Ghanaian nurses at a crossroads: Managing expectations on a medical ward
Böhmig, C.

Citation for published version (APA):

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: http://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.
After taking up from the night shift and having a moment of Christian devotion, the nurses start their morning duties. Six students are ordered to make beds. Each starting at one row of the ward, they work in pairs straightening bed sheets and refreshing the dirty ones. Some wear gloves but there aren’t enough for all. Two of the students feel uncomfortable touching soiled sheets and skip the bed of a restless unconscious patient. Later that morning, they check the vital signs of the patients. One takes the temperature, one the heartbeat and a third one checks the blood pressure with the only machine available. Then they document the results in the nurses’ notes. After that they relax in the resting room. One student complains: “In school we learn all things on dummies in the demonstration room and they tell us that on the ward things might be different and you will have to improvise. Look here, there are not enough bed sheets and machines, how can I do the right thing?”

This chapter illustrates the perceived reality of student nurses who come for their practicals in the hospital. After briefly introducing the two different styles of nursing education, the study will focus on shared experiences, namely the theory-practice gap, the lack of supervision and the dreams and expectations of neophytes. Finally those aspects will be brought in discussion with the support of existing literature.

The Nurses Training College (NTC) is located on the ground of the hospital. For three years, students learn and work here before going to take their examinations and obtaining their diploma as State Registered Nurse (SRN). Stating that “the rewards of nursing are many but perhaps not as great as knowing you are making a difference in the world”, the goal of the school is to “produce qualified professional nurses through excellent teaching, research and dissemination of knowledge” (NTC 2005: 3f). The classes are full to capacity. The principal explains:

\[30\] In 2007, the title changed to Registered General Nurse RGN.
There are currently 230 first year students in our school; in the second year 130 and in the third year 124 students. More than 600 apply each year. It is highly competitive and we do our best to select the best. There is no bribing or anything, these stories are made up by those who did not get in. We realise it is often not their own choice but more the decision of their families. So they have to become nurses for the family to have somebody abroad. We are aware of that situation. They will not tell you in the interviews. We do not find those candidates till they are in the system. Some do not know what nursing is till they are inside. Then some are shocked or disappointed but cannot stop the training because the family pressures them.

Our current problem is that we have too many students. It is difficult to find wards for them to practice. Imagine this, 33 students for the emergency room and ten on a regular ward. They are too many and won’t learn a lot. Some will shy away from their work.

During the training, students live in hostels attached to the college and receive an allowance of about € 400.000 (in 2005), the training itself is free.

The dress code of these students is a dark green uniform with a white apron worn over it. On the sleeves, between one and three small white stripes indicate the year of training. To complete the appearance, they have to wear black shoes that are closed at the toes to avoid injuries and infections and have a rubber sole to be quiet when walking over the floors. By this they differentiate themselves from graduated students on rotation (who wear white shoes to their green uniform and indicate the graduation with one broad white stripe on their sleeve) and the regular nurses who wear white dresses. The material to make the dresses is provided by the school and sufficient for two or three uniforms that are tailored in town or by befriended seamstresses. Being recognizable in their uniforms, they form a group of young woman on the wards on their way to being disciplined and transformed into good nurses and well-educated women, following the established role models and expectations of the good nurse being the perfect and indisputable woman.\(^{31}\)

After having passed the exam, the students need to complete their National Service. In the health sector, this year of duty is called ‘rotation’. It is divided in three months each in psychiatry and public health and six months in the teaching hospital. During that period, students receive an allowance. On completion, students either are either posted via the Ministry of Health to a clinic or hospital in the country or apply straight to the independent teaching hospitals or private clinics. Some students try to influence their posting: “I started the rotation outside. The first six months were in public health and psychiatry, so I finish here. This means automatically I will stay in Korle Bu. I also opted to be placed alone and not with other students, I like it like that. And my chance is that I will be asked where to be placed, as I am alone. If you are in a group, they just put you somewhere” (Lisbeth).

