

Sustaining hope: A narrative inquiry study exploring midwives' hope-focused practices in HIV care in Ghana

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Abstract

HIV remains a statistically significant issue for women of childbearing age in Ghana. Nurses and midwives form the backbone of care providers for the prevention of mother-to-child transmission programmes. However, nurses and midwives receive little support to provide the emotional aspects of HIV/AIDS care.

Aim: Our aim was to build an understanding of how midwives currently embrace their experience of hope and hoping to support mothers living with HIV.

Design: This is narrative inquiry study.

Methods: We engaged in two to three conversations with five midwives in rural settings in Ghana to understand their experiences of hope and hoping in their interactions with mothers living with HIV. Using the narrative inquiry common places of temporality, the social and personal, and space/place, we wrote narrative accounts for each participant and then searched for resonances across the narrative accounts.

Results: We highlight three emerging narrative threads that resonated across narrative accounts. The three emerging narrative threads were (1) sustaining hope by drawing on life experiences across time and place; (2) hope is sustained through a focus on relational engagement with mothers; (3) midwives embrace the possibility to learn more about hope-focused practices.

Conclusion: The midwives began, although tentatively, to shine light on the things and events that diminished their abilities to maintain a hopeful perspective. At the same time, they became more comfortable and familiar with the notion of making hope visible and accessible in their experiences.

Impact: Since the midwives welcomed additional support to cope with the challenges they were experiencing, we imagine one day being able to make sense of how nurses and midwives engage with a narrative pedagogy of hope. Including hope-focused practices in nursing and midwifery preservice and in-service opportunities is important.

Patient or Public Contribution: There was no direct patient or public involvement in this study.

KEYWORDS

HIV, hope, midwives, narrative inquiry, nurses

1 | INTRODUCTION

Nurses and midwives play a critical role in providing hope to their patients. Our study is one of two other studies (LeMay, 2014; Pupilampu, 2017; Pupilampu et al., 2020) that make sense of how participants (i.e., teachers and nurses) in the helping professions use personally meaningful and relevant hope-focused practices and strategies (LeMay et al., 2008) in their interactions. Nurses and midwives are the main workforce to support HIV care in West-Saharan Africa and for that matter Ghana. Ghana's programme on Prevention from Mother-to-Child-Transmission (PMTCT) is mainly carried out by midwives and nurses (Asamani et al., 2019). As reported by Raisler and Cohn (2005), maternity care in the context of HIV is complex in west-Saharan African countries as there is a paucity of information on women who are living with HIV, which is compounded by stigma. It is over a decade and a half since this observation was made, yet the impact of HIV has only increased (Asamani et al., 2019). Among the nursing and midwifery workforce, 31% and 22% are enrolled nurses and community health nurses respectively (who are trained for 2 years) (Asamani et al., 2019). Increased workload, overcrowded facilities, fear of caring for patients living with HIV and inadequate supply of resources have characterised health care provision among this population for years (Asamani et al., 2019). However, there is a paucity of research on how the largest health care force manages their emotional capacity to deal with these challenges. Our current study is one attempt to gain insights into this issue.

2 | BACKGROUND

2.1 | The role of hope in nursing

Early studies, in the last 40 years, especially in the nursing sciences, have broadened our understanding of hope as a way of being (Herth, 1990; Jevne, 1999; Perakyla, 1991 as cited in Herth, 2005) and as a multidimensional concept or way of relating, feeling, acting and thinking (Dufault & Martocchio, 1985; Farran et al., 1995; Stephenson, 1991). Hope has gained a reputation as a guiding or therapeutic healing tool (Adams & Partee, 1998; Caine, 2003; Dufault, 1981; Hinds, 1984; Farran et al., 1995; Gottschalk, et al., 1993 as cited in Herth, 2005) that positively affects health and treatment outcomes (Gottschalk, et al., 1993; Udelman & Udelman, 1991 as cited in Herth, 2005), provides comfort to those who support individuals who are suffering (Borneman, et al., 2002; Gelling, 1999; Herth, 1993 as cited in Herth, 2005) and enhances quality of life (Anderson & Buckhardt, 1999; Post-White et al., 1996; Rustoen & Hanestad, 1998 as cited in Herth, 2005). Tutton et al. (2009) point out that hope is regarded as an important concept in nursing. Although these seminal studies demonstrate how important hope and hoping is as a therapeutic tool, very little research has been published that adds to our understanding of how those in the helping professions like nurses and midwives, use hope in their everyday interactions with the exception of Pupilampu's (2017) research, which built on LeMay's (2014) work with educators.

