

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

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## 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, non-participatory workplace culture, managerialist employment relations and high employee turnover intention.

**Design/methodology/approach** – Based on qualitative, interpretive approach, this paper investigates the process by which Nigerian employment relations practices trigger 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 employee turnover intention of medical doctors. Additionally, it was found that although managerialist employment relations leads to turnover intention, Nigeria's unique, non-participatory and authoritarian employment relations system exacerbates this situation forcing doctors to consider leaving employment.

***Implications/limitation*** – Studies on the interface between managerialism and employment relations are still under-researched and underdeveloped. Issues associated with managerialist employment relations and HR practice including stress, burnout and dissatisfaction and their relationship with doctors' turnover intentions, have significant implications for employment policies, engagement processes and HRM generally. Generalising the findings of this study is constrained by 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, motivation and less conflict and stress in the workplace (Dysvik and Kuvaas, 2010). These issues are crucial for sustainable organisational success. Thus, a key challenge for organisations relates to 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 has relationship with job satisfaction and happy workforce as well as less employee turnover (intention) (Armstrong, 2011). Also, long-term employer-employee relationships are oftentimes 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 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 literature (Cho and Lewis, 2011; Joo and Park, 2010). It is thus crucial to identify and understand likely triggers, 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 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 the relationship it has with actual employee turnover (Kim et al., 2017). Employee turnover intention explains withdrawal cognition process in which an employee thinks of quitting a particular job as well as intention to leave a job (Kim et al., 2017). It is oftentimes 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 amongst other factors are critically important in decreasing turnover intention among primary care doctors. However, as suggested by Clarke and Newman (1997) an organisation that is managerialist in orientation and practice will be 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 economics 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 that customarily advance their subjectively-defined interest maximally at the expense of employees.

A report by the International Labour Organisation (ILO) (Yildiz, 2018) states that there is a growing trend of negative physiological, psychological and social challenges experienced in

the workplace by employees stemming from managerialist 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, where doctors are perennially pressured to deliver quality services, their work-life-balance (WLB) challenges are intensified given the dynamics of managerial HR practices prevalent in Nigeria (Adisa et al., 2016). To this end, Timinepere et al. (2018) concluded that 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, lack of flexibility in the medical sector presents doctors with high level of exhaustion, burnout, lethargy and stress (Mushfiqu, 2018). The notion of 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 goal and ensure steady performance and success. However, there is scarcity of research that investigates the relationship between employee turnover intention and managerialist employment relations (Timinepere et al., 2018). The present study makes effort to fill this gap and uses a qualitative, interpretivist approach with data from 33 semi-structured interviews with doctors in public hospitals and scientific management theory. 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 the organisation that is hinged on the belief that employers (capitalists) are rational entities driven essentially by competitive, economic self-interest (Thomas, 2015). Managerialist ethos considers managers, who obviously act in the interest of employers, as rational and parochially self-interested agents that 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, were associated largely with managerial "organisational culture" (p. 1442), which made workers unhappy about HR practices and general organisational orientation about employment relations. Similarly, applying cross-sectional research approach, Asegid et al. (2014) combined qualitative and quantitative data collection methods to evaluate factors influencing job satisfaction and turnover intention among nurses in public health facilities in Southern Ethiopia. This study concludes that more than any factor, managers should rethink changing managerial workplace environment and group cohesion rather than other factors in order to discourage "anticipated turnover" (p. 1), a metonymy for turnover intention. The authors further noted that absence of engaging work environment leads to lack of job satisfaction and engagement amongst other issues that force nurses to leave resulting to nursing shortage.

