Health Care and Nursing in Kenya

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ABSTRACT

The purpose of this thesis was to describe how Kenyan nurses experience health care and nursing in Kenya. The aims were to find the issues which concern nurses most and to clarify what kind of role the nurses played in the Kenyan health care field. Also the role of traditional medicine in Kenya and how it affected health care was investigated in this thesis.

The theoretical overview described the most important concepts used in this thesis. Also nursing and nursing values, health views of different kind and history and current situation of health care in Kenya were described. This thesis used a qualitative research method and data for this study was gathered using theme interviews. The data gathered was analyzed by inductive content analyzing method.

The results of this thesis clarified that the main issues in Kenyan health care were lack of funding and poverty. Every other issue was connected to these and most other issues were also caused by them. It was seen that nurses had major impact in health care. Also the purpose of nurses with nursing patients and in counseling patients was seen significant. The interviewees also felt, that traditional medicine did more harm than good for the patients.

Keywords Kenya, nursing care, health care, traditional medicine

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Työn nimi Terveydenhuolto ja sairaanhoito Keniassa

TIIVISTELMÄ

Tämän opinnäytetyön tarkoituksena oli selvittää, miten Kenialaiset sairaanhoitajat kokevat sairaanhoidon ja terveydenhoidon Keniassa. Työn avulla haluttiin tutkia, mitä seikkoja sairaanhoitajat pitivät merkittävinä terveydenhuollossa sekä millaisena he kokivat sairaanhoitajan roolin. Työn avulla oli myös tarkoitus selvittää perinteisen lääketieteen roolia Keniassa.

Työn teoreettisessa viitekehyksessä kuvaillaan työn kannalta tärkeimmät käsitteet, käydään läpi hoitotyötä ja hoitotyön arvoja, kuvaillaan erilaisia terveysnäkemyksiä sekä sairaanhoidon historiaa ja nykytilaa Keniassa. Tutkimus on kvalitatiivinen ja tutkimusmateriaali kerättiin teemahaastattelemalla neljää kenialaista sairaanhoitajaa. Tutkimusmateriaali analysoitiin laadullisella sisällönanalyysimenetelmällä.

Tutkimustuloksista nousi esille, että suurin ongelma kenialaisessa terveydenhuollossa on rahoituksen puute ja köyhyys. Kaikki muut ilmenevät ongelmat pohjautuivat näihin kahteen seikkaan ja useimmiten myös johtuivat niistä. Sairaanhoitajan roolia pidettiin merkittävänä ja sairaanhoitajalla katsottiin olevan suuri vaikutus potilaisiin työssään. Perinteistä terveydenhoitoa pidettiin enemmän haitallisena kuin hyödyllisenä potilaille.

Avainsanat Kenia, sairaanhoito, terveydenhuolto, perinteinen lääketiede

Sivut 31 s. + liitteet 2 s.

CONTENTS

1 INTRODUCTION

The idea for this thesis arose when I was informed that I could participate in student exchange for three months between September to December of 2010 in town of Kisumu in Kenya. This study exchange was part of North-South-South Higher Education Institution Network Programme, it was organized by Health Africa Development Co-operation Organisation (HADCO), arranged by Centre for International Mobility (CIMO) and on the Kenyan side our host was the Maseno University. In this thesis I wanted to study how people from my own professional reference group from a different culture perceive health care and nursing. I believe that the understanding about different kinds of cultures and mindsets makes our way of thinking broader. Also at the present day the internationalization of the world has brought these cultures and nations even closer to each other. Also according to Leininger and McFarland (2006, 9-10) it is important that nurses discover culture care differences and similarities, furthermore this kind of information opens new ways to think and help people. Spector (2009, 342) has also said that because we live in this millennium, providing culturally sensitive-, culturally competent- and culturally appropriate health care is necessary, as it enables us to understand the patient's needs from cultural perspective.

The making of this thesis started prior to my exchange studies in Kenya. In summer of 2010, I started to compose and make the preparations for this thesis. During that time, I kept up intense cooperation with my mentor. The study plan and the initial theme interview frame were finished before I landed in Kenya. The theoretical context was gathered during the whole study process. The making of this thesis was also approved by the Hämeen Ammattikorkeakoulu, HAMK University of Applied Sciences in summer of 2010. Hämeen ammattikorkeakoulu is a university of applied sciences in southern Finland and offers Bachelor and Master level degrees in several different educational fields (Hämeen ammattikorkeakoulu 2011).

Kenya is situated in eastern Africa at the equator. In the east, it is bounded by the Indian Ocean and Somalia and on the west by Lake Victoria and Uganda. The northern neighbor of Kenya is Sudan and in the south lies Tanzania. According to the Central Intelligence Agency (2011) there live approximately 41 million people in Kenya and they can be divided into more than seventy ethnic tribes. The official languages in Kenya are English and Swahili and both of them are studied in the schools. In addition to this, several tribe languages are spoken. (Barsby 2007, 12, 16-18.)

In my study exchange, I was placed in the town of Kisumu, which is located by Lake Victoria in western Kenya. Population of the Kisumu District was approximately 535000, and in Kisumu town area the population was approximately 350000 in the year of 2002. Kisumu is an agricultural area, approximately 75 percent of the population work in the agricultural field. The rate of the unemployed population is high, about 20 percent and the estimation were that 53 percent of the population live below poverty

line. This poverty level will probably increase over time. (National Coordinating agency for population and development 2005, 3, 6-7.)

The study plan was translated into English and the theme interview frame was perfected in Kenya and the needed study authorization from the New Nyanza Provincial General Hospital was arranged. The data for this thesis was collected by theme interviewing four Kenyan nurses in the New Nyanza Provincial General Hospital. The hospital is located in the town of Kisumu and has 457 beds and it serves as a referral hospital over 12 district hospitals with over 5 million population in Nyanza, Western Province and Rift Valley Province. (eHealth-Kenya 2011, Public Procurement Oversight Authority 2010, 17). The data was analyzed by inductive content analysis in Finland after the study exchange.

The purpose of this thesis is to describe how Kenyan nurses see health care and nursing in Kenya. The aim is to find the issues which concern nurses most and to clarify what kind of role the nurse plays in the Kenyan health care field. Studying traditional medicine did not include originally in the goals of this study, but during my time in Kenya, I get to know the concept of traditional medicine and I wanted to include it in the study. In my opinion, traditional medicine plays a part in Kenyan life and health care and studying it brought more perspective to this study.

I hope that this thesis will be useful for the health care personnel and students who will meet people from Kenya within their work. Also this thesis can be useful in Kenya for the Kenyans to get deeper view about how Kenyan nurses see the nursing and the situation of Kenyan health care. Also one purpose of this thesis was to open culturally based perspective in the health care and in the nursing and to find out if that perspective is useful by itself.

