

DETERMINATIVE TRENDS AND FACTORS OF BURNOUT SYNDROME IN GHANA NURSES

Grace Asare

I. Horbachevsky Ternopil State Medical University

A cross sectional study was conducted to find out reasons why nurses in Ghana are leaving traditional 'bed side' practice of nursing and moving into other nursing specialties away from bed side after a relatively short period of practice. A total of 52 qualified nurses at the Kwahu Govt. Hospital were interviewed with the aid of a self-administered questionnaire. All nurses under 30 years of age largely expressed an interest in leaving bed side practice for various reasons. About 82.7% of nurses believed bed side nursing was endangered because nurses were leaving.

ВИЗНАЧАЛЬНІ ТЕНДЕНЦІЇ ТА ФАКТОРИ СИНДРОМУ ВНУТРІШНЬОГО ВИГОРАННЯ У МЕДСЕСТЕР ГАНИ

Грейс Асаре

*ДВНЗ «Тернопільський державний медичний університет
імені І. Я. Горбачевського МОЗ України»*

Дане міжгрупове дослідження було проведено нами з метою з'ясування причини відмови медсестер Гани від практики «біля ліжка хворого» та переходу в інші медсестринські спеціальності, які виключають роботу біля ліжка хворого, після відносно короткого періоду практики. Було проведено опитування 52 кваліфікованих медсестер державної лікарні області Кваху з використанням опитувальників для самостійного заповнення. Виявили, що всі медичні сестри віком до 30 років проявили значну зацікавленість стосовно спеціальностей, які виключають роботу біля ліжка хворого, вказавши різні причини цього. Близько 82,7 % медсестер вважають, що робота медсестер біля ліжка хворого під загрозою зникнення, оскільки медсестри звільняються з такої роботи.

Introduction. Health services in Ghana are coordinated by the Ministry of Health directly through autonomous health facilities (under the Ministry Of Health) and facilities that fall under the umbrella of the Ghana health service. All health facilities designated for delivery of curative health services employ the services of nurses of various qualifications, specialties and expertise'.

In the early years of health service delivery, Ghana employed the services of nurses who were largely enrolled (auxiliary) nurses with only academic certificates. Over the years however, the pattern continues to change with introduction of more qualified nurses which includes diploma and degree.

Nurses in Ghana are eligible to pursue further studies in any nursing specialty area after 3 years (or more) of active practice. Common specialty areas include general nursing, nurse otolaryngologist, ophthalmic nursing,

nursing, physician assistant, oral health nursing, nurse anesthetist and public health nursing.

It is however observed that nurses, after a short period of practice tend to pursue courses that take them away from the 'bed side' (that traditionally characterizes the profession). This statement is supported by the observation that nurses above age 30 years are practicing in many other capacities aside 'bed side' nursing. This further implies that such persons will not retire at the bed side and can therefore be counted among 'losses' to the profession in its classical image. These losses are worsened by nurses physically leaving for developed countries for better conditions of practice.

Specific objectives.

The aimed to establish the following:

1. To establish the observation that nurses are indeed leaving the bed side

2. To find out whether the future of the traditional bed side nursing is endangered by the number of nurses who leave the bed side for other nursing specialties

3. To find out reasons why nurses leave bed side after a few years of practice

4. To make informed recommendations for nursing career progression (that will ensure nurses are not lost to specialties where only a few should otherwise be

Methods. Data was collected with the aid of a structured, pre-tested, questionnaire which was administered to nurses of the Kwahu Government Hospital in Kwahu South District to conduct a prevalence study.

A nurse was defined as one who has completed nursing training college and has been awarded Diploma in nursing or one who has completed nursing at a university and has been awarded Bachelors Degree in nursing. Student nurses and nurses who are considered auxiliary staff were not included in this study. Auxiliary nurses were excluded from the study since they do not have the same opportunities for further studies as Diploma or Degree nurses.

Structured questionnaires were administered to a total 52 nurses of the hospital.

Results. Nursing staff are predominantly female with an average age of 26–30 years (77 % female and 23 % male).

Most of the respondents chose nursing as a profession because of a genuine interest in the profession. A few however chose the profession because they saw it as a means to a socio-economically good life. About 21 % of respondents however did not get the area of nursing they were primarily interested in.

Distribution of nurses by marital status showed that 57.7 % were single, 38.5 % were married and 4 % were divorced.

When asked whether they wanted to remain at the 'bed side' till retirement, only 21.2 % of the respondents expressed interest in practicing at the bed side for long. About 52 % of respondents stated that they would leave the bed side soon to improve themselves academically.

At least 52 % of respondents hoped to leave the bed side soon; they hoped to leave in after about 2–3 years of practice. Another 25 % said they would leave the profession of nursing entirely after some years of practice and study a new profession entirely. Such nurses attributed their intention to leave the profession completely to such reasons as frustrations from their senior colleagues in the clinical setting and difficulty to go for study leave but still maintain your job.