2.2 | Hope-focused practices and strategies

Our understanding of hope as a product (outcome, desire, wish) and hoping as a process or way of relating, feeling, acting or thinking evolved in large part at an applied research centre devoted to understanding the role of hope in community, health and educational settings. Over time, researchers at the Hope Foundation, which was affiliated with the Educational Psychology Department at the University of Alberta, uncovered a variety of hope-focused practices and strategies to make both hope and hoping visible and accessible in our interactions. Strategies like drawing or photographing hope over time, creating hope kits and identifying ways of coping with hope suckers are a few of the strategies that fall into hope-focused practices of making hope visible, listening with our whole being, working with the 7 Cs of hope, engaging in service and in reflection. A number of these practices and strategies were compiled into the *Nurturing Hopeful Souls* resource (LeMay et al., 2008).

Using what LeMay learned as she pulled together the practices and strategies in the *Nurturing Hopeful Souls* resource alongside what she was learning with teachers, social workers and health care professionals in sustained communities of practice at the Hope Foundation, LeMay (2014, 2021) proposed a fourth way of knowing and being with hope. She named this fourth way of being with hope a narrative conception/pedagogy of hope. A narrative conception of hope incorporates the goal setting, faith-based and critical theories of hope, which were in LeMay's analysis, the four grand narratives of knowing and being with hope. A narrative pedagogy of hope enables individuals to reconnect with, build on and support personally sustaining hope-focused practices and strategies, which in turn, inspires individuals to be and become who they need to be as they live with the four grand narratives of hope.

Our current study builds on LeMay's (2014) research with teachers who were making sense of a narrative conception of hope and Pupilampu's (2017) research with nurses who work in HIV care in Ghana in relation to their experiences of hope and hoping. Hope is important for both teachers and nurses and deeply connected to care. We noticed four similarities across LeMay and Pupilampu's work. The first similarity that surfaced was: hope matters, but hope needs to be nourished and cannot be imposed. Second, the two inquiries determined that the teachers and nurses learned to live with hope in childhood. The third similarity between the two inquiries was that the teachers and nurses were able to make visible their practices of hope and hoping, as they reflected on their experiences over time and in different places. And finally, their stories demonstrated an embodied living with hope and hoping.

3 | AIM OF THE STUDY

The long-term objective of our research project is to build and sustain hope-focused practices in HIV care and to examine how these evolving practices will impact women of reproductive age. The specific objectives were to explore how perinatal midwives who support mothers living with HIV experience hope and hoping.

Our research puzzle is: What are the experiences of midwives in Ghana who provide HIV care in relation to hope? How do they express and sustain their hope? What has shaped their hope? What has challenged their hope over time and in diverse places?

4 | DESIGN

We used narrative inquiry (Clandinin & Connelly, 2000). It is grounded in pragmatist thinking, which calls forth a commitment to experience and relational ethics (Caine et al., 2022). As narrative inquirers, we understand experience as continuous and relational.

4.1 | Participants

The team-lead of the facility's Research Unit introduced the first author to the head at the midwifery unit as well the anti-retroviral therapy unit. The author explained the research study to potential participants. Following the preliminary introduction, meetings were scheduled. Five participants joined us in this research study. All participants were Ghanaian and female. Participants had experiences as midwives working with women who were living with HIV. Participants engaged in three to five 1-hour conversations during the study.

