as well as organisational success (Brunetto, 2002). Indeed, companies subscribing to the above form of management

practice have untrammelled prerogatives to organise and control work processes as well as unfettered power to direct workers to their own advantage at the expenses of workers' welfare and wellbeing, while proclaiming that both the employer and employee are pursuing collective goals (Clarke and Newman, 1997). While most studies on the consequences of managerialism on employment relations and HRM generally adopt different frameworks (see Timinepere et al., 2018; Yildiz, 2018; Cho and Lewis, 2011; Joo and Park, 2010), our approach in this paper contrasts with prior studies. Specifically, our approach uncovers the relationship between scientific management, managerialism, and employment relations within the context of Nigeria, which can potentially lead to novelty in the literature. In parallel with Taylorism, managerialism celebrates capitalism's idea of profit maximisation, control, and exploitation, which agree with the tenets of scientific management (Brunetto, 2002).

Nigeria's medical sector: an overview

Nigeria's health sector is currently facing a sustainability crisis and problems associated with a lack of appropriate HR policies that support legitimate employment relations (Ovuorie, 2013). In particular, the country's health sector is regulated by the Medical and Dental Council of Nigeria (MDCN), which lacks the capacity to effectively regulate the sector due to corruption, administrative inefficiency, and poor funding (Adisa et al., 2016). For example, over 8,893 doctors have left to other countries, including the UK, the US, Germany, and other developed countries for greener pastures and better working conditions. This situation exerts pressure on medical doctors and redoubles work-related pressures, forcing them to consider leaving. As observed by Ovuorie (2013), a shortage of doctors is primarily responsible for the high mortality rate in Nigeria, among other issues. Nigeria's medical sector demonstrates the emergent workplace dynamics in many Sub-Saharan African countries with medical professionals facing work-related challenges (Mageni and Slabbert, 2005), particularly in a context in which workers are pressured to deliver a high-quality service (Thielst, 2005). For instance, Sibert (2011) admits that WLB challenges for medical doctors are quite enormous, as they regard their work as their 'first love', which comes with challenges such as burnout; stress; and physical and mental strain at the hospitals, which contrast with the tenets of legitimate employment relations.

Nigeria's health sector has experienced wide-scale industrial action issues, specifically employer-employee conflict (Otobo, 2016) on the heels of advocacy for fairness relating to organisational justice, pay, appropriate WLB policies, and legitimate HR practice, among others (Mushfiqur et al., 2018). For example, Mushfiqur et al. (2018), leveraging institutional theory, revealed in their empirical work that WLB challenges for Nigerian female medical doctors are institutionally framed. They concluded that sociocultural, institutional, and professional realities constitute WLB and social sustainability challenges for female doctors (including male doctors). They further highlighted that factors including work pressure, cultural expectations, a challenging work environment, unsupportive relationships, gender role challenges, inequality, a lack of voice/participation, and a high stress level frame women's capacity to manage WLB. The lack of an appropriate employment practice following managerialist HR practice poses challenges to medical doctors in the health profession and results in turnover intention. To put a check on this trend, there is need for Nigerian organisations—health institutions—to put into consideration how to ameliorate the incidence of managerialist employment relations in order to chart sustainable HR policies and framework for the sector. Hence, government hospitals (teaching hospitals) comprise various groups of workers and professionals and providing healthcare services to Nigerian citizens. In particular, medical doctors perceive organisational practice and decisions as well as management actions as marginalising other voices and celebrating a shareholder-centric business ethos.

Methodology

Three important aspects of the methodology adopted in this study—the method, participants, sampling process, and analytical process—are highlighted in this section.

