

Industrial and Organizational Psychology in Ghana: Recent Developments in the Training and Practice

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Abstract: The practice of psychology in Ghana is growing and this growth has further been facilitated by the strengthening of the Ghana Psychological Association and the passing of the Health Professions Regulatory Bodies Act, 2013 (Act 857). The practice of industrial and organizational (I-O) psychology has also benefited from the general growth in the practice of psychology in Ghana. In this paper, I provide an update on the training and practice of I-O psychology since the last major publication about the field in Ghana (see Oppong, 2013a). Some of the major developments since the last publication include the achievement of autochthonization through the production of home-grown doctoral-level I-O psychologists and the fact that I-O psychology research seems to be moving away from a focus on professionals (salaried workers) in the formal economy in high-income jobs to non-salaried workers in the informal economy. Prospects for the future are discussed in line with the recent developments in the business environment in Ghana and Africa, especially the establishment of the Africa Continental Free Trade Area (AfCFTA) and the outbreak of COVID-19 pandemic. The lessons learned from the training and practice of I-O psychology in Ghana may have implications for the growth and practice of the discipline in other non-Western societies and worldwide.

Keywords: I-O psychology, applied psychology, professional practice, AfCFTA, COVID-19

INTRODUCTION

It may be important to clarify some issues before we settle down to discuss the training, practice, and regulation of I-O psychology in Ghana. Why is someone teaching in Botswana commenting on the practice of I-O psychology in Ghana? I asked the question not because a foreign psychologist cannot comment on the practice of psychology in another country. I did so that I may not be perceived as a parachute

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researcher (Editorial 2018). Let me begin by saying that (1) I am a Ghanaian, (2) I received my bachelor's, master's, and doctoral education in psychology at the University of Ghana, Legon, Accra, Ghana, (3) I am an active member of the psychology fraternity in Ghana (Allwood 2018), (4) I prepared scope of practice of I-O psychology at the request of the Registrar of Ghana Psychology Council, and (5) I authored the first publication on I-O psychology published in *The Industrial-Organizational Psychologist* (Oppong 2013a). The purpose of this article is, therefore, to update the global community of I-O practitioners on the recent developments in the domain of I-O psychology in Ghana. There are many exciting developments that are worthy of being shared with the global audience so that they will be informed about the growth of the professional worldwide in recent times. As a result, this article will not repeat the issues discussed in my previous publication. I will also not comment on psychology in Liberia where I previously taught nor in Botswana where I am currently teaching; interested readers are rather encouraged to consult a brief commentary on Liberia by Davis-Russell (2013) and papers on Botswana by Pheko et al. (2013) as well as Plattner and Moagi-Gulubane (2010).

PERCEPTIONS OF WHAT PSYCHOLOGISTS DO

There are no specific studies conducted to assess perceptions of what psychologists do in Ghana. However, we can draw some inferences based on the request for services of psychologists in both the public and private sectors. There has been an appreciable improvement in the perceptions of what psychologists do in Ghana in terms of the demand for psychological services as opposed to the perceptions some few years ago (Oppong Asante and Oppong 2012; Oppong et al. 2014).

However, the problem still exists with respect to the lack of differentiation in the public eye about “which type of psychologist can provide which type of interventions”. Psychologists, themselves, are helping to regulate this situation by making the appropriate referrals and recommendations. It is gradually becoming a common occurrence to see the private sector communicating their request for psychological services through newspaper advertisements or other means available. The practice of I-O psychology has expanded to the extent that some engage in organizational development and performance management in addition to the traditional areas of recruitment and selection and training. However, the human resource position continues to be the

dominant role within which Ghanaian I-O psychologists apply their knowledge and skills.

I-O TRAINING PROGRAMMES

The Department of Psychology at the University of Ghana, Legon and the University of Applied Management remain the dominant institutions of higher learning in Ghana at which an aspiring candidate can receive the required training to practise I-O psychology (Asumeng and Kumako 2014; Oppong 2013a). Notwithstanding, the University of Ghana is the only institution of higher learning in Ghana that offers I-O training at the doctoral level. However, Organizational Development Institute has introduced a master's degree in managerial psychology while the University of Cape Coast (UCC) has developed curricula for master's and doctoral studies in I-O psychology. In a similar vein, the University of Ghana is developing new programmes in consumer psychology, occupational health psychology and managerial psychology (I have been involved somehow in all three institutions giving me first-hand information; I, for instance, contributed to the curriculum for UCC and led a four-member committee to develop the new programmes for the University of Ghana).