Furthermore, managerialism is moored to 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 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 legitimises and further normalises inequality, power asymmetry,

authoritarianism and unjust treatment of employees by employers through the instrumentality of employment relations system that negates engagement, voice and wellbeing. The ascendancy of managerialism in the modern world of work has been described as not only a management strategy but also “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 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 performance management system that served political ends at the expense of employees (Lane, 2004). Also, within the NHS, managerialism’s emphasis on command-control, financial control, cost-saving, efficiency, competitiveness and performance management measures helped to create and sustain clinical governance regime that resulted in “national service framework and institutionalised performance management” (p. 106). Accordingly, this managerial practice celebrates “transactional style of management” (Miller, 2009, p. 107; Mannion et al., 2005) leading to “fixed contract and staff turnover” (p. 105).

To this end, managerialist employment relations ideology can be defined as a set of 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 enhancement of performance, strategic gain and power centralisation (Brunetto, 2002). This paper therefore considers managerialist employment relations as the process that explains organisational 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, unhappy workforce, WLB challenges and ultimately employee turnover intention. As noted by Brunetto (2002), this process seeks to suppress internal conflict over 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) owing largely to high power distance, inequality and patriarchal system in the wider society that shape 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 from western countries like the UK (Miller, 2009).

### ***Managerialist employment relations in Nigeria***

According to studies (see Fajana, 2006) Nigerian employers of labour are at an advantage in terms of employment relations as most regulatory institutions are plagued by 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 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). Socio-culturally, Nigeria is a collectivist society with 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) as well as obstructs employee voice and constructive criticism in the workplace. As noted by Okpu (2016) such 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 consequent essentially on lack of government support for employees’ agitation 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 severe impact on ...” (p. 2) HR policies and their implementation.

In a study by Ahiauzu (1989) he concluded that Nigeria’s socio-cultural and political contexts celebrate 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 Nigeria Employment and Labour Law, Employment and Labour Relations Act and Trade Disputes Act amongst others (Otobo, 2016). As a society with 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 normalises managerialist employment relations, leading to consensus approach to HRM.

Nevertheless, according to Anakwe (2002), consensus approach to HRM in Nigeria that is proclaimed by Nigerian organisations is rather flawed (Otobo, 2016) as well as mere rhetoric (Oruh et al., 2018). In recent studies on Nigeria, both Emelifeonwu and Valk (2019) and Siyanbola and Gilman (2017) argue that managerial oriented organisational practices in Nigeria have given rise to managerially propelled decisions that do not recognise inputs 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 board in both private and public organisations (Fajana et al., 2011). In taking this debate further, Oruh et al. (2018) identified that such workplace culture democratises disempowerment and erects silos between leaders (managers) and the led (employees), a system that is supported by 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 more balanced, pluralist debate about employment relations, there should be a rethink of managerialist ethos prevalent in Nigeria. They further warned that if such unitarist corporate ideology is not reworked, it could lead to “managerial capture” (p. 1) in employment relations. Nevertheless, since 1999 that 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 dispute (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, using an index that takes into account the viability and enforceability of (employment) contracts, legal system and level of corruption (World Economic Forum, 2004). Consequently, as argued by Siyanbola and Gilman (2017), such situation can create an employment relations system that forces employees to leave and ultimately 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 lack of job satisfaction, poor reward system, workload pressure and unethical HR practice generally. 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 including *voluntary* and *involuntary*. Voluntary turnover characterises an individual’s preference; the core influences include out-of-work environment, working environment and the individual factors. Involuntary turnover comprises being fired or reassigned to another job or unit within an organisation, which could be as a result of poor performance or unacceptable behaviour.

Also, organisations must deal with the costs of both direct and indirect turnovers for sustainability (Ertas, 2015). Direct cost takes cognisance of recruiting, selecting and training new employees; indirect cost deals with the demoralisation of remaining workers, increased workloads and lack of organisational citizenship (Spector and Fox, 2009). Turnover can be low or high; when it is low it means few people are leaving employment; and high when more 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 is 23% rise in the medical sector in the last decade and a half (Adah-Ogoh, 2016). This trend is expected to be on the rise affecting performance (Ugbam et al., 2012). Similarly, other sectors including banking and hospitality have 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 mental decision prevailing between an employee’s approach with regard to a job to continue or leave a job (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. negative attitude towards 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 managerialist employment system dominant in the country, which is characterised by 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 lack of social sustainability of employment as well as poses WLB challenges for employees as managerialism applies market rules, cost-minimisation and efficiency propelled system that negate 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 is not.