2 BACKROUND INFORMATION

2.1 Cultural and health Belief System

Every group of people from the beginning of time has found out that it is necessary to explain the world and the nature in some way. These explanations usually have some kind of religious, natural, or magical forms. The purpose is to try to explain how the world works, why things happen, and how life has begun. This world view shared by a group of people, or a society, reflects their beliefs and practices and affects the comprehensive way in their life. People can share this kind of world view without recognizing it. (Andrews & Boyle 2007, 66-67.)

How health and disease are viewed is based on a world view which is currently prevailing in society. These health belief systems are usually divided into three different categories, which are magico-religious-, scientific-, and holistic world view. These views define how people see health, what kind of health based beliefs and practices they have, and what kind

of attitude they have towards health and illnesses. (Andrews & Boyle 2007, 67.)

The Magico-religious world views have existed as long as people have sought ways to improve, or maintain their health says Spector (2009, 95). The Magico-religious world view sees that the fate of the world is in the hands of god or the gods, or other supernatural powers. Destiny of humans is dependable of the mercy or will of the god. Health is a gift, or a blessing of those powers, and being unhealthy is the cause of punishment, or a curse, or it can be affected by the intrusion of spirit or sorcery. Overall, illness is caused by supernatural powers with or without justification, or by another human using sorcery. Thus the cause of health or illness is not logical; it is rather mysterious and unexplained. (Andrews & Boyle 2007, 67-68.)

By Spector (2009, 95-96) holistic world view can also be referred to as Homeopathic. This philosophy was found at the end of the eighteenth century and it used to be quite popular once among the world. The main principle in holistic view is that health is balance between the physical, spiritual and mental entirety and in practice, not the disease itself, but rather the person is treated.

The Scientific world view could be referred to also as a modern era world view. In addition to that, Spector (2009, 95) uses terms allopathic and dualistic. By this view, life is seen as a series of physical and biomedical processes, which can be studied and thus also be manipulated. Ultimately, life works as a mechanism and can be divided into smaller parts, which can be observed and studied and this way the properties of the whole can be learned. Through learning the understanding how body functions increases and allows a possibility for manipulate it. By this view, the illness is the cause of malfunction of body by internal or external disorder. (Andrews & Boyle 2007, 68.)

2.2 Traditional Medicine

World Health Organization (WHO) defines that traditional medicine "is the sum of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness." (World Health Organization 2000, 1.)

Practical uses of traditional medicine vary a lot in different countries, because it is affected by things like culture, history and people's attitudes. Knowledge of the use of traditional medicine has passed on from generation to generation during centuries even to these days. This long term use has often provided evidence about the effects and safeness of traditional medicine and it has been evolved and affected by it. Nonetheless, it should be tested by scientific methods in purpose of providing scientific information about the effects and safeness's about different kind of traditional medicine. (World Health Organization 2000, 1.)

When speaking about developing countries, traditional medicine is grounded in long term cultural and spiritual values. Knowledge of traditional medicine consists of both material and non material properties of different animals, plants and various minerals. Disease and illness were believed to be caused like in the magico-religous system, so the healing is addressed to help attaining balance between spirit and body and healing both of them. Thus the healing is not directed only to heal the disease, but also to heal the spirit. (Bodeker & Burford 2007, 11.)

The use of traditional medicine is usually based working outside of the normal health care system. Traditional medical services are often used alongside or instead of conventional medical services. Most of the patients using traditional medicine avoid discussing their use of it to conventional medical practitioners. Because of that, no clear picture about the popularity of the traditional medical service exists. There are only some estimations, which vary from very low to very high usage. In some of these estimations, Kenya has been addressed to have the high level usage of traditional medical treatments. (Bodeker & Burford 2007, 8, 14.)

2.3 Multi- and Transcultural Nursing

By Leininger and Macfarland (2006, 13) Leininger's 1991, 1997 definition about culture as "...the learned, shared and transmitted values, beliefs, norms and life ways of a particular culture that guides thinking, decision, and actions in patterned ways and often intergenerational". Leininger and McFarland (2006, 13) have continued and opened this paradigm by describing that culture is a guideline for human actions and it give the tools to make decisions in life. It is also material and immaterial at the same time and it is how humans and humanity can be divided from nonhuman.

For understanding what multi- and transcultural nursing means, one has to understand the context. By Abelhamid, Juntunen and Koskinen (2009, 18) multi culture can be defined as a community, where people from different cultures and backgrounds live together with each other. In multicultural nursing the nurses and patients come from different kind of cultures creating cultural and ethnic mix.

When going deeper into the concept of multi- and transcultural nursing, it has to be noted that according to Andrews and Boyle (2008, 3) these terms are often used interchangeably and for meaning the same matter by different writers. Because of that, this thesis concentrates on using the term transcultural nursing, without leaving this fact behind.

On the other hand, transcultural nursing can be defined in several different ways. One popular way to prescribe it is to define it via anthropology context. In that context transcultural nursing is being based on the fact that the nurse represents the main culture and patient minority culture. The main principle is that for good nursing the nurse should be aware of different minority cultures and have understanding about them. (Abdelhamid et al. 2009, 29).

Understanding the concept and the importance of transcultural nursing are needed because of the diversity of national and global populations. Andrews and Boyle (2007, 5) defines that in this context diversity refers "in its broadest sense, to differences in race, ethnicity, national origin, religion, age, gender, sexual orientation, ability or disability, social and economic status or class, education, and related attributes of groups of people in society."

By Andrews and Boyle (2007, 5) transcultural nursing is a way for reaching and better understanding people among and alongside of us and by it, it is easier and more efficient to communicate with patients from different cultures and from a different background. According to Giger and Davidhizar (2004, 7) knowing and understanding culturally relevant matters, allow and ease the offering of competent care and thus every nurse should have understanding and means to use it in practice. In this thesis the idea of transcultural nursing has taken into account by viewing cultural diversities and backgrounds as equal and important to each other.

2.4 Cultural Values in Health Care

The importance of cultural values in health care cannot be underestimated. The way man experiences health and illness and how he understands these things and how he understands what good nursing practice is, is based on his culture. When one meets the first time someone from a different culture, he sees only a scratch from the culture the stranger represents. Culture is always a complex matter and it contains various things from different sources, which all have impact on it. (Abdelhamid et al. 2009, 75-77; Andrews & Boyle 2007, 261, 263.)

In ethical point of view people share some basic principles around the world in the opinion of good and bad, right and wrong, but the importance and interpretation may differ in different cultures and in different political situations. These values also chance during time. (Pietilä 2010, 18.)

For understanding how someone who comes from strange culture acts we have to have deeper understanding about the culture he represents. When a person understands foreign cultures not only by knowing the outer matters the cultures have, but also having deeper knowledge about these cultures, the communicating will get a lot of easier. Good knowledge about patients' cultures is very important when associating with them. (Abdelhamid et al. 2009, 75-77; Andrews & Boyle 2007, 261, 263.)