At the time of writing the previous article, there were no doctoral-level I-O psychologists who completed their training in Ghana at a Ghanaian university (Oppong 2013a). However, there were just a handful of practitioners (about five practitioners) who had obtained their doctorates in I-O psychology in the UK and US (Asumeng and Kumako 2014; Oppong 2011, 2013a). However, there were nearly 150 master's level I-O psychologists who had trained at a Ghanaian university at the time of writing the previous article (Ibid.). What has changed now is that the Department of Psychology at the University of Ghana has produced about seven doctoral-level I-O psychologists with some candidates still in the doctoral production pipeline. These seven I-O psychologists are all fully engaged in academia at the University of Ghana, UCC, African University College of Communications, University for Development Studies (also in Ghana), and University of Botswana (formerly at William V. S. Tubman University, Liberia); in addition to the academic work, they provide consultancy services. This growth in the number of home-grown doctoral-level I-O psychologists is largely due to the fact that the University of Ghana restructured its doctoral programmes making it more efficient and attractive. To the

extent that autochthonization and internationalization are perceived to be the final stages of indigenization of science (Allwood 2018), psychology in general and I-O psychology in particular in Ghana are moving gradually to that endpoint. This is because Ghana has its own vibrant psychology doctoral programme graduating PhDs who are interested in continuing research while Ghana Psychological Association is also making efforts to revive the defunct *Ghana Journal of Psychology* and introduce a newsletter. Notwithstanding, a new journal, *Ghana International Journal of Mental Health*, has emerged. This provides space for I-O psychologists who research and publish in occupational health psychology. There are also early signs of some Ghanaian I-O psychologists making contributions internationally and creating international visibility for the practice of I-O psychology in Ghana.

Another distinguishing feature is the nature of problems studied. After years of calling for indigenization of psychological research in Ghana (Oppong Asante and Oppong 2012; Oppong et al. 2014; Oppong 2013a, 2013b, 2016, 2017a, 2017b), doctoral-level researchers in I-O psychology finally responded in the choice of research topics and target populations for their studies. The research problems include occupational health and safety of loosely organized networks of rice farmers (outgrowers), emotional labour among journalists, and adoption of agricultural technology among farmers (this study was essentially applying change management in the context of innovation adoption among farmers). Another doctoral level I-O psychology research involved the evaluation of existing road warning signs and the development of culturally adapted ones to replace or co-exist with those signs with low comprehension levels (Oppong 2018, 2021). Thus, it appears that the doctoral-level I-O psychology research seems to be gradually moving away from a focus on professionals (salaried workers) in office work in the formal economy who are safe from discriminatory labour practices in high-income settings or what Gloss et al. (2017, 329) have described as “*Professionals who hold Official jobs in a formal economy and who enjoy relative Safety from discrimination while also living in High-income countries*” (POSH population; emphasis added). In particular, the studies being carried out are now focusing more on non-salaried workers in the informal economy where the labour regulations are not well enforced. This shift in focus is particularly important for Ghana (a lower middle-income country) and other low-income countries as a large proportion of the

labour force operates in the informal economy. Thus, if effective I-O interventions are developed to improve productivity in the informal economy, then low-income countries would have a good shot at also eliminating poverty and raising the standard of living.

REGULATION OF THE PRACTICE OF I-O PSYCHOLOGY IN GHANA: ISSUES AND RECOMMENDATIONS

At the time of writing the previous article, there was no regulatory body for the practice of psychology in Ghana (Oppong 2011, 2012, 2013a), though the Mental Health Act, 2012 (Act 846) had been passed which initiated the hiring of clinical psychologists at teaching and regional hospitals. Nevertheless, psychology practice was not regulated. With the passing of the Health Professions Regulatory Bodies Act, 2013 (Act 857), the Ghana Psychology Council (GPC) was established. I-O psychologists are now required by Act 857 to register and be licensed by GPC in order to have the right to provide I-O interventions and other psychological services. In addition to the accreditation process managed by Ghana Tertiary Education Commission, GPC is also mandated to accredit all psychology programmes run in Ghana including I-O programmes for quality assurance purposes.