As revealed by Yildiz (2018) negative relationships with an employee's superiors and co-workers, declined promotion, better job opportunities elsewhere, low wages, lack of engagement, health and safety issues, demotivation, reassignment and lack of voice are factors that can precipitate an individual's turnover intentions. This situation is exacerbated in the medical profession, where there is pressure on doctors to deliver quickly and promptly to save lives (Sibert, 2011). Turnover intention negatively impacts organisations as it can lead to both the loss of organisational, human and social capital, and interruption of workflow. So, organisations should endeavour to reduce the incidence of turnover intention by providing a sustainable and consistent workplace that supports good HR practice thereby encouraging employees to stay, and for organisational success (Joo and Park, 2010). As noted by Mushfiqur et al. (2018) this situation can lead to 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 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' intention to leave.

The literature so far highlights a number of researches on the relationship between job satisfaction, burnout and turnover (intention) amongst 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 amongst 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 on research dealing with the interface of 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 on Taylor's (1911/2014) notion of scientific management, which relies on employees to deliver 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, which is critically important in order to salvage it and save lives. Currently, public hospitals in Nigeria are undergoing 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 has politicised, weakened, and corrupted government bureaucracies, and the present economic meltdown has worsened matter as 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 threat to the survival of the medical sector. 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...

### ***Theoretical framework***

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 scientific approach to employment relations can lead to better management, efficiency, effectiveness in the workplace and by extension HRM practice (Abbott, 2006). In its pure form, scientific management method lays too much emphasis on the mechanics and processes of work, while distancing people's views as well as not putting into consideration their welfare, rights and participation in organisational decision-making processes (Taylor, 1911/2014). As Pollitt (1990) in his landmark work posits, the particular brand of managerialism practice in modern organisations has evolved following in the footsteps of Taylorism, which is called "neo-Taylorism" (Payne et al., 2006). Like managerialism, Taylorism – scientific management philosophy – promotes efficient and productive organisation ethos as well as 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, unhappy workforce (Mueller and Carter, 2005; Brunetto, 2002). Also, 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 scientific method. Thus, whereas 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 the notion that internal tension and conflict in the workplace between employers and employees can be addressed via scientific approach for 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 as well as negates the distribution of organisational power by ensuring that management retains superior knowledge about HRM and for 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 employers and employee are pursuing collective goals (Clarke and Newman, 1997).

Whereas 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 as it uncovers the relationship between scientific management, managerialism and employment relations within the context of Nigeria, which can potentially lead to novelty in the literature. While some scholars (Vijai et al., 2017) agree with Taylor's (1914) overall argument that scientific management can lead to some efficiency in the workplace, his emphasis on controlling and restraining the rights and inputs of workers in management decisions, especially, to the point of loss of employee voice and power negates the premise of managerialism, which is central to such organisational rationality. By the same token, 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 sustainability crisis as well as problems associated with 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 capacity to effectively regulate the sector owing 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 USA, Germany and other developed countries for greener pastures as well as better working condition. This situation exerts pressures on medical doctors and redoubles work-related pressures forcing them to consider leaving. As observed by Ovuorie (2013) shortage of doctors is mainly responsible for 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 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 including burnouts, 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 amongst others (Mushfiqu et al., 2018). For example, Mushfiqu et al. (2018) leveraging on institutional theory revealed in their empirical work that WLB challenges for Nigerian female medical doctors are institutionally framed and concluded that sociocultural, institutional and professional realities constitute WLB as well as social sustainability challenge for female doctors (including male doctors). They further highlighted that factors including work pressure, cultural expectations, challenging work environment, unsupportive relationships, gender role challenges, inequality, lack of voice/participation and high stress level frame women's capacity to manage WLB. The lack of appropriate employment practice following managerialist HR practice poses challenges to medical doctors in the health profession and results to 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 a sustainable HR policies and framework for the sector. Hence, government hospitals (teaching hospitals) comprise various groups of workers and professionals and providing health care to Nigerian citizens. In particular, medical doctors perceive organisational practice and decisions as well as management actions as marginalising other voices and celebrating shareholder-centric business ethos. We present next the methodology adopted.