4.2 | Data collection

Two of the co-authors relationally attended with each of the midwives' as they shared stories of becoming interested in, being and imagining themselves continuing to support mothers living with HIV in hopeful ways. Two to three 1-hour-long conversations with each participant occurred between March and November 2020. The conversations (observing all Covid-19 protocols) were conducted at the participant's place of work. A preliminary interview guide had been established and was used to guide the interview, but not to foreclose any conversations or topics that were meaningful to the participants. All conversations were audio-recorded with consent from participants and transcribed verbatim. Field notes were taken by the researchers engaged in the conversation.

4.3 | Ethical considerations

Application for ethical clearance was sought from the Ethics Board at the University of Alberta, Edmonton, Canada Alberta (REB approval #Pro00097184 [Pro00097184 REN1]) and University of Ghana, Accra Ghana. (REB approval #IRB:00006220[CHS-Et/5.1/2019–2020]) Operational approval was obtained at sites where midwives worked. When attending to personally meaningful and sometimes vulnerable stories it is imperative to attend to the relational spaces in which we live alongside participants

(Clandinin et al., 2018). Like Bergum and Dossetor (2005), we realised that we must stay vigilant in our work to acknowledge and attend to the midwives' vulnerabilities, uncertainties and the ambiguous nature of each participants' ongoing experiences ~ especially since, as Simpson put forth, we become vulnerable when we hope (Simpson, 2004). Informed consent was obtained from all participants.

4.4 | Data analysis

In each of the initial conversations, the researcher and participant actively explored the stories of engaging with hope-focused practices. To do this, the researcher and each participant attended to the narrative commonplaces within the three-dimensional narrative inquiry space of temporality, place and sociality (Clandinin, 2013). The conversations were transcribed verbatim. In addition, detailed field notes were kept. The transcripts and field texts formed the basis for interim research texts, also known as narrative accounts. All research team members assisted with the writing of the narrative accounts, through engaging with the transcripts and field notes by identifying wonders, tensions and possibilities to further the understanding of midwives' experiences from one conversation to the next. Once each of the narrative accounts were finalised, we laid them metaphorically alongside each other to identify resonant threads from each participants' account, as well as across accounts.

4.5 | Rigour

Each of the transcripts were read several times to engage with the experience of the participants by one and sometimes two of the co-researchers. Identifying the wonders, tensions and possibilities in the margins of each transcript and eventual narrative account ensured that as a response community, we were attending with rigour throughout the research study (Clandinin, 2013).

5 | RESULTS

As we looked across each narrative account, the field notes, our wonders and the tensions we felt individually and as a team we identified three key resonant threads.

5.1 | Thread 1: Sustaining Hope by drawing on life experiences across time and place

Reading carefully across the narrative accounts of the participants, we discerned a narrative thread that spoke to notions of hope that were sustained by drawing on life experiences, which we identified in the stories that participants told and retold. These experiences

are related to different times and places in the midwife's personal and professional lives. Some reached as far back as their early childhoods. The stories of the midwives showed that it was important to look across their lives. They emphasised that experiences that happened prior to them taking up their practice as a midwife working in HIV care sustained their hope. According to Mimi, her mother's stories about a particular midwife endeared her to the profession.

It is my mom, she often used to tell stories about the midwife who took care of her when she was pregnant, and she took her as a friend and even kept checking on her after delivery. I developed that love for midwifery when she told us the stories.

Although Mimi had decided to be a midwife at an early age, she only learned later what it means to be a practicing midwife. She acknowledges that the training she received during her midwifery education and the experiences she has gathered during her 10 years of working with women has shaped who she has become as a midwife.

There's been a lot of learning, there's been a lot of eye-opening things that I would otherwise not have paid attention to, how you have to speak, how you have to relate to people. I think the training has refined that part of me. [...] And how you also react to situations so that people do not feel all hope is lost, giving them some kind of hope, even when you know that the best will not come out of the situation, but at least giving them some kind of assurance and hope that maybe it will be better.

As we continued our conversation, Mimi talked about how her clients have affected her life over time.

The walk of life, things we go through every time either defines or refines how we perceive or relate to situations or it can make us awkward, but relating to people living with HIV, some as young as 15 coming in with teenage pregnancy then also HIV positive and then sometimes I ask yourself if this was my younger sister or if this was my child, how would I take it, how would I feel. How would I relate to her going forward, how would I care for her and so all these things help me to know how to talk to people, how to encourage them? I need to have hope first so that I can encourage them to also have hope, but it is not always easy.

