Nurses and nursing education in Ghana: creating collaborative opportunities

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Aim: This is a story intended to motivate the reader to become immersed in ‘verbal snapshots’ depicting the reality of nursing in Ghana as experienced by the writer. Its purpose is to encourage dialogue and creative collaboration between nurse educators in radically different settings, which would serve to enrich all those involved.

Background: During the summer of 2003, a faculty member from the School of Nursing at Georgia Southern University (GSU) travelled to Africa to establish a relationship between GSU and a nursing school in Ghana, West Africa. This paper is based on the daily journal kept by that faculty member who engaged in clinical practice experiences as well as discussions with nursing educators in Ghana. Integrated in this subjective account are health data specific to Ghana. These serve to underscore health issues and situations of urgent concern in Ghana as well as to the global community, and which will assist in highlighting the potential contribution of such collaboration to strengthening the health system of the country.

Conclusions: The outcome of the relationship established during this visit was intended to be a meaningful interchange of resources and experiences for both faculty and students at the two schools. It was successful in that regard. Funding is now being sought to enable further collaboration.

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In a sense, it could have been almost anywhere: mothers with beautiful babies arriving at the public health outreach clinic and an efficient public health nurse in her crisp uniform setting up for the immunization clinic. With the public health sister were three Ghanaian student nurses and myself. We were in an inner city neighbourhood in Ghana, West Africa, a city of over one million people. I was struck by the fact that so many of the patterns are the same as in my country, the United States of America (USA).

While the similarities are striking, the differences are also profound. The five of us plus the baby scales and supplies, were driven to the public health outreach clinic in a very small taxi. Trotros – vans serving as small buses and taxis are everywhere, even in the rural areas, as very few people own private vehicles in Ghana. These public vehicles are often battered and in poor repair. They serve to deliver goods as well as passengers, and most often carry both at the same time, all tightly packed inside. The clay road leading to the neighbourhood was steep, deeply rutted and rocky. Even travelling on paved roads in Ghana can be difficult as the roads have been allowed to erode and consequently are full of potholes caused by the heavy rains. Drivers choose a serpentine path seeking out the best of the road, thereby making traffic patterns chaotic and often dangerous. In addition to this chaos the mixture of pedestrians, broken-down vehicles, and a general disregard for the speed limit creates breath-taking experiences for the unsuspecting traveller. This wild traffic flow is accentuated by the equally strange use of horns, turn signals, bright lights, and hand gestures to communicate with other drivers, although all are done without apparent anger or even impatience.
The outreach clinics are an important component of the goal of the Ghanaian Ministry of Health (MoH) to reduce communicable disease and therefore, even with the difficulty and potential risk in travel, the nurses willingly go there. The value of the services provided at these clinics is extensive. For instance, a recent study found that mortality in children between 4 and 8 months is reduced by 90% when the combination of Bacillus Calmette-Guerin (BCG), the poliomyelitis series, and the diphtheria, pertussis and tetanus (DPT) series is administered (Nyarko et al. 2001).

The clinic was held on the porch of a building. A table made of rough boards served as a desk. There was no place to wash hands. Mothers arriving at the clinic settled on wooden benches until space ran out, and those arriving a few minutes later sat on the wide steps or on the ground on either side of the porch, trying to benefit from the shade of the building. Even though it was the rainy season, the day was very hot. The mothers carried their babies on their backs secured with shawls, which neatly supported them. I often saw babies carried this way fast asleep and never saw one crying. A few mothers were breastfeeding as they waited. Many of the women were clothed in the traditional Ghanaian dress—long skirts and full-sleeved blouses in bright cotton fabric, or, as is the custom amongst new mothers, in white.

Across the road a small herd of goats and a few chickens rummaged for food. A couple of elderly men sat under a tree with feathery leaves and bright red flowers. This tree grew near the foundation of the God is Good Fashion Boutique, an 8 feet by 8 feet plywood stall. Many of the local businesses and taxis have names with some kind of religious or virtuous meanings such as Kindness, Peaceful or Patience. Most people however, seem to have little time to sit under trees. Poverty levels appear to be high and everyone appear to be engaged in some sort of enterprise to bring money into the family. On this particular morning many people were headed towards the huge downtown market. Women, as well as a few men, carry loads on their heads, sometimes very heavy and bulky loads. I even saw them carry heavy Singer sewing machines, which look like the old treadle machines but run on hand power, as they went to the tailor/seamstress stalls every day. There are just a few small supermarkets and grocery stores in Ghana. Most purchases, including food, are made at the markets, along the roadsides or at the many wooden stalls, which are found along every road. Even out in the country, those with something to sell—fruit, bread, furniture, used tyres, charcoal and many other items—line the roads. A few vendors even came to the clinic, offering their wares to the mothers. One woman was carrying a large box on her head filled with bread, whilst another carried sachets of water in a huge chipped enamelled dishpan.