In the professional point of view, nurses should be able to provide culturally sensitive care for patients. Especially in relation with nutrition care or personal care, nurses have to be aware of cultural background of the patient and cultural preferences and nurses should respect these values. (Hincliff, Norman & Schober 2003, 267-268.)

3 HEALTH CARE IN KENYA

3.1 History of Kenyan health care

It has been said that ”you have to know the past to understand the present.” So for understanding the present, we need to know the history. History tells us how we came here and what choices and actions have been taken in the past, so we ended up to this day. This is also true when we are talking about nursing, especially health promotion. It is important to see the whole line, where we have come from, so we can understand the present and advance to the better future.

Before the Europeans came, the knowledge of the treatments and of the diseases was handed from fathers to sons between generations. It was believed that diseases could be caused because of Spirits, breaking taboos, by witchcraft, or by god. (Ndirangu 1982, 5-6.)

Western medication came to Kenya with missionaries at the beginning of the 20th century. They started to build up hospitals and educate the people about diseases. They also wanted to affect people’s attitudes, because local people had superstitious ideas towards western medicine. The first hospital was built in Weithaga in the year 1903 and Maseno Hospital was built in 1908. It was 4th hospital in Kenya. (Ndirangu 1982, 19-22.)

In the beginning it was almost impossible to get local people to train nursing or dressing. That is because the western medicine was seen as infringing their customary ways and people didn't want to be involved in it, if they were involved, they were easily outcast from the tribe. The first local was trained as a dresser in the year 1908 and slowly after that the amount of trained locals increased. Upon that time it wasn't easy to get women to come to hospitals for training because of the pressure of their families, so most of the first local people who came to training were men. Training lasted 3 years and they were trained as dressers. In training they had to cover the following subjects: Cleanliness, sanitation, dressing of wounds and ulcers, taking temperatures, and assisting at operations. (Ndirangu 1982, 19-21.)

Training and people’s attitudes evolved over time. Demand of medical people skyrocketed during the world wars and training got more focused. In 1929 training for medical assistants was started by the government. After World War 2 the government wanted to standardize the training of nursing personnel and in June 1949 the act of enabling the formation of the Nurses and Midwives Registration Ordinance was born and training of nursing personnel was centered on the Nursing and Midwives council of Kenya. Before, this training was done by both the government and by the missionaries without co-ordination. (Ndirangu 1982, 23-25, 32, 66.)

Training for the first registered nurses started in 1952. Studies lasted three and a half years to this level. In comparison to graduating as Enrolled Assistant Nurse, studies took two years. In 1955 formal training for the Enrolled Psychiatric Nurses in Mathari Mental Hospital was started. Be-

fore that the training was on-the-job training. In 1966 training of community nurses was started in Kisumu in the Nyanza School of Nursing. Community nurses were so called multi-purpose nurses; they were trained to excel as a nurse, a midwife and a health visitor. Training started because there was a great demand of personnel in these fields. Training for registered public health nurses started in 1972 in Nairobi. (Ndirangu 1982, 60-61, 74-75, 77, 102, 108.)

In 1968 a two-year training for Diploma in Advanced Nursing was started at the University of Nairobi. The training was carried out with the co-operation of the Ministry of health, World Health Organization and United Nations International Children Emergency Fund (UNICEF). The training gave students preparedness to work as administrators and nurse teachers. (Ndirangu 1982, 109-110.)

Over a time it was noticed that improving health care training could enhance quality and skills in training. In 2000 it was decided that training programs for certificate level nurses will be terminated and diploma level programs were expanded. This reformation is still ongoing, because three schools are still offering certificate training to this date. (Rakuom 2010, 27.)

Nowadays Kenyan nurses are usually trained to Basic Diploma level. This Kenyan Registered Community Health Nurse training takes three and a half years without prior nursing education. It is possible to upgrade an older enrolled community health nursing degree to basic diploma level in one and half years. Post basic diploma programs allow to specializing in different nursing fields, like an example in midwifery or critical care nursing. It is possible to study Bachelor of Science in Nursing in Kenya at some colleges, but it is not yet widely available. (Kenya Medical training College, Nairobi.2-4.)

3.2 Health care in Kenya nowadays

The Kenyan health sector can be divided into two parts; there is public and private sub-sectors. The public sector plays a bigger part in the Kenyan health sector. The Ministry of Health supervises health care and establishes finances and policy directions in the public field. The private sector consists of non-profit institutions and for-profit institutions. Non-profit institutions are the larger part of these two and it includes faith based health institutions and non-governmental organizations. (Rakuom 2010, 13.)

Kenyan health care management has been arranged in hierarchical structure. The ministry of health operates in national level by supervising alongside with national hospitals, which offer health services at advanced level nationwide. The next level is the provincial level, where provincial hospitals serve the district hospitals within the province. Provincial hospitals offer second level specialized medical services alongside with broad spectrum curative health care. (Rakuom 2010, 14-15,17.)

At district level there are the district and the sub-district hospitals, health centers and dispensaries. The district and the sub-district hospitals provide second stage in-patient services and first level specialized medical services. Health centers offer first stage in-patient and maternal delivery services. Dispensaries are the lowest facility-based health services and they offer limited maternal delivery and ambulatory services. There is also a community-based health care service which provides preventive and promotive primary health care. (Rakuom 2010, 15-17.)

In 2008 Kenya had 6,628 doctors and 14,073 registered nurses and 5,712 health care institutions. In 2007 there were 18,680 doctors and 69,600 nurses in Finland. By comparison, we can calculate that Kenya had one doctor for 5739 citizens, and Finland had one doctor for 260 citizens. (Kenya facts and figures 2009, 1924; Sosiaali- ja terveyspalvelujen henkilöstö 2007, 6-7.)

The most common reasons being hospitalized for female inpatients over five years in Kenya in 2007 were: delivery with 29,699 cases, malaria with 8,012 cases, maternal care related to fetus and possible delivery problems with 3,418 cases, pregnancy with abortive outcome with 3,221 cases and influenza and pneumonia with 2,517 cases. For males five the most common reasons for hospitalization were malaria with 5,383 cases, influenza and pneumonia with 2,174 cases, intestinal infections with 1,936 cases, human immunodeficiency virus (HIV) infections with 1,624 cases and injuries to unspecified part of trunk, limb or body region with 1,305 cases. (Kenya health sector information Annual Report 2008, 70.)

The most leading causes of inpatients morbidity and mortality for over five-year-old females in the year 2007 were pregnancy, childbirth and puerperal conditions with 40,607 cases and with 134 mortality rate. Second highest causes were infectious and parasitic with 12,612 cases and with patient's mortality rate 1,673. Third highest were diseases of respiratory system with 3,452 cases and with mortality rate of 350. (Kenya health sector information Annual Report 2008, 74.)

