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

Böhmig, C.

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The Ghanaian nurse has certain qualities: she is honest, punctual, qualified, and intelligent, yes she must be intelligent. Nurses have to dress moderate and not overdress; they must move easily and the dress should end under the knees. No jewellery and no perfume, as it can trigger asthma; and the shoes must be low, closed and should make no noise so they do not disturb patients who are resting. A health worker has to be neat when talking about health, otherwise it is not good. We are a role model and people watch us. We should be recognised in our speech, dress and behaviour as a nurse. The ethics of the profession are to do no harm and be empathic, be loving as you also want to be loved. Our attitude reflects the profession at work and during our social life. We have to protect dignity in our profession.

This statement of the president of the Ghana Registered Nurse Association (GRNA) illustrates the various aspects the profession of nursing can include and how the nurses present themselves and are seen by others. This chapter focuses on the perceptions about nurses and nursing. In three steps this is approached from different directions. Firstly, the nurses themselves are given space to present their motivations and definition of a good nurse. Secondly views of nurses from the outside are presented. Finally, light is shed on the profession itself. It will be shown how these three views form a mosaic of the unstable state of Ghanaian nursing, as it is influenced by history, shaped by reality and supplemented by expectations and wishes.

Nurses working on the hospital ward or other sectors of the health care have their own perceptions on their profession and the realization of their ideals and wishes. Throughout the generations, they state that nursing is a built-in thing, giving an inner satisfaction. A student nurse says: “I like to see people happy, coming out of their problems; as a nurse I have so many ways to help patients.” An older colleague seconds that view:

You do your job well and get a lot of satisfaction out of it when you care for a patient and see him improving and leaving the hospital smiling. Often, former patients recognised me in the street and thank me for the care they received.
Indeed, many of them aim to make a difference by “touching somebody’s life and be useful in their community” because “when you care for a patient, that is rewarding and satisfying. I can make a difference here in Accra or elsewhere in Ghana.” Older nurses see the impact of their work on their families and neighbourhood. Nurse Edith adds:

Nursing is a good job. I always liked it. It is nice and feels good to make patients happy. Am I telling lies? I like to be a nurse. Once you learn it, you always stay one. You are 24 hours on duty. Also the family and neighbours see the nurse in you.

Ernestina reiterated the same experience because “people come with all kind of problems. Where I live, it is the nurse and drug stores where people come first. They ask and listen to my opinion. So I deal with minor health issues and nurse them. Only when this first aid is not working, they will go to the hospital or traditional herbalists.” Also, all nurses share the need to be empathic towards patients. A retired community nurse remembers: “It is a difficult job, you must be patient and tolerant. Sick people are naughty, so you must be strong”; and a young nurse on the medical ward supported this view when she said: “Nurses must be empathic and patients must be able to trust them in order to get healthy; that is good nursing.”

All nurses struggle with sub-optimal work conditions, irregular equipment, water and electricity supply and unclear work distribution. While agreeing also on the general rationale behind nursing, differences in the daily work are visible, especially when it comes to the intergenerational conflict. Retired nurses remember their own working attitude: “It all boils to training. The Girls’ Guide says you should smile at all your difficulties. You smile at all of them and they’ll go. But today, 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. That’s what I always said: we nurses are our own enemies.” Students today are expected to be humble, older nurses expect it by teaching them that “you should be in a servant-hood attitude, you should always serve.” Good behaviour is probably rewarded as “the nurses will see when you are interested and helping, so they will teach you.” The director of nursing combines all expectations towards young nurses by stating:

Be submissive like a doormat. Let others step on you, you are silent and observant. Later, when you have your diploma, nobody can take that from you. Your knowledge will be in your head.

Such statement unveils the underlying friction between the generations meeting on the work floor. The president of the GRNA sees similar problems but also sees changed social behavior as reason for this: “We are losing our dignity. You know the new generation of children coming up in this country are different. In Africa, the child is controlled, should be respectful and obey the elders. Nowadays, children have their say, they claim their rights. And they
bring it into nursing. They are not responsible, want to dressed sophisticated and stand on their rights. This is troublesome and brings along conflict.” There are only few experienced nurses who see all parties involved in this debate. Nurse Ernestina thinks this way:

We overwork ourselves. The older ones are also not playing their role because there should be role models within the system for the young ones to emulate their examples. So when you’re a senior nurse, the junior nurse should learn from your work. When we came into nursing, your senior nurse was on the ward doing everything with you. So how do you go and sit down? But it is different today. If they are saying that the younger ones are not doing well, then they should blame themselves, because they are with them 24hrs and whatever they are doing, they will also follow. Because all of us were encouraged by our seniors.

