

RAMPART STRIKE ACTIONS IN THE PUBLIC HEALTH SECTOR: CURBING THE MENACE

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In free societies and industrial relations, strike and lockouts are considered undeniable rights of workers and employers. Indeed, strike actions by workers in most parts of the world have had a long and turbulent history¹. In Ghana, strike actions by health workers in the public health sector have been recurring since independence. The recent one is the strike action embarked by junior doctors at Komfo Anokye Teaching Hospital in May, 2009. The rampant strikes by health workers in the public health sector are indicators that inherent problems may not have been solved satisfactorily. This article examines the causes and factors of strikes among health workers in the public health sector and what can be done to curb this menace.

Strike Defined

In every organization, there exists the possibility of disputes and these may occur in two major instances. The first situation may arise during negotiations for collective agreement when the parties are unable to reach an amicable settlement on any matter under negotiation. Secondly, disputes may arise at a work place when a worker becomes aggrieved on any matter concerning his / her terms of employment. When a dispute or an impasse arises over a matter under negotiation, three things can happen: reconciliation or mediation, a strike or lockout or arbitration. If an impasse in negotiation is quite serious, a strike or lockout can take place.

Strike is defined as a concerted withholding of labour supply in order to bring economic pressure to bear upon the employee's and / or the union's demand¹. Simply it is a refusal by employees to work. A lockout, on the other hand, is a refusal by management to allow employees to work.

Types of Strike

There are several types of strikes and these can be categorized by the objectives they seek. They include:

- *An Economic Strike:* This is an action by the union of withdrawing its labour in support of bargaining demands, including pay increase. Most of the strikes by health workers in Ghana are related to economic.
- *Unfair-labour Practice:* These are caused by unfair labour practices of the employer. That is when the union disagrees on how management is interpreting the contract or handling day-to-day problems such as discipline, promotion, transfers, etc.
- *Recognition Strike:* These occur as a strategy to force an employer to accept the union.
- *Sympathy Strike:* These are refusals by employees on bargaining unit to cross a picket line of a different bargaining unit (e.g. when more than one union is functioning at employer's plan)
- *A Jurisdiction Strike:* This takes place when two or more unions disagree on which job should be organized by each union.

Strikes may also differ in terms of the percentage of employees who refuse to work. A total strike takes place when all unionized employees walk out. If only a percentage does go, the result may be a partial strike, semi-strike or slowdown. In a slowdown, all employees come to work but they do little work. The unions insist on all work rules being followed to the letter, with the result that output slows down. This is also called 'working to rule'. In a partial strike, many employees strike but others come to work.

Health Workers and the Right to Strike

Health workers in the public health sector consist of several categories of professional groups. Each of these groups has the right to form association and this is supported by the 1992 Constitution of Republic of Ghana as well as the National Labour Act of 2003, Act 651. Consequently various professional associations including Ghana Medical Association (GMA), Ghana Registered Nurses Association (RGN), Association of Health Services Administrators, Ghana (AHSAG), Health Accounting Staff Association of Ghana (HASAG), Ghana Hospital Pharmacists Association (GHOSPA), and so forth have been formed in the public health sector.

The Associations basically seek to advance the interest of their members in terms of increasing standard of living, more leisure time, and financial protection against unemployment, injury on the job, sickness and insufficient income in old age. Another and more specific set of goals of the associations consists of job security, job rights, and opportunity for advancement.

There exists two principal means by which professional associations seek to fulfill their goals. First is collective bargaining. This involves the associations serving as representative of their members in the negotiations of a formal written agreement with management, which in turn represents the employer. Collective bargaining also includes day-to-day administration of the agreement, the enforcement of the agreement, and the resort to collective action. The second principal way in which professional associations advance their aims is through efforts to influence government policies and legislation. These take the form of grass-root campaigns and lobbying for their members to be appointed into some key management positions.