For males, the highest reasons were infectious and parasitic with 8,679 cases and with mortality rate of 1,879. The second highest causes were injury, poisoning and certain other consequences of external causes with 3,989 cases and with mortality rate of 171. Third highest reason was external causes of morbidity and mortality with 2,730 cases and with mortality rate of 86. (Kenya health sector information Annual Report 2008, 74.)

3.3 Health care in Kisumu District

In Kisumu District area most of the health facilities are concentrated in Kisumu Town. Health care personnel are considered highly trained and professional. But for most people in the rural areas, it is difficult to reach health care services, because they are centered in city area. HIV rates are high both in urban and rural areas and it has had a really big negative impact on socio-economical development in the area. HIV rate has been as high as 28 percent in the year 2001, which has been one of the highest in

the country. This also increases the workload in the health care system enormously. (National Coordinating agency for population and development 2005, 3, 6, 14.)

According to National Coordinating agency for population and development (2005, 14) the biggest issues in health care system in Kisumu includes

- Poor access to health care services
- High maternal morbidity and mortality
- Poor quality of health care services
- Low male involvement to reproductive health care services
- Harmful traditional and health practices

The means to solve these issues could be available by using the highly trained health care personnel in the area and a possibility to expand health care network up to dispensary level. Challenges were under staffing in some health care facilities and financial problems of implementing any improvements. (National Coordinating agency for population and development 2005, 14-15.)

4 HEALTH AND NURSING AS A CONCEPT

4.1 Health and health promotion

World Health Organization (1946) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This statement summarizes clearly the definition of health. A person is not healthy merely when he is not sick or feels weak. He must also feel that he is in good health and well to be completely healthy.

According to George (2010, 121) Orem supported the World Health Organization's model for health and acknowledged that when a person's feature chances physically and mentally, also his definition of health will chance. According to Pietilä (2010, 16) the chance of health definition is almost unavoidable, because almost everyone will get sick in some part of their life and eventually they will get older. Because of that it is best to try and reach the best available health which is attainable, and this way to reach good life which gives opportunity to live individually, socially and economically full life. By George (2010, 121) Orem has realized that the physical, mental and social aspects of health cannot, however, be separated from a person. Health as a concept is based and kept up by preventive health care. Health promotion, health maintenance and treating the disease or injury and prevention of complications are all parts of this preventive health care. In this thesis the Orem model for health care is recognized, it is more extensive and comprehensive than the original model of World Health Organization.

In Ottawa Charter World Health Organization (1986) also determines the prerequisites for health. The main resources for health are: peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice, and equity. These are the basic prerequisites for attaining health and which improvement promotes health. Coequally, these fragments form an element where health is based and from where health promotion can be built.

In Ottawa Charter World Health Organization (1986) defines health promotion as ”the process of enabling people to increase control over, and to improve, their health.” By promoting their health, people can promote their everyday life, physical capacities and strengthen their social and personal resources. Health promotion is a common concern, not just the responsibility of the public sector or individual issue.

According to World Health Organization (1986) everyone has the right to have and keep up good health and so it should be the goal for an individual, community and for government to build up conditions where good health can be attained and promoted. Health promotion is more than just health care. Health promotion shows in every single act we do and thus being aware of the consequences of decisions we do and accepting our responsibilities are first steps for health promotion. Pietilä (2010, 11-12) adds to this that the basis for health promotion is indeed the activity of the person, but the environmental health is also more and more important for promoting health.

In health care one crucial principle has always been the respect of human rights. Everyone is equal and has the same rights to be cared. Other main principle is respecting the human dignity. Respecting each other and their views along the side with self-determination is the key to attaining good ethical health care. Self-determination however, gives individual responsibility for their own life. Responsibility for the choices one makes should be kept in mind. Society has a responsibility to give information and possibilities for people so they can make good choices in their life. (Pietilä 2010, 18.)

One main ethical problem in health promotion is that health isn’t divided fairly in the world. Possibilities for attaining good health and health care differ greatly in different countries and inside population. Lifestyle has a big impact for health and education has a big role in it. Educated people have generally healthier lifestyle that uneducated people. Education affects knowledge, skills, values and living environment and together these enable a possibility for healthier life. (Pietilä 2010, 21.)

4.2 Nursing and nursing values

The role of nursing includes a public service element. The main principles of nursing have remained the same during time, but evolved and new parts have been added and new ideas have been included in it. The ideology of nursing started to develop by Florence Nightingale in the middle of the 19th century. The world has changed from that time and values differ

greatly from the Victorian values. However, the core of code of conduct remains. Her view was that nursing is an individual profession in the health care field and so it needs self-contained training. The mission was to develop the knowledge base in the nursing and development of training in nursing. (Hincliff et al. 2003, 33; Lauri & Elomaa 2007, 18; Tschudin 2003, 43.)

By George (2010, 25, 102-103) Henderson viewed nursing as helping patients to perform the needed activities they cannot perform by themselves. A patient is seen as a central figure in the nursing care, around which a nurse acts. Nursing is the combination of health promotion, curing and prevention of disease. The goal for nursing is helping an individual gain independence as soon as possible. This nursing theory is based on fourteen components of care, where the patient might need strength, knowledge of will to meet his needs. These components are practical and are practically based on basic needs and body's basic functions.

According to Reed and Crawford Shearer (2009, 645) Rogers has instead said about nursing that "The practice of nursing is not nursing. Rather, it is the use of nursing knowledge for human betterment." By this view nursing is both a verb and an abstract idea at the same time, depending on the approach to the subject. Most importantly, nursing cannot be defined easily; it is not a simple matter, but rather a multidimensional notion, from which everyone has their own opinion, about what it means and what it includes. For that reason the term nursing has almost as many definitions as there are definers. By these definitions, we can come up to the conclusion that in nursing, the focus should not be on the disease or sickness of the patient, rather we should focus our knowledge and skill on the person, for the betterment of the human. So the purpose should not be to treat only the disease, but rather the patients as whole.

Nursing values and main guidelines for good nursing practice can be presented in the code of conduct. Tschudin (2003, 71) has said that it is essential to publish the codes of practice in organizations for transparency and these codes are there for both public and personnel to use. Nursing and Midwifery council (NMC) in United Kingdom has The Code for good nursing and midwifery practice. The Code has four major categories which are expressed as domains and they are divided into many subcategories. These four major categories are:

1. Make the care of people your first concern, treating them as individuals and respecting their dignity.
2. Work with others to protect and promote the health and wellbeing of those in your care, their families and whom care about them, and the wider community.
3. Provide a high standard of practice and care at all times.
4. Be open and honest, act with integrity and uphold the reputation of your profession.