In the 1980s, the University of Ghana established the possibility to study for a four-year Bachelor in Nursing within the Department of Social Sciences. In 2003, it was turned into the School of Nursing, with a strong affiliation with the University of Alberta, Canada in developing an MPhil programmeme. By

---

\(^{31}\) The chapter on motives portrays and discusses this aspect of the good nurse and woman in more details.
this they reacted on the growing demand for further professionalisation of nursing and followed similar developments in Europe and the USA. Compared to the training colleges, the programme is more theoretical and the students are less exposed to the work on the wards. During the semesters, students attend classes three to four days a week and go to the ward only one or two days. To compensate the lack of practical work, they have long placements in the summer breaks when they work full time on a ward or a public health post. ‘Generic students’ arrive straight from secondary school, choose nursing as their main subject and are enrolled in the first year. Others start in their first year in a different field and move to nursing in their second year. After receiving their bachelor degree, all students need to study for one additional year gaining work experience and then passing the license exam before being registered as a SRN. About 150 students start this study each year with the introductory semesters. In 2005, 330 students followed the year two through year four to gain the BA or BSc degree, and less than ten students followed a masters’ course.

Degree students wear white uniforms and black shoes. This uniform makes them easily recognizable on the wards as university nursing students. Their rather theoretical training impedes their acceptance on the ward. Nurses complain that the degree students lack practical experience and are sometimes unwilling to learn and obey. Students mention to feel “this whole stigma of the white ones being those not willing to work” (Cecile). Her friend knows of similar experiences: “It seems that some of us were very rude to the nurses because their course was the certificate course and ours is the degree, so they were very condescending to them. So there’s this stigma in our time and it will take a very long time for the perception to be changed. One consequence is that nurses on the wards do not really want to teach us.” (Nora) One nurse verbalised her problems with the degree students on her ward thus: “You see, they come and we have to teach them all. They know nothing and need us. And then, after two years or so, they return to my ward and are my superior all of a sudden. They do not remember it was me who taught them. So I am not too willing to work with them” (Agnes).

The theory–practice gap

Both types of training teach nursing according to international standards. The books used in the lectures are mainly imported from the United States and introduce Western style nursing theories and care perceptions and ideas. Even though there are lessons on African studies, cultural heritage and cultural values, the nursing concepts remain international. The demonstration rooms are relatively well-equipped and serve as first training place. After that, the students experience the practicals as exposure to a reality they feel not prepared to. The confrontation with severely ill people, the working conditions with suboptimal equipment and the limited number of available nurses on the wards lead to feelings of insecurity or even shock. Many students feel overwhelmed.
by the orders they do receive from the nurses and have personal inhibitions about doing the actual work. They feel unprepared and insecure. Several second and third year students report that they managed to continuously avoid challenging nursing procedures like the placing of an urethral catheter, the washing of an unconscious patient or the carrying out of last offices after a patient dies on the ward. In addition, students are repelled by the state of available equipment. Gloves and bed sheets are constantly unavailable, but also the materials to dress wounds or give a bed bath are limited and often incomplete. Linda observed thus: “We learn how to do everything well in school, like oral hygiene and treating pressure areas. You use the right material. Here on the ward you have to improvise. For the pressure areas we fill gloves with water as we do not have the pillows. 32 But when you have your exam, you have to do it right and organise all the original material from somewhere.”

When the work leads them to practical situations on the wards and they are expected to do basic nursing care, some students are stressed. One third year student had to wash a semi-conscious patient who had soiled herself. It took her more than thirty minutes. Even so, she was assisted by two friends. After they finished, she was exhausted and blamed the set-up of the training for her inability and shortcomings:

I have never before changed diapers, not even those of a baby. I did not even know how to open those diapers. I am in my third year, but today was my first time doing that and seeing it all together. On all other wards I have worked so far, nobody needed to be assisted in washing, or other nurses did it. We just learned about all that in the demonstration rooms in our school, but were never forced to do it. Our training is too theoretical. When we are placed on the wards, we do not get any specific goal.