## **Methodology**

Three important aspects of the methodology adopted – method and participants and sampling process and analysis process – are highlighted in this section. Method is presented first.

### ***Method***

In view of the fact that we needed to have an in-depth understanding and knowledge of the actual experiences of medical doctors, who experience managerialist employment relations that subsequently impact on employee turnover intention in Nigeria, we applied exploratory, interpretivist approach (Patton, 2015), hence, it helps to represent participants' (interviewees') opinions more accurately (Alvesson and Deetz, 2000), as it investigates socio-cultural and historical situated interpretations of the lived world (Saunders et al., 2009). This methodological approach can be used in understanding as well as 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 as opposed to quantitative approach (Mizuchi and Fein, 1999).

### ***Participants and sampling process***

Access to data collection was operationalised by first of all 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 gathering data in developing countries like Nigeria (Mushfiqu et al., 2018). Given that phenomenon of employment relations is a sensitive issue particularly in developing countries (Mordi et al., 2013), we had to make clear to the gatekeeper that data to be collected would be basically used for academic purpose only and that their confidentiality and anonymity were guaranteed. As noted by Edwards and Holland (2013) in (qualitative) it is pertinent to seek participant's consent and let them know reason for interview to avoid deception. Subsequently, researchers felt the need to pilot the study, which facilitated the identification of "knowledge agents" (Idemudia, 2017, p. 7) that is information rich participants, whose views are pertinent to understand the phenomenon under investigation. Information rich cases are cases from where the researcher can learn reasonably concerning issues of importance and thus worthy of in-depth inquiry.

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

study’’ undertaken before actual data collection. Piloting the study yielded some advantages including the following:

- It facilitated ascertaining whether interviewees were fit for purpose
- It helped in verifying if the data collection instrument was feasible and valid
- It ensured that data to be collected was potentially result-oriented
- 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 data collection instrument prior to actual data gathering enhances reliability of instrument.

Consequently, calls were made to departmental offices explaining research aim and objectives warranting access. Data for this study was gathered between 2015 and 2016. 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 are anonymised. These cities represent geopolitical zones in Nigeria. The sample size for the study demonstrates that authors wanted to do justice to the richness of the qualitative data by circumventing the pitfall of needlessly engaging in collection of large sample size (Saunders et al., 2009). Also, purposive sample techniques (non-probability technique) was applied, which permitted identifying specific interviewees (employees) that have wide-ranging knowledge and deep understanding of experiences of the relationship between managerialist employment relations and employee turnover intention as well as affected by it.

Moreover, we employed standard interview process, where participants were asked a set of common questions, which elicited answers relevant to research objectives. Following Onkila (2016), this process helped to enhance “dependability” of data to be gathered. 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 harmonious relationship at work? Do you think your organisation has 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 communication procedure and employee participation and involvement in your organisation? Do you consider your work stressful and challenging?

The above questions enabled us to ask employees in different instances where there appeared to be some inconsistency and/or for *confirmation* (Guba and Lincoln, 1989) for instance, where clarification was needed about how intensity of work pattern impacts employee’s wellbeing and WLB. This process further helped in arriving at “information rich” (Patton, 2015) sample. Interviews lasted between 45-55 minutes. After 25 interviews had been undertaken, further 8 interviews were carried out to arrive at “data saturation” (Silverman, 2006) and confirmation and dependability (Saunders et al., 2009) as well as to avoid bias (Guba and Lincoln, 1989). Details of participants are represented in Table 1.