The Code presents moral and ethical guidelines that nurses must convey in their work. In these present values, you can see how they are basically

founded from views from Nightingale and how they reflect her ideas. Present values just are more detailed and intricate than they were in the beginning. (Hincliff et al. 2003, 37; Nursing and Midwifery Council 2008.)

5 PURPOSE OF THE STUDY AND STUDY QUESTIONS

The purpose of this thesis is to describe what kind of opinions Kenyan nurses have about health care and the future and challenges it has. With this thesis it is meant to attain knowledge of the views of health care, nursing and nursing values and health promotion.

The aim of this thesis is to produce knowledge for health care professionals who meet Kenyan patients in their work and for those health care students who are going to do their practical training in Kenya. The main study question evolved during making this thesis and it formed up as:

1. What kind of opinions Kenyan nurses have about health care in Kenya and the future and challenges of it?
2. What kind of opinions Kenyan nurses have about nursing in Kenya?

6 STUDY METHODS

6.1 Qualitative Research Method

Qualitative research is an inductive reasoning method and it views the subject from multiple perspectives. In qualitative research, the meaning is to give voice to the feelings and observe the interviewees in a comprehensive way during the interview. Practically qualitative research describes the subject in words and with abstract concepts. The goals of this method are to discover variation, portray the shades of meaning, and to examine complexity. In qualitative research results are reported in a narrative form. It has advantages compared with other research methods, when there is not a lot of earlier knowledge about the subject, or when the area of subject is sensitive or very complex. (Bowling 2006, 352; Lodico, Spaulding & Voegle 2006, 264, 277; Rubin & Rubin 2005, 202.)

According to Bowling (2006, 352) the strength of qualitative research is also that people can be studied in their natural environment. This allows the researcher to obtain more in-depth information. As a research method, the qualitative research method is least obtrusive research method when scrutinizing the influence of method on data.

6.2 Data Collection

Interviews are one of the research methods which can be used when doing Qualitative research. According to Hirsjärvi and Hurme (2010, 14, 35) in-

terviews are flexible and suitable in many situations when doing research. With interviews, it is possible to search sensitive or multilateral subjects, and they are also a good method when unknown or only a little searched subject is on hands. Theme interviewing is one of the interviewing methods. By Hirsjärvi and Hurme (2010, 47-48) theme interviewing is quite similar to unstructured methods, but it is still a semi-structured method. The theme of interviews is bounded, but it offers the freedom to express questions freely inside in the theme area. Typical for theme interviews is that the topic and the theme are the same for all interviews. By Bowling (2006, 379) advantages of this kind of method are that even complex issues can be addressed and answers can be clarified during interview. Disadvantages are that data collection and analyzing is time consuming and challenging. The interviewer's influence can also affect the interviewees' answers.

In this thesis theme interviews were used in data gathering. Theme interviews were chosen as a study method, because previous knowledge from the subject was not available. Theme interviews also made possible to attain in-depth information and enabled specifying questions during interviews. Prior to the interviews, the interview frame (Appendix 1) was made. The interview frame was made based on the study plan. At this point, the study plan consisted a small amount of background information about the subject. The study plan also talked about study question and the study method. The interview frame was made in co-operation with Professor Wilson Odeiro from Maseno University and PhD Päivi Homan-Helenius from Hämeen Ammattikorkeakoulu, HAMK University of Applied Sciences. According to Hirsjärvi and Hurme (2010, 66-67) Interview frame in theme interviews is directional. Main themes for interview are planned based on previous theoretical knowledge and from study question. Themes in the interview frame should be kept loose, so they enable wider and richer range for answers. The purpose of the interview frame is to function as a backbone in the interview situation. Interviews are done based on the interview frame and the interviewer can deepen and expand conversation during interviews as wide as the study interest requires.

By Hirsjärvi and Hurme (2010, 72) pretesting the frame is functional for testing how the interview frame works and if the themes are in discipline. It also shows strengths and weaknesses in question design and the average length of interviews. The interview frame should be tuned and finished based on the results of this test. In this study the interview frame was tested prior the actual interviews by one test interview. According to the observations and results of this test the interview frame was perfected. The test interview lasted 40 minutes and it showed a few frailties in the interview frame. The interview frame was adjusted based on the test interview. Figure 1 shows the construction process of the interview frame.

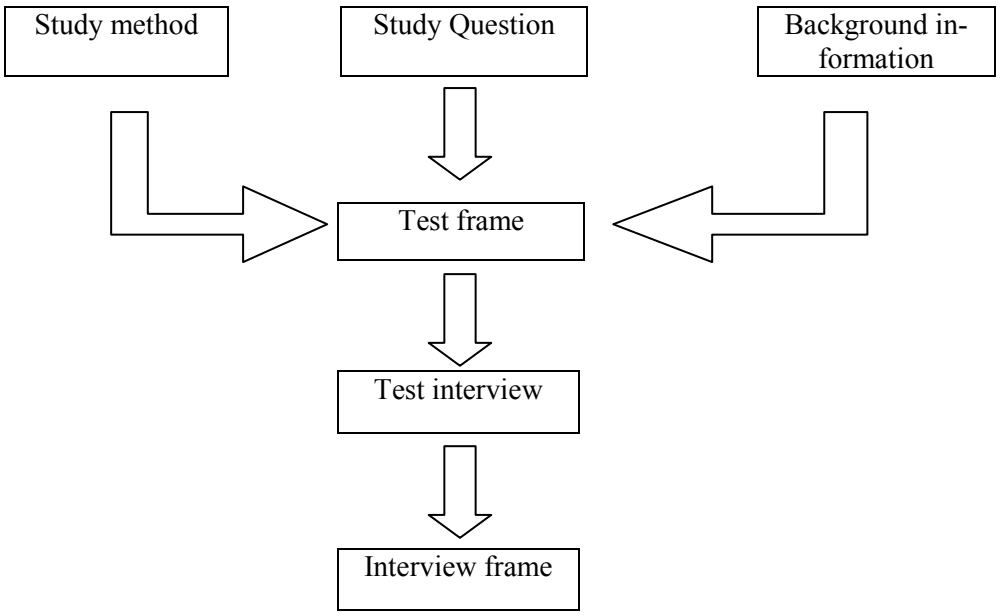

Figure 1. Construction process of the interview frame.

The actual interviews were carried out in New Nyanza Provincial General Hospital during a working day. There were always only two persons in the interview situation, the interviewer and the interviewee. The interviewees were found by using personal connections and contacts the author had in Kenya. The interviewees participated voluntarily to the interviews and the interviews lasted from 30 minutes to 35 minutes.