Reality shows that the students from the university are even less prepared for the work and also they experience problems in fulfilling nursing duties. The day on the ward often starts late for them, given transportation problems33. They often arrive when bed making and taking up is already done. This means that their main occupation is watching, assisting wound dressing and checking patients’ vital signs. One morning, three young students were asked to assist in the last offices of a patient who had just died. They did not really know what to do and tried to avoid the work. With the help of a nurse, one managed to set the tray with the needed materials to prepare the body before being taken to the mortuary and went with her to the treatment room where the last offices were carried out. Afterwards, she expressed her feelings:

We in Legon are now in our third year, which is the second year in nursing. Last year we were mainly in school to do sociology, psychology, anatomy, pathology, pharmacology and all. We were not really on the wards. This summer I did the long practical assignment, but I had no real goal, I was just there and I worked. This third year is more or less our first year on the ward. So we heard about the last offices in

---

32 Pressure areas are bed sores, pressure-induced ulceration of the skin occurring in persons confined to bed for long periods of time. They are also called decubitus ulcer or pressure sore.

33 The students live on university campus in the North of the capital. In the morning, the school bus brings all students to their various placements, but given the traffic situation this leads to delays.
lectures and read in the textbook, but I have never done it before. Those of us who are already nurses can do it, but I have no real idea. Today I felt uncomfortable, it was too confronting, I never did that before. All the practice comes in the last additional year, when you prepare for the SRN licential exam.

All students, from the NTC and university, experience the gap between the theoretical teaching syllabus and the practical working condition in the hospital that are representative for the condition of most public hospitals in the country. This becomes especially apparent in concrete learning goals the students arrive with on the ward. The most obvious is the care plan. This nursing tool was introduced through various theories into nursing worldwide several decades ago aiming at defining individual patient’s needs and describing individualised care aims and measurements. Ghanaians students are expected to practise it from their second year onwards and write care plans based on their practical experiences. With the shortage of staff and a heavy workload, no ward seems to be using this model. Nurse Catherine observed thus: “The care plan is a good thing, but we are just two nurses for thirty patients. How can we also sit down and write this plan? It might be good for the seriously ill, but we do not have the time. Students do it now and then; maybe they can implement it.” All students perceive the writing of such plan as a merely theoretical and artificial exercise. A student observes: “It is just theory, nobody uses it. I think the nurses tell each other the most important care issues during taking up. Sure, things get forgotten or are neglected, but this is how it goes.” Gladys, a nursing student in her third year, says: “This care plan is just routine for the exams; then it disappears in the cupboards, it does not live.” Her friend adds: “We just do it so in case you are placed on a ward where they do it, you cannot say you never did it before.” Rachel, a mature nursing student from university, is more critical: “We are in an explosion of knowledge, so much is happening in nursing. We have to give the patient more care; he also has his rights. If we do not learn and apply it well, nursing is going down.” While this student sees advantages in the theory, she also feels limited in her possibilities to practice it. “Maybe we can do it for training, but the nurses will not listen to us when we want to implement it. They won’t listen to the young ones.” This statement also illustrates that next to the theory-practice gap, there is also the intergenerational conflict on the ward. A mature student from the university remarks: “We see things going wrong on the ward but we have to accept them. You can’t go there and tell an older colleague she is doing something wrong. It is impossible to do.” Her colleague, also an experienced nurse back at the university, adds: “You just have to try to do the right thing. Work alone and do your thing. Just make sure you are OK with it and it doesn’t affect the patient.” A third said that, “I haven’t got enough skills to deal with certain situations [on the ward]. I just try to do my best.”

Limited supervision and the lack of preceptors on the wards

The set up of training in the college is in a block system: three to six weeks of
schooling alternate with several weeks on the ward. Four weeks in total are spent on night duty. The aim is to combine the theoretical and practical topics, but given the limited places on the ward, this is not always possible. The university education focuses more on the theoretical learning and schedules fewer days on the ward. Both schools try to work with clinical tutors (also called preceptors) who are supposed to supervise and guide students on the wards and teach the practical part. In reality, few wards have this offer and given the personnel shortages these nurses do not always have the time or energy to instruct and coach the students. The students miss the constant supervision of those clinical tutors. Tyra, a final year student lamented: “One of the nurses is supposed to be teaching us, she is trained for it. As tutor, she is supposed to come and work with us and see how we do procedures and discuss situations with us. But look at the ward, they are all busy with themselves.”