Method

In view of the fact that we need to have an in-depth understanding and knowledge of the actual experiences of medical doctors, who experience managerialist employment relations that subsequently impact employee turnover intention in Nigeria, we apply an exploratory, interpretivist approach (Patton, 2015), which helps to represent the participants'/interviewees' opinions accurately (Alvesson and Deetz, 2000) as it investigates sociocultural and historical interpretations of the lived world (Saunders et al., 2009). This methodological approach can be used for understanding and interpreting people's perspectives and feelings concerning an issue, such as managerialist employment relations practices and their concomitant employee turnover intention. Additionally, given the fact that there is relatively little research in this area, qualitative, exploratory research approach afforded us rich, nuanced, and contextual insights into the concept of employee turnover intention and managerialism in Nigeria, which is under-researched. This process is consistent with Robson's (2002, p. 59) opinion about exploratory research, which is often used to ascertain 'what is happening; to seek new insights; to ask questions and to assess phenomena'. Accordingly, one of the benefits of in-depth, qualitative research is that it measures both outcomes and processes in-depth study as opposed to a quantitative approach (Mizuchi and Fein, 1999).

Participants and sampling process

Access to data collection was operationalised first by identifying a principal (gatekeeper or broker) (Saunders et al., 2009) in each of the hospitals for ease of access. As contended by Saunders et al. (2009, p. 170), the gatekeeper 'controls research access and makes the final decision as to whether or not to' give access to the researcher. This process was also undertaken to deal effectively with problem of access that often characterises data collection in developing countries like Nigeria (Mushfiqur et al., 2018). Given that the phenomenon of employment relations is a sensitive issue, particularly in developing countries (Mordi et al., 2013), we had to make it clear to the gatekeeper that the data that is intended to be collected would be basically used for academic purposes *only* and that their confidentiality and anonymity were guaranteed. As noted by Edwards and Holland (2013), in a qualitative study, it is pertinent to seek the participants' consent to participation therein and to explain the reason for the interviews in order to avoid deception. Subsequently, the researchers of the current study felt the need to pilot the study, which facilitated the identification of 'knowledge agents' (Idemudia, 2017, p. 7) i.e. information-rich participants, whose views are pertinent for understanding the phenomenon under investigation. Information-rich cases are cases from which the researcher can learn reasonably concerning issues of importance, which are thus worthy of in-depth inquiry.

Piloting the study equally aided us in ensuring that the data being collected was relevant and based on the overall research objectives. Furthermore, the pilot study was intended to determine the practical application of a data collection schedule that was developed. It thus enabled us to have a trial run in preparing the final data collection instrument (Patton, 2015). Furthermore, this process afforded us the opportunity to adjust the data collection instrument, given that potential interviewees could have difficulties in divulging information concerning employment-related issues in their workplace. Nigerian employees are often sceptical to do so, perhaps because of fear of victimisation by the management. According to Junyong (2017), a

pilot study can be compared to a ‘feasibility study’ undertaken before actual data collection. The pilot study yielded some advantages, including the following:

- It facilitated ascertaining whether the interviewees were fit for purpose;
- It helped in verifying whether the data collection instrument was feasible and valid;
- It ensured that the data being collected was potentially result-oriented; and
- It enabled reformatting of the of final data collection instrument.

The above contention is supported by Bryman and Bell (2011), who are of the opinion that ascertaining the relevance of the data collection instrument prior to actual data gathering enhances the reliability of the instrument.

Consequently, calls were made to departmental offices explaining the research aim and objectives warranting access. Data for this study was gathered between 2015 and 2016. The data collection process involved 33 face-to-face semi-structured interviewees with Nigerian doctors (registrars, consultants, and interns) in public hospitals in four cities in Nigeria (Port Harcourt, Benin City, Lagos, and Abuja), which have been anonymised. These cities represent the four geopolitical zones in Nigeria. The sample size for the study demonstrates that the authors wanted to do justice to the richness of the qualitative data by circumventing the pitfall of needlessly engaging in collection of a large sample size (Saunders et al., 2009). Furthermore, purposive sample techniques (the non-probability technique) were applied, which permitted identifying specific interviewees (employees) that have wide-ranging knowledge and a deep understanding of the experiences of the relationship between managerialist employment relations and employee turnover intention. They are also directly affected by these experiences.

