Ghanaian nurses at a crossroads: Managing expectations on a medical ward

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On a Wednesday, the deputy director of nursing in the Medical Block invites all matrons for a meeting. During that meeting, she shares her recent observations with them: “Most of our nurses are working fine, but sometimes I see them sitting with their phones and the students do all the work. Please, encourage all to work hard. I know it is not easy. But it is your responsibility that the patients get the best care. Last week, I saw a chart that was not filled in a proper way. Go and check your group.” The matrons leave to their wards and call in ward meetings. During those meetings that take place on monthly basis, only the staff nurses are present. Students, rotation nurses and HCAs remain on the ward, no outsiders are welcome. They discuss the current situation, the matron evaluates her group, praises and criticizes the nurses and explains her goals for the next weeks. Returning to the ward, nobody speaks about the outcomes of the meeting; they continue with their work. Asked about it, those meetings are labeled as ‘just a get together’ and ‘a repetition of what is known’.

When one arrives on a hospital ward as a patient, family member or visitor, nurses are in most cases the first persons to meet. Their presence in numbers, their white uniforms and the work they are doing with the patients and on the workfloor easily catch one’s attention. In another direction, nurses often actively act as guards over the ward or even function as representative of the hospital in general. In the previous chapter, the routine of their daily work was described and analyzed as a whole. Looking closer, the group can be split into subgroups, each fulfilling different functions and carrying out different responsibilities depending on their hierarchical position.

This chapter describes the nurses in their particular positions and their perspectives on nursing. It starts with the clothing rules and then describes the various ranks in the nurses’ hierarchy. Beginning with the Director and Deputy Director of Nursing (DNS and DDNS), the focus turns then to the matrons, nursing students and finally health care assistants (HCAs) and their specific tasks and vision. It will be shown that the various groups represent both in their appearance and their actual work, different aspects of the power balance on the
ward. This balance, based on clear hierarchical structures, is a delicate one and varies depending on the available actors and the nursing situations that occur.

The nurses’ uniform: Green girls turning into white women

Traditionally, nurses in Ghana wear dark green dresses, separating them from the doctors in white coats. This is still the case in most public and faith-based hospitals and the health posts in the rural areas of the country. Recently, a shift took place in the university (and several private) hospitals. Nurses in Korle Bu now wear white dresses. The explanation given is twofold: one argument is linked to the recently implemented autonomy of the hospital and its revised direct recruitment structure for nurses. The special status of the hospital is thus made visible in the white dresses of the nurses. The other argument is the status attached to white dresses. White used to be the privileged colour of the powerful medical profession, and by ‘allowing’ the nurses to wear white also, this shift aims at attaching more status and authority to the profession.

Nurses wear white dresses with a white cornet and shoes. The rank and position of a nurse is visible in the presence and color of her belt. Like the number of borders on cornet, both show immediately and underline the position a nurse has on the ward and within the hospital. Most nurses dress at home and come with their dresses on to the ward; they only change their shoes. Many nurses tell about the prestige and status their appearance evokes.

Students from the training colleges still wear green dresses with a white apron; the band on the sleeves indicates the number of years in training which ranges from one up to three. The cornet is plain white; the shoes are black and closed. Students from the university wear white plain dresses and black shoes. This means also that mature students who worked as nurses before entering the university have to change their clothing and wear black shoes and a simple dress again. The table below gives an overview of the differentiation in clothing within the nursing profession in Ghana.
Table 8: The dress code of nurses

<table>
<thead>
<tr>
<th>Name</th>
<th>Dress and Shoes</th>
<th>Belt</th>
<th>Cornet</th>
<th>Apron and special features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Assistants HCA</td>
<td>Blue and black</td>
<td>None</td>
<td>None</td>
<td>Assisting nurses on the ward after a short training</td>
</tr>
<tr>
<td>Student Nurse from NTC</td>
<td>Green and black</td>
<td>None</td>
<td>Plain</td>
<td>White apron, 1-3 white small bands on sleeve indicating year of training</td>
</tr>
<tr>
<td>Student Nurse from University</td>
<td>White and black</td>
<td>None</td>
<td>Plain</td>
<td>Also mature students have to wear a simple dress and black shoes again</td>
</tr>
<tr>
<td>Rotation Nurse RN</td>
<td>Green and black</td>
<td>None</td>
<td>Plain</td>
<td>White apron, 1 broad white band on sleeve</td>
</tr>
<tr>
<td>Staff Nurse EN and SRN</td>
<td>White</td>
<td>None</td>
<td>Plain</td>
<td>Starting work after graduation, mainly placed on a ward via the main administration</td>
</tr>
<tr>
<td>Senior Staff Nurse SSN</td>
<td>White</td>
<td>None</td>
<td>Plain</td>
<td>Promotion after 5 years of working in the health service</td>
</tr>
<tr>
<td>Nursing Officer NO</td>
<td>White</td>
<td>white</td>
<td>1 border</td>
<td>Position reached after interview, exam and positive recommendation</td>
</tr>
<tr>
<td>Senior Nursing Officer SNO</td>
<td>“ ”</td>
<td>blue</td>
<td>2 borders</td>
<td>Includes regular trainings e.g. in administration</td>
</tr>
<tr>
<td>Principal Nursing Officer PNO</td>
<td>“ ”</td>
<td>green</td>
<td>2 borders</td>
<td>Formerly called ‘Matron’, she is in charge of the ward</td>
</tr>
<tr>
<td>Depute Director of Nursing Services DDNS</td>
<td>“ ”</td>
<td>purple</td>
<td>3 border</td>
<td>Responsibility of a unit e.g. medical or surgical department</td>
</tr>
<tr>
<td>Director of NursingDNS</td>
<td>“ ”</td>
<td>purple</td>
<td>3 borders</td>
<td>The highest position in a hospital</td>
</tr>
</tbody>
</table>