Prior the interviews the interviewees familiarized with informant consent (Appendix 2) and they signed it. They were also informed about the study questions of the study and the main headlines of the interview. The interviewees were also informed that in the interviews they could tell about the subjects with their own words and expressed matters how they saw them. The interviews were recorded by the permission of the interviewees. Recording the interviews eased the analyzing phase and allowed that the interviews can be listened to over and over again. This made the analyzing process more precise and allowed results to be more accurate.

6.3 Interviewees background information

In this thesis four female Kenyan Nurses were interviewed. They all worked in New Nyanza Provincial General Hospital. Nurses who work daily with patients have deeper insight into the health care system, nursing values, and health promotion and they know what kind of concerns the Kenyan health care currently faces. The average time that interviewees had been working as a nurse were 17 years, from 12 years to 27 years. One of the interviewees was an enrolled community nurse, the other three had a diploma in nursing. They all worked in different posts in the hospital and they all had broad working experience in different nursing posts. This is mainly because in Kenya nursing posts have rotation inside hospital and

thus nurses might have to change their working posts in every year or two. Interviews were done individually at the hospital.

6.4 Data Analyzing Method

Understanding the data analyzing is vital for creating successful study. Without that understanding, interpreting the data is impossible and thus also making conclusions from it. Because of that gaining good understanding how data analysis is done, is critical for success. For data analyzing, there is a lot of different ways to approach the subject. Some of them are more suitable for quantitative studies, some for qualitative and the most suitable method should be considered which will suit the study best. (Brewerton & Millward 2001, 143.)

According to Kyngäs & Vanhanen (1999, 5) two different kind of approach can be used in qualitative research. These are inductive and deductive analyze method. The main differences of these methods are that in the inductive method analysis is made from research material and in the deductive method from previously used method.

This thesis was analyzed by the inductive content analysis method. Inductive content analysis is traditional and the most used method for analyzing qualitative research. The purpose of this method is to summarize the content of the interview. In this way, the study subjects can be described by generalizing. With generalized questions data units, blocks of information and mind maps can be created. By this the deeper knowledge from study can be reached and meanings, results and content of the study can be examined. (Kankkunen & Vehviläinen-Julkunen 2009, 133-134; Rubin & Rubin 2005, 202-203.)

Before analyzing the interviews, recorded audio tapes had to be transcribed. This is a time consuming phase and the duration and accuracy is affected by the skill of the transcriber but also by the quality and complexity of the material. After transcription, the data is read and studied and then categorized and coded by the theme. Practically in this phase the themes that are relevant to study are highlighted in transcripts and then organized to themes. Cross-references for different themes are sought and they are combined to categories. These themes are coded up and down in the category tree at different levels and by that the general view will be reached. (Bowling 2006, 387-390.)

In this thesis, the transcribing of the audio tapes was done at the spring 2011. Data analyzing was time consuming, mainly because of the accent differences between the transcriber and interviewees. Eventually, 25 tightly written A4 pages were finished. After transcribing, the initial analyzing began. At first the transcribed texts were read and studied thorough. After familiarizing with data the first compatibles were noticed from text. In this phase raw data was divided into three different main categories according to the subjects they talked about, for easing the analyzing process. Inside these categories similarities from different interviews were looked and these similarities were gathered together as data blocks. These data

blocks were again gathered to bigger groups by combining them and compatible titles were created for them. These blocks were united together to get the bigger picture about subject. At the end, these three larger subjects were built up like a tree or mind map. On the next page figure 2 shows an example how the data was analyzed in practice in this study. The practical data analyzing began from this point. These three subjects were the main titles for study results and inside study results excerpts from this constructed data tree are presented in written form. These excerpts are coded by giving interviewees numeric values in sequential order (W1- W4) and presenting them at the end of each citation on study results.

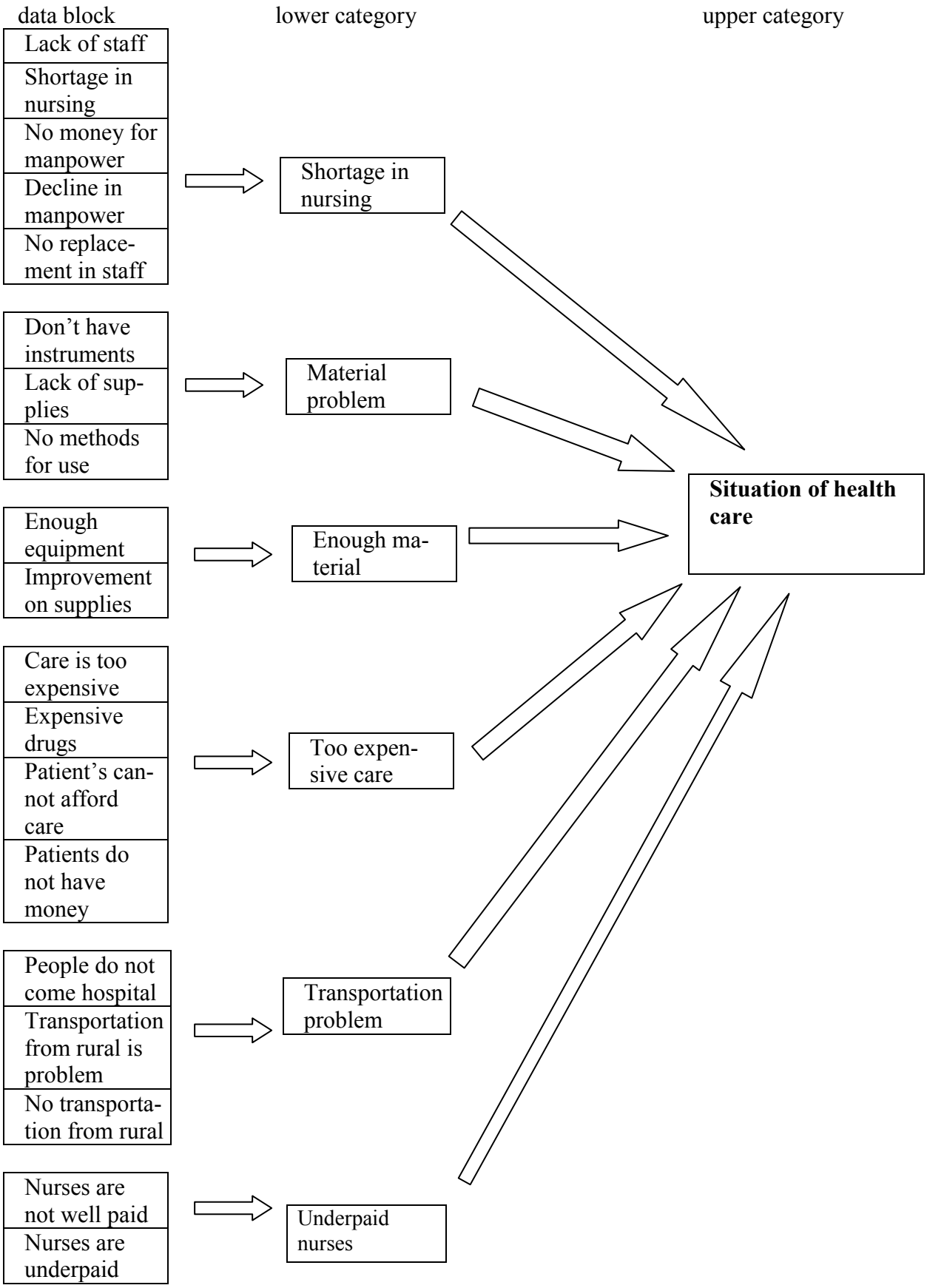

Figure 2. An example of the data analyzing tree.