Janet reflected on how her passion for midwifery developed. She had been practicing midwifery since 2015 after becoming a nurse in 2006. Janet's response makes visible that she situates her nursing practice within a community.

As a community health nurse my main job is to take care of the people in the community [...] I found myself in a place where I had to take up the role of a midwife, community health nurse where there is no doctor and doing everything. So, combining all these things, I realized that midwifery is interesting. It goes beyond taking care of pregnant women but then it includes everybody, including non-family members because at the end of the day you are taking care of the whole family and the community at large. [...] So that's how come the passion is there.

For their second meeting, [Author 1] and Janet meet at a local hotel and almost immediately picked up their conversation about hope again. But before they did, Janet recalls a story about her grandmother. The experiences alongside her grandmother who had cancer inspired her to become a nurse.

Yes. I actually grew up with my grand mum, it was my grand mum who took care of me. She was a teacher by then and when I completed Senior High, she was old and she was not well and then since I was the only one staying with her, I was going to the hospital with her all the time. Then we were going to, for treatment at Korle-Bu so anytime we get to Korle-Bu I see how the nurses are going round and the doctors and I said 'ah, this thing I will also get it, I will also involve myself in the health this thing' so that is what inspired me to become a health personnel and now, I am now a midwife. [...] So I had the passion to do the work because of the experience and the way I saw the nurses going about it. I also thought it wise to learn something about nursing.

5.2 | Thread 2: Hope is sustained through a focus on the relational engagement with mothers

The second emerging thread spoke to how participants sustained their hopes through relational engagement with mothers and their families. Making a difference for the midwives in this study was about enhancing the quality of life for those living with HIV and to reduce the possibility of mother to child transmission of HIV. Within this second emerging thread, we noticed several subthreads.

5.3 | Being available

Rita, Gloria and Janet reiterated how important it was that they made themselves available to the mothers in unique ways. Gloria told stories of being called in to work with mothers/families who she had established a relationship with on her days off when mothers are

reluctant to work with other midwives. She tells her colleagues that it is about how she talks and serves the medicine to the clients that convinces mothers and families that she has been working with to ask for her. Gloria describes her way of developing a friendship with each mother when she shares:

That's where you build the friendship ... You tell her for the next medication now she should take it because of the baby so then you start building the relationship, you start calling her and show, show that you love her even with the condition, that is not the end of life so that she, how should I even put it, slow by slow, you see that she, she will be relaxed. The next visit she will come when, the last visit she has frowned the face but you will see that the next visit she will be more relaxed so a time will come it will be normal for her.

Janet explained:

I sometimes try to empathize with them, I put myself in their shoes. Well, it's not the end of the world, HIV is just like somebody having diabetes, somebody having hypertension, and you will be put on treatment for life.

Towards the end of the second conversation, Janet shared stories about some of the challenges of disclosing HIV statuses to husbands and wives. She talked about the need to be innovative to ensure accidental disclosures to one partner or the other did not occur.

Going the Extra Mile.

Building a relationship with mothers, sometimes means going the extra mile by providing and keeping up to date with resources for mothers to access services. Gloria takes medicines to clients to help lessen the burden of walking the distances to the clinics outside of the communities. As Rita explains, there are other supports that are needed:

There is no support financially because when we want to make calls to call our defaulters most often it is our own phone credit that we use. Sometimes when patients come, they have not eaten, treatment to go home is a problem. So, this also comes from our own pockets and if you want patients to take medication.

In addition to using her own pocket money to assist with transportation and to stay in touch via phone, Janet also makes sure that she stays current with information about treatment in her practice and reads extensively.

I will say to all my clients that I come into contact with, after, as human as we are, sometimes we, we are told

certain things and then we deny it initially but later on we tend to accept it. So, through counselling and everything they, they accept it. I've never come across a client who will still deny it after the counselling [...] Then what I will say is that what I do is, I try as much as possible to keep abreast with information and free my mind. [...] I do read a lot, and wide about what is going on.