However, an important question to ask is whether the practice of I-O psychology should be regulated under a health professions regulatory bodies law. As indicated by Gary Latham, the licensing of I-O psychologists is not always healthy for the profession. This is because similarly trained professionals in human resource management, organizational behaviour or industrial relations or even industrial sociology do not require such licensing, yet they can still perform many of the functions that the I-O psychologists are equipped to do. Latham (2019, 3) poses the following questions:

... on what basis will applicants choose to pursue a PhD in OP [*organizational psychology*] that culminates in (a) spending the time to study in order to pass the licensing examination, (b) spending the time and money to take the licensing examination, (c) spending money year after year for the annual renewal of the license, and (d) spending the time and money year after year for enrolling in continuing education courses to maintain eligibility for licensing, as opposed to applying to a business school doctoral program in OB [*organizational behaviour*], taking a minor in psychology if so desired, and avoiding all of these costs in time and money?

He concludes: “In short, I believe the movement for mandatory licensing for the practice of I-O psychology must be defeated if I-O psychology departments are to survive.” (Ibid.) Latham’s argument and conclusion apply to Ghana as well. This is because non-health psychologists are not going to be engaged in the public sector, for example, as I-O psychologists but as HR Managers or other suitable job designations may be used. Thus, this practitioner will not be paid on the basis of the pay scale of a psychologist (clinical) in the public sector but on the basis of the administrative staff. Why should the I-O psychologist then seek license while her counterparts with degrees in human resource management or public administration holding similar positions do not require similar mandatory licensure from the state?

Although Health Professions Council of South Africa requires I-O psychologists to be licensed, the issue is more about the nature of the I-O programme and protection of practice than a mere mandatory licensure. Most I-O programmes in South Africa cover career psychology, wellbeing (occupational mental health or wellness), and psychological assessment as well as a supervised internship which includes workplace psychopathology and employee counselling (Moyo 2012). Further, psychological assessment in organizational setting is the protected domain for I-O psychologists in South Africa; the South African law excludes the general human resources practitioners (who equally focus on applied personnel psychology or human resources management) from conducting psychological assessment in the workplace (Ibid.). This means that the South African model of licensure reserves certain domains of practice for only I-O psychologists whereas the US model does not. Thus, until non-psychology professionals are equally required by law to be licensed in order to engage in attitude survey construction and implementation, coaching, leadership development, organizational development, occupational health, and related others, it is not in the best interest of I-O psychologists in Ghana to seek to be licensed. This is because the licensure model in Ghana is similar to the US model which does not reserve certain domains of practice for the I-O psychologists. Under the current circumstances, it may be useful to adopt the current practice in the USA where non-health psychologists are not required to be licensed. Hamp et al. (2014) state that:

Although licensure laws vary from state to state [in the US], becoming licensed as a psychologist is typically the culmination of earning a

doctoral degree in clinical, counseling or school psychology, accruing postdoctoral clinical hours and passing the Examination for Professional Practice in Psychology.

Ghana Psychological Association (GPA) should be empowered to provide quality assurance to the public and private organizations that make use of the services of non-health psychologists. GPA should rather set standards for practice for I-O psychologists with a view to credentialing them as “GPA Certified Practitioner”. It is important to note that, with or without a license, I-O psychologists in Ghana can still participate in the labour market as they usually do not work under the label of an “I-O psychologist” in any organization but rather under the labels such as “Management Consultant”, “Human Resource Officer”, “Organizational Development Specialist”, “Training Coordinator”, “Performance Management Officer” or “Industrial Relations Officer”. Thus, it is better for GPC to reconsider that aspect of the law which is impossible to enforce in the current circumstances.