Table 1: Interview brief detail

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, interviewees were also given the permission 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 to encourage more insights from participants outside our interview schedule for nuanced knowledge

- We believed that knowledge is situated and contextual, necessitating the researcher to ensure that germane context is investigated so that situated knowledge can be created
- We thought that meaning is created in interaction that can be arrived at via 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 point from the process. This was done with tape recorder and with participants' permission for ethics (Saunders et al., 2009). Transcription of interviews was done manually and word-for-word. After the transcription phase, documents were sent back to interviewees to ensure their precise perspectives and words were captured; this was done to avoid misinterpretation (misrepresentation).

### ***Analysis process***

Data analysis was undertaken by leveraging on 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 where relationship was made between theories underpinning HR practices, managerialism and employee turnover and data collected. Coding scheme was actualised by interactively going back and forth data as well as going line by line data and interview schedule. 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 main concepts, issues, phenomena and conceptualisations that we considered informing the "semantic content of the data" (Braun and Clarke, 2006, p. 84). We note that individual statements by the interviewees were units of coding. Coding schemes were created by meticulously going line by line interview schedule and data to form *categories*. This process resulted in the creation of a large number of *codes* (Soundararajan and Brown, 2010). Next step had to do with axial coding, which is the development of categories based on comparable features between codes.

Subsequently, a number of the codes developed previously were considered to be focusing on comparable phenomena and issues (that is sharing similar elements) and were thus pulled together to form *categories*. Examples of 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 of the categories by examining relationships between them with the sole aim of integrating, developing and naming *core categories* – themes. This step permitted the identification of both atypical and typical ideas, which were eventually pulled together into themes in order to gain rich, nuanced knowledge and understanding of the relationship between managerialist employment relations and employee turnover intention. Through the combination of codes that have comparable, important ideas, five main themes were identified and thus merit analysis (see Table 2 for details). Next, findings and discussion is presented.

Table 2: Main themes, illustrative quotes and codes

<b>Main themes</b>	<b>Illustrative quotes</b>	<b>Codes</b>
Overwhelming workload	<i>I work weekends .... This pushes me to the edge to leave</i>	Control, inflexibility, domination, inequality, centralisation, intensity, exploitation, hierarchy,
Discontents of inflexibility	<i>... Management's objectives hold sway ...</i>	

Non-participatory engagement	<i>...we have a culture that doesn't support individual participation and engagement...</i>	organisation, isolation, stress and power differentials.
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 comprise five key themes, which include overwhelming workload, discontents of inflexibility, non-participatory engagement, centralised communication and silencing employee voice. The analysis begins with overwhelming workload.

### Overwhelming workload

Regarding this theme, workload was identified as a major driver of stress, burnout and WLB challenges amongst Nigerian doctors. Interviewees explained that intensity of workload, which is managerially driven, constitutes stress and other negative work-related challenges and subsequent turnover intention. Given the nature and dimension of workload in hospitals (Adisa et al., 2016), doctors are pressured, which negatively impacts job satisfaction and welling. The following cluster will help 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 above observations continue here:

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 overwhelming workload in public hospitals in Nigeria. As can be gleaned from these statements, doctors face home and work challenges because of the nature of workload they do and unsupportive HR policies around WLB and employment relations. Comparable opinion is expressed by Mushfiquir et al.'s (2018) study in the Nigerian context. 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 work doctors do and workload also account for long hours of work in order to deliver on the profession and meet government's target (Adisa et al., 2016) as well as save cost for the government (World Bank, 2004).

