Ghanaian nurses at a crossroads: Managing expectations on a medical ward
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Attrition and attraction
Motivation to become a nurse

I have confidence in you all and believe that you are all “CARING” dedicated people who are challenged to give best nursing care (President of the GRNA, 1997).

Regina, 59 years

At that time, in our family, it was your parents or somebody very close to the family who’ll say ‘you go and do this, you go and do that’. Be a doctor, be a nurse, go and do teaching, go and do this. So it was my senior brother who said: ‘She can be a very good nurse’. He brought me to the nurses’ training college. Whether I liked it? I was not asked but I said OK, because at that time, they have to tell you what to do. Your daddy can even tell you, you ‘I’d like you to be a nurse’. So we worked towards it. This is how it’s been. I’m the last born of my family. So they said, ‘oh, let’s have a nurse’.

We were committed because we have said that we’re going to take care of the sick. So you should feel happy, work happily and lovingly, make sure your patients get well. They said in “the Girls’ Guide”, you should smile at all your difficulties and they’ll go. But any difficult thing that you have, you squeeze your face. And most of our patients they like smiling, so you should smile to them so that they get well. In our time, we had no say. We were so much interested in the work, we were not talking about working schedules or salaries, we just worked. They put us to a ward because our services were required there. So this is how it is. Oh, I’m happy that I’ve been able to work to save lives. It’s only by the grace of God. I don’t have any ill feeling at all, and I’m grateful to God for what he has done for me during more than 35 years in the job.

Susan, 27 years

I wanted to do Science. I can do chemistry well; I tried the university. But my biology wasn’t too good and made my aggregate too high.28 I applied several times but they

28 The aggregate is composed of 6 grades from the Secondary School Final Examination: the three main courses English, Mathematics and Integrated Sciences, and three electives from their profile. The
didn’t admit me. You know, also to get into a Nursing Training College is also very competitive, it is not easy. They take up to aggregate 24, I had 18. I had to write an exam. Then I had an interview and another exam. This is how I got in, but when you know somebody it helps and goes easier. I did not really know what nursing is, I never knew. The only thing I knew was drugs and injection. When I asked some nurses, they wouldn’t tell me the real thing. It’s difficult. Nobody advised us, nobody, some of us thought the nursing is just a matter of coming, just give injection. We didn’t know that there’s other things behind, serving of bedpans, wound dressing, doing this bathing and caring of the mouth, do you get me? I never knew. I knew only injection. But what else can I do? At least nursing has got a science field. Should I go and do business or start with something like accounting? I can’t start. It’ll take me some time. And I can’t stay in the house everyday doing nothing. So with the nursing, I am OK. And by now, I started to like it, caring for the sick, making them feel better. Some people are in the nursing field, they are not there for the profession, they are there just for money or to say, “I’m a nurse.” They don’t want to do the filthy job. They want something that is glamorous. Do you get me? When you don’t have the skills and develop the love, you don’t make it. So I do not advice anybody to join us. You know, in Ghana, the profession and situation is not good. It’s only the higher people who’re enjoying life.

Both Regina and Susan are nurses on the medical ward in the teaching hospital. While Cynthia is higher in rank and supervises the work on the younger colleagues, Susan started her professional life not long ago and is still trying to gain routine. Most nurses are in their early twenties when they start to work, and the official retirement age is sixty. Given the current situation with many nurses leaving Ghana to work abroad, most nurses on the wards are either as young as Susan or older than 50 years, and many hospitals depend on retired nurses to return to work on contractual base. This means job starters and experienced nurses meet on the wards for the daily work, but their motives and generic expectations differ. The above examples are representative for nurses of these two age groups. We may recognise various motives for women to start training: within the elderly, the influence of the family and the experience of a religious calling are prominent, whereas the younger nurses mention mainly financial attraction and vague expectations of the nursing reality. There are also motives found across all generations, like the function of role models. They will be analysed below.

The first generation of Ghanaian nurses

In the older generation, the prominent motives for becoming a nurse are decision-making processes in and by the family, and a religious calling. Most older nurses who were interviewed mentioned the family. In the example above, we see that it is the elder brother who decided; other nurses mention their parents: “My parents took good care of me, and they were very strict. After JSS, I went for the SSS to Wesley Girls in Cape Coast. That is one of the best schools. I finished school in 1960 and immediately my parents sent me and grade A counts 1, B is 2 etc, this means a low aggregate reflects a good overall result. To enter Medical School, an aggregate of 7 or 8 is compulsory.
I joined the nursing training at Accra. I am grateful to my parents” (Liz). The family looked at its needs, aiming to have within the extended family doctors, lawyers and teachers to cover various aspects of professional life. The woman herself had no or very limited say. In the first decades of the 20th century, nursing had been regarded as a low profession. Whereas caring for sick family members was seen as a primarily female duty, working outside the house and outside the supervision of an elder male family member was inappropriate. A retired nurse of 82 years said that in the mid-1940s that perception still existed: “Eventually, when I told my mother, she cried. She cried, “nursing, no, my daughter to go into nursing, no.” You youngsters will not know but people were surprised also in Britain that Nightingale, being from a good family touching these people. So I went and saw a senior nurse to come and talk to my mother before she agreed for me to go and do it. But it wasn’t easy for her to swallow it.”