Source: Data collection of the researcher

The appearance of a neat and clean dress is of high importance to the nurses. They regularly check their dresses for stains, and the night nurses change their dresses in the morning into well-ironed ones before the new shift arrives. The matrons as well as senior nurses check the appearance of their junior colleagues and students regularly. Dusty shoes, a badly-fixed cornet or dirty fingernails are disliked and the (student) nurse gets a warning. The following examples illustrate this: The DDNS of the unit makes daily rounds in the wards; one morning she meets a student on the hallway wearing a short dress that stops above the knee and is tight. She calls her: “Give me your name
and I will check that this uniform is changed soon. Such a dress is not decent. I do not want to see that on our ward.” She explains the importance of a neat appearance to students and young nurses when they start their work in the department. One morning she checks students: “Your nails are painted. We do not do that. Why? Because we are a decent profession. You will be married, you do not need such dressing and painting. We do not want to be too attractive to the patients, but we care for them. So make sure your dresses are long enough, not showing anything. You must be comfortable in them. And wear closed shoes on the ward. I do not care what you wear in school, but here you work and must protect yourself. We have short and cleaned nails here and well combed hair. Care for the patient and leave the rest to God. We are a decent profession!” Doris, a nurse working regularly in the night is often reprimanded about her negligent appearance; her cornet is most of the times missing and her dress shows old stains. She is an enrolled nurse and remains low in hierarchy. When spoken to, she feels uncomfortable and says she lends the cornet to a friend and blames the busy work schedule. Her superiors state that by this she is not representing nurses well.

All nurses subscribe to this image. But the white dress and their subtle attributes demarcate much more than just a professional group dress. They mark their position as representative of an accepted profession. Three aspects are important here: firstly, the white dress acts as a visible characteristic of the group. Registered nurses in the hospital wear white uniform and fulfill an important position in the hospital organisation. This makes them recognizable and respected even outside the hospital walls. In translation, it represents the idea of a decent, well-educated neat woman and trustworthy member of the society. Secondly, the uniform depersonalises and makes the individual invisible. Putting on the uniform turns the person into a member of the nurses’ group. Clean nails, an unobtrusive hairdo and a humble manner support the aim to desexualise the nurse and portray her as a devoted and dedicated caregiver. Finally, the concept of the uniform pronounces the hierarchy within the group and underlines the different ranks. The pure appearance shows the position of a nurse within the hierarchy and makes discussion about power and influence superfluous. Controlling the neatness of a dress of a younger nurse in a lower position underlines and strengthens the top-down hierarchy. This shows self-discipline of the group and authority both within and to doctors, patients and the outside world.

The Directors of Nursing Services: supervising and motivating

The Director of Nursing’s (DNS) main task is the general overview of the nursing activities in the whole hospital and the setting out of general rules and standards. She is less visible on the wards and more involved in the main administration and management. That is reflected in the fact that her office is located within the main administration block and she is a member of the board of directors of the hospital. She is assisted by a group of senior nurses (SNO
and PNO), who take care of the nursing statistics and planning of recruitment and training.

The DNS is the liaison between the nurses and the hospital management, which is headed by a medical doctor. Her main duty is to staff and equip the wards sufficiently and to keep her workers motivated. She summarises her duties thus:

As a Director of Nursing Services, my vision for the hospital is to have a fully-staffed hospital. A staff that is very motivated and giving quality service to the patients. I want the nurses to be really happy and work for our patients. Also I want them to be satisfied; that was my vision for the hospital. But I guess it is ambitious. In the last years, we had between 1,000 and 1,050 nurses here. We need up to 2,000 to deliver quality care.

The nurses on the wards perceive her as occupying a distanced position; they expect her to stand in for the nurses’ rights and to provide them with better working conditions, equipment and salary. Being careful with criticism, the nurses define the current situation among nurses and medical staff and administration as “not very cordial” and the DNS as being worried about the situation and feeling responsible but being “not the type to face a discussion”. One nurse observes thus: “You can’t run Korle Bu when you are a silent person.”

