

# The Changing Public Image of Nursing in Ghana

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## Abstract

Several complaints have been lodged by the public on media regarding the attitudes of nurses in Ghana. Even though a few nurses are praised in the media, the negative complaints keep outweighing the positive reports. It has been observed that some nurses in Ghana are fond of sending student nurses to buy food and other items whilst on duty. The purpose of this article, therefore, is to discuss how nurses' attitudes affect care positively and negatively and to improve the attitudes of nurses towards their patients during care. A situational analysis using a descriptive narrative approach is provided. The article is structured under five main headings, which are maintaining the personal hygiene of patients, respecting the dignity of patients, the dress of nurses in Ghana, selecting the right people for the profession, and inappropriate use of smartphones during work.

**Keywords:** nurse; Ghana; changing; phase; collaborative approach

## Introduction

My heart is filled with regret when I hear the public makes comments about nurses such as “nurses do not respect patients,” “nurses are lazy,” “they are always addicted to their phones and are fond of playing with their phones when patients are in need” and so on. Gone are the days when nurses were eulogised and recognised in communities to the extent that people could knock on a nurse’s door anytime to ask for help. Nurses were highly admired, and the faces of clients beamed with joy at the mention of nurses. Most



patients loved to come to the hospital because of the caring attitude of nurses. Now, some nurses in Ghana have been observed engaging in business transactions (selling clothes, shoes, sprays, etc.) whilst on duty.

It was observed some years ago that most nurses were not even charged when they boarded a *trotro* (public minibus) in their uniforms. Is this the case today? What went wrong? What can be done to rectify the situation? Who should do it? When should we start? Where should we start? How should we do it? To redeem the image of nursing in Ghana is not the task of an individual but requires efforts from the government, the nursing registrar, the heads of nursing institutions, lecturers, tutors, hospital administrators and nurses. These are a few suggested areas that can help restore the image of nursing in Ghana. How to change the image of nursing in Ghana is considered by discussing the following five aspects: maintaining the personal hygiene of patients, respecting the dignity of patients, the dress of nurses in Ghana, selecting the right people for the profession, and inappropriate use of smartphones during work.

### Maintaining Personal Hygiene of Patients

It has been observed that most nurses in Ghana today relinquish all their core duties to relatives of patients. One such role is maintaining the personal hygiene of patients. There have been complaints by patients in the hospitals that most nurses no longer perform personal hygiene procedures on their patients, but instead leave these to the care of the patients' relatives.

The maintenance of patients' personal hygiene is a central aspect of nursing care and comes with several benefits to the patient (Whiting 1999). Personal hygiene is defined as the process of cleaning a person to ensure that their skin, hair, and nails are kept in the best condition (Department of Health [DoH] 2003; Downey and Lloyd 2008) to prevent infection and ensure patients' comfort and well-being (Carrascal and Ramírez 2015). However, the duty to maintain the personal hygiene of patients is said to be delegated to junior and newly qualified nurses (Downey and Lloyd 2008).

The Healthcare Commission (2007) in England identified the following issues concerning the personal hygiene of patients: patients were left in soiled bedding and clothing; patients' personal hygiene needs were not being met as a result of irregular baths or showers, and hair and nail care not always being provided. It is not surprising to find patients who come to hospital without bed sores and develop bed sores a few days after admission due to the neglect of personal hygiene. The performance of hygiene practices has been identified as essential in the prevention of hospital-acquired infections (HAIs) (Browall and Walfridsson 2014).

Nurses do not only perform personal hygiene procedures, but also use evidence-based methods when performing these. For example, a nurse does not simply bath a patient in the same way as a patient's relative would, but also treats the pressure areas to prevent the development of pressure sores/ulcers. Again, nurses do not only provide oral

hygiene care but also observe for any abnormality for early detection and treatment. Nursing professionals, when providing care, also assess patients in areas such as the stability of the clinical condition, changes in the skin condition and the oral cavity, airway patency, independence/dependence, mobility, self-care, nutritional status, sleep patterns, and pain experience, among others (Curtis and Wiseman 2008; Downey and Lloyd 2008).