As noted earlier, in every negotiation there exists the possibility of a strike and generally in industrial relations, the right to strike is considered a fundamental right of employees. Professional associations and for that matter health workers therefore have the right to embark on strike but this does not mean they have unrestricted right to strike under all circumstances. A stoppage of work by health workers must be within the confines of the laws governing labour practice.

In Ghana, the National Labour Act of 2003 (Act 651) restricts strikes and lockouts in essential services of which health service is part². Under the Act, every dispute resolution that ends up in a deadlock must be notified to the National Labour Commission (NLC) within seven days, after which the dispute shall be determined by compulsory arbitration. Thus even though strikes are not outlawed in Ghana, the procedure laid down by law makes it almost impossible for health workers to have a legal strike.

Effect of Strike on Health Care System in Ghana

Strike actions when managed constructively, can have a positive effect by creating awareness that a problem needs solving, encouraging reforms, increasing motivation and energy to take action and improve better relations. For instance, the long strike by doctors in the public health sector in 1999 led to an introduction of Additional Duty Allowance (ADHA) for health workers³. Again the continuous strike actions embarked in 2006 by Health Workers Group (HWG) made up of GRNA, GHOSPA, AHSAG, HASAG and other health professional associations brought about reforms in the health sector salary structure⁴.

While this is the case, strike can also have a devastating effect. A major concern with frequent strike by health workers in the public health sector is that it destabilizes the country's fragile health system and undermines the health development efforts thus contributing to poor health outcomes. In 2006 for instance, available records indicate that the continuous strike actions embarked upon by the health workers contributed to the poor performance of the health care delivery in the country. According to the records, outpatient per capita, in-patient admissions and the health care utilization in general as well as many other indicators suffered decline in 2006 due to the strike actions⁵.

Thus, even though strike can sometimes serve as a catalyst of action and an effective tool for health workers to influence change in the health sector, the rampant strike actions pose a major challenge that undermines progress in the health sector.

Factors Accounting for Strike Actions in the Public Health Sector

There are myriad of factors contributing to rampant strike actions by health workers in the public health sector. These include the following:

Low Pay and Unfairness in the Health Sector Salary Structure

The importance of enhanced pay for workers cannot be overemphasized. As rightly noted by Baah⁶, there is hardly anything of more fundamental importance for workers as whether their pay are sufficient to provide their families with a reasonable standard of living. It is also worth stating that workers are not only concerned with the levels of their pay but equally importantly, they are concerned about relative pay because they are key indicator of social status and esteem for workers⁶. These explain why workers and their unions are so passionate about pay-rated issues.

In the public health sector, pretty much of the reasons why health workers embark on strike actions rest on pay issues. Health workers have over the years been dissatisfied with their working conditions and pay which they perceive as low and leading to a fall in their living standard². Apart from the low level of pay, one critical issue is the unfairness in the health sector pay. Some professional groups are given preferential and better treatment when it comes to pay and conditions of service even though health service delivery is considered as a team work. This practice has had a demoralizing effect on other health workers and serves as a precipitating factor for strike actions in the public health sector. An example is what happened in 2006 where HWG expressed dissatisfaction about the new health sector salary

scale. Two pay scales were designed, one for doctors and directors and the other for the rest of health workforce. The doctors' salaries were placed so high at the expense of the rest of the staff and HWG has to resort to various means including strike actions to seek redress⁶.

Poor Condition of Service

Apart from low pay, there is also the issue of poor condition of service, which also contributes largely to strike actions in the public health sector. There is no risk and other allowances. Health workers sometimes have to even bear the cost of their medical expenses. There is also the issue of no clear career path. Again, working conditions generally on housing, on the job safety (protection from contracting HIV for example), basic equipment for service provision, among others, are largely unsatisfactory. These are largely attributed to the fact that there is absence of a collective bargaining that set forth agreement on condition and terms of employment for health workers in the public health sector.