The above scenario further characterises lack of protection from Nigerian government regarding managing doctors' workload and 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 owing to long hours they do in the hospitals and lack of effective legislation regulating medical practice in Nigeria. Research exemplifies 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 developing countries like the UK, doctors are protected by the European Working Time Directive 2003 that protects employees from working long hours. The Directive stipulates when and how to take break, rest and day off because of the nature of strain and workload that doctors face in the hospitals (Sibert, 2011) or compensatory rest to be taken another time. Nonetheless, managerialist nature of HR practice in Nigerian prevents designated break time to be given to doctors and further makes them to work more than required time (sometimes) without compensation or extra pay (Ovuorie, 2013). Broadly, all the interviewees confirmed that Nigeria's HR practice and employment relations system make it difficult if not impossible to give human face to the nature of workload that doctors undergo that triggers unhappy workforce, lack of motivation, stress, burnout and WLB challenges leading to turnover intentions.

### ***Discontents of inflexibility***

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

For my hospital, there's nothing 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 above painted workplace culture creates an atmosphere of "unhappiness and low commitment" (B3). For instance, "Oga" is Nigerian phraseology for manager or lord, which helps in giving vivid illustration of how managers – masters – are regarded in Nigeria (Oruh et al., 2018). Accordingly, Warr (2009) concluded that one of the triggers of discontents about work procedure in the workplace is inflexible work arrangement and lack of consultation, including bad relationships that trigger low productivity and stress.

Interviewees B4, A6, and A1's statements lend credence to this observation. As remarked by Bambacus and Kulik (2013) such HR practices lead to employee turnover intention (Yildiz, 2018). The work by Kim et al. (2017) noted that the above climate of inflexible work pattern, lack of satisfaction and managerial system illustrate the essentials of the discontents of inflexible work pattern 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 to this. These findings are consistent with Dysvik and Kuvaas's (2010) study which unpacks the correlation between (intrinsic) motivation and turnover (intentions) in a cross-sectional survey among employees representing more than 400 organisations from a wide range of industrial groups. Also, 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 a lot to be done



to support us in this regard''. Both C1 and B7's perspectives are agreement with how inflexibility impacts job satisfaction and motivation leading to employee turnover retention (Ertas, 2015).

### ***Non-participatory engagement***

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

In my opinion we have a culture that doesn't support individual participation and engagement. It ultimately impacts on 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 inputs in work life balance policies and how they affect us (A2).

From the above, it can be summarised that doctors' commitment, involvement, participation and engagement are not given expression in Nigeria (Fajana, 2006). These observations are consonant with Wen et al.'s (2018) study about improving job satisfaction through engagement (in addition to job safety, pay increase and promotion). In parallel with the above-mentioned perspectives, a Registrar – A10 – concurred and took the issue of involvement further and noted that his experience is more related to denial of access to frameworks that encourage involvement and participation and utter deprivation of rights to contribute to organisational leadership.

Comparable viewpoints were offered by D6, C8, B2 and A8. This perspective has association with Gennard and Judge's (2011) position that echoes the notion that involvement connotes more 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, government and employers. For example, managerialist dynamics of employer-employee in Nigeria poses 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 intentions (Timinepere et al., 2018). These findings result in "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 procedures of work processes such as decision-making and consultation.

### ***Centralised communication***

Nigeria's employment relations demonstrate a culture of high power distance (PD) index, hierarchy and paternalism, which elicit superior-subordinate working arrangement (Ahiauzu, 1989). Fundamental to this HRM landscape is the nature of communication at 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 bi-directional communication, while the latter is authoritarian and unidirectional communication. Some excerpts from participants will further flesh out 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 that is exclusive in my opinion (D2).

Rather than being mere opinion, both C4 and A8 concurred to the point raised above. In taking this issue forward A5 blurted 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 better HR policies and strategies to obviate turnover intention.