Students see little ways to change that perception of their role as submissive helpers but young persons in training having both questions and ideas on innovation. “When we see the nurses, we’re supposed to get up and stand. There is no rationale behind that. It’s archaic. Those days that we used to do that are over; these days we don’t do that any longer. Their argument is that we don’t respect them, because we don’t get up when they’re coming. But we don’t see that as nursing.” It seems difficult to bridge that gap in expectations mixing cultural and historically grounded reasons in the attitude of young nurses. Changes in society and education are felt and fought against by persisting on unwritten rules of normative behaviour by one side, while the other side mixes uncertainties about the professional future and with new ways of expressing themselves. A nurse with experience on the work floor and about to finish her degree study in nursing sees only one way out of this dilemma:

If you are the lone ranger, you’re the only one who’s always screaming at the top of your voice. Because you think you want to improve the lot for nurses you scream but people don’t look at it that way. So what you do is that you ask yourself ‘do I have to go through all this alone? And for what?’ Because, after all, this is sacrificing. Until we as nurses begin to identify our own problems and know that it will take us as a group and not anybody else to solve our problem for us, we will continue to be the way we are. Of course, it will take one person to start making the difference. But you need the support of all to succeed in improving nursing.

This statement shows clearly how this nurse, coming from the routine in the hospital and now returning as a student, recognises the intergenerational problem of the group of nurses. Clearly, it is not only this one specific ward that has both its roots and solutions in the broader community of nurses in Ghana.

Looking from the outside, a slightly different picture emerges. Nurses are valued for their service to the ill and needy members of the society, but at the same time they are questioned on the role they take in society. Also here, historical, moral and modern views are mixed, leading to official and hidden statements. Everybody agrees that the profession of nursing is needed and is fulfilling an important and necessary role. From its very beginnings in the early twentieth century, nurses were respected and praised for their work. Up to
today, nurses share memories of grateful patients, recognition on the streets and marketplaces, free rides to the hospitals from grateful drivers and being a role model for the area. “You are respected, it is seen as a good job. In my time, you chose it because it is respected. You help everywhere, at the family, church, friends.” Indeed most nurses can share situations of counselling, helping and nursing friends and family members and being appreciated for it. This is connected to their cultural understanding of care and support. Matron Mary observes: “You are a role model to them. You know, here in Africa, we live in the extended family system, so actually we are all relatives. I don’t mind being asked, it is my duty.” Many nurses report that patients and their families are grateful, as they witnessed and experienced the efforts and dedication of nurses. A teacher of nursing confirms this adding a sociological view:

In our society, we do not believe in talking but acting. You do not say you love somebody but show it by giving food or money or the like. If you like me, you will do something for me. This then means also, that care is doing something. It can be to let patient lie and die in dignity, relieve pain, give food, make urine and faeces invisible or to have a neat appearance. And when all physical needs are met, we will be praying and talking to them.

With the changes in society, rising economic burdens and demands from families and groups, the status of nurses has changed. Not unlike their colleagues in other parts of the world, nurses in Ghana started to complain about irregular and inadequate payments, fought successfully to establish a degree at the university level and demanded new lines of communication with the medical profession. Their outspokenness and readiness to go on strike led to improvements in their working conditions and to a critical perception in the society. People complained about too many strikes and treatment that had been refused in the hospitals in the country and started questioning the moral dignity of the nurses. In addition, many nurses left the country to work abroad sending money home but leaving empty spots in the Ghanaian health sector. This can be exemplified in their position as women: in the beginning of nursing, these women were seen as doing a dubious job associated with dirt and death. Being seen as a filthy occupation dealing with faeces and blood, its status rose together with medical developments and successful treatments. This also had influence on the perception of nurses as women, they became models of good health and morality and attractive and wanted marriage partners. Given the level of job security and possibilities to travel, they were supposed to be rich, and, given the kind of work they did, seen as hard-working women and future caring mothers. Newspapers today regularly publish positive reports about the nurses’ work for the well-being of the country and show donations being made both by nurses abroad and by grateful patients to improve working conditions.

