

## The Evolution of Nursing Education in a Postindependence Context— Ghana From 1957 to 1970

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*Development of nursing education in Ghana between 1957 and 1970 is characterized by dynamic change and growth. Published manuscripts, personal interviews, and letters were used to analyze evolution of nursing education during this period. Following independence in 1957, developments in nursing education continued to be strongly influenced by external organizations and their designated experts. Policies, such as the local training of nurses and Africanization, provided impetus for nurses to further their education to assume senior positions in nursing education and administration. Emphasis on training nurses to work in a hospital-based curative health system, which had been the legacy of colonialism, gradually shifted to a broad-based education that prepared nurses to work in a variety of settings. Changes in nursing education occurred within an economic climate that presented ongoing impediments, yet the vision of the first generation of Ghanaian nurse leaders facilitated the tremendous progress seen during this period.*

In 1957, after more than 100 years of British colonial rule, the Gold Coast achieved independence to become Ghana (Kisseih, 1968). Development of nursing education in Ghana between 1957 and 1970 is characterized by dynamic change. Changes in nursing education occurred within an economic climate that presented ongoing challenges and a social and political climate that could be described as neocolonial. As the first former colony in Africa to achieve independence, Ghana became a leader in the development of education for nurses. The first university-based diploma program for nurses in tropical Africa was established at the University of Ghana in 1963 to prepare tutors for schools of nursing (Chittick, 1965; Dier, 1971). Published manuscripts, personal interviews, and letters were used to analyze the evolution of nursing education during this period.

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### **Nursing Education Prior to Independence**

Nursing education in Ghana prior to independence must be understood in the context of the organization of health care services by the colonial administrators. In the late 19th century, the Gold Coast was referred to as the “White Man’s Grave” due to the prevalence of serious tropical diseases such as malaria and yellow fever (Addae, 1997; Hart, 1904). Improvement of health conditions in the Gold Coast was a priority for Great Britain because of the rich mineral resources in the colony (Hart, 1904). During the early years of colonial rule, limited resources resulted in the focus of the medical officers being restricted to the protection of the health of Europeans, African soldiers, and civil servants (Patterson, 1981). In 1878, two British nursing sisters were appointed by the colonial government to assist with looking after the health needs of the European government officials in the Gold Coast (Addae, 1997). In 1880, the Gold Coast Medical Department was created with responsibilities for preventative services such as vaccinations and sanitation (Patterson, 1981). Kay (1972) estimated that only about 2% of the African population had access to government health services. The colonial medical department emphasized urban, hospital-based, curative services (Anyinam, 1989) that did not recognize the practice of traditional healing (Twumasi, 1981).

The colonial medical officers gradually acknowledged the need to provide health services to the “natives” and recruited male orderlies to assist in the provision of care to the African population (Akiwumi, 1971; Osei-Boateng, 1992; Twumasi, 1979). Recruitment of male orderlies was necessary because local customs did not permit young girls to provide nursing care to nonrelatives (Twumasi, 1979). By 1899, British nursing sisters began to take up appointments in the Gold Coast on a regular basis (Addae, 1997). Following arrival of the first nursing sisters, a few women began to be trained as nurses, although most nurses continued to be men (Akiwumi, 1988, 1992). The British nursing sisters gave lessons to the nurses in human anatomy and physiology, surgical and medical nursing, and first aid. Nurses who successfully completed this training were awarded a Director of Medical Services Certificate and became second division nurses in the colonial service (Akiwumi, 1988). In 1928, a new maternity hospital in Accra was able to recruit women to its midwifery school, perhaps because the midwife role was more closely aligned with the traditional roles of women in society (Akiwumi, 1971). The Midwives Ordinance was established in 1931, and the Midwives Board was formed to carry out the terms of the Ordinance in relation to the training, examination, registration, and practice of midwifery in the Gold Coast (Akiwumi, 1988).

