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Assessing the effects of industrial unrest on Ghana health service: A case study of nurses at Korle-Bu teaching hospital

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This paper assessed the effects of industrial unrest from the perspectives of a cross-section of fifty nurses and patients at the Korle-Bu Teaching Hospital (KBTH), Accra, Ghana in West Africa, spanning the period of 2004 to 2008. The deductive study was based on descriptive analyses of statistical data gathered from the data subjects, who were randomly selected. The study revealed that strikes by the nurses in Ghana sent signals to the international community about workers' unrest in Ghana and increased the national and household expenditure. It also revealed that when the nurses went on strike the health of the patients deteriorated which brought about reduction in the revenue generation of the economy of Ghana. The study recommended that to reduce the frequency of nurses industrial unrests and its impact on Ghana, the Government should take steps to reduce the high wage disparity among the health workers, educate the nurses on the repercussions of their strike actions on patients, put in place crises interventions committee at the hospitals and provide special rewards for the night services of nurses.

Key words: Strike action, ADHA, KBTH.

INTRODUCTION

Health experts meeting in Geneva, Switzerland in December (2001) concluded that due to low pay and other poor conditions of service most nurses embark on strike or leave the health care profession worldwide. It is therefore necessary for every country to see to manage to improve the health services delivery by managing the human resources for health very well in order to maintain them according to the standard of World Health Organisation (WHO, 1997).

World Health Report (2006) showed that 57 countries, including Ghana, faced critical health workforce shortages due to poor conditions of work offered the nurses. These countries were regarded as countries with critical health needs by Global Health Workforce Alliance. Nurses in most cases demonstrate when their grievances

are not met by embarking on strike actions (or industrial unrest). For example on October 28, 2008 over one thousand nurses and other health workers in California, USA, launched a 24 h strike (www.marketwatch.com); on pressing home for a reduction on their working hours, nurses at Cavan General Hospital, Ireland, had to embark on strikes (www.anglocelt.ie). The Strike actions of nurses go beyond worsening the economy to raise questions of mortality, morbidity, and the misalignment of health care resources and expenditures caused by unnecessary hospitalizations when patients drop out of care (Ntshona, 2002). For example, thousands of patients were denied emergency health delivery services when nurses in Kinshasha, Democratic Republic of Congo went on strike on August 8, 2008 (www.irinnews.org) and in Sri Lanka six deaths (allegedly) were reported on May 4, 2008 due to nurses strike.

A recent survey on seventy-seven WHO member countries indicated that even though many countries

Abbreviations: ADHA, Additional duty hour allowance; KBTH, Korle-bu teaching hospital.

were trying to meet and strengthen nursing and midwifery services, over 70% of the respondents indicated that their countries were experiencing a shortage of nurses and midwives (WHO, 2010).

Malawian Government, in order to revamp its health system after various strikes, made provision of incentives for recruitment and retention and building of Human capacity to address the problems associated with the nurses' workforce. Through the intervention the Government saved over 13,000 lives and increased the number of its professional health workers by 53%, from 5,453 in 2004 to 8,369 in 2009. This initiative received WHO commendation in 2009 (WHO, 2009).

In Ghana, the nursing profession usually embarks on industrial unrest through strikes which result from disparity and unfulfilled agreements in the payment mechanisms and other poor conditions of work of the Health sector. Statistics from the Ghana Labour Commission in 2008 depicted that out of twenty eight major strikes which occurred in Ghana during the period of this study, KBTH recorded thirteen representing 46%. These series of industrial unrests were staged mainly on the principle of freedom of association and movements emanating from the 1992 Constitution of Ghana.

This research was, therefore, carried out with the objective of assessing the effects of the nurses strike on the people of Ghana, to consider the means to manage the effects and make recommendations that would help reduce the high frequency of strikes on the health service delivery. To achieve the objectives the research tried to seek answers to the following questions; what were the root causes and effects of the strikes? How should the root causes be managed in order to reduce the effects of the strikes on the people?

The study would help the government and the health agencies to formulate workable interventions to find lasting solutions to frequent industrial unrest by nurses and to make policy recommendations that would help improve the delivery of health service to the people.

MATERIALS AND METHODS

Research design

The method used for this study adopted a cross - sectional study approach that sought to assess the effects of strike action by nurses on the people of Ghana, using KBTH as a case study. The study utilized both qualitative and quantitative techniques for its analysis. The research considered fifty data subjects (25 Nurses and 25 Patients) from the population of 1107 nurses and over 1000 patients, who were selected using the stratified random sampling method, from KBTH. The nurses were stratified based on their departments and ranks. The patients were randomly selected from the Out-Patients Departments (OPDs).