ASSOCIATION OF I-O PSYCHOLOGISTS IN GHANA

There is still no I-O-specific professional association in Ghana despite the presence of numerous master’s level I-O practitioners in the country and the handful of doctoral level I-O psychologists. To the best of my knowledge, an attempt was made to assemble I-O psychologists in Ghana to form an association, but the effort did not produce any success. However, the Ghana Psychological Association (GPA), established in 1998, has become more vibrant now. This makes Ghana one of the few centres of excellence in psychology practice and scholarship in Africa with world-class scholars and practitioners. Currently, GPA has revised its constitution to allow for the formation of special interest groups and divisions (I was involved in the review process in 2017 and 2021). The 2017 GPA Constitution permits specialisations within psychology in Ghana to establish a division if it has at least 50 members and a special interest group if there are fewer than 50 members. Currently, GPA has over 50 I-O psychology members who are organizing themselves to form an “Association of Industrial-Organizational Psychologists of GPA”. Most of the engagement of the members have been through a WhatsApp group (I-O Division of GPA) and the general Telegram group (Ghana Psychological Association). I serve as the coordinator of the group until it is formalized in accordance with the GPA Constitution.

The Association has experienced a major boost in the wake of COVID-19. Currently, GPA has a representative on the National COVID-19 Management Team of Ghana (E. Dickson, personal communication, March 25, 2020). The members of the Association have been engaged by the mass media on psychological issues associated with COVID-19. The greatest highlights have been the presentation of the psychologist's advisory notes to the entire nation at the media briefing of the Ministry of Health held on Friday April 3, 2020, and the subsequent invitation of the National President of the Association by the President of the Republic of Ghana to a meeting to discuss issues related to COVID-19 (E. Dickson, personal communication, March 25, 2020). Thus, COVID-19 turned out to be what GPA needed to grow in recognition and prominence in Ghana. It is acting as a catalyst of change for GPA in the same way World Wars I and II contributed to the establishment of applied psychology in the US (Pickren 2009). One can safely say that psychology will not remain the same in Ghana after COVID-19 pandemic.

PROJECTIONS FOR THE FUTURE

Some challenges previously outlined (Oppong 2013a) have seen some resolutions. For instance, there have been an improvement in the awareness of what psychologists do, rising professional association for all psychologists of which I-O psychologists are also members, an increase in the size of the I-O programmes and ongoing efforts to introduce new programmes, slightly improved opportunities for practicum, and availability of Carnegie scholarship for both master's and doctoral training in psychology (I benefited from the scholarship to complete my doctoral studies). We will now turn our attention to projections for the future based on the trends in enrolment, demand for psychological services, existence of revised GPA constitution, and sense of psychological community among all psychologists in Ghana.

Without doubt, the number of doctoral-level I-O psychologists trained in Ghana will increase in the next decade. This is against the backdrop that there is at least one I-O psychologist in each cohort of PhD candidates at the University of Ghana. Besides, there are some foreign-trained doctoral level I-O psychologists who have joined or are expected to join those who are resident in Ghana from Norway, South Africa, New Zealand, the US, and the UK. This increases the number of I-O psychologists who can effectively contribute to knowledge production through research as independent scholars. It is also more

likely that Ghana may export I-O psychologists to countries in the ECOWAS sub-region and beyond. This may have already started with the author having worked in Liberia and now working in Botswana. Though Ghana may have a handful of doctoral-level I-O psychologists, some may leave for international exposure with the potential to create international and regional visibility for psychology education and practice in Ghana.

I am projecting that the range of services provided by psychologists in general and I-O psychologists in particular will expand. The growing interest in employee assistance programmes (EAP) in which occupational stress and psychosocial hazards are assessed and managed is one of the clearest signs of things to come. I have personally been involved in projects in the beverage manufacturing and financial sectors where psychosocial hazards were assessed and in other cases, where organization-wide stress management workshop was carried out. There are other psychologists also providing similar services in the private sector as well. Thus, there is a growing interest in occupational health psychology and human factors services.

In addition, I-O psychologists may become more involved in national development efforts than before. Evidence from the World Bank-sponsored study conducted in Lome, Togo that psychology-based training is superior to traditional business training in boosting productivity of small business (Campos et al. 2017) is likely to be key in this drive to get psychologists more involved in national development. Besides, it has also been documented that psychological distress results in productivity loss which translates into 7% of Ghana's GDP (Canavan et al. 2013). Armed with these findings, I-O psychologists can leverage this evidence to become more involved in national development planning. However, this will yield fruits only when Ghanaian I-O psychologists develop interventions that can help improve productivity in the informal economy. Of course, this fits well with the emerging field of humanitarian work psychology (Gloss et al. 2017). Elsewhere, I have discussed the other areas in which I-O psychologists can contribute to national development planning in Ghana (Oppong 2015).