7 STUDY RESULTS

7.1 Kenyan health care

The interviewees had similar thoughts about the situation in the Kenyan health care field. They talked about how health care had evolved and what kind of situation the health care was in currently in their opinion.

In the interviews, the interviewees spoke out several times about challenges in Kenyan health care. Their views were quite similar and dealt mostly about material and monetary problems. All the interviewees agreed that one of the major challenges in nursing were that there is not enough staff working in health care. The interviewees saw that the reason for the shortage of nurses was that not enough nurses were employed. They thought that there were nurses around, but for new graduates, it was hard to find a job. Interviewees described the situation as follows.

> "There is shortage in nursing, because I remember when I qualified, we could report in the morning in a ward even as eight nurses... so that we could deliver ourselves in to different room to do different procedures. But now somebody can even report as one person to do everything, one nurse against even sixty patients." (W2)

> "You can be working alone, because of duty, and shortage of nurses. There is you yourself, working the whole day, the whole week without off, and you know, you work under stress." (W1)

> "The biggest challenge is staffing. Like here we are understaffed cause you know... the government doesn't have enough money to pay workers." (W3)

> "Manpower has been decreased because, now days they don't employ on yearly basis, and some are retiring, going home, some are even dying... ...and they do not replace immediately. There is shortage of everywhere, shortage of nurses." (W4)

> "People (staff) are dying, there is no replacement, people are going to transfer, no replacement... but the nursing, the nursing is same. Long time, everybody who was graduating from a nursing institute was posted. It is not the case anymore." (W2)

Half of the interviewees also thought that there was a material shortage in hospital, the lack of supplies was so distinct in their opinion that it affected the quality of care. They thought that even some basic supplies were missing. The material shortage affects the quality of the care. It is harder to offer quality care when the tools and other supplies are not there to use and nurses have to try to apply.

> "And an other thing, what were used here in... You find that sometimes you don't have gloves, you don't have disinfectant and here you are... nursing the patients, who can also infect you." (W1)

> "Sometimes we can miss something... ...like when clients come ...they, maybe there is method(treatment) which they want and sometimes that method is not here." (W4)

Other half of the interviewees said that the situation had been improved from the past and there were more basic supplies available in health care.

> "Current situation, it has improved. Long time we did not even have clean gloves, we used to recycle gloves, these days we have plenty of gloves and then syringes we used to recycle, which is no longer the case." (W2)

> "We are come from far and this particular point we appreciate the government that it, we have been able to meet a few of our challenges, especially in the health care. We've really improved, in terms of supplies and drugs." (W3)

Interviewees also debated about the cost of health care in Kenya. Most of the interviewees thought that the high cost of health care had a negative effect on some of the poorer patients. They thought that some of the patients had a hard time to pay for their treatments or buy drugs they needed, and all of this affects the quality of the care. When the costs of treatments and drugs are too high, people cannot afford it and they do not get healed. One interviewee said that it also affected her as a nurse, because she could not give a patient quality care.

> "Sometimes a patient might not have money to buy. You see that also affects you as a nurse, because you want to give treatment that is not there to give, the medicine is not there, the patient has not bought." (W1)

> "The government has to reach a lot, a lot, a lot of things... and you know if we would not be so poor, so that people could go to the hospital and pay... and poor people could be able to pay insurances. So that when they are treated they could pay for that treatment... But now you see patients who come here and expect to get things free." (W2)

> "Drugs are expensive, poverty is there. So they (patients) can't afford the drugs even if you prescribe, so that one puts our care down again. And at least we can afford... the government can afford some, but some cannot just afford, cause like... majority of people are poor, they cannot afford." (W3)

Most of the interviewees also pointed out that patient's monetary problems did not concern only treatment and medicine. Even reaching the health care from rural areas was also a problem for poor patients. Paying both for the transport and for the care could be hard and sometimes the cost of transport could have been the reason why patients postponed coming to hospital. Also, one interviewee pointed out that partially this was because of ignorance. That some patients thought the money was best to use for something else than health care.

> "People do not come to the hospital, why? Because of the poverty around. Somebody sick, they just say that this problem of me is not something which is very serious and it is that the money he has for transport to the hospital, he or she is better buy something, or do something else instead coming to the hospital." (W1)

> "Firstly, economically rural is not stable; they do not have a lot of industry, so they do not have lot economy generating activities. So when you don't have money, you might not get the transport to go to the hospital." (W2)

> "The people from rural areas don't have transport to go to the services and... sometimes people are poor that they cannot afford transport and same time to pay for those (health care) services." (W4)

Half of the interviewees took a stance on nurse's salaries. They saw that nurses were not paid enough according to the challenges of the work. Low wages were seen to cause stress for nurses. When one has to wonder if the payment is sufficient for everyday living, it affects to have enough strength also for work. One of the nurses also said that working overtime was not paid at all.

> "The nurses are not well paid, when you see what they do and the pay they get. If you are not well paid and you work here the overtime, you know the overtime is not paid. And when you are not well paid, let's say you work under stress. You do not have time for home." (W1)

> "About salaries, we... I mean that we are underpaid... Ok it is improving now days, but they should really consider what a nurse does and contribution what we do." (W3)

7.2 The nursing in Kenya

Interviewees were unanimous that nurses had a significant role in Kenyan health care. The health care professionals who spend most time with patients were nurses. Nurses' daily routines also included many kinds of different tasks and it was seen that proficient nursing required a wide range of different skills and a lot of experience. For these reasons it was seen

that nurses had a lot of responsibilities. The interviewees talked about these things as follows.