Economic Constraints and Lack of Willingness to Compromise

In most cases, numerous economic barriers and constraints are encountered during negotiations particularly for increase in pay. These include the public service arrangements that govern salary payments, the potential spillovers that increases in pay in the health sector might have on other sectors (e.g. teachers), public wage bill expenditure ceilings, and other fiscal constraints. The presence of these constraints and lack of willingness sometimes on the part of professional associations to compromise during negotiations lead to agitations and strike actions by health workers in the public health sector.

Long Delays in Promotions and Payment of Salaries for Newly Recruited Health Workers

Another major issue that has attracted complaints and contributed largely to strike action by health workers relates to long delays in promotion and payment of salaries for newly recruited health workers. Sometime it takes more than one year for newly recruited staff to be paid. The situation is even worse for non-clinical staff as it may even take more than two years for some of them to receive their first pay. The cause of these problems is partly attributed to the bureaucratic barrier that affects the capacity to promptly deal with promotion and recruitment of staff. Sometimes, it is also as a result of the fact that management is unresponsive and insensitive to the needs of the staff. For instance, the junior doctors at Komfo Anokye Teaching Hospital had to resort to strike in May, 2009 before the allowance including the arrears owed them were paid to them even though the management of the hospital knew that this had to be done.

Poor Employment Relations

This is due largely to generally low sensitivity to industrial relations issues on the part of management. Till date both the Ministry of Health (MoH) and Ghana Health Service (GHS) do not have well established and functional industrial relations units at the national and regional levels to proactively handle industrial relations matters. There still exists the perception of master servant relations and that management sees their role as exercising 'managerial prerogatives' while the health workers and the leadership of the professional associations see

their role as opposing this exercise of power. This leads to a classical confrontation situation in the public health sector.

Lack of Knowledge and Awareness in Labour Regulations

Lack of knowledge and awareness on the part of managers as well as the leadership of the professional association on labour issues such as principle of negotiating, consultations and bargaining practices also contributes to strike actions in the public health sector. Sometimes management comes into conflict with the professional associations due to inadequate knowledge and skills to handle employee relations issues skillfully and sensitively. A typical instance is the salary negotiation between management of MoH/GHS and the leadership of health professional in 2006 which led to an impasse and the subsequent compulsory arbitration of the matter by the National Labour Commission (NLC). The poor manner, in which the negotiation was conducted, provides a clear evidence of the level of inadequate negotiating skills of the management ⁷.

Limited Flow of Information

The issue of poor communication between the major stakeholders including government, the employer and leadership of the professional associations is another contributory factor to strike actions in the public health sector. No clear lines of communication and regular flow of information are maintained between these stakeholders; therefore the employers and government are sometimes out of touch with the feelings and sentiments of the health workers and vice versa.

Non-enforcement of Labour Regulation

Under the National Labour Act, 2003 (Act 651), the NLC is given power to regulate relations between workers and employers and make provision for prompt and time-based settlement of disputes in an attempt to avoid the occurrence of strike actions or lockout.

This notwithstanding, health workers continue to embark on strike actions regardless of the provisions in the Act and they do that with impunity. The inability of the authorities to be bold and firm and impose the appropriate sanctions to health workers when they embark on illegal strikes obviously contributes to the rampant strike action in the public health sector. While this is the case, it is equally important to point out that sometimes the inaction of authorities to promptly resolve the dispute of health workers as required under the Labour Act of 2003 (Act 651) for essential services also gives rise for health workers to resort to strike actions.

Mistrust

The issue of mistrust among employers, government and professional associations is also seen as a major contributory factor to strike actions in the public health sector. Usually employers promise one thing and do another. Again, when it comes to government, it is a well known fact that in most of the time, it does not honour signed agreements; saying one thing and doing another. Professional associations also do not trust themselves. Certain professional groups consider their function more important and perceive themselves to be superior to other

professional groups. This leads to internal wrangling and backbiting, which creates fertile grounds for agitations and strike actions.