Another frontier for the practice of I-O psychology in Ghana is in the domain of workplace psychological assessment. There is a growing demand for psychological assessment for recruitment and selection in the areas of general cognitive ability (Oppong 2017a). However, many of the tests are imported with their usual cultural and psychometric

challenges. It is expected that with the training of more doctoral-level I-O psychologists, attention will be also directed towards the construction and validation of psychological tests for use with Ghanaian norms. This is likely to become a big business within the I-O practice in Ghana. Currently, employers rely on the Department of Psychology at the University of Ghana to supply them with psychological assessment services in the employee recruitment process (Asumeng and Kumako 2014; Oppong 2017a). This is highly likely to change as the doctoral-level as I-O practitioners are equipped with advanced skills in psychological assessment.

An equally important development that creates opportunities for the practice of I-O psychology in Ghana is the establishment of the Africa Continental Free Trade Area (AfCFTA) which is headquartered in Accra, Ghana (Sarkodie 2019). This presents rare opportunities for Ghanaian and other African I-O psychologists as well as other I-O practitioners worldwide to make the discipline felt in socioeconomic development of the continent of Africa. Adu Owusu Sarkodie specifies the mandate of the AfCFTA Secretariat as including, among other functions, recruiting personnel, training them, and developing organizational capability as well as “monitor and evaluate the progress of policies and programmes.” (Ibid.) African Union is in the process of carrying out some initial activities such “adopting a structure, staff rules and regulations, and the secretariat’s budget.” (Ibid.) Personnel recruitment and selection, learning and development, and organization development are among the core competencies I-O practitioners possess (Society for Industrial and Organizational Psychology [SIOP] 2016). Thus, the establishment of AfCFTA and its secretariat in Ghana creates opportunities for I-O psychologists to offer services in employee resourcing, training and development, organization development and programme evaluations. Similarly, there will be room for the application of the knowledge base in humanitarian work psychology (Carr et al. 2012; SIOP 2013) and cross-cultural I-O psychology to help building effective multicultural teams to enable the AfCFTA to successfully fulfil its mission. In addition, workplace mental health services will be become a key too, as multicultural work environments are stressors in themselves.

A more recent development is COVID-19 pandemic. COVID-19 has already caused havoc around the world (Dong and Bouey 2020). It has been reported that is causing changes to how organizations are run (Craven et al. 2020). Worldwide, lockdown has become a key measure

to fighting the pandemic (Ibid.); and with this, potential job losses come through the declaration of force majeure by some employers. Job loss or threat of job loss is known to negatively affect the mental health of the victims (Jan 2013; Navarro-Aba et al. 2018). Similarly, this lockdown has also resulted in a rise of telework or telecommuting or a request for telework (Loh and Fishbane 2020). Finally, the pandemic has renewed interest in occupational health and safety of employees. The World Health Organization (2020) has stated that protecting the health workers must be prioritised as part of the response to the COVID-19 outbreak. This is to say that the wellbeing of employees has been severely affected by the pandemic. However, this also creates opportunities for the practice of I-O Psychology. This is because there will be an increased need for the expertise of I-O psychologists in labour dispute resolutions, improving health and safety systems in organizations, helping employers to consider alternative work scheduling schemes as well as getting both employees and employers used to telework. Another area of opportunity for practice is the need to deal with workplace psychopathology that may result from this pandemic. Thus, I-O psychologists will have to work with the counterparts in clinical and counselling psychology to provide suitable psychosocial care to persons needing such services. Who pays for this? Will it be employees, employers, private insurance companies or the state? It would be useful for employers to consider this as part of the severance package to employees they are retrenching. Similarly, because governments around the world called for the lockdowns, the state should make available free psychosocial care to all who need it. In low-income countries, psychosocial consequences or care associated with disasters are often not insured against. This means that insurance companies should begin to include this in the insurance policy pricing or employers themselves should request for its inclusion. This may be seen as a call on the National Insurance Commission and the National Health Insurance Authority of Ghana to initiate processes for developing guidelines for the inclusion of mental health services as part of the health or safety policies sold by insurance companies in Ghana. Other countries in similar circumstances should consider doing something similar to this.

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