With time, this view changed and “working with the Whites and wearing their white uniforms” gained status, both for families and the educated girls. Alice: “a colonial sister from England came to our school. She was an Anglican nun and told us that they would like us to go and do nursing. She told us about nursing training, what is going to happen and that we’re going to replace the white people. They told us.” Working together with the British helped make nursing attractive in the 1950s and 60s. Young girls started engaging in smaller nursing activities, and helping the community at an early age led to nursing: “In secondary school, I was a member of the Red Cross Society. And in my school, we were supposed during the weekends to go to the nearby villages and we go and dress wounds. And on Sundays, we also organised Sunday school for the children. And so it was something that I was doing. So when I came out, it wasn’t difficult for me to decide whether I want to be a nurse or not” (Ernestina). In addition, those young women who had gone through secondary school education had few professions to choose from. The only other options were teaching and in a more general way catering. “I was always happy in my profession. In the beginning I did not know what to do. I was good in school and could do both teaching and nursing. I filled in the forms for both and was about to choose. I was always interested in health, so I chose nursing, I never regretted it” (Dora). Nursing became a wanted profession and gained status; this made it attractive for families and their educated daughters. “My father was a teacher and a strong catechist. So after school, he told me the options: teaching and nursing. He asked me to choose one. And by nature I liked health issues so I decided to do nursing” (Naa).

The second main motive for entering into this profession is Christian faith. All older nurses state that nursing is a calling and not a mere profession. The nurse quoted in the beginning of the chapter mentions “gratefulness to God” for being able to work a whole life as a nurse. “Serving God”, “humbling yourself like Jesus” and “following your religious calling” are reported sentiments. One nurse puts it: “Some nurses have this calling, you recognise them immediately. Me, even on Sundays, I get my blessing when I come to the hospital. I sacrifice my worship to nurse my patient. Any given time of the day,
I’ve nursed Christ. Our motto is ‘nursing Christ in the patient’; whoever is sick, He is there” (Mary). This religious motivation is manifold: it serves as a frame of reference for the nurses themselves. Praying on the ward in the morning and reading the Bible during breaks are recurrent activities by all older nurses on the ward. Secondly, their strong religious conviction serves as encouragement for the nurses themselves to manage the workload and challenges in the daily routine: “It is not easy to work here, this ward is ruled by the Satan, you have to pray hard” (Martha). Thirdly, displaying the religion publicly is a symbol of support towards the patients. Patients calm down when seeing the nurses pray, seriously ill ones are encouraged to pray ("Keep praying and He will glorify His name in you") and relatives of deceased ones comforted to “give it over to Him.”

Looking back, all those interviewed experience ‘gratitude’ for having learned nursing, describing it as a good and a useful profession. The support from the family is rewarded and the acknowledgements from society compensate for long working hours and low salary. “I am happy in my profession. I like nursing and I will always nurse, even if I was married to a millionaire. Once you learn it, you always stay one; you are 24 hours on duty. The family and neighbours see the nurse in you. You are respected and you help everybody, the family, church-members, and friends” (Martha).

Today’s motives

If we compare this to today, other topics arise. Younger nurses and current students have quite different motives. They state unanimously “I chose nursing because I like to care for people” and “we were called ‘auntie nurse’ as children already”. One student nurse recalls: “there was a time, my grandmother was very sick. I was very young and I was left in the house to care for her. And I felt like helping her but I wasn’t having anyway, but I did it. So since then, I’ve felt at least I have to help. As people needed my help, may be sick or well. So I had that one from infancy that when people are weak or something I have to go near them” (Gloria). When pressed, it proves difficult for the younger generation to illustrate those statements with examples. Unclear expectations about the profession and financial reasons dominate.

