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

“I am a nurse!” This sentence can be heard all over the world. Being one of the oldest tasks of women, working as a nurse is associated with manifold images, expectations, dreams and clichés. The profession of nursing evolved over centuries, professionalized and specialized further, had to adapt to new situations, developed theories and up to today shapes its definition, appearance and goals. Originating in Europe from a religious duty carried out by nuns and benevolent women to old, poor, sick and dying members of the society, it is today a universal independent profession taught in training colleges and at universities. Nurses work on high technology wards, in hospitals, health centres and public health posts, working in co-operation with medical doctors promoting health, preventing disease and providing care to the sick and dying.

Working with nurses in the 1990s in Ghana, I soon realised a tension between the universal image of the nurse and the working reality in this country. Nurses needed to bridge the gap between professional goals, individual dreams and expectations from society. This experience shaped my research questions: How did nursing develop in Ghana? How do nurses in Ghana today manage their work and what expectations do they meet? Cultural ideas on health and appropriate treatment, the working environment in the public hospitals and clinics, and the role in the society challenge nurses in their daily routine and force them to define and redefine their role and to display their nursing authority and knowledge. This study, *Ghanaian nurses at a crossroads: Managing expectations on a medical ward,* describes the rationale and working routine of nurses on a medical ward in a teaching hospital in Accra, Ghana’s capital. Ghana serves as a case study of conditions that are likely to occur in other African countries as well. It provides answers to these questions. Giving voice to the nurses on the work floor, this ethnographic description adds to the growing literature in medical anthropology and the anthropology of nursing, shedding light on the position and perception of nurses on a ward within an academic hospital.

Part I places the study in the field of hospital ethnography and the theoretical framework of assigning power and transferring knowledge (*chapter 1*). Defining the hospital as a place where the core values of society are displayed, discussed and reinforced, the ward is here seen as a crucial space, and the nurses have the role of actors, mediators and reactors of the social and medical culture when providing care to seriously ill patients. Assigning, exercising and rejecting power places nurses on a crucial position within the functioning of the ward. *Chapter 2* focuses on methodological aspects of doing fieldwork in the hospital. It describes formal and informal steps that were necessary to carry out the fieldwork and to be accepted as a researcher and person. Both the hospital and the ward were conscious choices to allow me to gain an insight in the nursing work. Being in the role of a participating observer and helping in the daily routine, I involved myself in nursing activities. This enabled me to connect with the nurses and experience their work, but challenged me also in the objectification of my work and lead to ethical
considerations of my role and the consequences and implications of my study for the nurses.

Part II introduces Ghana and some relevant cultural features. Chapter 3 describes its traditions and prominent social values. The importance of religion and respect are also highlighted as aspects of women’s lives. Ghana is portrayed as a society in change, oscillating between tradition and modernity. Building on this, chapter 4 describes the main concepts of health that are found in Ghana. The introduction of scientific medicine has led to changes in the perception of health and disease and expectations in treatment and healing. Recent developments include the establishment of a national health insurance scheme aiming at better access to and treatment in the health centres and hospitals in the country. The following two chapters (chapters 5 and 6) illustrate and analyse the emergence of nursing. Introduced by British nurses, nursing started as an unknown profession in the newly built hospitals. It started with male apprentices in the first half of the twentieth century and developed into a mainly female profession by the turn to the twenty-first century. The opening of the first training college in 1945 was a sign of the growing needs for nurses and acceptance in the society. Today, all ten regions in the country have public training colleges along with the various private and confessional training schools. The Department of Nursing at the University of Ghana in Accra indicates the goal to further professionalise nursing and connect to international developments. Chapter 7 looks at the motives of women from various generations for becoming a nurse. It is shown which motives are prominent in those groups and how their change can be explained by the broader social and economic conditions of the country. Religious convictions, the influence of the extended family, the function of role models and the importance of economic needs form a network of hopes, wishes, expectations and demands that young women try to untangle when entering the profession. Chapter 8 then gives space to current nursing students. Their experiences on the ward contrast with their theoretical studies and individual expectations. This gap, and the limited guidance in the practical work, worries them and often leads to frustration and disillusion. Many nurses consider leaving the profession or working abroad, where the conditions and financial rewards seem more attractive and promising.