Moreover, we employed a standard interview process wherein the participants were asked a set of common questions that elicited answers relevant to the research objectives. Following Onkila (2016), this process helped to enhance the ‘dependability’ of data to be gathered. The questions asked included: What do you understand by employment relations in your organisation? Are there policies and procedures about employer-employee relations in your organisation? Do employment relations policies and practices bring about a harmonious relationship at work? Do you think your organisation has a managerial or managerialist system of employment relations? Does management style affect your self-satisfaction and motivation at work? Do you have a voice in making decisions that concern your wellbeing, engagement, and empowerment? What is the nature of the communication procedure and the level of employee participation in your organisation? Do you consider your work stressful and challenging?

The above questions enabled us to seek confirmation or clarification on any seeming inconsistency from employees, in different instances (Guba and Lincoln, 1989); for instance, where clarification was needed about how the intensity of work pattern has impacted the employee’s wellbeing and WLB. This process further helped in arriving at an ‘information-rich’ (Patton, 2015) sample. The interviews lasted between 45 and 55 minutes. After 25 interviews had been undertaken, a further eight interviews were carried out to ensure that ‘data saturation’ was reached (Silverman, 2006). Confirmation and dependability were ensured (Saunders et al., 2009), and bias was avoided as far as possible (Guba and Lincoln, 1989). The details of the participants in the study are represented in Table 1.

Table 1: Interviewee details

Serial Numbers	Codes	Positions	Gender	Years of Experience/Qualified	Specialties
Organisation A					
1	A1	Consultant	M	14	Obstetrics/gynaecology
2	A2	Consultant	M	13	Cardiology
3	A3	Consultant	M	15	Paediatrics
4	A4	Consultant	F	15	Family medicine
5	A5	Consultant	M	13	Haematology
6	A6	Consultant	M	13	Surgery
7	A7	Intern	F	0	Cardiology
8	A8	Intern	M	0	Family medicine
9	A9	Registrar	M	17	Family medicine
10	A10	Registrar	M	19	Surgery
Organisation B					
11	B1	Consultant	M	14	Cardiology
12	B2	Consultant	F	16	Cardiology
13	B3	Consultant	M	15	Family medicine
14	B4	Consultant	M	15	Paediatrics
15	B5	Intern	F	0	Surgery
16	B6	Intern	M	0	Obstetrics/gynaecology
17	B7	Registrar	M	18	Haematology
Organisation C					
18	C1	Registrar	M	19	Surgery
19	C2	Consultant	M	15	Surgery
20	C3	Consultant	M	14	Paediatrics
21	C4	Registrar	M	17	Obstetrics/gynaecology
22	C5	Consultant	M	12	Family medicine
23	C6	Consultant	F	13	Obstetrics/gynaecology
24	C7	Consultant	M	13	Cardiology
25	C8	Intern	F	0	Family medicine
Organisation D					
26	D1	Consultant	M	14	Paediatrics
27	D2	Consultant	F	14	Family medicine
28	D3	Intern	M	0	Haematology
29	D4	Registrar	M	18	Surgery
30	D5	Consultant	M	15	Surgery
31	D6	Consultant	M	12	Surgery
32	D7	Consultant	F	13	Obstetrics/gynaecology
33	D8	Consultant	M	12	Cardiology
Key guide: Organisations A, B, C, and D are government (teaching/public) hospitals					

Notwithstanding the interview schedule, the interviewees were also permitted to raise additional issues relating to the relationship between managerialist employment relations and turnover intention. Therefore, we considered the following points as central to our methodology:

- We wanted to make the process interactional and dialogic in order to encourage more insights from participants outside our interview schedule in order to gain a nuanced understanding of the topic.
- We believed that knowledge is situated and contextual, necessitating the researcher to ensure that the germane context is investigated so that situated knowledge can be created.
- We felt that meaning is created in interaction that can be achieved by means of the co-creation of knowledge (Edwards and Holland, 2013).