Secondary school leavers in today’s Ghana have a wide range of professional training options, and the school aggregate decides on the entrance into degree and diploma programmes. Apart from studying at one of the universities, women may choose to go to teacher training colleges, follow secretarial, administration or computer courses. As a young nurse said, nursing is often started as second choice given the competitiveness of university courses. “When I was young, I thought nursing means that you have already settled for the mediocre, you always pay heed to what people want you to do, go and do this… so I saw nursing to be like an apprenticeship in some work places. But I got to know that going into nursing does not mean that you’ve settled for the mediocre. You can still be good. It is not like you’re an
apprentice to somebody” (Cecile).

Being denied their first choice courses for various reasons, the young women stay at home for some time and then apply to Nursing Training Colleges. Their age group claims not to have been advised about what nursing really is, feeling shocked when they enter the ward. The public perception that school girls share, is that of nicely dressed women in the outpatient departments or clinics, calling names or giving injections. The hands-on care when washing and feeding unconscious patients, or dressing wounds was not what they expected. The same unawareness of what nursing entails is valid for the amount of theoretical knowledge. Many students complain about long lectures and complicated exams in anatomy, pharmacology and nursing theories. As one put it: “I didn’t know the magnitude of what nursing entails. Nobody advised us before starting the training. Because if you know and you love it, you still want it, you go for it and you will be good. But if you don’t know that, it is like somebody who’s getting married. She doesn’t know that in the night, the husband would approach her to have sexual relations with her. And all of a sudden, in the night, this man jumps on her. Reality, it’s another thing. I think it would have been better, had they advised us before” (Evelyn).

Most young nurses deal with this initial shock alone and without advice. Too much has already been invested by the family to allow the student to enter the college, there is no possibility to drop out of the training. Several students voice more general frustrations and problems. One is explicit: “Nursing is not what I thought. I was interested but it is so depressing. Every week when I have to get to the hospital I get almost sick. But there is no way out” (Eram).

One reason to come to terms with their professional future is the financial aspect of nursing: this profession offers a job guarantee, the salary is, compared to other professions, reasonable, and it opens the chance to travel abroad and become financially independent. “The young ones, they do it for nursing gives them immediate job opportunities here or abroad. You see, with secretarial work or accounting, it is difficult to get a good job, but as a nurse, you can always work. And you earn well, so it is attractive to most young girls” (Vicky). The whole of Ghana experiences a shortage of nurses; this means that all graduated students will be taken into service either by the Ministry of Health (and placed in a small hospital or health post in the country) or the autonomous teaching and private hospitals. Getting an education is a stepping stone to a respected and materially successful life. The old fear that knowledgeable and clever girls are unattractive to men has gone. “In the olden days it was difficult for educated girls to find a husband. When you know a lot it seems you scare them” (Vicky). Making a living and acquiring access to modern media like mobile phones is within reach as is the chance to find a good marriage partner. “Many become nurses because this profession makes chances outside. And then you get a husband too because if you go, your husband will follow. I mean now because the men are aware that if you go you have a work permit so when they come, their children are safe and then they also get work. Nurses are now wanted marriage partners. Initially we were not, because they think we are fat, but now we are wanted” (Naa).
Joining the group of working migrants to the UK, Canada or the USA is another appealing motive. There are high expectations on earning money that cover up possible fear about the unknown abroad. Stories from nurses outside Ghana or returnees seem to verify this chance without critical questioning. Training colleges and professional bodies seems unable to stop this drain of health workers. “A teacher at the NTC told me, out of the class 60% leave immediately. Some even only become nurses to travel” (Regina).

Older nurses have their children or elder family members to look after; travelling is not an option for them. When they see the younger ones leaving, some are jealous, some judge harshly: “Young nurses are often only after the money. They enter the job for the salary, and the moment they think it is not enough, they decide to travel and leave for greener pastures In one year outside you make so much money that you can come home and just set up a house. Nobody manages that by staying here, so they all go” (Araba). On the other hand, working abroad may be understood as a modern form of paying respect to the family. Families see their influence increased with a nurse in the family. Indeed, a nursing student today is seen as a possible family member abroad tomorrow supporting the family with euros and dollars. Many members invest in the training of younger siblings by paying fees and doing without assistance in the household during those years. Once registered as a nurse, they are expected to “give back what was invested.”

Nurses staying in Ghana mention the satisfaction of having learned nursing, “suffering small abroad” is accepted as the money sent home monthly is wanted and needed. But also working in Ghana implies being there for family members in need: “My primary aim of becoming a nurse was to acquire the skills to care for my family members. Because, you know that we live in a country where it is difficult to even get people to take adequate care of people, when they get sick. And so looking at the number of nurses in the system, at least if I’m a nurse by profession, my immediate family members will have that benefit of getting me at their disposal” (Stephen). This implies that also for the younger generation, the family has influence on the professional choice. With the interviewed nurses, all families either stimulated them to choose nursing or reacted positively to the decision. One nurse said: “My daddy said he wouldn’t waste more money on me to do the accounting thing. I decided to look for another job so that I can finance myself. And initially it was my mum that wanted me to do nursing. She encouraged me to do nursing” (Susan). It is interesting to note that both female and male nurses are supported by their families. The parents react “very happily”, the nurses “cannot recollect anybody discouraging me.”