Part III presents the results of the fieldwork study on the medical ward. Chapter 9 introduces the hospital and the medical ward, its place in society, the perception of the hospital by the health workers and the patients, and the working conditions that the nurses meet on the ward. The next two chapters describe and analyse the working routine of nurses (chapter 10) and the differentiation within the group (chapter 11). Nurses form the most visible group of health workers on the ward and are present all day and night. Their work on the 30-beds ward is characterised by recurring tasks in providing care to the patients. Making the beds and tidying the ward are also understood as forms of control over the patients, aiming at conformity in the appearance of the ward and calmness to enable recovery. Extensive paper work and documentation form a large part of their daily routine. A personnel shortage,
irregular supply of materials and the gravity of the patients’ diseases challenge their work schedule and force the nurses to improvise and continuously adjust their aims. Nurses can be differentiated in various subgroups. A strict dress code shows the status and rank of a nurse. A top-down structure, the radiation of authority and unquestioned forms of respect form the base of this differentiation. Given the changing work schedules and subsequent need to cooperate and act appropriately in unforeseen situations, no one is without power. Everyone is aware that every nurse, student and assistant is needed to manage the daily challenges on the ward. The following chapters pay attention to specific aspects of nursing on the ward. Chapter 12 highlights the impact of dying patients on the nurses and their understanding of their work. Every month more than 15 patients die on this ward. Culture places dying in the private and personal sphere, but on the ward, death is public and observable. Nurses struggle with their own cultural values, medical and nursing knowledge and the given circumstances. Emotions are not shown publicly. The nurses sympathise with the dying and their families but at the same time remain distant to keep the ward calm and under control. The role of religion on the ward is the theme of chapter 13. Religion’s omnipresence is shown in the nurses’ gathering for moments of devotion and encouraging patients to read the Bible and pray. Religion acts as an inclusive and exclusive factor in the work of the nurses: all nurses, and to a certain extent also patients, are expected to be member of a religious group, mainly Christian, providing moral values and being reflected in an exemplary life style. Non-religious or atheistic nurses are critically evaluated. My presence too was evaluated by my participation in their devotion. Religion helps the nurses to cope with the pressure and shortcomings in their work and has a binding effect in the group. Chapter 14 gives space to other groups on the ward. Medical doctors come for their ward rounds and patients’ examinations. They are the most powerful actors on the ward. They have their own rules and expect nurses to follow their commands. Nurses have little influence on the doctors’ work but try to draw their attention to needy patients and necessary paperwork. The orderlies support the nurses in the daily work. They have their own tasks and receive instructions from the nurses. Their work is important to maintain order and neatness on the ward. The patients are expected to be obedient and silent. Patients who are too knowledgeable or too poor are labelled as difficult. Patients can be in and out of the gaze of the nurses, which has consequences for the care they receive. Chapter 15 shows the nurses as part of larger groups. They are one group within the hospital and this hospital is just one place in the health care sector. Alliances are formed, responsibilities distributed and expectations adjusted. In addition, nurses have to combine their professional life with their private one as wives, mothers, family members and members of social groups. Chapter 16 is devoted to the nurses’ own understanding of ‘good nursing’. Nurses on the ward, at other places in the health sector and in associations know about the challenges. The profession is threatened by a loss of status and growing personnel shortage due to de-motivating work conditions and emigration. The aim is to keep the nurses
motivated and appreciate their work while also introducing new nursing concepts and developing new standards for nursing.

**Part IV** summarizes and concludes the study. *Chapter 17* shows the display and exercise of power within and between groups. Many relations are defined by a rigid hierarchy as is reflected in the organisation of ward space, in the physical appearance and social behaviour of nurses and the in use of English language. Doctors and nurses communicate via fixed patterns of command and obedience. The nurses’ group is organised top down and the older nurses demand respect from their younger colleagues. Criticism is not possible and it is difficult to introduce new ideas. Nurses, for their part, are authoritarian towards patients. Social norms and cultural roles predict, offer and at times limit possible actions. These factors can challenge the effective management of critical nursing situations and the further implementation and introduction of nursing standards. The Ghanaian situation does not stand by itself but is connected to and influenced by global developments. It does not correspond to with the Western image of a modern technological biomedical hospital. This tension leads to frictions in the perception, motivation and working reality of nurses. Recognising and acknowledging existing power and knowledge as a productive tool will help the nurses on the ward to manage their work and enhance the status of their profession in the health care system of Ghana. In conclusion, this study presents the work of nurses from their own perspective. It portrays their present situation and points to ways to further their professional development.