However, in a paternalistic society and organisational arrangement like Nigeria realising 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, 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 team. They cautioned that decentralised communication plays significant role in managing and sustaining human relationships. However, they continue and added that when there is unequal or undemocratic communication process in an organisation, it tends to trigger employees intending to leave (or leaving an organisation) as well as lack of commitment and unhappy workforce. These findings are in line with Ovuorie's (2013) observations in Nigeria. Accordingly, as observed by Mueller and Carter (2005) managerialist HR practice negates decentralising communication and fair employment relations that panders to the logic of dialogic, bidirectional communication system and equality in the workplace. Therefore, such employee relations practice can lead to turnover intention and lack of job satisfaction; hence, it de-emphasises employee voice and empowerment as employees are left out in 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 stemming from engaging them in decision-making can lead to enlarged 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 voice enlargement can potentially lead to genuinely democratised work environment that celebrates shared leadership and collective goal attainment including questioning the hegemonic, hierarchical HR system in Nigeria. Some quotations will corroborate this:

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 is 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 is managerially driven and does not take into consideration inputs of doctors in decision-making, which leads to disempowerment and disenchantment, 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 work, they have to be appropriately involved in the decision-making processes in order to have sense of participation and empowerment, which comes through participation and power dispersion. This theorisation ensures power circulates and functions as a chain where 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 employment relations system that stifles doctors' voice and further disempowers them through naturalised, managerialist HR system. These findings are consistent with Oruh et al.'s (2018) work on Nigeria. They concluded that Nigerian employment relations landscape is synonymous with employee voice capture, which not only reduces and silences voice of employees but facilitates disempowerment and its concomitant employee turnover intention. Parenthetically, Timinepere et al. (2018) stated that intention of medical doctors to leave employment in Nigeria stems from lack of organisational justice, which is part of managerialist HR practice and voice denial. We present next conclusions, implication, limitation and further research.

### **Conclusion, implication, limitation and further research**

This study aims to investigate the relationship between managerialist employment relations and employee turnover intention in Nigeria's public hospitals. Five themes including overwhelming workload, discontents of inflexibility, non-participatory engagement, centralised communication and silencing employee voice were identified and analysed, and 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 (Mushfiquir 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 prevailing HR practice lacks engagement, employee voice, participation, motivation and empowerment. Furthermore, the absence of engaging HRM practices trigger stress, burnout, inflexible workload and unhappy workforce amongst other work-related issues.

The findings of this study therefore challenges current HRM practices in Nigeria, which this study reveals is managerialist in 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 and employee wellbeing and employee turnover intention. Such reawakening can lead to better performance and result-oriented service delivery in the medical sector. As revealed in the analysis, our findings are comparable with other researches on doctors' employee turnover (intention) in the wake of managerialist employment relations system and organisational practice in general (Timinepere et al., 2018). Additionally, given the role played

by the medical sector towards Nigeria's socio-economic development (Adah-ogoh, 2016) and by extension Africa, insights from this study can help in rethinking policies and frameworks that can be initiated 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 lack of protection of workers' rights, inequality, paternalism, power distance and gagged trade union – presents an interesting and revealing context to investigate the interface between managerialist employment relations and turnover intentions of doctors.

Our findings indicate that managerialist employment relations is a function of Nigeria's unique HR practice (and HRM generally) that is steeped in authoritarian, paternalistic, non-participatory and unethical HR system (Otobo, 2016; Anakwe, 2002), which is framed by its unique workplace culture that 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 happy workforce, motivation, engagement, participation and empowerment as well as realisation of voice is mediated by participatory and acceptable HR practice. 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 literatures 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 interrogated the interface between managerialism and employee turnover intention in Nigeria's medical sector using 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 implications, our analysis helps to broaden perspectives on how contextual issues can help to 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 better understanding of doctors' experience in public hospitals and its impacts on healthcare development, policies and management. Thus, insights from this study can facilitate rethinking policies, practices and regulations in the medical sector for better delivery of service as it 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 healthcare delivery crisis (Ovuorie, 2013), more study should be undertaken to interrogate how HRM processes, specifically, employment relations and engagement processes are implicated 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 case study research. Also, undertaking quantitative research in this area can potentially lead to generalising findings.

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