Strategies to address Rampart Strikes in the Public Health Sector

In the light of the issues raised above, it is proposed that the following measures should be considered by the Authorities:

Enhancing the Pay for Health Workers

Given the fact that health service is an essential service, it is important that management takes urgent steps to engage government to review and develop comprehensive pay policy for health workers. A reasonable living wage should be provided to health workers. It is however admitted that raising pay is more complicated than one might think; partly because of the public service arrangements that govern salary payments, the potential spillovers that increases in pay in the health sector might have on other sectors, public wage bill expenditure ceilings, and other fiscal constraints. One possibility to raise pay will be to use internally generated funds to pay for salary 'top-ups'. This, however, requires establishing firm guidelines to prevent abuse.

Improving Condition of Service for Health Workers

It must be emphasized that pay increases on their own are unlikely to be as effective as combining these with improvements in working conditions. Management and various unions should come out and agree on workable condition of service for health workers. Here the emphasis from a human resource management perspective should be incentives for self development, regular and appropriate in service training, recognition of achievement and self improvement, fairness and equity in the administration of incentives, correct and timely dissemination of information particularly on welfare and conditions of employment.

Improving Employee Relation

A major important thing that has to be done is to sharpen the sensitivity of industrial relation issues in the MoH and GHS. One way this can be done is to establish functional industrial relation units at the Ministry and all levels of the Service. Again, there is the need to establish procedures for consultation, negotiation and bargaining on a range of issues.

Education

Training for both management and staff side is an essential prerequisite for good employee relations. A key aspect of these training and development programmes is to ensure that officers in management and leadership positions are well abreast with current and emerging trends in labour issues and are able to respond and resolve promptly issues arising from industrial disputes. The subject to tackle in this training should include labour regulations and the principle of good negotiating, consultation and bargaining practices that fit in with the system within GHS/MoH. The leadership of the various professional associations will also need to be supported to educate their members to be conversant with the Labour Act 2003 (Act 651) especially regarding the resort to strike.

Improving Communication

Like training, the best system in the world will not deliver good employment relations unless the wider workplace environment is conducive to it. The principle of good communication is the key to good practice here, as all evidence shows that organizations that communicate well at all levels enjoy better employment relations than those that do not. It is also believed that a clear communication strategy in the organization with the workforce as a whole, and with the leadership of the professional associations and government in particular will go a long way to promote a positive employment relation. To this end, there will be the need for frequent dialogue to be established between management and labour. Again, effective communication including staff suggestions programmes, staff durbars, periodic social dialogue meetings between leadership of professional groups and management and any other programme that can make the staff or employees feel part of the team and dedicated to service delivery should be promoted. This will also include ensuring that staff who are having problems get fair hearing.

Enforcement of Regulations

One crucial area of concern in addressing the issue of strike in the public health sector is law enforcement. Relevant labour law enforcement authorities, particularly the NLC should be adequately supported by government to increase their capability to ensure compliance of the application of the Labour Law. The law enforcement authorities should also demonstrate commitment and genuine resolve to hold people accountable for their actions and inactions, which give rise to strike action. Those who flout the law should be appropriately sanctioned to serve as deterrent to others.

Building Trust in the System

The degree and level of commitment of management and government to promise made should not be taken for granted. To effectively deal with strike in the health sector, the commitment of government and employers and the leadership of various professional associations are crucial. This commitment must be demonstrated in the form of proactive consultation, open and honest communication, accessibility of information to make informed decision and honouring of promise.

Conclusion

The article has demonstrated that rampant strike actions by health workers pose a danger to our fragile health system and that concrete actions need to be taken to deal with the menace. It has also demonstrated the complex nature of the causes and factors responsible for rampant strike actions by health workers and that no one action will resolve the menace that we are living with. We need effective solution. We need the involvement of various stakeholders in tackling the problem. Importantly, we need a commitment and a genuine resolve by labour law enforcement authorities to sanction those who flout the provisions of the labour law.

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