We hurriedly prepared to commence with the clinic service. One student was assigned to weighing the babies and accepting the health records the mothers brought in. Some of these records are tattered, but most have been carefully covered with folded newspaper. The other two students were given the responsibility of examining the records and noting which immunizations were needed. The students were quite capable of doing this, even though this was their first week of public health rotation, as they both had been to nursing school before and left to work in public health. While a public health nurse must not only hold a nursing diploma and return to school for an additional year of study, one can also leave school early and work as the equivalent of a nurses’ aide or a practical nurse at different times during their schooling (Health Sector Support Office of Ghana 2001). These students had come back to nursing school to finish their diplomas after several years of practice. One of them indicated that she intended to continue her studies after graduation in order to receive a public health certificate.

Before the immunizations began, Sister did a session on child care, breastfeeding, disease prevention, health promotion, and family planning. This was done verbally in a clear, powerful teaching voice. Like most Ghanaians, her usual speaking voice is gentle and so soft that at times it is difficult to hear what she is saying, but her beautiful rich teaching voice can be heard by everyone. She is a skilled orator, and used humour, client participation and even singing as teaching aids. Everyone paid attention.

These are important issues. The child mortality rate in Ghana is alarmingly high. Although there is considerable variation by district, the overall rate of deaths in children below 5 years of age is 113/1000 and it reaches 200/1000 in the poorer northern districts (Centre for Social Policy Studies 2003). Malaria is another major threat to the health of children, as well as to others. If a child lives to be 5 or 6, then some of the danger of malaria has passed owing to acquired immunity (Bell 1995), although it is still a very large threat to children and pregnant women (WHO 2003). The incidence of malaria could be drastically reduced by following the advice of World Health Organization (WHO), but lack of resources and knowledge have inhibited compliance with such plans (International Development Research Centre 2001).

An aggressive immunization plan could drastically reduce the incidence of various infectious diseases. Measles, for example, is a communicable disease eradicated or controlled in many countries but is still a leading cause of death in children in Ghana (WHO 2001). In addition, infants are especially susceptible to enteric illnesses and the water supply in Ghana is not safe (International Fact-Finding Mission on Water Sector Reform in Ghana 2002). Sister advised the mothers whom she addressed not to give their babies any water, but to only give them breastmilk until the age of 6 months, as that would afford the babies, who could most easily succumb to diarrhoea illnesses, at least some protection. Before coming to Ghana, I was aware of the fact that many children in the...
country die from communicable diseases as well as from environmentally and nutritionally related illnesses. Most of these diseases are preventable, and seeing these mothers and babies in the reality of life in Ghana was a real blow to my heart.

Like most nurses, I have difficulty simply to be an observer, and Sister kindly put me to work administering the vitamin A drops to the babies. Vitamin A deficiency can result in blindness and xerophthalmia and can also make infants more susceptible to diarrhea and other illnesses (Walley et al. 2001). Although mothers are encouraged to give their babies vitamin A that is made available to them, a dose of the vitamin is also given when the babies receive their immunizations. Giving the vitamin A drops to the babies was an easy enough task, as the vitamin was provided in tiny ampoules that only required the top to be snipped off and the oil to be dropped into the infant’s mouth in a way that would minimize contact. I was glad to assist Sister in this manner.

I noticed that Sister did not use gloves to give the immunizations, only diligence and care, but at the same time she worked quickly, efficiently, and skilfully. She said that she would use gloves if they were available to her, but that they use their limited supply in situations where the risk was the greatest, such as when drawing blood for sickle-cell screening. It is also true that AIDS has reached every aspect of life in Ghana. The incidence of AIDS has an overwhelming effect on the health care system, with an estimated 500 000 persons known to be infected with the disease, and the Ghanaian Minister of Health projected that Ghana will experience ‘nearly two million AIDS cases in Ghana in the next 10 years’ (Mcokai & Mensah 2002). Nurses are at high risk owing to direct contact with bodily fluids without any sort of protection. Even nurses working in labour and delivery units were observed to be working without protective gear.

Sister immunized over 100 children that day and did not even take a break for lunch. There are not enough public health nurses in Ghana. In fact, there are not enough nurses in Ghana. The most highly educated have been leaving in large numbers to work in Great Britain or the United States. According to the Ghanaian Minister of Health, Ghana has lost nearly half of its nurses in the past five years, and he estimates that Ghana has only 10 000 nurses available to provide care to a population of almost 20 million (Mcokai & Mensah 2002). One of the Ghanaian nursing students I was working with, who is a widow with three children, is very keen to go to Great Britain to work when she can. ‘Life is hard here’, she told me, ‘and I want to make things better for my children.’ Pay and working conditions for nurses are very poor in Ghana and there is limited chance for advancement (Health Sector Support Office of Ghana 2001). I could not fault her for having such ambitions, but I could not help but wonder at the fate of Ghana, given this exodus of skilled nurses.