Most concrete supervision and motivation are delegated to the Deputy Directors of Nursing Services (DDNS) who head the departments (e.g. surgical, medical, pediatrics). The deputy director supervises the work of the nurses, keeps record both of their working schedules and patients’ statistics and takes care of the nursing work in her unit.

In the medical unit, the DDNS is assisted by one or two senior nurses (PNO). She makes regular rounds over the wards to meet the nurses during their daily work, supervises care situations and gets an overview of the patient population and their health conditions. Along with those rounds, the work consists of administrative and management tasks, co-ordinating workshops and training, supervising and evaluating the work of the nurses and having regular contact with the medical doctors of that unit. During the weekends, the DDNS is free, and one of the matrons takes over her duty. Having worked as a nurse for several decades before rising to this rank, she knows about the daily worries and achievements. Her perspective on the work is clearly motivated by her Christian conviction and professional will to deliver high standard nursing care. Asked about her professional life, she says: “It is only by the grace of God. Through all these diseases, I have been able to go through. It’s solely by the grace of God that I am still standing here.”

Towards the nurses, the DDNS is both motivating and controlling. As mentioned above, it is important to her to present a united group of nurses underlining the decency of the profession. She knows the situation of the medical unit for a long time and sees that ‘her’ nurses work hard: “The work
here is very tedious given the seriousness of diseases. And the work here is still unpleasant because of the very limited privacy we can provide for the patient.”

Given the high work pressure, she tries to be understanding towards the nurses:

They are very hardworking. I know some take long breaks by noon or leave early. But the fact is, since you have few nurses, you should be very flexible and be a bit more lenient than you would like to be. Otherwise, it will push these off the hospital that you have. Aha, they will just say, why can’t we leave and have our peace? And by the time you realise that you had a dictator leadership, you’ll not have anybody to work with you. So you should be very dicey and understanding. Open criticism will drive them away.

Arriving around 7.00AM, she listens to the reports of the night nurses, reads the nurses’ notes and supervises the updating of the statistics on seriously ill patients (SIL), the death rate and the number of available beds. Her assistant reports the number of empty beds to the emergency unit to enable new admissions in the late morning. Then she makes a round over the wards to meet the nurses and greet the patients. She also checks the attendance of the nurses and the cleanliness of the ward and nurses’ tables. Taking her time to talk to the patients, she greets those she knows from previous admissions, consoles the seriously ill and encourages them to be patient and sustain the suffering and uncertainties during the admission. Her main partner on the ward is the matron whom she consults. Talking to the matrons in one of the regular meetings, she stresses the need to have a feeling on the current workload and motivation: “You have to set your priorities. You have to know when to start, how to start, where to start and how to finish.” The nurses acknowledge and respect the authority of the DDNS and are engaged when she is around. Some check the notes and charts, others finalise reports or start nursing activities. They also encourage the students to work hard: “Quick, get some work, she is coming. Do not sit down, but find something to do.” Indeed it is not appreciated if nurses or students sit or relax on the ward, as “your place is at the bedside, go to the patients and care for them. If you take a break, leave the ward.”

The DDNS defines it as her task to teach the principles of nursing and she expects nurses, students and assistants to live up to the standards. She makes clear that she expects motivated, decent and accurate nurses in her unit. Asked about the growing numbers of HCAs, she says: “We have too many HCAs, they engulf all. These young girls crowd the ward but are non-professionals. We will need well-trained nurses to keep the standard up. What can we do? We do need them. We try to train them to guarantee a certain degree of standard, but we are lost. Those fresh from school do not know anything.” She also encourages the nurses and matrons on the ward to supervise and teach the students as they form the future of the profession.

58 The word ‘tedious’ is used by nurses to describe their work as tiring, exhausting and hardly manageable. It has a different and even opposing meaning to the regular one that means ‘boring’ or ‘monotonous’.

59 With this statement, the DDNS refers to the temporary housing of the ward in the old part of the hospital during the renovation of the original medical department.
You go round and you correct all those things that your children have done which are not good. If possible, call them and teach them. Say that ‘this is not how to chart’, ‘this is not how to go about it’ like writing down ‘dressing done!’ What does it mean ‘dressing done’? I mean you make a comment on those things. Some of them seem to not even read the thermometer properly when they come. That’s why you should be therefore helping them. If you come alone with a student, you yourself, the in-charge do the seriously ill patients and leave the rest to the student. But while you work, help them to learn and do the work well. Make sure you go round and they do their chart well so that when you’re handing over, there won’t be any problem and patients will return home healthy and grateful.

Asked about her perspective on nursing, she confirms her motivation to improve the work and keep nursing on a high standard. “I personally think, it’s not money that matters, but the job satisfaction. This is why I try to improve the situation, organise better equipment and keep the nurses motivated. When they like their environment, they will work better and the patients will respect us even more. I am using Jesus Christ in my leadership to motivate them.”