Parallel to this positive public image of nurses, a more hidden negative image remains. Nurses were labelled as too knowledgeable and too dominant, threatening the male position in the family. In addition, their irregular working hours and night duties made them absent in family, church and social gatherings. A nurse who went abroad for future studies experienced this:
“Nowadays men are aware that we nurses have work and can travel. Initially, we were not so attractive, because they think we are fat and we knew too much what to do. They still think we are fast, we like life, we move along with the doctors, who finally do not like marrying us. So men do want to marry us for our money but also fear our position.” Attached to the prejudice of sexual freedom, nurses have little means to fight this image. Indeed, many nurses are divorced, raising children as single parents or face serious relationship problems. This is one reason, why the senior nurses care about the appearance of the nurses: “We are a decent profession. You are 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.” Nurses are aware of the society’s perception of them, moving between gratitude and doubts. Also nurses who did not voluntarily choose this path but followed their family’s reasoning and those who chose it out of Christian conviction are faced with it. Their knowledge and influence in the health care sector labels them as emancipated women no longer fitting into the cultural position of women. Wanting to improve the profession, participating in the global economy, achieving more autonomy within the rigid hierarchical structure of the Ghanaian health care system and being faced with such double images in their home society, the nurses seem to face an unsolvable dilemma.

Looking at the profession itself, nurses have different ideas about which path to follow. Several students desire a strengthened link to science and medicine, wishing for more co-operation and teamwork with the medical sciences in the hope of lifting their status. They are backed by lecturers at the university, who also predict an improvement in the public perception of nursing when more interdisciplinary co-operation, including academic research and discussion, is promoted. Nurses on the ward stress in this respect that “nurses and doctors need to sit up and define what is best for health care delivery in Ghana” (nurse Evelyn) and nurses “need to know what they are doing and do what they know” (Matron Mary). Other nurses prioritise their impact on the patients and their families. Helping, counselling and caring for patients in the hospitals and home situations lead to gratitude and understanding. Many nurses agree that only those people who never were hospitalised “are ignorant but those who experienced illness and saw us working for them, are grateful and respect us highly.” The professional unions strive at protecting the status of nursing by clearly separating nursing from auxiliary work. The president of the GRNA wants “to protect the title of the nurse well; only trained nurses should use it. All the auxiliaries and HCAs are no nurses. It must be clear who and what nurses are. We must deliver first class nursing and give effective care.” The Ghana Health Service supports them:

Nursing tended to be a female profession and it is till today not dynamic enough, so we missed the opportunity to make our points strong. Still many people wonder why we would need to have a university education just to stand finally at the bedside. Changes come there very slowly.

Nursing in Ghana looks back on a history of 100 years. Introduced by
British nurses, it was seen as a foreign and strange concept of working with ill people, associated with the colonial rulers and authorities and attached with signs of power and European images of female appearance and behaviour. By 1945, the first school opened and with it the image of the humble serving healthy nurse got attached to the Ghanaian apprentice. Nurses were perceived as perfect women, reigning over dirt and death, following the orders by the male doctors and representing health, morale and religious convictions. Successes in treatment and improvements in health care delivery helped to lift its status and present nursing as an independent work and nurses as well educated knowledgeable workers. With the taking over of crucial positions in the health service by Ghanaians in the 1960s and the implementation of the university programme in the 1980s, nursing was implemented as an emancipated profession with its own responsibilities and duties. Its membership with the international worldwide council of nurses and its affiliation with the medical word and its modern technologies and achievements make it an attractive and popular occupation and it evokes hopes and dreams of participation in the globalised medical world. The sharp contrast between the above given self-presentation and the experiences in the daily work, the self-image and the perception by the surrounding public, form a reality in which the Ghanaian nurses oscillate. They feel unable to meet all expectations set by the profession, their families, the community and themselves. The matron in charge of the medical wards expresses this balancing act thus: “As a nurse, you must be humble and outspoken, that is the trick.”
PART IV

SUMMARY AND CONCLUSION