The central public health clinic

When the outreach clinic was over for the day, we packed up and headed back to the main clinic. The first thing everyone did was to wash hands. The sink was in the nurses’ office in the corner of a crowded room, screened by a cotton curtain. A covered bucket held clean hand towels and the used ones are placed in another. The windows were open and the curtains knotted up, so as to allow the available breeze to provide some relief. The furniture in the clinic was old, battered and worn. The few available supplies were packed in cardboard boxes in the corner of the room.

The central clinic, in some respects, differed very little from the outreach clinic in terms of resources and supplies. Although the clinic itself has several examination rooms and offices, and has a hospital wing, the immunizations and other clinic services were held on a roofed pavilion, defined by a 3-foot wall. While it is exposed to flies which almost cover the entire floor, the number of people who attend the clinic would, owing to the oppressive heat would be quite miserable crowded together in an interior room. Air conditioning is quite rare in Ghana.

The centre of the room holds rows of wooden benches. The walls are a dusty grimy yellow, with worn spots revealing the pale blue of the previous paint. Across one end of the room was a long table for weighing babies and also for examining records. In one corner was a small table for immunizations where I worked, and in another corner there was a table for sickle-cell screening. At first, it was intended that I would weigh the babies, beginning by calling out the name so the mother would come forward. I have weighed many babies before, but I was in a slight panic as I contemplated how I would possibly manage to pronounce the names in a way that would allow the mothers to actually recognize their own names. I noticed that my colleagues were smiling. I was the object of a joke! It was lovely to begin the day with a laugh shared among us. Although many Ghanaians speak excellent English, I have learned a bit of the local language. My colleagues appreciated my efforts and helped me in my learning process.

For this clinic I had graduated to administering the oral polio immunizations. As there was little opportunity to wash hands, I remembered Sister’s warning not to touch the babies. The work flowed at a rapid pace, and all went well, except for one mother who pulled back abruptly. Like many nurses, I frequently use either hand in working and I suddenly realized that in this instance I had inadvertently used my left hand to initiate the administration of the drops. I asked Sister if I had offended this mother, and she said that it was not that, but that the mother simply did not understand my actions. In Ghana, as in many cultures, even a beggar in the street might refuse money offered from the left hand (although there are not many beggars evident in Ghana) as it is considered an insult. As the mother left, I extended to the young mother my right hand and a smile and she responded in
kind. In my experience, I found the Ghanaian people to have a charity of spirit possibly too rare in our world.

**Case finding for tuberculosis (TB)-Out into the neighbourhood**

Two of the Ghanaian nursing students and I were assigned to go with the tuberculosis (TB) health officer making home visits to patients. He told me that many patients do not give their correct address or they make themselves hard to find when the health officer comes by. I told him it is often the same in the USA and that I had also made many aborted attempts to find patients in the community. We left the clinic on foot to make the rounds and walked past the royal palace into the warrens of the inner city. Our work was complicated by the lack of clarity in street addresses. Many buildings are labelled, but mail is not home delivered and numbers are not considered especially important. We made frequent stops on the street to ask for directions. Just walking in the city can be hazardous, but usually not owing to potential crime. Vendors operate on the sidewalks leaving very little room to walk. Additionally, each side of the street is lined with deep uncovered concrete drain sewers. Add to that the helter-skelter traffic and you know you must pay attention to every movement. The drains are there to help in the rainy season, but they also serve as receptacles for waste water and debris and are often clogged and very smelly. Odours also arise from the open garbage dumps which, despite postings prohibiting their use, seem to continue to prosper. These garbage dumps can be located throughout the city by merely noting the huge carrion birds circling overhead.

Homes in the inner city are old and crumbling. Many have small businesses in the front, such as small shops. Many times extended families share the building, each having separated living quarters. The buildings have small rough and littered alleys running through them. In a dark corner in one of these alleys, I found the only Ghanaian that I saw smoking during the weeks that I was in the country.

Finally, we found the home of one tuberculosis patient and entered the courtyard where his family lives. We learnt he had become much more ill and was in the hospital. The courtyard served as an outdoor living area and many activities were going on there. One mother, sitting on the damp cement was having her breakfast and feeding her young one. Another was getting a child dressed for the day, and the wife of the ill man was hanging laundry. The courtyard was made of raw cement walled by crumbling blocks. Any paint that there might have been had long since worn off or was masked by grime in most of the areas. The doors to the inner rooms were dark and uninviting. The courtyard was strewn with litter and flies were beginning to swarm. The health officer gathered the family around and led a discussion on the prevention of TB and the signs and symptoms that would warrant a visit to the clinic. BCG is now administered to infants in an attempt to limit TB, which continues to be widespread in Ghana, and the health officer indicated that he could not test them using a skin test, as they had previously received BCG. The family members appeared attentive and perhaps the health education being provided to them would turn out to be of benefit to them.