The school seems not able to solve this gap between the constructed learning situation in school and reality on the ward. Teachers share the assessment of the students, mainly focusing on the lacking support from the wards.

I used to tell the students that ‘if you go, ask questions’. When we were students, the staff nurses were eager to teach us. They would even give us assignments to go and do and come and check on us. These days, the staff nurses there, they don’t care. So if you don’t ask questions, you won’t know anything. So it is up to the students to find out things for themselves. It is difficult (Evelyn, teacher).

This mismatch of expectations on each side is reinforced by nurses on the wards. A matron complains about the short period of their stay: “In some cases, they are only here for one or two weeks. The moment you have taught them something, they leave already.” Generally, the students are assigned to concrete nursing actions but often not supervised, guided or corrected. Only few nurses function as tutors on the ward. During the research, one of them impressed the students in trying to teach and motivate the students on her ward: Right after morning devotion she would tell them: “We have here two mottos: One is ‘a clean and tidy environment!’ and the second is ‘Touch a patient before you go home’. So all move and make the ward tidy and clean. After that, start touching the patients! Don’t leave the ward like that to meet your boyfriend, but report to me all the time, clear?” The students generally appreciated her approach and followed her through the day asking her advice and reporting the completed work. The atmosphere with her was one of learning mixed with friendly and strict remarks.

On the wards, nursing students meet the ‘mature students’. These women are already registered nurses, have worked for several years and have gained a certain status on the wards; some are in the position of matron. Now they enter the university to obtain a degree to deepen their knowledge or qualify for administrative and management positions in the health system. Joy,

\[\text{34 The term ‘touching’ refers to the idea that the nurse should try to render personal and individualized care by talking to the patient and assisting in his/her needs. By this, the general well-being is stimulated and the healing process supported.}\]
being in her final year, likes the level of learning at the university: “It is very interesting. You learn so much more. In the SRN we learned all alright, but now it is much more in detail, like in anatomy and physiology.” While most mature students enjoy the more theoretical approach of the school, they have problems with the practical placements. On the wards, they are regarded as students low in the hierarchy and have to make beds again like the generic students straight from school. Several of them feel undervalued in their knowledge and see practical exposure as a lost time. To make up for the lack of supervision, they are often paired with fresh students on the ward who teach them. Comfort, a mature student observed: “With us, the mix of mature and genuine students is working fine; one learns from the other. The older ones teach the younger, and they themselves get more background knowledge to what they are doing. They know it is a journey, and they are on it.” But other mature students are less satisfied with this solution and miss appropriate challenges in their practical weeks. Kate observed: “We asked the authorities of the school not to let us go to the ward because making beds we know; giving injections we know. Let us go into the community maybe to do some research. Coming everyday just to come and give injection and roam about. For the long attachments they should let us go to a district and write a vision for nursing for that district. That would be useful work.”

Managing dreams and expectations

While the gap between taught theoretical knowledge and the reality on the work floor creates tension in many professions, nursing students seem to enter the profession with various expectations and dreams that are often scattered by the reality. Some students feel misinformed before entering the schools; others try to cope with the years of training before resetting their professional goals in life and probably leave nursing completely.

Students who start the training straight after secondary school are often frustrated with the workload and the impossibility to apply acquired knowledge. Improvisation and justification for carrying out certain procedures seem to prevail. Almost all students mention that “in school we learn all the proper ways, but on the ward you need to improvise.” Some blame school for lack of information and transparency during the application processes and its initial period of training. Common complaints are that the school “does not motivate us enough”, “does not prepare or guide us” or even “makes you hate nursing when you get out.” One student says, “Our system is such that the real fact is not out for you to know till you have come inside. So once you are in, you see, but you are stuck.” The lack of necessary equipment and the shortage of the most necessary material frustrate nurses most. As many of them entered into the training with unrealistic expectations, the shock is more immense and leads to feelings of depression. One student expressed her worries thus: “On ward days, I really have to drag myself out of bed.” Some nursing students are unable to cope with the experiences and try to minimise their presence on the
ward. Coming late and taking long rests is one way to avoid practical work. Others volunteer to go to the pharmacies to collect medication and use that time to stay away from the ward. A final year student still struggles with her choice: “I am in my third year. Actually, I wanted to go to medical school, but things did not work out for me. I somehow do not like nursing. This is too much for me. Every morning when I have to go to the ward, I feel sick.” (Bridget) It seems that this woman represents a larger group of students who feel out of place in nursing. They do not dare to openly criticise the training or discuss their wish to stop this programme with their families or teachers. To cope with the situation, they try to avoid stressful nursing activities and limit their presence on the ward to a minimum. Their hope is to move to administrative functions after graduation or take courage, face family disapproval and change study programme.