Findings from a study by Allen and Dennis (2010) showed that some patients and relatives of patients were dissatisfied with the way patients' personal hygiene was neglected. According to them, some patients' relations said that when they met their relatives they had been sitting in urine and faeces for over four hours without being changed and cleaned by nurses taking care of them. It was concluded in their study that the neglect of personal hygiene needs of patients does not only lead to the spread of hospital-acquired infections, but in most instances it also leads to human rights abuse.

Why have nurses left their duty to the care of patients' relatives to the extent that they are unsupervised? Could it be that there is understaffing (i.e. that the nurse to patient ratio is mismatched)? Could it be sheer laziness? Could it be a result of a lack of supervision? Could it also be because of inadequate remuneration? These are critical questions which should be considered.

In relation to the issue of understaffing and its effect on personal hygiene, it has been observed in most hospitals in the country that sometimes two or three nurses are put on duty to take care of a ward with more than 15 patients, where some of the patients are unconscious and others bedridden. How practicable is it for these nurses to accomplish all their duties (checking vital signs, serving medications, educating patients on their condition, and managing emergency cases through suctioning, oxygen administration, blood transfusion etc.) and at the same time carry out personal hygiene procedures for all the patients who have personal hygiene needs?

In as much as we advocate for family-centred care, it does not mean nurses should relinquish their core duties to clients' relatives. According to Khosravan et al. (2014 cited in Sharp 1990), neglecting the needs of patients and imposing more responsibilities on patients' relatives than they are capable of managing have adverse effects on nurses, as patients will view them as inadequate and incompetent. Patients' relatives can be called on to assist in some instances where nurses are few. However, functions performed by family members of patients should be done under supervision so that no blunders are committed in the bid to aid the speedy recovery of their relatives.

There was an instance where a patient who had suffered a stroke died immediately after being fed by a relative. This occurred because the patient had dysphagia and could not swallow, causing the patient to asphyxiate as a result of the food. Research done by Arnold et al. (2016) shows that individuals who have had strokes may have dysphagia; 36 (30.5%) of the patients they conducted research on needed to be fed using a

nasogastric tube because of severe dysphagia. Where were the nurses on duty when relatives of the patient did the feeding? What were they doing? Nurses know that a patient who has had a stroke may have difficulty swallowing (dysphagia) and such a patient may need to be fed through a nasogastric tube using the unaffected side of the mouth or by placing bits of food at the back of the throat. How can a patient's relative, without any knowledge of medical procedures, know this? Was it the fault of the nurses or the patient?

## Respecting Patients and Maintaining Their Dignity

During a class discussion, when asked about the most important expectation from a practising nurse, the first MPhil nursing student who responded suggested that the most important thing the public expects from a nurse is “an overly respectful nurse.” Similarly, Rae, Abedi, and Shahriari (2017) classified respect for a patient's dignity as the basis of all nursing interventions, and it is also considered a fundamental right. Parandeh et al. (2016), however, established that industrialisation has gradually decreased the attention paid to patients' respect and dignity. According to Allen and Dennis (2010), respecting patients means that patients are not treated as objects and not spoken to as if they do not exist. Respecting and maintaining the dignity of patients promote trust in healthcare services and enhance patient satisfaction (Matiti and Baillie 2011). It has been proved that respecting patients' rights improves health outcomes and is more cost effective (Sadeghi and Dehghannayeri 2009).

It is pathetic to hear some nurses address patients by their conditions and bed numbers, for example, “the diabetic patient” or “the patient on bed 3.” The question that nurses should ask is, would they want to be treated in the same way? Would nurses appreciate it if their relatives were treated the same way? Even if nurses cannot remember the names of their patients, they can refer to their patients' folders or bedside sheets. It is necessary for all healthcare institutions' practitioners to respect and empathise with clients (Martin 2012). “Please” and “thank you” are words that should not depart from the language of a nurse. It will go a long way to put smiles on the faces of our patients and promote health. Patients' dignity can be respected in the following ways:

- Seeking patients' consent before rendering care to them;
- Giving them space when making calls;
- Not interfering with their personal issues;
- Not discussing patients at nurses' stations;
- Using appropriate body gestures;
- Not shouting at patients.

