

The Honourable Minister  
Ministry of Health  
Accra

20<sup>th</sup> November 2017

## **APOLOGY TO AGGRIEVED STAFF OF ANKAFUL PSYCHIATRIC HOSPITAL**

I write in response to the petition a group of nurses at Ankaful Psychiatric Hospital sent to you and copied the CEO of Mental Health Authority, the Central Regional Minister and the Municipal Chief Executive of KEEA Municipality in the Central Region except me. The group admitted it was an error on their part by not copying me when we met with the Central Regional Minister, Hon. Kwamena Duncan who committed so much time and effort to resolve the industrial unrest in Ankaful Psychiatric Hospital.

The upheaval started after an orientation schedule for newly recruited staff (nurses and others) was perceived as punishment for nurses in particular. The misconception was created because the nurse manager (the DDNS I/C) made an error on the orientation schedule she signed where nurses were to spend a week each in some departments such as kitchen and laundry which were supposed to be a day each. The nurses were however made to understand later that orientation to various departments is a normal practice in organizations and it was not only meant for nurses. The nurses' group (Psychiatric Nurses' Group, PNG) on seeing the schedule wrote a petition to me through the DDNS I/C for the nurses to be withdrawn from the departments that in their estimation were outside the job description of nurses, and not necessary for nurses to 'rotate' through those departments. In their petition, they threatened to boycott a staff durbar which was coming up in five (5) days if nurses were not withdrawn from those departments. They indeed boycotted the durbar despite the DDNS I/C meeting with them on three (3) different occasions and on three different days for many hours prior to the day of the durbar. Management met some of the executives of PNG after the boycotted staff durbar and the matter was resolved by simply explaining and the DDNS I/C admitting that it was an error on her part that she labelled it "Rotation" instead of "Orientation" and those departments were only for a day or six (6) working hours daily and not a week each.

Management in its wisdom felt the orientation schedule causing an industrial action was just a façade for other grievances so the executives of PNG were given time to get back to their members and respond to management within a week. They met management after nine (9) days when they stated emphatically they had no other grievances. This written petition against the orientation schedule came after nurses have been advised severally to use dialogue rather than written petitions, and even other nurses who petitioned me verbally after the advice to dialogue through the DDNS I/C were duly sanctioned by the DDNS I/C. PNG, in spite of all these, presented a written petition to me through the DDNSI/C and copied all ward in-charges (who all

got their copies before me), but they were not sanctioned by the same nurse manager or DDNS I/C. Despite management's intervention, they still insisted they had no grievances further than what was contained in the petition and will accept the orientation schedule as originally intended.

Nonetheless, the CEO of the Mental Health Authority, Dr. Akwasi Osei, constituted a Fact-Finding Committee to investigate the authenticity of the numerous anonymous letters by my staff to him. Management met on a Thursday for our regular fortnightly meeting and the letter informing us of the coming of the team was discussed. PNG wrote their petition to you the Friday, 20<sup>th</sup> October 2017, following management meeting and before the Fact-Finding Team came on following Tuesday. And this was just few weeks following their meeting with management when they denied having any other grievances. The orientation schedule they even agitated on was not of concern in their petition. The anonymous letters and the petition had a lot in common and these were mainly on disciplinary measures and systems management had put in place since I assumed leadership to enhance learning and improve quality mental healthcare in our attempt to achieve a center of excellence in the sub-region as is our vision. Also, all the anonymous letters sent to me by my boss to respond to, came from the same email address and had similar language or choice of words.

When I went around on a weekend to find out that nurses were either not on duty or reported late to work and I called the DDNS I/C on phone to inform her on a Sunday, she saw it to be interference and insulting. She was not happy when I requested I wanted to be involved in choosing ward managers since in her opinion I only need to be informed who heads the wards. She got the opportunity early this year to complain to my boss, Dr. Osei who also reiterated that it was proper we discuss that and not just be informed. She refers to this as me micromanaging her and hence tells the nurses (her subordinates) that I solely determine who works where. This went on to the extent that a ward orderly I never knew before our encounter, came to my house one early morning to change his ward as the DDNS I/C said I was the only one who can do that. Actually, this made PNG to demand that "whoever was behind" the nurses being asked "to work" at the kitchen, etc. which was outside their job description withdraws them even though the DDNS I/C clearly signed the document.