All interviews were electronically recorded, although some notes were taken during the process in order not to leave out any salient points from the process. The interviewees were tape recorded with the participants' permission for ethics (Saunders et al., 2009). Transcription of interviews was undertaken manually, word-for-word. After the transcription phase, the documents were sent back to the interviewees in order to ensure their precise perspectives and words were captured. This was done to avoid misinterpretation and misrepresentation.

Analytical process

Data analysis was undertaken by leveraging the framework provided by Braun and Clarke (2006). The framework is a six-step thematic content analysis approach (Vaismoradi et al., 2013). It facilitated a rigorous data analysis procedure whereby a relationship was established between the theories underpinning HR practices, managerialism, and employee turnover and the collected data. A coding scheme was actualised by interactively going back and forth over the data as well as reviewing the data and interview schedule line by line. In operationalising Braun and Clarke's framework, we initiated the process by familiarising ourselves with the data resulting in open coding as well as painstakingly reading and re-reading the transcripts. Saunders et al. (2009, p. 509) refer to this step as 'the disaggregation of data into unit'. Next, we began to identify and examine the main concepts, issues, phenomena, and conceptualisations that we considered inform the 'semantic content of the data' (Braun and Clarke, 2006, p. 84). We note that the individual statements by the interviewees were units of coding. Coding schemes were created by meticulously reviewing the interview schedule and data line by line in order to form *categories*. This process resulted in the creation of a large number of *codes* (Soundararajan and Brown, 2010). The next step concerned axial coding, the development of categories based on comparable features between codes.

Subsequently, a number of the codes developed previously were considered to be focused on comparable phenomena and issues (that is, sharing similar elements) and were thus pulled together to form *categories*. Examples of the categories developed comprised issues like control; inflexibility; domination; inequality; centralisation; exploitation; hierarchy; organisation; and stress and power differentials. Following this step, selective coding was applied, which aided in further reviewing the categories by examining the relationships between them with the sole aim of integrating, developing, and naming *core categories* i.e. the themes. This step permitted the identification of both atypical and typical ideas, which were eventually pulled together into themes in order to gain a rich, nuanced understanding of the relationship between managerialist employment relations and employee turnover intention. By combining codes that have comparable, important ideas, five main themes were identified and thus merit analysis (see Table 2 for details). Next, the findings and discussion are presented.

Table 2: The main themes, illustrative quotes, and codes

Main themes	Illustrative quotes	Codes
Overwhelming workload	<i>I work weekends. This pushes me to the edge to leave.</i>	Control, inflexibility, domination, inequality,

Discontents of inflexibility	<i>Management's objectives hold sway.</i>	centralisation, intensity, exploitation, hierarchy, organisation, isolation, stress and power differentials.
Non-participatory engagement	<i>We have a culture that doesn't support individual participation and engagement.</i>	
Centralised communication	<i>Centralised communication...is exclusive.</i>	
Silencing employee voice	<i>The system here doesn't allow... opportunity.</i>	

Findings and discussion

The findings of this study can be categorised into five key themes: (1) an overwhelming workload, (2) discontent with inflexibility, (3) non-participatory engagement, (4) centralised communication, and (5) silencing employee voice. The analysis begins with an overwhelming workload.

Overwhelming workload

Regarding this theme, a workload was identified as a major driver of stress, burnout, and WLB challenges among Nigerian doctors. The interviewees explained that the intensity of the workload, which is managerially driven, constitutes stress and other negative work-related challenges and subsequent turnover intention. Given the nature and dimension of workloads in hospitals (Adisa et al., 2016), doctors are pressured, which negatively impacts job satisfaction and wellbeing. The following cluster of quotes helps shed light on this:

There are days I work up to 12 hours without a break because of emergencies in the hospital. Although it's hard getting jobs these days, I'm nursing the intention to leave (C7).

Oftentimes, I work weekends, which makes it difficult for me to manage work and family responsibilities as a professional and mother. This pushes me to the edge to leave (B5).

The working pattern here is unacceptable. I'm considering leaving. There is no time I leave work without working less than 14 hours a day, which makes me exhausted (A9).