Until 1945, all senior nurses in Ghana, including nurse tutors, were White colonial sisters (Akiwumi, 1971). This pattern changed in the years following 1945. In January 1945, Isobel Hutton arrived from Britain to start a nursing school, fashioned after the British system, for Ghanaian nurses (Boahene, 1985; Osei-Boateng, 1992). This training school for state-registered nurses (SRNs) was initially located in Kumasi, but, in 1948, the college moved to new buildings in Accra close to the Korle-Bu hospital (Addae, 1997; Kisseih, 1968). Although most practicing nurses in the country at the time were men, only women were eligible to enter the new college for SRNs (Addae, 1997; Patterson, 1981). Historical documents do not offer an explanation for this gender shift in the preparation of nurses for practice, although the shift may reflect the influence of British nursing education brought by Hutton. The curriculum at this time followed the syllabus set out by the General Nursing Council (GNC) of England and Wales, to ensure that “locally trained nurses could be accepted for registration in Britain, to undergo post-basic courses there and eventually to take over the nursing duties of the country from the British colonial nursing sisters” (Kisseih, 1968, p. 206). Concurrent with the establishment of the SRN program was the training of qualified registered nurses (QRNs) in the Gold Coast. The SRN was a higher qualification than the QRN, although the QRN was considerably higher than that of the state-enrolled nurse in the United Kingdom (Rose, 1987).

#### **Nursing Education in the Postindependence Period**

At the time of independence in 1957, education for SRNs was offered by two government training schools located in Accra and Kumasi. Government schools in Cape Coast, Sekondi-Takoradi, and Tamale provided training for QRNs. Mission hospitals, such as the Seventh-Day Adventist hospital in Kwahu, provided QRN training and midwifery (Risk, 1966). The nursing curriculum continued to be closely aligned with the syllabus set out by the GNC, but it did not always reflect the most current updates. The GNC syllabus was revised in the United Kingdom in 1952, although the training of nurses in Ghana in 1957 was still based on the 1925 GNC syllabus (Rose, 1987). Rose (1987) postulated that there may have been a reticence to revise the syllabus in Ghana, based on a concern that this would jeopardize the agreement with GNC for reciprocity. Procedures used to examine nurses in Ghana had also not been updated to correspond with those used at the time in the United Kingdom (Rose, 1987).

In 1958, a government decision to train doctors locally at the University of Ghana necessitated enlargement and modernization of Korle-Bu hospital to become a teaching hospital. This decision had an impact on the evolution of nursing education and practice in Ghana. Several SRNs were sent to the United Kingdom to gain specialized expertise in a variety of areas, such as orthopedic, genitourinary, and sick children's nursing, and in the organization of a central sterilizing department (Rose, 1987). This expertise was necessary to enable nurses to function effectively within a teaching hospital milieu. The need for the education of more nurse tutors to assume teaching and leadership roles in nurses' training colleges was also recognized during the years following independence.

Marjorie Houghton, a former member of the GNC, was invited by the government of Ghana in 1961 to evaluate the nursing training programs (Rose, 1987). In her report, Houghton recommended, "a comprehensive training lasting 4 years, the one grade of professional nurse to be assisted by auxiliaries, that all candidates should possess the West African School Certificate, that the Pre-Nursing Course be discontinued and that student nurses should be supernumerary to ward staff" (Rose, 1987, p. 17). She also highlighted the need for tutors and clinical instructors and participated in discussions at the University of Ghana regarding a Tutors Course (Rose, 1987).

In September 1963, the development of nursing education in Ghana made significant progress with the establishment of the first university program for nurses at the University of Ghana. This initiative, under the leadership of Docia Kisseih, represented a tripartite agreement between the Ghana government, the World Health Organization (WHO) and the United Nations International Children's Education Fund (UNICEF) (Kisseih, 1968). Miss Kisseih was the first Ghanaian to hold the position of the chief nursing officer for Ghana after the departure of the last British Matron (K. Dier, personal communication, February 5, 1998). On the advice of Dr. Rae Chittick, the Canadian WHO consultant hired to plan and implement the program, it was established as a postbasic 2-year diploma to prepare nurse tutors, administrators, and supervisors (Akiwumi, 1976). Chittick was concerned that there were insufficient candidates in Ghana with the necessary university entrance requirements to support introduction of a degree program. Although the University of Ghana would have preferred a degree program, Chittick's recommendations were accepted. It is evident from this decision that the development of nursing education in Ghana continued to be strongly influenced by external organizations and their designated experts in the postindependence period.<sup>1</sup>