With students in the university programme, the expectations take a different form. It seems many of them consciously prefer the study approach and the high status linked to it. A second year student observes: “I also applied to Korle Bu Nursing Training College. I had my admission there and I had this one also [at university]. But because the training college is a diploma course and this is a degree course, I decided to do the degree which is higher than that course.” Her friend emphasises the influence nurses with a degree programme have within the profession in Ghana: “I think that here is the best. When you come out of the university and you’re talking, they [doctors] look at you and know your background. They will understand and take you seriously. You’ll have influence. Your starting level from that place is nursing officer, but if you have to go through SRN, it takes you five years till you’ll be promoted to senior staff nurse. From senior staff nurse, before you go to nursing officer. So it’s about 15 years difference in status, if I’m not wrong.” These statements reflect nurses’ dreams and future plans but do not equip them with sufficient energy and motivation to deal with the nursing work during training.

As the bachelor programme is perceived and set up as a more theoretical approach to nursing, the generic nursing students are not registered straight after receiving their degree as full nurses with the Council. After graduation, they need to follow one year of practical work. During this year, they are placed on different wards in the hospital, are loosely supervised by tutors from the college and school and go through the practical licential examination of the Nurses and Midwives Council (NMC). Maureen, a teacher from the school explains: “After their BA with us, they go to the wards for practical experiences. We assist them and also the NTC supervises them. Most of them do fine and pass the licential exam without problems.” Passing this, they become registered nurse and will be placed by the Ministry of Health. Given the frustrations students have with the actual nursing work, many of them decide not to do the additional year but turn to health education, apply for administrative work within the health service or leave the health sector altogether after graduation.

The mature nurses either return to their hospitals and wards or become teachers in the various training colleges of the country after graduation. But
they also meet obstacles when planning to move on to a masters’ degree or equivalent higher education. The bonding also applies to them and the state wants them to work for several years before aiming for more specialisation. As Tyra knows “if you apply right after the training, the university won’t take you. They have liaised with training colleges and the hospital and the government bond and you should serve- it was three years but they’ve made it five years. But that’s why most of the young ones who aim higher are leaving the system and going abroad. And the place is filled with old ones.”

As many students leave the country after the exams to work abroad, the Nursing and Midwifery Council NMC decided to introduce the bonding system. Newly registered nurses have to work for five years before receiving the definite registration with the board. Leaving earlier and for that purpose requesting a quick registration leads to high costs and paying the bonding fee of Gh¢ 5000. This amount represents the cost the school and the country made to train a nurse. In reality, the bonding fine does not constitute a serious hindrance to those intending to leave. Salaries overseas are often sufficient to enable early payment of the fine. The principal of the training school expressed the irony of the situation and her sense of despair thus: “It seems we are training our students for the developed world. About 80% leave within the first two years after the training to work abroad. What can we do?”