Disrespectful behaviour of nurses affects communication negatively, impairs collaboration, weakens individual contributions to care, deteriorates staff self-

confidence, increases staff resignations and absenteeism, creates an unhealthy or hostile work environment, and causes some to abandon their profession, resulting in harm and poor patient outcomes (Grissinger 2017). It was observed that disrespectful behaviour is driven by the stressful nature of the environment and human nature. But nurses in Ghana and the world at large are supposed to respect the rights of their patients regardless of the external factors and challenges faced during the provision of care.

A colleague and MPhil nursing student from Ghana shared her personal experience during her pregnancy when she was receiving antenatal care services with her husband. According to her, on arrival at the antenatal unit with her husband, the nurse taking her history asked her occupation and other details to which she replied that she is a nurse. She was then asked about her husband's occupation and after responding that her husband is a teacher, the nurse taking the history made the following statement in the presence of her husband: "How can a beautiful young nurse like you get married to a teacher whilst there are men with a better profession?" According to her, her husband did not make any comment, but after they left he vowed not to attend antenatal care with her again.

Since male involvement in antenatal care services is being advocated in Ghana, the nurse should have commended the husband of this nurse colleague for accompanying his wife to encourage him to continue doing so and also to encourage other men to accompany their wives to antenatal care services.

## Attire of Nurses in Ghana

Another way in which the nursing profession can be given a facelift is the way we dress. Nursing uniforms have been an issue of concern for several years (Pearson et al. 2001). Wearing uniforms helps form a professional identity in healthcare (Desta, Gebrie, and Dachew 2015; Timmons and East 2011), since specific uniforms should only be worn by members of a particular profession. Nurses are supposed to dress decently in the prescribed uniform to make them look professional. Wearing nursing uniforms during the provision of care fosters professionalism, boosts the self-image of nurses and allows nurses to move freely (Campbell et al. 2000; Shaw and Timmons 2010; Timmons and East 2011).

Gone are the days when a nurse uniform would reach below the knee, and not expose any private parts such as thighs, and be complimented by a simple hairstyle. Research has shown that the uniforms most registered nurses wear have changed significantly in the last 20 years (Houweling 2004). Some nurses put on heavy makeup, wear "talking shoes" (shoes that make unnecessary noise) and sport unprescribed hairstyles when working as student nurses and even as staff members without any queries raised. How easy is it for a patient to ask for a bed pan from a nurse dressed in this kind of attire?

Below are pictures of nurses in Ghana showing acceptable uniforms (Figure 1a and 1b and Figure 2a and 2b) and non-acceptable ones (Figure 3a and 3b).



**Figure 1a and 1b:** Acceptable uniform for a nurse with a degree and acceptable uniform for a nurse with a diploma

Male nurses should also dress well by avoiding tight and short trousers, tightening their ties, putting their belts at waist level, not exposing their chests, especially those who are hairy, and finally tucking in shirts.



**Figure 2a and 2b:** Appropriate dress for men



**Figure 3a and 3b:** Inappropriate dress for men

It is the duty of school heads, lecturers and tutors to serve as role models by dressing decently for students to emulate and also to ensure that student nurses dress well even before they complete their studies and are employed at the various hospitals. Hospital management, in-service coordinators, and staff nurses must also dress appropriately and keep a check on the attire of nurses to help redeem the lost image of the profession.

### Selection of Prospective Candidates by Nursing Schools in Ghana

Another area to focus on as far as the image of nursing is concerned is the selection of prospective candidates by nursing schools. The recruitment and retention of nursing students are critical issues in contemporary nursing education (Arthur and Law 2002 cited in Pillay 2010). A core area that should be considered during selection interviews is the attitudes of candidates and not only the aggregates of their examination results. This can be achieved by selecting candidates who are respectful, caring and hardworking as well as academically strong. According to Finch et al. (2014), in order to ensure that nursing students successfully complete their selected programmes, the right candidates should be selected to enrol in the courses.

Could it be that most students are admitted through protocols? Nursing is a profession (Sowjanya and Subashini 2015) that has its own standards and principles. Therefore, during selection interviews with students, institution heads should use stringent measures and not allow influences from politicians, families, traditional leaders, etc. to affect the selection process in order to make sure the best candidates are picked. During interviews, it is vital to recruit students who have previously demonstrated superior scholastic attitudes and who appear to be associated with a greater likelihood of academic success (Lancia et al. 2013).