The perspectives above demonstrate that doctors face exhaustion, burnout, and other stress-related issues as a result of the overwhelming workloads in public hospitals in Nigeria. As can be gleaned from these statements, doctors face home and work challenges because of the nature of their workload and unsupportive HR policies concerning WLB and employment relations. A comparable opinion is expressed by Mushfiqur et al.'s (2018) study in the Nigerian context. An analogous opinion is articulated by C5: 'This time I will leave this job! I'm stressed every second. What a life!'. This perspective reverberates in the opinions expressed by all participants, in particular D8, B1, and A3. The nature of the work that doctors do and their workload also account for the long hours of work, which are required in order to deliver healthcare services, meet the government's healthcare policy requirements (Adisa et al., 2016), and save costs for the government (World Bank, 2004).

The above scenario further characterises a lack of protection from the Nigerian government regarding managing doctors' workload and the maximum duration (number of hours) they have to work (Ovuorie, 2013). This is the point echoed here: 'The hospital management is doing

what it likes, because we're not protected in any way' (D6). In substantiating this situation, in their empirical study, Adisa et al. (2016) found that female doctors experience stress, WLB challenges, and fatigue due to the long hours that they work in the hospitals as well as a lack of effective legislation regulating medical practice in Nigeria. The research on this topic has exemplified that long working hours and workload are associated with burnout and stress in hospitals (Timinepere et al., 2018) and their consequent unacceptable HRM practice (Brunetto, 2002). In contrast with developed countries like the UK, doctors are protected by the European Working Time Directive 2003, which protects employees from working long hours. The Directive stipulates when and how to take breaks, rest, and days off because of the nature of the strain and workload that doctors face in the hospitals (Sibert, 2011) or a compensatory rest to be taken another time. Nonetheless, the managerialist nature of HR practice in Nigerian prevents a designated brektime to be given to doctors and further makes them sometimes work more than the required time without additional compensation (Ovuoire, 2013). Broadly, all the interviewees confirmed that Nigeria's HR practice and employment relations system make it difficult if not impossible to give a human face to the nature of the workload that doctors undergo, which triggers an unhappy workforce, a lack of motivation, stress, burnout, and WLB challenges, leading to turnover intentions.

Discontents of inflexibility

As acknowledged by Armstrong (2014), an inflexible working pattern can lead to a lack of job satisfaction, wellbeing, and low productivity. The following quotes demonstrate this:

For my hospital, there's nothing, [such] as flexible working or consideration for doctors with family and children. You're called up even weekends without notice or compensation. Our opinion doesn't count here. It is stressful and unhealthy (C3).

It's madness in my organisation. Management's objectives hold sway. My Oga can't understand why a doctor shouldn't work anytime without prior information. For him, saving life blurs the boundary between work flexibility and inflexibility. It's hard to be happy here (A1).

In taking the above views further, for Consultants C2 and D1, who are surgeons, the workplace culture explained above creates an atmosphere of 'unhappiness and low commitment' (B3). For instance, 'Oga' is a Nigerian phrase meaning 'manager' or 'lord', which gives a vivid illustration of how managers, masters, are regarded in Nigeria (Oruh et al., 2018). Accordingly, Warr (2009) concluded that two of the triggers of discontent about work procedures in the workplace are an inflexible work arrangement and a lack of consultation, including bad relationships that trigger low productivity and stress.

The statements of interviewees B4, A6, and A1 lend credence to this observation. As remarked by Bambacus and Kulik (2013), such HR practices lead to employee turnover intention (Yildiz, 2018). The study of Kim et al. (2017) noted that the above climate of inflexible work patterns, a lack of job satisfaction, and the managerialist system illustrate the essentials of the discontent with inflexible work patterns and consequent employee turnover intention (Joo and Park, 2010). An intern (C8) revealed that the state of her unhappiness at work affects her motivation (and performance), which is a problem for her professional satisfaction. Both D4 and A7 concurred with this point. These findings are consistent with Dysvik and Kuvaas's (2010) study, which unpacks the correlation between (intrinsic) motivation and turnover (intention) in a cross-sectional survey among employees representing more than 400 organisations from a wide range of industrial groups. Furthermore, Adisa et al.'s (2016) work set in Nigeria further

elucidates the plight of Nigerian doctors, who feel unhappy, stressed, and fatigued stemming from WLB challenges. This opinion is supported by D5: 'I don't feel happy and accomplished. There is a lot to be done to support us in this regard'. Both C1 and B7's perspectives agree with the argument that inflexibility impacts job satisfaction and motivation leading to employee turnover retention (Ertas, 2015).