**Conclusion**

The feelings expressed and the questions raised are not typically Ghanaian. Since the late 1950s, sociologists have looked at the relationship between professional expectations, realities on the work floor and the experiences of workers in the hospital. Merton et al. (1957) saw medical schools mainly as socializing agencies in which the students were passive recipients. Olesen and Whittaker (1968) stressed in the same way that the aim of studying is ‘about becoming’. Becker et al. (1961) followed an interactionist approach in which students can be and are active players who react and negotiate their role in the educational process. Melia did an in depth study of Scottish nursing students and illuminated various aspects of the tension “which exists in nursing between curriculum needs and service demands” (1987: 3). According to her understanding and finding a response to this tension leads to a successful transformation of professional socialisation of novice students into practising nurses. In this process, Ghanaian students experience problems on interpersonal, structural and emotional levels:

Firstly there is the gap between theory and practice. College teaches the correct way of nursing, but on the ward the main principle is ‘to get the work done’. Planned educational goals and needs in service delivery do not always go together and students sometimes have to break with learned procedures, learn new rules and experience that the correct way “is modified to suit the prevailing situation on the wards” (Melia 1987: 54). Martin (2009) found similar gaps and ways of dealing with them in Ugandan nursing schools; there
too, formal and informal knowledge needed to be accessed, organised and put into practice. In the Ghanaian setting, the students need to find a way on the wards and in the work. Most of them do that by copying older nurses and internalizing what they see. In addition, they need to learn about unwritten rules one example being to ‘appear busy always’, towards both patients and their relatives and to superior nursing staff. In practicing this, they adopt the permanent staff’s attitude and start using their explanations. This is intensified by the inter-generational hierarchy. Following cultural norms of respect, younger nurses hardly see a chance to correct older nurses or implement ideas they learnt at school. The only solution seems to optimise the copying behavior.

Secondly, research in European settings shows that the school’s attitude plays a role in whether and how well students learn to cope with the professional reality. Heikinnen et al., writing about nursing education in Finland, stress the learning process both in educational and social regard: “Students will learn to care for patients if they themselves are cared for in the educational community” (2003: 260). Well-thought through supervision by the school can enable students to deal with their emotions and learn to reflect on their actions. In the Ghanaian reality, it seems impossible to organise and offer these structural supervisions and reflections. The consequence is that students oscillate between school’s needs and the ward’s demands, being armed with theoretical knowledge and the idea of ‘how it should be done’, but being employed as mobile workforce (Melia 1987) improvising and trying to get the daily work done. Martin, following Schön, speaks of a “hierarchy of knowledge in which the formal knowledge… was considered the ‘correct way’ of nursing while the informal knowledge… represented an unfortunate digression” (2009: 85). Such a dichotomy leads to frustrations and many students begin to doubt the appropriateness of their professional choice. As a consequence, this can hinder a successful socialisation into the profession.

Thirdly the students experience difficulties in recognizing, accepting and managing their feelings. Concluding from the observations and experiences in Accra, many students do feel left alone facing situations they are not prepared for. Thus, anxiety, fear for unexpected situations, feeling of inadequacy and failure, seem overpowering. Beck found similar emotions with American students who went through struggles to identify their role in the nursing process (1993). Following Du Toit, the socialisation into the profession depends on the transported values that link person and profession. “The novice enters the school with a set of values, which may change during the socialisation process to reflect the values the profession holds in high esteem. When values change, behavior will change accordingly” (1995: 165). This implies that the above-mentioned aspects must be combined to lead to a successful socialisation into the profession. The current Ghanaian situation is one of large number of students, with limited teaching personnel and suboptimal staffing on the ward in combination with Western style teaching theories in schools and improvising practices on the wards. Only very few students find a way to verbalise their feelings and deal with their individual emotions and try to reach a deeper
understanding of themselves and their vocation. Fulfilling duties and managing the workload set the rules of the daily routines of students and hardly leave space to reflect on actions, adjust expectations and set individual and professional goals.

In conclusion, it seems difficult for Ghanaian nursing students to find their place in their future workplace. Several problems and challenges they encounter are not particularly Ghanaian phenomena; many student nurses all over the world face the practice-theory gap and have to manage their emotions when facing seriously ill patients for the first time and getting physically and psychologically involved in nursing. But several cultural and organisational constraints, like the existing generational hierarchy and the idealised role model of the obeying and humble nurse, seem to make it impossible for the students to apply Becker’s interactionist approach and be an active and co-determining actor during their training. Fifty years after having started the training of nurses in the country, the novices still struggle with the code of conduct to link themselves to encouraging role models and to finally develop a nursing identity that carries them through the three years of training and introduces them into the profession.
PART III

NURSING IN THE HOSPITAL