5.3.1 | Thread 3: Midwives embrace the possibility to learn more about Hope-focused practices

Participants in our study told stories of how interactions in the classroom, with patients and team members during their training to be midwives, and later as midwives strengthened their practice. Due to the restraints of COVID, we were only able to lean into the idea of exploring future opportunities to unpack, in more detail, what we might learn in settings that employ a narrative pedagogy of hope (LeMay, 2014, 2021).

We begin with Mimi, who shared how important her training was to how she hones into what is important in her practice as a midwife when she shared:

There's been a lot of learning, there's been a lot of eye-opening, things that I would otherwise not have paid attention to, how you have to speak, how you have to relate to people, I think the training has refined that part of me.

Gloria also shared how she maintained her hope when she thought about times when mothers could not take care of their families and/or when children were not treated and how that affected the health of the nation, she shared that giving a Health Talk, which they do regularly, sustained her hope. She put it this way:

Okay. When our clients come on clinic days, we give them Health Talk. We educate them on how they can contract other conditions or even re-infecting themselves.

Hope not only sustains the midwives but also helps them build relationships with their patients as they offer guidance and encouragement. Mimi explained how hope affects her work and interaction with the women when she said:

When I'm very hopeful, I teach a lot and I talk a lot to clients. I have to explain in very fine details of what I mean. During counselling I take my time explaining things to them. I do a lot of encouragement. Hope keeps me calm. [...] During those times I'm able to teach and able to counsel clients better. I encourage them and give them some kind of hope.

Mimi continued to explain:

You may think your situation is worse but there's someone who is going through worse. So no matter what goes on in my life, I still think that if there's life there's hope because no matter what it is, if you can find a tiny light at the end of the tunnel then it should be your aim to get to the end. So it has helped me aside from the fact that my Christian walk and the word of God also has, the issues of life I learn from work have also impacted me greatly.

As Janet and [Author 1] are talking, [Author 1]'s interest turns to faith. When [Author 1] asks about Janet's beliefs regarding her faith, she responds by saying:

Oh yes! I believe in God. I know God can do but when it gets to our field, sometimes if you think HIV God is there so God can do, God can cure without the medical aspect sometimes we do not attach that one so much, but I believe in God.

It became evident in Janet's stories that little can shake her hope. She describes herself as *always hopeful, always*. Janet is also very wakeful to her impact on the team. She knows that what she does affects others on the team. She places importance on helping each other and in determining common goals.

Mimi takes solace in knowing that there are reasons for things outside her control. She notes:

Sometimes I take the consolation in the fact that God knows all things and there's the reason for doing what he does, we may not understand, but gradually He perfects what He wants to do. So sometimes I take solace in that.

Hope-focused practices are based not only on personal philosophies and faith or religion but also on the psychology of thinking and behaviour. The midwives saw their effort to continue learning as an opportunity to practice their hope implicitly in the face of challenges in their work.

6 | DISCUSSION

As narrative inquirers, we were interested in the experiences of health care professionals' use of personally meaningful and relevant hope-focused practices and strategies in their interactions. We did not know a lot about how midwives cope with the impact of supporting mothers and families living with HIV. Attending to the midwives' storied experiences of making hope visible and accessible over time using the three-dimensional narrative inquiry space of interaction, continuity and situation (Clandinin & Connelly, 2000), enabled us to

begin to uncover how midwives live with and inspire hopeful ways of relating, acting, feeling and thinking.

As we expected, given LeMay's (2014, 2021) and Pupilampu's (2017) experiences, the midwives were, at first, uncertain about how to respond when they were asked to share stories about their own hope-focused practices and strategies. It appeared to be easier for them to share stories about inspiring hopeful outcomes and ways of being for the mothers, families and communities as the conversations progressed. Many of their stories demonstrated compassionate care towards mothers living with HIV.