**Health and nursing in Ghana: seeking understanding and connection**

The public health issues in Ghana are profound. I was impressed with the knowledge and dedication of the health care personnel I encountered. But I was also distressed about their working conditions and the lack of resources.

Ghana is indeed a country of contrasts. Wildly beautiful scenery with craggy mountains covered with rain forest, palm trees and beaches, and wide valleys with exotic flowering plants are found alongside litter, discarded vehicles and ragged streets. The beautiful white walled homes of the middle class (a minority) stand shoulder to shoulder with shacks and decay. It is a country of lushness and plenty during the rainy season and privation at other times. Crops grow well, but there are few ways to preserve them and getting them to the market before they spoil is a real problem. It should not have surprised me that this contrast would also be evident in the health care system. As it appears to me, Ghana’s greatest health care resource is the health care personnel, of which nurses are a primary component. This is a resource that is all too rare, and a resource that is being lost by migration to other countries and by qualified nurses who decide not to work as nurses anymore. Many nurses are assigned to positions by the government with little opportunity for choice in location or the nature of the work (Health Sector Support Office of Ghana 2001). According to recent news reports, some nurses take leave from work and do not return and others are leaving the country to practise nursing elsewhere. The deficit in people available to provide nursing care is indeed critical (Bebli 2003).

My primary purpose in travelling to Ghana was to work with nurse educators and to develop collaborative projects with reciprocal benefits, which might perhaps result in more nurses in practice as well as in a larger number of nurses qualified to teach in Ghana. However, I did not believe I could do so effectively unless I had at least the beginning of an understanding of nursing practice in Ghana. In Ghana, as in my home country of the USA, nurse educators have strong links with those in practice and these Ghanaian educators facilitated my experiences willingly. For this I am thankful. I also had the guidance of Marian Tabi, RN, PhD, who is a fellow faculty member at Georgia Southern University and a native of Ghana. Dr Tabi is involved in Georgia Southern University’s Study Abroad Programme, which enables students to experience health care delivery in Ghana (Tabi & Mukherjee 2003).
Her assistance allowed me into meaningful practice situations and facilitated interaction with nurses in Ghana. In addition to my clinical experiences, I was able to meet with faculty members and education leaders at one school of nursing and we outlined several possibilities that excited all of us. Additionally, education leaders at a major university also provided insight into education in Ghana.

Most nursing education in Ghana follows the hospital-based diploma model. There is a movement in Ghana to increase the number of degree-holding nurses. This would serve both to increase the qualifications of the nurses in practice and would also facilitate graduate education programmes, thereby also increasing the numbers of nurses who could teach. Some fear that these more highly educated nurses will leave Ghana for what they perceive to be better jobs in other countries. Hopefully enough will remain in the country permanently, or would stay at least long enough to impact on nursing practice and education in Ghana. Another hope is that working conditions and salaries for Ghanaian nurses will be improved.

Educational resources are limited, or at least they were in the schools I visited. For example, nursing faculty in the school I visited do not have the ability to access and share with students the wealth of data available online at sites such as the Center for Disease Control and Prevention in the United States, the World Health Organization and other agencies that provide accurate up to date information on communicable and other diseases. The small library has meagre rows of books with spines faded and worn. Library books are old and outdated and only a few journals are available. Clinical laboratories are poorly supplied and equipment is very old, much of which seems to be left over from the infusion of resources that occurred in the 1950s from Great Britain towards the time of Ghana's independence. Disposable nursing supplies are simply not available for teaching (but then, they are generally not available for practice either). Teaching laboratories with equipment at least equivalent to the equipment found in practice would be a valuable teaching advantage. In spite of these many obstacles nursing teachers manage to instill a passion for nursing in those they teach. They are respected and honoured by their students. If they do so much with the limited resources that they have, imagine what they could accomplish with the resources that they need! They were all eager to explore ways to add to their educational infrastructure.

As part of the intent of the programme, the faculty members from Georgia Southern University participated in activities aimed at achieving at least a level of mutual understanding and establishing a relationship between the two schools. The first goal established by this conferring of faculties of two nursing schools is to find ways to help obtain required resources and to facilitate the use thereof by nursing faculty. Funding sources are presently being sought to equip the clinical nursing laboratories, as well as for classroom teaching technology, and for other learning resources. Aligned with that goal is a continued commitment to explore collaborative teaching ventures and student learning experiences. We have a beginning – we now need to move forward!

References