Parents also have a part to play by not forcing their wards into the nursing profession and allowing them to be part of decision-making concerning their future career. This will help get the right people into the nursing profession. Several research works have identified family as an influence in the decision to choose nursing as a career (Arthur and Law 2002 cited in Pillay 2010).

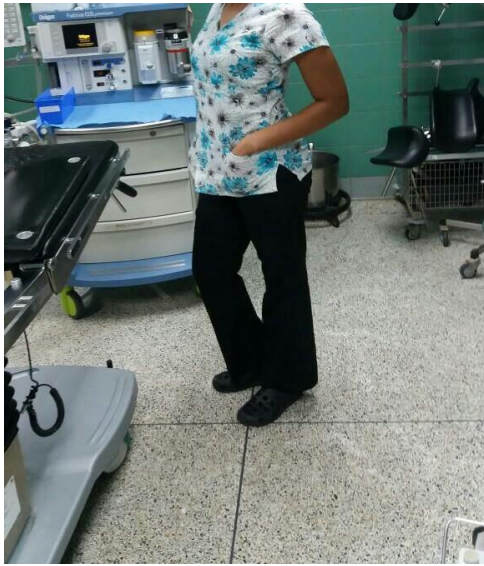
### Inappropriate Use of Smartphones During Working Hours

With the advancement in technology, mobile phones are used by nurses to do research when they are confronted with issues they know little about. Furthermore, mobile phones are used to create social networking communities and data sharing platforms to provide support through sharing experiences with conditions, symptoms, and treatment outcomes (Kuss et al. 2018).

According to Ozdalga, Ozdalga, and Ahuja (2012), smartphones are used to improve several dimensions of healthcare, including patient care and monitoring, communication, education, and research. Despite the numerous advantages derived from the use of mobile phones by nurses, some potential risks to patients and healthcare personnel have been identified, such as the distribution of poor-quality information, damage to the professional image of nurses, breaches of patient privacy, violations of personal-professional boundaries, and licensing or legal issues (Ventola 2014). It is possible to find nurses fidgeting with their phones while a patient needs help.

It has also been revealed that smartphones interfere with medical equipment, especially in critical care settings (Van Lieshout et al. 2007). Van Lieshout et al. (2007) found that smartphones placed within 3cm of critical care equipment produced interference. To overcome this problem, the researchers suggested that smartphones should be kept at a safe distance of one metre from a critical care bed. Some health workers also use their mobile phones to audio record patients' voices, take pictures and videos of patients without seeking their consent, and thereafter circulate these on social media.





**Figure 4a, 4b, and 4c:** Using smartphones in the operating theatre. These pictures were taken by a student nurse in Ghana while working in the theatre

## Methodology

Several articles were reviewed but 34 were considered for this paper. Inclusion criteria were research works addressing the image of the profession of nursing published between 1999 and 2017 using keywords such as attitude of nurses, performance of patient personal hygiene, use of mobile phones by nurses during working hours, and selection of the right candidates into the nursing profession. This article is written for all categories of nurses in Ghana and other health workers, professional bodies of

nursing, as well as nurses worldwide. The pictures used in the article are published with consent sought from nurses who volunteered to illustrate this subject.

## Conclusion

Even though the number of nurses with degrees in the country keeps increasing, and a few universities are also training nurses at master's level, including the University of Ghana, Kwame Nkrumah University of Science and Technology (KNUST) and the University of Cape Coast (UCC), the image of nursing in Ghana is said to have fallen, and nurses are being discussed negatively on radio stations, television, and in the general public. Some nurses are even pointing fingers at other nurses. All hands should be on deck and focused on changing this negative phase of nursing in Ghana. Nurses in Ghana need to come together to be able to achieve this. The government, as well as other leaders in the country, has a part to play by supporting nurses to attain this goal. Nurses should unite once again, and render the best care they can to make nursing as a profession look as attractive as it formerly did. A collective approach is what is needed—an approach where we weed out the bad seeds together, an approach to uplift the nursing profession to a position where there is proper supervision from those with higher authority. This approach also requires taking the nursing profession a step higher by providing nurses with the necessary equipment to work with. The onus falls on us all to make it better and worthwhile while we are still in this profession and not to always backbite and speak badly about our noble profession. Yes, we can, and together we must.

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