Non-participatory engagement

This theme explores how managerialist employment relations result in a lack of employee involvement, participation, and engagement. Most of the participants agreed with this idea, as exemplified in the cluster of quotes below:

In my opinion, we have a culture that doesn't support individual participation and engagement. It ultimately impacts our commitment to work. This is sad for a profession that deals with life and death (D7).

I'm sick of this organisation not considering our input in work-life balance policies and how they affect us (A2).

It can be summarised that doctors' commitment, involvement, participation, and engagement are not given expression in Nigeria (Fajana, 2006). These observations support the findings of Wen et al.'s (2018) study about improving job satisfaction through engagement (in addition to job safety, pay increases, and promotions). In parallel with the abovementioned perspectives, a registrar, A10, concurred and took the issue of involvement further, noting that his experience is more related to a denial of access to frameworks that encourage involvement and participation and the utter deprivation of rights to contribute to organisational leadership.

Comparable viewpoints were offered by D6, C8, B2, and A8. This perspective is associated with Gennard and Judge's (2011) position, which echoes the notion that involvement connotes the autonomy and helps to strengthen organisational citizenship and commitment. As noted by Gennard and Judge (2011), participation is the degree at which employees think that various representatives are involved in the decision-making procedures within and outside the organisation. It is symbolised through collective bargaining, joint consultation, and worker representation. Unfortunately, these enabling apparatuses are lacking in Nigeria given the nature of the relationship between workers, unions, the government, and employers. For example, the managerialist dynamics of employer-employee relations in Nigeria pose employment challenges to doctors (Okpu, 2016) as various processes through which they can challenge or question management decisions are prevented or denied, leading to turnover intention (Timinepere et al., 2018). These findings result in a 'representation gap'. In particular, Alarcon and Edwards (2011) have revealed that engagement encompasses individual enthusiasm, participation, and satisfaction in what one does, which also alludes to intimate involvement with work processes such as decision-making and consultation.

Centralised communication

Nigeria's employment relations demonstrate a culture of a high power-distance index, hierarchy, and paternalism, which elicit a superior-subordinate working arrangement (Ahiazu, 1989). Fundamental to this HRM landscape is the nature of communication in the workplace and its attendant manager-employee relationship. Morsing and Schultz (2006) have noted that communication can be horizontal or vertical. The former is democratic, participatory, and

bidirectional communication, while the latter is authoritarian and unidirectional communication. Some excerpts from participants shed further light on this situation:

Nobody regards our opinions here in terms of how policies affect our wellbeing. It's a serious issue and calls for a rethink of this job! (A4).

HR practice here relegates to the background participatory and inclusive communication and rather celebrates non-participatory, centralised communication, [which] is exclusive in my opinion (D2).

Rather than being mere opinion, both C4 and A8 concurred with the point raised above. A5 commented that 'No communication goes up here. Everything comes from the top. It's sickening'. Clearly, there is apparent lack of horizontal communication, which is the springboard of dialogue and engagement (Morsing and Schultz, 2006) and constitutes one of the channels that can engender improved HR policies and strategies in order to reduce turnover intention.