The matron: “Our mother on the ward”

Having risen to the rank of Principal Nursing Officer (PNO), a nurse can function as a matron on the ward. This old name is still used and applied respectfully. The matron normally arrives before eight o’clock on the ward and works till afternoon, meeting night, morning and afternoon shifts. The weekends are free for her. The matron on the female ward is responsible for the staff, the nursing work and the general atmosphere regarding job satisfaction, patients’ well-being and smooth cooperation with the medical staff. The aim is to present and sustain a white clean ward on which the patients can recover well and not be disturbed by noise, smell or uncontrolled working procedures. Being in charge of the supply of fresh bed sheets, she controls the making of beds and distributes the sheets in such a manner, that patient’s own colorful covers are kept to a minimum and sufficient sheets are in stock for unforeseen circumstances.

In the morning, she starts with taking up, making rounds with the night nurse. At each bed, she greets the patient in one of the local languages followed by “How are you today? Have you had your bath already and could you go to the toilet? Have you taken breakfast?” She reads quickly through the notes of the evening and night shifts and goes on to the next patient. When she realises an incomplete note or remark, she calls the nurse on duty in front of her colleagues and the patients: “Hey, a balance wasn’t made and here, the medication is finished. You night nurse, come! You always give it in the morning. What is our duty? You have to realise it on time and announce it to the day shift. Don’t just wait till all is finished.” Her tone is determined but

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60 At the weekends, one of the nurses in charge takes over her position supervising the nurses and taking care of the equipment and supply.
friendly, and the nurses rush to correct their mistakes or omissions, apologising and laughing.

Before the official start of the shift, the matron calls the nurses for a moment of Christian devotion. Although the style of the matrons differs, all take care that the nurses come together, form a group, pray and share God’s grace before splitting in smaller groups, turning to the patients and their different duties. She further distributes the work and sees to its completion. In addition, the matron supervises the use of nursing equipment and hands out the daily supply of disposable gloves, spirit and plaster, needles and syringes which she keeps locked in her office. Depending on the number of available nurses, she orders them to work in pairs or individually, supervising students or teaching them on the bedside, distributing the medication in time and accompanying the doctors on their round. To make the duty schedule and supplementary writing work, the matron retrieves to her office. There she is regularly interrupted by nurses asking her advice, students or HCAs being sent for fresh sheets or gloves or other colleagues dropping by. On one occasion, the matron was disturbed again and again. “I want to work in peace. But they will not let me go, I cannot leave the ward even to drink some tea. They want to destroy me.” A young nurse, laughing: “Yes, you are our only mother, so we need you.” “You see, I cannot leave the ward.”

The ward is operating with three different matrons and their characters vary. As described in the previous chapter, these three women represent different styles of managing the ward and supervising the group of nurses; two work in a more more distanced and corrective manner, one mingles with the nurses and is respectfully called ‘our mother’. Matron Mary arrives each morning before the day shift checking on the situation on the ward. Around 8.00 she makes sure that nurses and students follow her on her round over the ward and pay attention to the information given during the handing over. Her communication style with the nurses is jovial; she invites students to ask questions and talks to each patient individually while passing the beds. A patient not wanting to drink is encouraged by her and gathering for a moment of devotion is important for her. Her approach is known to the nurses: “All come for devotion. Hurry up it is already late. Why do I always have to call you? You know when the round is made we gather for devotion before starting the work.” To a student: ”Hey, why are you hiding behind others? Are you allergic to prayers? You will lead us today.” Matron Mary often works alongside with the nurses. She likes the practical bedside nursing, demonstrates procedures to students and checks on their work. Her appearance and attitude make her a central point on the ward. Both nurses and patients show their appreciation and give her respect.

Matrons Hilda and Esther are more reserved and work individually. While they also arrive before the day shift, they spend more time in the matron’s office and at the nurses’ table and call nurses to give report. They regularly make the round alone after the day nurses have already started work. This can lead to situations where the night nurse has to explain specifics twice, moving between the nurses’ group and the matron. Their general approach
towards their colleagues is more controlling and less informal. For them, the devotional moment is equally important as they join in but hardly ever take the initiative; this means that on mornings where they are in charge, the prayer is occasionally omitted. Nurses and patients appreciate their knowledge but they start conversations less spontaneously. Nurses recognise these styles and act accordingly, they know the work must be done in time, but the atmosphere and tone are different.

Matron Mary defines her position mainly as a motivating one. Her motto is “Know what you do and do what you know”. In her own work and function as role model, she realises this motto both in the nursing care to patients and her cooperation with doctors. Introducing new students to the work on the female medical ward, she says, “Make sure what you’re doing is the right thing. So you know what you’re doing and what you’re doing is this all the same.” Towards the medical profession, she acts as a colleague representing a crucial independent profession and requesting respect and collegiality.