As explained in an earlier chapter, nursing by Ghanaians started with young men being trained as assistants to the British doctors and nurses. After the regulated training started in 1945, it was mainly women who were selected, and very few men entered the profession. Today, there are hardly any male nurses working on the wards. Those in the system, work in the psychiatric hospitals or on administrative positions in hospitals or governmental
institutions. In the research setting, there were no male nurses on the ward. But among the nursing students, following the degree programme at the university, a few were male. In interviews, five explained their motives. They were similar to those of their female colleagues, and also their families reacted comparably. Kofi, a second year student said: “My main goal to become a nurse was to acquire the skills to help my family, as it can be difficult in the country to get adequate care. I try to help other people, like caring for the sick. We have a doctor in the family, but I am the first male nurse. My family was happy, my grandmother said: ‘Hurry up and take care of me before I die’. I can’t recollect anybody discouraging me.” This suggests that the male studying and working nurses do not have different motives for choosing this profession than their female colleagues.

Shared ideas

Even though nurses from different age groups do have different motives for joining the profession, they share in their motives two features: the vagueness about concrete nursing work and the presence of role models. Older nurses seem to have fewer problems with bridging the gap between expectations and reality of the work: “I didn’t know. So I went into nursing and I think when I got in, I liked it” (Naa). Younger nurses continue to question the choice and consider alternatives: “So in fact, when I was starting my training, I was reading my prospectus when something just went through me. I was asking, ‘What do nurses learn at all that we need a note book and text books?’ It was a different issue altogether. Nurses also go through a lot” (Kate). Also other nurses mention that they were not aware what nursing entailed. One student asked her mother, a nurse, but received no information. “She kept saying, ‘Oh are you sure you want to, I wish you could do something else’. And I asked: ‘Why?’ Then she turned away and never told me what was involved, until I came into the training” (Evelyn). This example shows how the vagueness pertained even when clarification was asked. In addition, we see that a family member was taken as role model and inspiration even when the actual content of the work remained unclear and was revealed only during the training.

The presence of a role model is mentioned through all generations of nurses. In the 1950s and ‘60s British nurses visited secondary schools and recruited actively for the training colleges. Pupils felt attracted to the uniform and working in the new and unknown territory and working with British nurses. In recent decades, it is a nurse they met accidentally in the hospital who motivated them. “Honestly, I was inspired by a nurse while I was in senior secondary school. Together with a friend, I visited a clinic and saw the nurses in their uniforms. So I also wanted to be a nurse” (Esther). An aunt, mother or woman in the neighborhood may be a nurse, and their appearance, patience or

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29 In the whole hospital, there are 40 male nurses working next to more than 1000 female nurses (Korle Bu 2006).
direct advice influenced the decision. “Actually, my mother happens to be a nurse. So I sort of took inspiration from her” (Evelyn). The vagueness about the nursing reality and the advice from an older person are intertwined: having finished secondary school, young women look for a profession while fulfilling the family’s expectations. Respected female members of the society like nurses attract them and make them curious to join and share in the authoritative appearance and knowledge of caring. Similarly, nobody tells them about the full scope of nursing. Like in other jobs, there is the outside perception, and it seems impossible to give newcomers an insight before entering the training schools.

The ‘wish to care’, a religious calling and ‘following the family’s plan’ cannot be combined with experiences until the course has started. Once in training, attending lectures and gaining first experiences on the ward, the novices see what nursing entails and adapt their expectations. They learn the ‘rules of the game’, socialise and become a member of the nursing group.

In the Ghanaian society, there are several prejudices about present nurses and their real motives. A regular reproach is that many girls finished school with a bad (this means high) aggregate and are not qualified enough for the university. Nursing is then a second or third choice. Similarly, people accuse nurses of choosing the profession only to abandon it and migrate to earn more money abroad. ‘They want to be called nurses but they don’t want to do the nursing’ is often said by persons outside the hospital. Some older nurses join this view and criticise the younger generation. “It might be that it is the parents’ idea to train them, so that they send them abroad later. And these students have no alternatives and no clue; they come to the ward and are shocked. There is no motivation and no love for the job. But they will not tell you. Most tell you lies and not the real motives” (Esther). Such expressions are part of an ongoing discussion between the generations. “The attrition is our main problem. So many leave, and even those who stay, most are young and not motivated. They are less committed and may see the time here only as stepping stone to leave” (retired nurse in KB). The young girls see themselves caught between the dream of finding a well-paid job and gaining independence on one hand and the tradition to honour their family on the other. They feel glued to such a step, rather than having opted for it on purpose. One nursing student phrased the situation for herself and friends: “I look at it that I didn’t find myself into nursing by chance but by choice” (Faustina).