However, in a paternalistic society and an organisational management arrangement like that which is practised in Nigeria, realising a bidirectional communication process and leadership that can bring collegial and participatory communication and engagement is a scarce commodity (Otobo, 2016). This pattern of communication processes and procedures, which privilege managerial organisational ideology over employees' wellbeing and fair employer-employee engagement ensures that for organisational goals to be achieved, a managerialist employment system should be the norm (Kim et al., 2017; Ertas, 2015; Ballard and Seibold, 2006; Mueller and Carter, 2005). Ballard and Seibold (2006) have observed that communication is central to managing human resource effectively and ethically, including successful leadership and management of the team. They cautioned that decentralised communication plays a significant role in managing and sustaining human relationships. However, they add that when there is an unequal or undemocratic communication process in an organisation, it tends to result in employees' intention to leave their job, their actual departure from their organisation, a lack of commitment, and an unhappy workforce. These findings are in line with Ovuorie's (2013) observations in Nigeria. Accordingly, as observed by Mueller and Carter (2005), a managerialist HR practice negates decentralising communication and fair employment relations, which foster a dialogic, bidirectional communication system and equality in the workplace. Therefore, such an employee relations practice can lead to turnover intention and a lack of job satisfaction; hence, it de-emphasises employee voice and empowerment, as employees are excluded from making contributions to organisational decisions that concern them (Joo and Park, 2010).

Silencing employee voice

As contended by Mushfiqur et al. (2018), decentralised communication, workers' employee participation, and motivation, which all stem from engaging them in decision-making, can lead to enhanced employee voice and its correlative empowerment. In redesigning power arrangement and centralised authority, scholars have emphasised the primacy of stakeholder involvement as a channel for power dispersion and subsequent empowerment (Foucault, 1980). This is central to Reesa et al.'s (2013) work.

For Foucault (1980), reworking power along the axis of employee voice enhancement can potentially lead to a genuinely democratised work environment that celebrates shared

leadership and collective goal attainment, including questioning the hegemonic, hierarchical HR system in Nigeria. Some quotations corroborate this point:

The system here doesn't allow anyone the opportunity to be part of the decision-making process that can give us needed energy to be part of management decisions (C1).

For registrars, there is little or nothing we can do to alleviate the problems faced by doctors caused by management decisions. A good number of them are on their way out ...! (A9).

The above insights continue: 'We're at the lowest rung. Nothing that we say is taken into consideration. My cousin is helping me look for greener pastures in Canada' (B6). These observations stress the fact that employment relations are based on the managerialist approach and do not take into consideration the input of doctors in decision-making processes, which leads to disempowerment and disillusionment; hence, most of them are considering leaving their jobs (Cho and Lewis, 2011).

In line with the Foucauldian theorisation of power, for people to feel happy in their work, they have to be appropriately involved in the decision-making processes in order to have a sense of participation and empowerment, which comes through participation and power dispersion. This theorisation ensures power circulates and functions as a chain in which stakeholders (employees) are its conduits, not its points of application (Foucault, 1980). Sadly, this is not the case in the Nigerian context, where managers who act in the sole interest of the employers operationalise an employment relations system that stifles doctors' voice and further disempowers them through a naturalised, managerialist HR system. These findings are consistent with Oruh et al.'s (2018) work on Nigeria. They concluded that the Nigerian employment relations landscape is synonymous with employee voice capture, which not only reduces and silences employee voice but also facilitates disempowerment and its concomitant employee turnover intention. Parenthetically, Timinepere et al. (2018) stated that the intention of medical doctors to leave their employment in Nigeria stems from a lack of organisational justice, which is part of managerialist HR practice and voice denial. We present now the conclusions, implications, and limitations of this study as well as recommendations for further research.

Conclusion, implications, limitations, and further research

This study aimed to investigate the relationship between managerialist employment relations and employee turnover intention in Nigeria's public hospitals. Five themes, (1) an overwhelming workload, (2) discontent with inflexibility, (3) non-participatory engagement, (4) centralised communication, and (5) silencing employee voice were identified, analysed, and ultimately considered as central to managerialist employment relations in Nigeria. These factors underpin the nature of employment relations in Nigeria's medical sector and its concomitant turnover intention for doctors. In consonance with other studies (Mushfiqur et al., 2018; Adisa et al., 2016), we conclude that the nature of Nigeria's managerialist employment relations causes doctors to consider leaving or quitting their jobs as the prevailing HR practice lacks engagement, employee voice, participation, motivation and empowerment. Furthermore, the absence of engaging HRM practices trigger stress, burnout, inflexible workloads, and an unhappy workforce, among other work-related issues.