Be very proud to be a nurse. I don’t think any doctor will step on my shoulders, I’ll throw him out. You can only do that when you know what you’re doing and you do it well. I’m not saying you should be rude to the doctors, but in playing back your coin on the music of nursing.

Reflecting on her work, she is critical: “We try our best, but it is not good enough. I believe in delegation and give responsibility to my nurses, but in the end, I am accountable for what is going on. I have the love for nursing, but at times it is stressful.” Matron Hilda explains her duty as matron this way:

The duties of a matron are doing the correspondence with outside, filing the requests for supply, ordering the patients’ meals. I also have to write and give confidential reports about the nurses on the ward for promotion. I have to evaluate and ensure quality on the ward regarding nursing and the proper use of the equipment. Then also I do the schedule. We do not have many nurses, but I have to make sure there are enough in each shift, and they also have free days to recover. The nurses are working hard and know the work well. I have to check their work and keep them motivated.

In addition to the ward routine, the matrons meet on a regular basis with the DDNS to inform each other about the situation in the wards, share experiences and discuss improvements or new nursing ideas. Towards patients, they represent the ward and form an authority when it comes to dealing with individual anxieties and worries. They talk to the women, explain procedures, encourage them to eat well and rest, or read the Bible for consolation. One matron says, “I am their mother; I have to make sure they eat and drink well.” The matron is also the first contact point for patients’ relatives who have questions about their hospitalised family member or want to inquire about possible costs of treatment. Indeed, the matron keeps some patients’ monies to pay for special treatment like chemotherapy, medications or examinations. In severe cases, she will take time to counsel patients or their relatives or explain planned procedures to them, trying to convince them of its necessity. Whenever possible, it is also the matron who informs relatives about the death of a
patient, inviting them to her office and consoling them during the first period after she had delivered the bad news to relatives.

The matron is respected by the nurses. Even so the style of the three matrons differs and one is more directly involved in the work than another, and nurses, students and HCAs accept and treat them as their role models and points of reference when it comes to the standard of nursing care. They all try to do their work accordingly and satisfactory. Students mention that they like to be taught by her for “she is supportive and sees us like her own children.” Nurses appreciate her for “bringing good spirit on the ward” and for motivating them. “You see, even when we make a mistake, the way she will go about it, you don’t feel like you are nobody.” Also, nurses like their standing with regards to the medical staff. “Our matron is so strict that doctors accept her and do not want to mess with her. She is a good matron and does not make any differences.”

Nurses: Present day and night

The group of nurses is in itself divided into senior and junior nurses. The younger ones learn the daily procedures from the more experienced ones and have only limited influence on the routine and set up of the work. Innovations through new nursing ideas and adaptations to the situation are difficult to implement. Most nurses interviewed said that they had not opted for work in the medical unit. The work is seen as extremely exhausting, and nurses perceive it as offering little reward given the high mortality rate. Some older nurses mention that they now like the work as “you learn about all conditions,” but younger nurses seem to experience the situation as challenging and depressing. Changing wards or even units can be done by making a request to the matron, and is decided on a few times a year. Given the negative perception of the unit, very few newer nurses opt to come and replace those who want to change. Regular promotion takes place about every 5 years, depending on the individual’s work and evaluation by the senior nurse and matron. The DDNS and matron try to encourage nurses to attend workshops and improve their skills, leading to higher motivation and promotion chances. Their hope is to keep the nurses on the ward so that they will not entertain the desire to leave for other units, private clinics or work abroad where the workload and emotional burden are thought to be less heavy and the pay is more.

The group of nurses differs by shift. During the morning, between two and five nurses are present; in the afternoon two or three work a shift before two nurses take over for the night. On the medical ward, there are nurses who arrived shortly after their graduation, nurses who were trained under the old program of enrolled nurses, and nurses who reached higher ranks through promotion and years of experience. They form a group of various ages, levels of nursing experience and routine on that specific ward. Their work distribution changes according to their number and the seriousness of the thirty patients’ diseases. When students and HCAs are around, they are asked to make the beds
and check vital signs; otherwise the nurses do that work. Clearly the dressing of wounds, caring for seriously ill patients and completing the written documentation is the nurses’ duty, next to handing out medication and accompanying the doctor’s round. As the table below shows, there are regular tasks to do, but the individual patients’ conditions demand adjusted working schemes and changing priorities.