Respondents further stated the academic levels they aspired to attain.

An overwhelming 82.7 % of respondents were of the opinion that bed side nursing was actually in danger of a future crisis if these losses are not curbed.

Discussion. With a relatively young average age for nurses, leaving the bed side bears several dire implications for the future of the profession and quality of practice. As staffs continue to leave at relatively young ages, the face of the profession will gradually be characterized by young people who lack a certain experience.

Respondents largely stated that their choice of nursing as a profession was mainly because they were simply interested in the profession; this raises concerns because, logically there should a reason why someone will leave something he/she loves to do something else.

A significant 79 % of respondents stated they would not retire as bed side nurses i.e. they would leave the bed side before retirement. Assuming (hypothetically) out of every 100 trained nurses, 79 leave the bed side after 2–3 years, an estimated 20 would be needed every year to offset the deficit. This could only happen if Nurses Training Colleges factor these losses into their student admissions. This would however be an expensive way of solving the problem because more and more resources would have to be dedicated to training an ever increasing number of students.

The academic ambitions of respondents further suggested that they would leave the bed side as – most of them hoped to do academic further courses (e.g. Masters' and Doctoral studies (PhD) which are mainly courses for those who want to become tutors at the training colleges.

The nurses themselves were of the opinion that bed side nursing could face a future crisis if appropriate measures are not taken.

The study suggests that professional nurses are indeed leaving the bed side for areas other than what the profession traditionally implies. Although relatively large numbers of professional nurses are trained in Ghana each year, the number that leaves the bed side is alarmingly large and continues to grow. If these trends are not curtailed, there could be serious shortages of bed side nurses in future. These internal losses of professional nurses are unnoticed and unaccounted for. Aside the internal losses of staff established in this study, other avenues complement the losses e.g. many leaving Ghana and other African and Asian countries for better working conditions in developed countries (specifically, United States of America, Great Britain, Canada and Australia.

Many of the respondents i.e. nurses who participated in the study stated the reasons why they wanted to leave bed side nursing in future.

Among respondents' reasons for wanting to leave bed side nursing, a significant proportion emphasized the challenges of pursuing further studies as follows:

1. Application for further studies through the Administration Department of the hospital where the nurse works. Application for study leave is subject to the hospital's approval i.e. the hospital decides whether it has need for the area of study applied for before forwarding all applications to the Regional Health Directorate for further approval.

2. After approval is granted at the Regional Health Directorate, the form is finally sent to the National Human Resource Directorate for the final approval.

Prominent among the challenges was also that of gaining admission to pursue an academic course e.g. masters or PhD. This is particularly difficult with the public universities. Private universities, on the contrary, charge very high fees.

The above listed challenges make nurses work for about 4-6 years before they can leave for further studies.

Other reasons stated were frustrations from senior colleagues as their main reason for wanting to leave the profession.

Conclusion. 1. The study suggests that a significant proportion of the nurses are interested in pursuing courses that will only take them away from the bed side.

2. The future of bed side nursing is endangered by the numbers of nurses who continue to leave the bed side practice. This leads to a situation where the hospitals always have new and young nurses working. Nurses leave after a short period of work at the bed side. This is supported by the fact that the average age of nurses at the hospital was only 26-30. Loss of nurses from bed side practice at current rates can lead to the bed side having fewer and fewer experienced older nurses. This can endanger the future of bed side nursing - both for

the profession and for the patient who will have an inexperienced young nurse.

3. The main reasons for planning to leave the bed side in future are as shown in the table below:

Want to improve myself academically - 26

Boring to stay at bed side for long - 5

Limited opportunities in nursing (No place at 'bed side' for 'very educated' nurses e.g. MSN, PhD) - 3

Too much work at the bed side - 2

Nurses are not respected like other professions - 1

Want a job with a higher salary - 1

4. The Ghana Health Service in collaboration with the Nurses and Midwifery Council will have to draw new policies concerning nurse training, practice and further studies.

Recommendation. Restructure and plan new policies for staff distribution - Many nurses should be posted to units where staffs leave most for school

Policy on application for study leave - Nurse managers should plan new policies on awarding study leave to do further courses. Such policies can include reviewing the current policy that states that a nurse who has worked for 3 years may apply for study leave.

Incentives (e.g. financial motivation) for bed side nurses- Nurses who choose to stay at bed side nursing could be considered for a pay rise to attract more nurses to bed side.

Criteria for selecting students into nursing - The criteria for admission into nursing training should be reviewed. Other factors should be considered and not just because someone has passed well enough to do the course. There are possibly many people who may not have the best grades from Senior High School yet may be good nurses if given the chance.

Priority areas for further studies - More studies should be carried out to find out better ways of keeping nurses working in areas where they are needed most.

The findings of this study should be used to plan the future of nursing in Ghana to prevent possible future shortages of bed side nurses.

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