The midwives began, although tentatively, to shine light on the things and events that diminished their abilities to maintain a hopeful perspective as they became more comfortable and familiar with the notion of making hope visible and accessible in the stories they were living, telling, retelling and reliving (Clandinin & Connelly, 2000). The conversations revealed how the concept of hope-focused practice, though implicit in the work of the midwives, was explicitly not known to the midwives. Through the research conversations, the team recognised the midwives' interest in knowing more about hopefulness and hope-focused practices.

There is evidence from the literature that nurses and midwives are key players in all interventions related to reducing PMTCT (Michaels-Strasser et al., 2018). Midwives play a critical role in supporting mothers living with HIV to live a meaningful and normal life. To play their role effectively, midwives over the years have and continue to receive training to equip them with the requisite knowledge and strategies for PMTCT and treatment guidelines (Boakye & Mavhandu-Mudzusi, 2019). Although the above is vital in HIV management, accounts from participants in our study revealed that training neglected the emotional and psychological aspect of HIV care for both midwives and nurses.

6.1 | Implications for practice

The lack of support and absence of safe spaces for midwives to recover from or cope with emotional stress has implications for practice. To enhance the work of midwives to provide comprehensive support, the preparation of midwives who work in HIV care should include opportunities to focus on HIV-related psychological and emotional support for both the caregiver and the client. Content on building personally relevant and meaningful hope-focused practices would be beneficial in this regard. Designers of midwifery curricula might want to consider a narrative pedagogy of hope (LeMay, 2014, 2021) as a relevant concept to be introduced in midwifery education. It would be important to find ways of integrating hope-focused practices and strategies into midwifery education to adequately prepare midwives to embody hope practices professionally and personally. Midwifery practice often presents situations that challenge women's hope, and it is not limited to caring for women living with HIV. Situations where there is a loss of a pregnancy, a newborn or an unexpected outcome or complication often leave women in despair (Ampofo & Caine, 2015). During such occasions, a midwife is often

the person available to provide support and inspire hope. Having a midwife or nurse equipped with skills to inspire personally relevant and meaningful hope-focused practices and strategies will be a great resource.

For practicing midwives, a plan for continuous professional development that includes addressing personal hope-focused practices should be considered—especially since midwives welcomed additional support to cope with the challenges they experienced. The concept of hope in midwifery practice and how it can be integrated into care should be given attention. Our study has revealed that midwives themselves need to maintain hope to be there for and support their clients. Understanding how to maintain hopefulness is, therefore, necessary for midwives themselves.

We found that participating midwives in our study used extended interactions and follow-up check-ups to keep in touch with their patients (moms living with HIV) to provide continuity of care, as well as a feeling of community to preserve optimum health. The midwives storied themselves as embracing hopeful characteristics that included behaviours such as displaying a caring attitude and affection for their patients. Although participating midwives believed mothers felt supported by their acts or behaviours, the midwives still worried there was more that they could do for the mothers and were open to learn more.

6.2 | Limitations of study

As we looked across the midwives' narrative accounts, we saw how the midwives' stories about hope and hoping were beginning to increase in their depth as their understandings about hope and hoping were increasing. Two Ghanaian researchers developed relationships with the midwives as they shared stories, we began to hear snippets of how challenging it was for some of the midwives to maintain their energies. The midwives in our study were not consciously practicing with hope as a focus, therefore the study is limited in describing how midwives build hope. Considering a longitudinal study to follow up the midwives for a longer time will yield more insight to how they build and sustain ways of being and knowing with hope overtime.

7 | CONCLUSION

We demonstrated that midwives were able to make their ways of being and knowing with hope, alongside mothers living with HIV, more explicit over time. Additionally, the five midwives were able to delve deeper into their experiences of relating, feeling, acting and thinking with hope as their relationships with the researchers developed. As they plunged deeper, we began to hear snippets of how challenging it was for the midwives to maintain their ways of supporting mothers living with HIV in Ghana. Since the midwives welcomed additional support to cope with the challenges they were experiencing, we imagine 1 day being able to make sense of how nurses and midwives engage with a narrative pedagogy of hope

(LeMay, 2014, 2021) in nursing and midwifery preservice and in-service opportunities.

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CONFLICT OF INTEREST STATEMENT

None to declare.

DATA AVAILABILITY STATEMENT

No data available.

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