The WHO assisted with establishment of the postbasic diploma program by providing funding for five nursing positions at the University of Ghana (Chittick, 1965). These positions included a director for the program, Chittick, and four nurse educators. Four of the initial WHO consultants had received nursing degrees or held positions at McGill University, whereas the fifth had been educated in the United States (J. Innes, personal communication, February, 6, 1998).<sup>2</sup> Dier (1992) suggests that many Canadian nurses were recruited by WHO because they were “well prepared and politically acceptable” (p. 206). The perspective offered by nurses educated in North America was a significant departure from the primarily British influence, which had dominated nursing education in Ghana up to this time. Financial support for a library and the purchase of two buses to transport nursing students to their community placements was provided by UNICEF (Chittick, 1965). One of these original buses still operates to convey students to various clinical settings (J. Laryea, personal communication, April 6, 1999). At completion of the WHO initiative, Ghanaian nurses began to return from graduate studies overseas to take up teaching positions in the University of Ghana’s Department of Nursing. Ayodele Akiwumi was one of these nurses and held the position of senior lecturer in the department from the mid-1960s until her retirement in 1995 (K. Dier, personal communication, February 5, 1998). Her many publications on nursing education in Ghana during her tenure suggest that she was very influential in its development.

Several impediments were encountered by the WHO nurse educators during the introduction of the university program. Ghanaian nursing students had been educated in a British system that promoted “rote learning.” The WHO nurse educators, on the other hand, had come from a liberal teaching environment and were committed to the development of problem solving abilities in their students (J. Innes, personal communication, February 6, 1998). Chittick (1965) also provides a negative critique of the British influence on nursing education in Ghana in the following statement: “The ultra-montane attitude which has tied nursing closely to the British system, lest standards be lost, has not given sufficient flexibility, stimulation and scope for the development of a pattern of nursing education and nursing service to cope effectively with the unique health problems of a tropical country” (p. 41). This comment demonstrates the tension that existed between external nursing experts to influence the development of nursing education in Ghana.

Comments by Harry Rose (1987), a British nurse tutor working in Ghana during this time, suggest that the WHO nursing team was not welcomed by all nurse educators in the country. While teaching in the Nurses Training

College in Kumasi, Rose recalled a visit by Chittick to familiarize herself with nurse training schools. Rose (1987) writes, "It was not a successful session . . . in a scathing manner she told me that she did not like what we were doing, nor the way we were doing it" (p. 17). At a meeting with Chittick a year later, Rose asked how the tutors working for the government service could be of assistance to the initiative to establish the nurse tutor program at the university. According to Rose (1987), Chittick replied, "As none of us were university graduates we had little to offer" (p. 18).

In the late 1960s the Ghanaian government once again approached WHO for assistance in the development of a comprehensive diploma program for SRNs (K. Dier, personal communication, February 5, 1998).<sup>3</sup> The comprehensive curriculum added education in the social sciences, public health, obstetrics, and psychiatry to the basic program (Osei-Boateng, 1992). In addition, it marked a shift in the control of nursing education from the hospital to educational institutions and a broadening in the focus to include the community. The goal of the comprehensive program was to extend the education of nurses and to expose nursing students to all clinical speciality areas (Akiwumi, 1988). Nurses educated in the new program were prepared for beginning positions in hospital and community settings.

### **Challenges to the Growth of Nursing Education**

Education of nurses in Ghana in the years following independence was fraught with problems for tutors and students alike. Textbooks, when available, were frequently outdated and not within the financial means of the students (Rose, 1987). The limited audiovisual equipment in the training colleges often could not be used because of power failures and corrosion resulting from high humidity. An ongoing difficulty for the students, in particular, was the heavy burden of disease associated with living in a tropical country. Illnesses such as malaria and amoebic dysentery resulted in high rates of absenteeism among students (K. Dier, personal communication, February 5, 1998).