Conclusion

When asked about their motives for becoming a nurse, the current group of nurses brought up various motives. There is a clear difference between the generations: older nurses mention mainly guidance from the family and religious convictions, while financial pressure and vagueness about the future crop up in the analysis of younger nurses. As in many other professions, the longer women are in the job, the better they seem successfully to match reality
with their expectations. The decision of respected family members was followed up without hard feelings, although surely romanticising and idealising the past plays a role here. They feel like the pioneers in the profession, copying and fulfilling the role the British sisters had: be a convinced Christian and a well-educated woman with a spotless reputation, represented in the neatly ironed white dress, the symbol of ‘the good woman’. The younger ones being trained by Ghanaians, have less linkage with such role expectations of the woman: they see nursing mainly as a profession that should pay well. Confronting criticisms from outside, nurses from all generations join together and call for more respect and acknowledgement from the society. Nurses are in the hospitals, clinics and health posts all over the country, working under pressing conditions with inadequate manpower and equipment. Those nurses, that do not leave the country or job, want to be acknowledged for their daily presence and work. During the research period, nurses all over the country went on strike several times. Their main objective was to earn higher salaries. In their view, the long working hours and regular weekend and night duties should justify better remuneration. They verbalise this claim by stating that they are “not being motivated enough.” Using the term ‘motivation’ is unanimously interpreted as ‘sufficient money’. This money should come in the form of enhanced salaries and additional incentives like ‘extra hour allowances’, preferential treatment in renting housing nearby, buying a car or purchasing land, etc. From their direct superiors, nurses expect them to treat them to ‘minerals’ like coke or fanta and cookies after a hard working day or at the weekends. Their claim is that raising the financial reward will guarantee more satisfied workers. By this, nurses try to cope with the pressure of an unfriendly working environment and a growing demand from the society and the desire to (re)gain control and influence over the processes in the health service.

The older generation received power and status while they were working with and replacing the British sisters, the younger group is attracted to nursing as it guarantees a job and opens the possibilities to travel. It seems that even so the core work has only been slightly modified, their motives have changed over time. We can find a generation difference in the reported ideas, feelings and memories of nurses of different age cohort and working experience. This can be explained by historical changes and individual convictions. Historically, nursing was introduced by the colonial regime as one of the few professions that needed formal education. Like teaching, secretarial work or driving, it was carried out my British women and men and represented the European way of life and standard of organisation. In addition, nursing and teaching were understood as a profession in which high Christian standards and values were portrayed and transmitted. Indeed, most mission posts had small clinics attached to their churches. As a result, nursing gained a high respect and became attractive to educated young women and their families, as can be appreciated from the quotations. On a more individual level, it is shown that the nurses who were trained in the 1940s and 1950s passed these ideas on and functioned as role models for the younger generations. We can assume that a
certain level of idealisation took place now that they are looking back on their professional life. As Ghana became independent and the economy developed, more professions arose and the uncontested status of professions like nursing, teaching, and driving tottered. In addition, the profession underwent several reforms and introduced new specialisations. Also the society passed through changes and with the rise of individualism and globalisation, the traditional respect of the elderly and their views was disputed. Today, nursing is experiencing an extreme shortage of personal and a decline in the availability of equipment. Dealing with the decrease in status and experiencing the shortcomings can be difficult to handle by the older generation resulting in romanticizing the pioneering period. The younger nurses find themselves between transmitted values, the remaining influence of their families and modern wishes and they are struggling to find a balance.

It is clear when one looks at the statements of the professional bodies that caring for the sick (still) forms the focus of nursing. In 1997, Mrs. Emma Banga, the president of the Ghana Registered Nursing Association (GRNA) wrote: “Colleagues of the noble nursing profession… I have confidence in you all and believe that you are all a “CARING” dedicated people who are challenged to give best nursing care… We must be compassionate, tolerant and empathic. However, we must understand also that the best of our efforts requires a structure for skill at making decisions.” (The Ghanaian Nurse 1997:4). The slogan of the GRNA does not seem powerful enough to form a stable basis within today’s nursing body. Career perspectives, higher and stable financial compensation and satisfying working conditions are pressing issues of today’s generation and are necessary to become and remain attracted by the nursing profession.