In designing the instruments advice and permission were sought from the authorities of KBTH. The team also sought permission from the Director of the nurses before administering the questionnaire on the nurses. Since the survey involved some minors, permission was again sought from their guidance before they were allowed to participate with the help of their guidance. The

confidentiality of the data subjects was assured. The participation (or lack of participation) in the focus group, therefore, did not adversely impact the nurses' employment or patients receiving care.

KBTH (one of the two regarded Teaching Hospitals in Ghana) located in Accra, the regional capital of Greater Accra Region was chosen for the study because it was the premier national referral hospital in Ghana during the period of study. From the KBTH 80th Anniversary Brochure, KBTH had grown and developed from a 200 bed capacity hospital and staff strength of 60 in 1923 to a 1,700 bed facility and staff strength of 3,000 persons of all types and grades in the year 2008. The hospital had 150 Medical Doctors and 1,107 nurses with an average daily out-patient attendance of 1,000 (About 120 people admitted daily). The hospital developed into 17 Clinical Departments and Centres in 2008. The main specialist centres were Cardiothoracic Centre, Reconstructive Plastic Surgery and Burns Centre and Radiotherapy and Nuclear Medicine Centre. KBTH renders health delivery services to Ghanaians and also attends to referred health cases from most West African countries and beyond. Usually the most severe health cases from the clinics and other hospitals are referred to KBTH and because of the sensitive nature of the hospital any strike action by the medical staff seriously affects the nation adversely.

Instrumentation

The primary data were collected by a five-member team made up of four Institute of Professional Studies (IPS) students who were in the Faculty of Management. The study utilized the use of a questionnaire and interview. The field work was undertaken within a period of thirteen weeks. Four weeks were used for pre-testing of the questionnaire. Nine weeks were devoted to the administration of questionnaire and interview of the subjects. The study covered a five-year period spanning 2004 to 2008. The questionnaire was pre-tested during a pilot study in the later part of 2008 to ensure that questions asked were understood by the respondents.

To ensure reliability, the respondents were interviewed by the team on some of the questions already asked in the questionnaire. Completed questionnaire from the field was edited and coded appropriately to make meaning out of the data. Editing was done to correct errors, check for non responses, accuracy and corrects answers. Field notes and responses from the questionnaire used during the research were kept for verification.

RESULTS

Demographic data

As noted in Table 1, the nurses who responded were within the age group 21 to 50 years with majority of them aged from 31 to 40 years. Most of the patients who responded were within the age group 10 to 20 years. However there were some patients who were over 60 years.

From the perspective of nurses

Causes of the nurses' strike

Most of the nurses attributed the causes of their strike to wide wage differentials between theirs and that of the

Table 1. Age group of the nurses and patients.

Age	Patients (%)	Nurses (%)
< 10	5 (20)	-
10-20	7 (28)	-
21-30	3 (12)	4 (16)
31-40	4 (16)	14 (56)
41-50	3 (12)	7 (28)
51-60	1 (4)	-
60+	2 (8)	-

Source: Field Survey, May, 2008.

Table 2. Causes of strike actions (Nurses perspective).

Cause	Frequency	Percentage (%)
Salary	9	36
Adha	9	36
Work load	1	4
Logistics	3	12
Others (specify)	3	12

Source: Field survey, May, 2008.

medical doctors, delay in the payment of their allowances, poor remuneration and logistics as noted in Table 2.

Effects of nurses' strikes

The study showed that 88% of the nurses believed strongly that their strike actions affected revenue mobilization of Ghana. All the nurses accepted that their strike actions had serious adverse effects on their patients. Most of them also agreed that their strike tarnished the image of the country internationally, led to brain drain, brought about increase in the family expenditure of their patients, reduced their productive time and led to contraction of communicable diseases from the hospital as noted in Table 3.

Resolution of strike actions

In rating government's effort in curbing strikes of nurses, a lot of the nurses (76.92%) believed the efforts were not effective. In coming out with means of resolving their strike majority of them cited increase in their remuneration, the use of unit associations and reduction of salary gap between theirs and that of the medical doctors as noted in Table 4.

From the perspective of the patients

The study indicated that 92% of the patients sympathized

with the nurses. It was also from the perspectives of the patients that every strike action of the nurses never went beyond one month. Forty-eight percent of them indicated that they had been seriously affected adversely by strike action of nurses at KBTH in the past before. Some of them were of the view that the nurses' strike tarnished the image of the country internationally, increased their family expenditure; reduced their productive time and led to contraction of communicable diseases due to worsened health conditions and long stay at the hospital as noted in Table 3. On efforts put in by the government to resolve the crises of the nurses strike most of them (68%) believed the efforts were not effective. The patients also cited increase in the nurses' remuneration, the use of unit associations and closing of salary gap between the nurses and the Medical Doctors, as noted in Table 4.