Generally, nurses are not happy about the new systems to improve quality mental healthcare such as weekly prescribers' (psychiatry specialists, general medical doctors, physician assistants and nurse prescribers) meeting. I initially invited nurse managers to join voluntarily, but PNG will not accept that deputy ward managers were not invited as well. This I explained will decrease effectiveness of the meeting as the nurses will outnumber the prescribers and we will not be able to focus on the training needs of the prescribers. They petitioned the CEO on not allowing deputy ward managers to join the meeting and copied me. I never got my copy of that



petition and only got to know about it when my CEO asked me to respond to it. My copy is yet to be found.

Physician Assistants (PA) and Nurse Practitioners (NP) were acting as doctors formerly and I requested they work per their job description. For instance, a PA gives a staff an excuse duty of one week when even a house officer (higher than PA) can only give a maximum of three (3) days. A staff (NP) got an excuse duty for two weeks from a house officer working at Cape Coast Teaching Hospital (CCTH) and I followed up for the hospital authority to check the doctor. Ankaful Psychiatric Hospital is also a site for training of housemen posted to CCTH. A nurse got an excuse duty for three days from her mother, who is a PA in a nearby hospital, when I had earlier found out she was not on duty and these were perceived as too harsh.

I observed increasing frequency of nurses particularly, attending regular school at nearby University of Cape Coast while also working full time for the hospital. I am a part-time lecturer at the university (as they are in dire need of lecturers at the mental health faculty) and some of them attend my lectures. Management placed a moratorium on such practice and requested all to get approved study leave before embarking on further studies. It was made clear to the nurses that subsequent unapproved schooling will not be rewarded with a promotion, upgrading or transfer to another facility to profit from the unapproved schooling. An incident of note is one such nurse who got promoted twice in a year using certificate she acquired when she completed her unapproved schooling and the need for senior nurses in the hospital which the nurse manager advised was very necessary. She requested for transfer just after the second promotion and I was hesitant as I approved her promotion to get senior nurses in the hospital which we needed. She petitioned CHRAJ, Labour Commission and other ministries for not granting her release within a month. Even management members who backed her transfer *claiming persecution from me* agreed she quits her official accommodation after the transfer. Unfortunately, the same management members are now saying she deserves to be in the hospital accommodation as she works for the Ministry of Health though she has been transferred from the hospital.

Since I took office in January 2016, I have empowered the internal auditor who was not being used much. Now she checks everybody in management including me. For instance, any repairs or item(s) bought without her verification does not get paid by me. I have separated the pharmacy stores from the pharmacy so that the same pharmacist will not procure, stock and supply to self. I have also requested the Internal Auditor ensures every money collected is banked and we spend from the bank. I increased the casuals pay by 60% immediately on assuming office and requesting we work harder to get enough IGF to pay them more and decrease allowances due management members (including mine). Sometimes, I check lateness

to work personally and request any staff coming to work late to respond in writing to their heads of department and copy me. Nurses instituted their own measures to curb lateness to work by taking some of their leave days depending on how often and how late they come to work. Unfortunately, they were made to believe I instituted that measure because it came after a litany of complaints of lateness to work by me to nursing administration.

A ward manager, a nurse in charge of Drug Rehabilitation ward was removed as manager when the ward was observed to have been ran down with patients using alcohol and others getting syringes and needles from the ward to abuse drugs on the ward also claim persecution by me. Another nurse who before I took up leadership had absented himself many times to be considered as vacation of post gets his salary blocked and released to the Mental Health Authority after absenting himself for more than 10 days has also petitioned the CEO. These and many other measures I took to improve quality of work, which indeed has improved mental healthcare measured by significantly increased IGF and decreased mortality and morbidity, but has courted hatred for me by bringing these changes.

I admit I sometimes went overboard either carrying out some of these changes or teaching clinicians (nurses and prescribers) about the patients' conditions during review of the patients which sometimes to them were very embarrassing.

I apologize unreservedly to all staff of Ankaful Psychiatric Hospital who have been hurt by my approach, the CEO, MHA, Central Regional Minister, Health Minister and all others affected and I will surely improve and manage the change better than I have done in the past going forward.

I pray all to accept my sincere apology and help build a better hospital to achieve the vision of becoming the Center of Excellence in Mental Healthcare and teaching of same in the sub-region.

Thank you very much.



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Cc:

- Regional Minister, Central Region
- Chief Executive, Mental Health Authority
- Municipal Chief Executive, KEEA
- Regional Health Director, Central Region
- PNG, Ankaful Local