The powerful position of the hospital matrons during this era represented an obstacle for nurse tutors in the education of their students. The matrons were responsible for the clinical assignments and progress reports of the students and did not consult the tutors about these decisions (Rose, 1987). Another challenge faced by nurse educators was the influence of the functional model of care, emphasizing completion of tasks, which permeated nursing services in Ghana. The functional model was believed to be a more

efficient model for the delivery of nursing care. This model, necessitated by chronic shortages of supplies and personnel (Akiwumi, 1971), placed limitations on the learning environment of nursing students.

Shortly after independence, the government of Ghana implemented a policy of *Africanization* (Rose, 1987). Africanization encouraged the replacement of primarily White expatriate workers with Africans. In practice, this meant that the contracts of many senior, experienced nursing sisters were not renewed (Rose, 1987). This policy, in the short term, may have resulted in increased strain on the education of nurses because there was a severe shortage of nurse tutors in Ghana in 1957. In the long term, however, the policy resulted in new opportunities for Ghanaian nurses to advance to more senior positions and to take on the decision-making responsibilities of the nursing profession. Rose (1987) recalls his reaction to the policy of Africanization: "At the time it seemed disastrous that the experienced people were being removed. In retrospect it was a good thing" (p. 11). Africanization appears to have been a significant force in the evolution of nursing education in postindependence Ghana.

#### **The Development of Professional Organizations**

In 1946, the Nurses Ordinance and a statutory board to oversee its administration was introduced by the Gold Coast government to regulate the training, examination, registration, and practice of nurses. By June 1948, the first registrations were recorded (Kisseih, 1968; Rose, 1987). Midwifery was separate from nursing and had its own ordinance. Female general nurses were listed in the "general" register, whereas tutors, male nurses, mental, sick children's, public health, and fever nurses were listed in supplementary parts of the register (Kisseih, 1968). Within each section of the register, there were two categories of nurses: SRNs and QRNs. An SRN qualification allowed nurses to advance to ward sister or matron positions or to take training to become nurse tutors (Rose, 1987). In 1960, the Ghana Registered Nurses Association was formed to provide a "central organization for all registered nurses in the country, to advance the interests of the nursing profession and to uphold the standard required for registration" (Kisseih, 1968, p. 211). This association represented an amalgamation of the former State Registered Nurses Association, whose membership included only SRNs, and the Society of Registered Nurses, primarily made up of QRNs (Rose, 1987). In the following year, Ghana became a member of International Council of Nurses (Bridges, 1967).

In the period between 1957 and 1970, nursing education in Ghana experienced profound growth and change, often under challenging circumstances. Postindependence policies, such as Africanization and the local training of nurses and doctors, provided the impetus for nurses to further their education to assume senior positions in nursing in Ghana. The emphasis on training nurses to work in a hospital-based curative health system, which had been the legacy of colonialism, gradually shifted to a broad-based education that prepared nurses to work in a variety of settings. In 1963, establishment of the first university-based diploma program for nurses in tropical Africa established Ghana as a leader in nursing education on the continent. The financial support for nursing education provided by external organizations, such as the WHO, did not come without the influential opinions of British and Canadian nursing experts. The vision and tenacity of the first generation of Ghanaian nurse leaders, such as Docia Kisseih and Ayodele Akiwumi, facilitated the tremendous progress seen during this period.

#### NOTES

1. The continued influence of "advanced nations" on "developing nations" in the postcolonial period is referred to as neocolonialism (Altbach, 1995). Influence of neocolonialism on education can be overt but is often expressed in subtle ways, such as use of expatriate advisors on policy and curriculum (Altbach, 1995). Although there is evidence of neocolonialism in the development of nursing education in Ghana following independence, a detailed analysis of the influence of neocolonialism is beyond the scope of this article. For further reading on neocolonialism, please refer to Ashcroft, Griffiths, and Tiffin (1995). A discussion of neocolonialism in Africa is provided by Nkrumah (1965) and in Ghana by Aidoo (1982).

2. Jean Innes was a Canadian consultant in psychiatric nursing recruited by WHO for this project. She was in Ghana from 1964 to 1966.

3. Kay Dier, a Canadian WHO consultant in Ghana from 1968 to 1971, assisted with the implementation of the comprehensive nursing curriculum in the training colleges.

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