DISCUSSION

Many Ghanaians get worried about the health workers continuous agitation for improved conditions of service because of their poor condition of work. Ghana was cited as one of the 57 countries faced with critical health workforce problems and shortages by the Global Health Workforce Alliance survey in 2006 (World Health Report 2006). These health workers problems in Ghana were affirmed by the survey which indicated that most of the nurses were not happy with their conditions of services, especially their remuneration. This assertion was largely associated with the amount and unfairness when they

Table 3. Effects of strike actions.

Response	No of nurses (%)	No. of patients (%)
Increase in nation's budget	1 (4)	9 (36)
Negative image on the nation	15 (60)	13 (52)
Brain drain	9 (36)	3 (12)
Increase in family expenditure	13 (52)	11 (44)
Loss of productivity time	9 (36)	8 (32)
Deterioration of patients health	2 (8)	5 (20)

Source: Field survey, May, 2008.

Table 4. Resolution of strike actions.

Resolution	Nurses (%)	Patients (%)
Negotiations and dialogue	3 (12)	3 (12)
Unit association	9 (36)	2 (8)
Increases in salary	12 (48)	13 (52)
Collective bargaining	1 (4)	7 (28)
Reduction of salary gap	12 (48)	12 (48)

Source: Field survey, May, 2008.

compared their remuneration with that of the Ghanaian medical doctors. They were not complaining of equal pay but the wide gap between the nurses pay and that of the doctors. The study showed that another factor associated with their meager salary was the delay in the payment of the nurses' allowances. The nurses were of the view that any attempt to segregate and motivate staff differently created disunity within the health sector and led to a perception of discrimination and favoritism which was likely to impact negatively on total patient care in the long run through their strike action. The rippling effect of the strike action was estimated to have economic effects on patients, the hospital and the nation at large (Ntshona, 2002). The effects could be analyzed in terms of revenue, deterioration and loss of lives, the nation's international image and increase in the family expenditure due to patients not receiving the treatment from the nurses at the right time as deduced from the study.

It was revealed from the study that when nurses embarked on strike action it went a long way to tarnish the image of the nation abroad and increased the family expenditure. Most of the nurses studied opined that their actions increased the 'Brain Drain' of nurses. Majority of the patients indicated that strike action of nurses caused a rise in the nation's budget and brought about a deterioration of patients health conditions which could be due to long stay at the hospital and contraction of communicable diseases from affected patients.

According to WHO Report (2010) there is a continuous need for interventions and improvement in the services of nurses. Governments have tremendous roles to play in dealing with problems associated with nurses. In dealing

with the causes that trigger of strike actions of Ghanaian nurses the example of the Malawian government intervention which sought to improve the working conditions of the health workers could be considered by the Government of Ghana to address some of the problems that nurses go through which is mostly on their remuneration (WHO, 2009). Majority of the respondents felt the actions put in by the government of Ghana were ineffective and they suggested interventions like improvement in their condition of service, collective bargaining, negotiation and dialogue, use of unit associations and reduction of the salary gaps between nurses and the doctors which could be employed by the government. The efforts were ineffective because of the disparity in the pay structure which was skewed to favour the Medical Doctors and the other non medical staff according to the nurses.

Conclusion

The Patients and Nurses studied saw strike action as a bargaining tool that the nurses used to seek redress on their grievances. The major cause of the nurses' strike was attributed to poor remuneration and inequity in how they were remunerated as compared to the other paramedics. The respondents agreed that to resolve the grievances of nurses which led to their strike action, steps should be taken to improve upon the working conditions of the nurses and see to reduce the wide salary gap between the nurses and the other medical doctors to match their effort.

RECOMMENDATIONS

Even though Ghana's Constitution allows strike action, the nature of the services rendered by nurses is so crucial that steps should be taken to curtail strike action of nurses. The following interventions could be used to curb the frequent strike action of nurses in Ghana:

1. Steps should be taken to reduce the wide salary gap between the Nurses and the Medical Doctors and improve upon the condition of service of nurses.
2. The Nurses should be well informed of the repercussions of their strike actions on patients which touch on the life of Human Beings
3. Crises Intervention Committee should be established at the teaching hospitals to address issues, such as nurses strike actions through dialogue
4. Nurses should be specially rewarded for their services
5. Government must honour collective agreement conclusions with nurses.
6. The working conditions and environment of nurses should be well improved to reduce their brain drain.

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