Table 9: Regular working duties on the ward

<table>
<thead>
<tr>
<th>Time</th>
<th>HCAs</th>
<th>Students</th>
<th>Nurses</th>
<th>Matrons</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-9</td>
<td>Shift starts at 8, HCAs clean the ward, feed patients and make beds</td>
<td>General start at 8, degree students arrive around 9. Duty of bed making and feeding</td>
<td>Night nurses write reports and do medication, inform relatives during visiting times, day nurses arrive</td>
<td>Arrive around 7.15, talk to nurses, patients and relatives, call in devotion and distribute the work</td>
</tr>
<tr>
<td>9-12</td>
<td>HCAs assist nurses, clean trolleys and lockers, collect medication at pharmacy</td>
<td>Students assist nurses in wound dressing, vital signs, bedbath, admission, collect medication at pharmacy, make care plans</td>
<td>Nurses carry our care activities, wound dressing and supervise students and HCAs, do medication, admission and discharges, go on doctor round, do medication round</td>
<td>Matrons do general supervision, check reports, supply equipment, have contact with doctors, attend meetings with other matrons, return to their office for specific work</td>
</tr>
<tr>
<td>12-15</td>
<td>HCAs go to pharmacy, CSSD, empty urine bags, do tube feeding, take a break, are on call till the afternoon shift takes over</td>
<td>Break, they assist in medication round, finish work before afternoon shift takes over</td>
<td>Nurses do medication, take a break, welcome new admissions, discharge, finalize reports and notes Afternoon shift arrives and takes up,</td>
<td>Matrons are on and off the ward and in the office, talk to relatives, supervise staff, break</td>
</tr>
<tr>
<td>15-18</td>
<td>HCAs assist nurses, care for patients, clean the ward and sluice room, empty urine bags</td>
<td>They assist nurses, check vital signs, learn procedures, practice care plan</td>
<td>Nurses care for patients, react to special situations, supervise students, do writing, medication round, have contact with visitors</td>
<td>Matrons finish the work, supervise and motivate nurses, react to nursing situations</td>
</tr>
<tr>
<td>18-20</td>
<td>Finish work</td>
<td>Finish work</td>
<td>Nurses finish day tasks and hand over to night nurses</td>
<td>Matrons leave the ward</td>
</tr>
<tr>
<td>Night</td>
<td>HCAs assist night nurse, make balances, care for patients</td>
<td>Students spend only few nights on the ward during their training</td>
<td>Nurses care for patients, give night medication, finish writing and day</td>
<td>Matrons are not on the ward, there is one SNO in charge for the whole unit</td>
</tr>
</tbody>
</table>
Depending on the number of seriously ill patients, some nurses specialise in caring for them while others remain in charge of the ward and supervise the work of the students and HCAs. Generally, there are no differences within the nurses’ group, but the work is redistributed every shift. Much functional care is carried out and not individualised; the care plan is hardly used. Martha says: “Everybody here can do every kind of work, whoever has time does it, and there is no division of tasks.” Looking closer, it appears that the distribution of work is organised top-down. Cleaning the trolleys and tidying up the lockers are almost exclusively done by the HCAs and students. Simple nursing tasks like making beds and assisting in feeding are done by students whenever they are available. Tasks that are clearly carried out by nurses are the medication round, dressing of wounds and assisting the medical staff in rounds and examinations. One nurse is specialised in care for patients with severe wounds like Stevens-Johnson syndrome, another one followed courses on patient counseling and social care aspects, and two nurses are assigned as preceptors to students on the ward. Nurse Grace says, “We are just encouraging each other. It is a very nice atmosphere. We are one in everything, that’s what keeps us going.”

As described in the previous chapter, working in the night is a special challenge to all nurses. In the night, there are fewer nurses to do the work and no matrons to oversee the work or take decisions. At the same time, the medical staff are absent and can only be called in for emergency situations. Patients are expected to sleep. Nurses and patients alike often feel uncomfortable in the darkness on the ward. Insecurity, pain, and the fear of death approaching in the night keep patients awake and restless. Nurses are to comfort and console suffering patients and to handle their own anxieties. At the same time, working in the night gives the nurses more freedom though the absence of higher authorities.

Generally, the atmosphere on the ward is supportive and encouraging. Even so, working conditions are challenging. Coherence and solidarity among the nurses is high and they endeavour to complete all work and avoid mistakes or sloppiness. Nurses who are friends try to work in the same shifts and help each other out, when private issues (like family reunions, funerals or church activities) demand a change of shifts during the week or on the weekend. Some nurses attend workshops or additional training to enhance their further specialisation. Each nurse has about one month of vacation a year. They sign up on a list, and it is then the matron’s responsibility to be fair with the regulation of it.
Students: Exposure to reality

Nursing students stay relatively briefly on a ward. This means they are there for several weeks before moving either back to school or to another ward. As a consequence, the wards are sometimes well-staffed with three to seven students, some almost inexperienced in their first year, and others close to writing their final examinations. At other times there are no students at all. This makes planning and regular work distribution difficult. As extensively described in the chapters of Part I, many students are not aware of what nursing entails till they arrive on the wards. Exposure to severely ill patients poses a serious challenge to most students. They hardly talk about their experiences. In their work, they appear insecure and often reluctant to react appropriately to upcoming nursing situations.