The findings of this study therefore challenge current HRM practices in Nigeria, which this study reveals are managerialist in their orientation, and specifically, in the medical sector, for

inclusive employer-employee relations and power redistribution. It also provides some valuable, practical insights for HR managers to rethink the relationship between HRM policies and practice on the one hand and employee wellbeing and employee turnover intention on the other. Such a reawakening could lead to improved performance and result-oriented service delivery in the medical sector. As revealed in the analysis, our findings are comparable with other research on doctors' employee turnover intention in the wake of a managerialist employment relations system and organisational practice in general (Timinepere et al., 2018). Additionally, given the role played by the medical sector in Nigeria's socioeconomic development (Adah-Ogoh, 2016) and, by extension, Africa, insights from this study can help policymakers and managers in rethinking policies and frameworks that can be initiated in order to actualise Nigeria's developmental goals. However, while Nigeria's context has some comparison with the nature of HRM in the west (Miller, 2009), its unique experience, which highlights inequality, paternalism, power distance, a gagged trade union, and a lack of protection of workers' rights, presents an interesting and revealing context for investigating the interface between managerialist employment relations and turnover intention among doctors.

Our findings indicate that managerialist employment relations are a function of Nigeria's unique HR practice (and HRM generally), which is steeped in authoritarian, paternalistic, non-participatory, and unethical HR system (Otobo, 2016; Anakwe, 2002). The system is framed by its unique workplace culture, which advances the rhetoric of managerialism (Oruh et al., 2018). Consequently, the findings of this research agree with Yildiz's (2018) and Timinepere's (2018) works that turnover intention of doctors is a corollary of managerialist employment relations system. We also found that having a work environment that supports a happy workforce, motivation, engagement, participation, and empowerment as well as realisation of employee voice is mediated by participatory and acceptable HR practices. By investigating the interface between managerialist employment relations and turnover intention, we shed light on a relatively under-researched area of literature, which departs from previous literature in this area by uncovering the relationship between Taylors' scientific management approach, managerialist employment relations, and employee turnover intention. Although the role played by managerialist HR practice in turnover intention has been studied, no known work has considered the interface between managerialism and employee turnover intention in Nigeria's medical sector using the scientific management model.

We therefore consider this research as adding to this literature as well as furthering country-specific dynamics of employment relations and HRM practice in general. Regarding the study's implications, our analysis helps to broaden perspectives on how contextual issues can further elucidate managerialism within the remit of employment relations. Another implication is that our research hopes to facilitate scholarship in the area of managerialism and its relationship with employment relations and HRM for developing a greater understanding of doctors' experience in public hospitals and its impact on healthcare development, policies, and management. Thus, insights from this study can facilitate rethinking policies, practices, and regulations in the medical sector for improved healthcare services, as the Nigerian healthcare system is currently imperilled by poor service delivery, ineffective management, and contradictory managerial arrangement (World Bank, 2005). Therefore, in rethinking quality of service, productivity, and performance in Nigeria's medical sector that is currently facing a healthcare delivery crisis (Ovuorie, 2013), more study should be undertaken to discover how HRM processes, specifically employment relations and engagement processes, are affected in this instance. Potentially, such inquiry will help to shape policies and practices within the gamut of employer-employee engagement, HR policies, and HRM in general. This study further reveals that rethinking HR policies and practices in developing countries like Nigeria

requires understanding the implications of context and unique HRM practices shaping employment relations, which can likely trigger turnover intentions and related phenomena. The present study is however limited by its focus on public/government-owned hospitals. Further studies can be undertaken to determine turnover intentions of doctors in private hospitals across Nigeria. More insights can be gained by also conducting a case study research. Finally, undertaking quantitative research in this area can potentially allow for the generalisation of this study's findings.

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