The main task of the students is to do the work that is given to them. After arriving on the ward, they look for trolleys to be cleaned or beds to be made before the official duties start, when the matron calls for devotion and then distributes the work. Regular tasks are making beds, checking vital signs, cleaning the ward, and assisting nurses in dressing wounds and making rounds. It seems also unclear to them what their task on the ward is; some see it as exposure to the ward reality and others use the practical days to learn or practice procedures like hair washing or oral hygiene.

Depending on the years of training, students may lack factual knowledge about diseases and symptoms. This regularly leads to misunderstandings and wrong evaluations of situations. Given their age and the tasks to perform, they seem to feel more attached to the health care assistants, learning from them and taking breaks together, not mingling with the nurses. They hardly dare to ask nurses for explanations or concrete supervision, or to discuss procedures that have been carried out. The nurses sometimes check the work of the students, check vital signs or look after procedures that have been carried out. Generally, the students report to them when they finish their work and leave the ward when their shift is over.

The DDNS meets all students before distributing them to the wards and explains the main features of medical nursing to them. She encourages them to ask questions and involve themselves in the work, and she also stresses the importance of self-motivation and eagerness to learn.

If you’re not too sure – ask a nurse for clarification. You are here to learn. And you have to show a lot of respect on the wards. Some of you try to run away, we don’t like that. Ask the matron ‘can I go? I’m going home’. This is what you are supposed to do. Some even decide not to come because you are many and hide in the crowd, but we will see it. You understand. You are now starting your occupational life. So you need to devote a lot of time.

Asking the matron about her view of the students, she says:

The students keep on coming. There’s a period in the year when students come in for only one week. You have just one week to teach them. By the time they are able to do something, they move to another ward. Then another batch comes. So you remain in the same cycle… so you end up exhausted. You can see immediately who is interested and will be a nurse; with many of them, I have my doubts.
Both quotes show that the nurses in charge of the work in the department have their doubts about the students’ motivation. Given that the students always come in bigger numbers, the individual student remains unnoticed; they are perceived as one group. In many situations, the nurses do not know the name of a student. In daily work, students are seen as workforce that helps to do all routines and finish the work on time. They are reminded to be humble and obedient, to dress neatly and cleanly, to reflect the well-educated nurse and woman.

Health Care Assistants: The blue helpers

For several years, the Ghana Health Service has tried to find a solution to the shortage of nurses. In 2002, the Ministry of Health introduced health care assistants (HCAs) as helpers on the wards. They are young women (and some young men) in their late teens or early twenties. Having finished secondary school they were not able to continue their education or study straight away due to financial problems or unsatisfactory grades in their final exams.

The training of these assistants is organised by the hospital itself. At Korle Bu Teaching Hospital, it took initially six months in school (at the in-service-department), followed by two months of practials in various units before being posted on a ward. In 2005, the shortage of nursing staff on the wards had increased and it became necessary to train the assistants for a shorter period and post them on the wards faster. The training was shortened to seven weeks in school followed by a two-week practical experience. A teacher at the in-service department explains:

In the last two years, we have trained more than 60 HCAs. This year [2006], more than 200 have been trained already. We train them here only for three months; we cannot go into too much detail. We make it very clear to them that this is not a real profession but they should use the time to better their grades, develop an interest in medicine or strengthen their interest in nursing.

In the medical unit, each ward has three to five HCAs and they work in both morning and afternoon shifts. The older ones also work in the night. This group is itself divided into the older, more experienced ones and the newly trained girls. Since the former have gathered practical experience and routine, they are more respected by the nurses and are involved in nursing activities. The freshly-trained ones are mainly given orders, as their knowledge of medical diseases and nursing standards is generally limited. Working under the supervision of nurses, their tasks are supportive, like making beds, cleaning nursing utensils and the sluice room, and assisting the nurses. As mentioned above, many student nurses relate more to them than to the nurses and work with them.

Asked about their work and motivation, most HCAs claim they are aware of their position on the ward and see this job as a temporary period before starting a proper training or study either in the medical field or in a
completely new area. Rose was part of the first group and has been working on the ward since 2003. She knows the routine and sees herself working alongside the nurses. In her view “We are doing all kinds of work. I know a lot and the nurses do give me tasks with responsibility, like admitting patients. Also, when I am on night duty, I work hard, like a nurse. But yes, there is a hierarchy, the nurse is above me.” At the same time, she is not aiming for a nursing career: “I applied to a school but they didn’t take me. I think they do not like us assistants; we are critical as we know the reality. I am now following courses in tourism and will leave soon.” Lisa is a recent arrival on the ward and is overwhelmed by the work. She tries to avoid intense contact with patients, volunteering to go to the pharmacy or do paper work instead. Regularly, she feels ill and reports sick. Nurses and assistants alike assume that the work is too heavy for her and she should quit. Peter, one of the few male assistants is confident and knows his position: “We know what we have to do on the ward; we do not wait till the nurse tells us what to do. In the morning you can start feeding and it is our responsibility to prepare the trolleys for wound dressing. We do the same things as the students- check the vitals, dress wounds, make the beds, wash, serve the bed pans and feed. Only if there is a new dressing we have not seen before do we ask a nurse or the matron, and then they teach us. You go and do your work alone and do not wait till you are told to work.”

Nurses are critical of the health care assistants. Even though HCAs help with basic nursing, nurses see them as a burden and a threat to the nurses’ status. Some accuse them of being lazy and of running away from work, while others see them as threat to the prestige of the nursing profession. During the breaks, they rest at different places. Sometimes a nurse orders an HCA to buy her food at the streetside or do other small jobs for her. The matrons assign them work and evaluate their activities but are not enthusiastic about the HCAs: “These young girls crowd the ward but are non-professionals. We will need well-trained nurses to keep the standard up. What can we do? We try to train them to guarantee a certain standard, but we are lost. Those fresh from school do not know anything.” Also the DDNS is critical and sees negative consequences for the nursing profession:

These HCAs are a new thing. I am not too happy with them. They do not know a lot and are not supposed to do any important work but assist the nurse with basic tasks. We have to talk a lot to them and explain everything to them. So it is not only a help. We have to take care they are not taking over and lowering the image of nurses. In the end there will be only one examined and experienced nurse with all the HCAs, and she has to take the responsibility and give medications and do the superior tasks. We have to take good care and protect our profession.

The self-evaluation of the presence and influence of health care assistants contrasts with the perspective of the nurses and is an essential part of the power balance on the ward. They see themselves as necessary helpers to manage all the nursing work done but receive little respect from the nurses. Some end up going into silent resistance by hiding from work, prolonging the break or slowing down in their activities. Others respect the hierarchical structure and perform their tasks obediently, hoping for recognition in the form of
compliments or a rise in responsibilities. They hope the work they do is seen as a crucial and essential part of the daily routine. The latter hardly happens and the nursing body forms one white group in which they include some green nursing students while the blue helpers remain outsiders.

Conclusion

Analysing the scenario described, three aspects become apparent: nurses on the ward fulfill and reshape forms of hierarchy, display and embody levels of differentiation, and balance the distribution of power.

Each profession is organised according to hierarchical classifications. Working in a hospital where various professions meet and have to collaborate, the logic of differentiation seems vital for its survival. Appearing as one group to the outsider, the nurses are divided in subgroups and each member shifts her position and influence on a daily basis. The health care assistants see themselves as crucial workers in daily health care management, but have to accept their subordinate position. Nursing students are socialised into this organisational principle mainly during their work on the various wards. Innovations are difficult to introduce, the shifting and sharing seems to work best within a strict top-down hierarchy in which freshly-examined nurses fulfill the obedient and serving role. Senior nurses are in charge, carrying responsibility and receiving most of the credit. Higher-ranked nurses distribute the work and reprimand nurses in public in case of negligence. Statements on the unity and decency of the ‘noble profession’ serve to encourage all members but also call for internal unity and prevent conflicts. Criticism within the group can only be uttered in undertones. The Director of Nursing is respected as the highest representative of the profession and is expected to improve working conditions. Dissatisfaction with her management style is evident but not openly discussed. Being embedded in a culture of respect for and obedient to the older generations, this hierarchical order is not challenged.

Differentiation within the group is mainly displayed in the uniform. The white dress symbolises the decency of the profession and is at the same time an indication of discipline as a distinctive feature of the profession. Through her pure appearance, each nurse- including assistants and students- is categorised and expected to know her place. A neat dress is appreciated and confirms her position. Higher-ranked nurses use their own uniforms to demand respect and display authority. They derive from it the power to correct and discipline younger nurses and students. In this way, the white uniform acts as a mean of inclusion, excluding all caregivers wearing other colors.

Hierarchy and differentiation serve the goal to balance power distribution. This power is daily challenged by the flexibility nurses need to manage everyday duties. The profession and its working conditions are marked by insecurity and incalculability. The limited and changing staff number, the fluctuating health status of the patients with their specific needs and demands brought from outside require nurses to react and reshape their work as an
individuals and a group. At the end of the shift, the work needs to be done irrespective of those unpredictable factors. In times of manpower shortage, the matron will help with basic nursing care and students are given more responsibility. At other times, roles are fixed without any question. Defining and redefining the resources and aims leads to a balance; its success influences work satisfaction and solidarity among the group. Nursing directors and matrons are careful about controlling and demanding too much from the nurses, as the nurses have ways of resisting their power. Hiding from work, prolonging breaks, having the uniforms sewn in a slightly provocative style, are a few examples of this resistance and both sides know and recognise these actions. In addition, most nurses feel proud to be working in that academic hospital with its high reputation in West Africa. They feel being part of the nursing profession that represents Western medicine and modernity. All participants in the health service—caregivers and care seekers alike—have expectations about appropriate health service. In order to manage the unpredictable and keep up appearances, control and power is displayed openly and covertly alongside statements regarding unity and cohesion.