> "Nurses really play a big role in Kenyan health care. Cause they are the ones who are left in the ward in charge with patients. The doctor come and does the prescription, then the doctor goes. It is you to give the drugs, to observe the patient to assist the condition of the patient. And also to look on the general cleanliness of your workplace. You also supervise whoever else is working with you." (W1)

> "The nurse in the hospital is the patients advocate number one. He's, she's the who will identify the patient and get to know what patient is suffering from. Then advice accordingly. ...at the same time nurse is concerned with these general nursing duties, dressing and... even counseling. Nurses do a lot of counseling." (W2)

> "Nurses have many roles in health care. We do services, we give birth services and we do counseling... we also do checkups and then we advice." (W4)

> "Now, in the nursing, we treat for all types of nursing, pediatric nursing, general nursing, cervical nursing, so you can work at any field" (W2)

> "Nurse is everything in the health care, everything. Cause you know nursing care is really big part of health care. And even in terms of prevention, like now we are really concentrating on the prevention. Part of it, you know there is education, patient education these days. There is so much to be done in terms of prevention, before they (patients) get in to the ward and we give them nursing care. There is so much that a nurse contribute to the health care." (W3)

Interviewees also saw that health care is teamwork and understanding the concept of the multi professional work was important when fulfilling their daily work. It was seen that for the majority of the time nurses worked with physicians.

> "I assist doctor, I prepare whatever he is supposed to use and I do it. I prepare the instruments and then he does procedure." (W2)

> "Health care is about teamwork. Cause a nurse can't do it alone, it's about doctor, it's about the nutritionist it is about all the... You know there is so many." (W3)

Working with the patients is a significant part in nursing. Counseling and teaching patients seemed to be an important part of nursing. Interviewees

saw that counseling the patient helped the patient to understand their situation and had positive effect on the healing process. Also respecting the patient and his personal views were seen important when encountering patients. One of the interviewees described the values of the counseling as follows.

> "Counseling should just be mandatory fact to what present for patient if possible. Counseling is very important. When I counsel patients, I get to know which kind spiritually believe they have and I just encourage that, I don't impose my own. For example somebody is in the Islam community, you encourage according to that. If somebody is Christian, that's what you do. You don't enforce patients, you just give mention alternatives." (W2)

> "When counseling a client, you have to do your ways in like a professional, you know. You have to, to deal with the patient as an individual. Not to unrespect what that patient believes in." (W3)

> "We do a lot of health education, especially in the morning; we give it at there, before we start work. Then as the clients come, in your place, like if I get client here, I can also inform them... There just is a little time to talk to them, at least, because you can't give an effort without talking about. But sometimes there are many clients so we do not have enough time, to talk to them." (W4)

One of the interviewees also pointed out that when nursing the patient, it is important to talk with him and find out what is bothering the patient, so the patient could be helped properly.

> "You should nurse the patient according to the patients' immediate need, so that managing patient will be strict. So that when you get a patient, you take proper history, then you get what is really bothering that patient. Then you assign the patient according to priority" (W2)

Some of the interviewees saw that because of the shortage of nurses, there was not so much time for patients as they would like to have and they think that it had negative effect on the quality of the nursing care. Lack of time when nursing patients seemed to cause frustration and disappointment among interviewees.

> "Even here in the hospital, you do not have the time to talk to patients. And it is just because of the shortage of the staff. Because in the morning, if you have to come to the ward or to the clinic and start with the health talk. You cannot do that because

> you are one person. You know, you don't do your nursing care well, because now you are competing with time." (W1)
>
> "You would like to give the best, but at time's you can't cause of equipment, you don't have equipment. You would like to give your best shot, but like, you don't have manpower. I would like to do nursing care, I would like to do best for all of them, but I can't. So I end up dividing that and they get very little." (W3)

The interviewees saw that a major part for attaining quality nursing care was good education. Most of the interviewees thought that education and attaining new skills should be an ongoing lasting learning process during the whole working career. New skills could be attained by studying and by evaluating one's own work and learning by that. One interviewee described how she personally self-evaluated her work.

> "After work, you assess how much you have done, and the challenges which maybe you had that day, you can evaluate and you find maybe where the problem is." (W4)
>
> "We've come from far and we have really improved. Cause for one, we started training certificate nursing. Yeah, we went to a diploma. Right now, we have so many nurses trained in degree level. So you see, the more you go, the better the management, you see. So nursing is really growing and the quality again is improved, case there is so much now that we've learned as we go for stages." (W3)

7.3 Traditional medicine in health care

Traditional medicine is part of the past, which is still existing and has impact on the believes and life of the Kenyans. Traditional medicine is not a subject which is widely spoken about, the practice and practicers of traditional medicine are quite mysterious and secretive. None of the interviewees believed in traditional medicine, but they were unanimous that some of the patients believe in it. A shared opinion was that the use and practice of traditional medicine was more common in rural areas, than in urban areas. One interviewee even compared traditional medicine with sorcery.

> "They use traditional medicine, now its witchcraft, they go together. That I was bewitched, so that's why one has to use traditional medicine, because when you are bewitched, they believe that no drug can treat it. They really believe it works. That one is there, that one is really there..." (W1)
>
> "It is more common in rural. When it comes, it is very common, but… a few people, they believe in it." (W3)

> "Some people do (traditional medicine), but in our place here, I have never heard traditional medicine which can work..." (W4)

> "Some people use traditional medicine. I personally, I don't believe in traditional medicine. But you find here, especially in this community people really believe in traditional medicine. I wouldn't advice them to go there. Tho they do, but by the end of the day, they always come to the hospital, when the situation is getting worse." (W3)

It was unknown for most of the interviewees, what was used in traditional medicine. Patients didn't feel like talking about it when they came to hospital, so only minor information was told about it.

> "They give them some compounds. They wouldn't tell you if you'd ask them, what they are taking, they just say, some compounds, you know." (W3)

> "They still go (traditional medicine), sometimes they just don't tell you, because they fear, telling you. But you just know, this patient was using traditional drug." (W1)

All of the interviewees saw that in the long run the use of traditional medicine caused more harm than help and that in some cases and diseases the chance to traditional medicine from conventional medicine could even be fatal. One interviewee told an example of how traditional medicine can be harmful for a patient who has been diagnosed with diabetes.

> "You see these people; they come like to clinic and hospital. I was diabetic I went off conventional medicine, I went traditional medicine, but it didn't work, cause they come with high sugars. You ask them, when was a last time you took your drugs? I've been off to field one year. Excuse me, what have you been nursing? I went to traditional medicine, but it did not work, cause they come with high sugars. So that time this patient is coming to you, he has renal failure, he's like, he has lost his sight. So when everything almost getting damaged is when they realize, ooh... they come to hospital, when it is too late." (W3)

8 DISCUSSION

8.1 Conclusions

The purpose of the present thesis was to study how Kenyan nurses experience health care and nursing in Kenya. According to the study results, the main challenge is poverty. Poverty is everywhere and it affects everything. It is difficult to attain good health care, when the government's lack

of funds is obvious and when patients cannot afford health care services, or even transportation to those services. Low funding was also reflecting the ability to hire health care personnel, so the number of staff working in health care was decreasing. Less manpower means more workload for the remaining staff. There are more patients per nurse, so there is less time for nursing care and counseling per patient. This affects the quality of the care in a negative way. These subjects corresponded to the ones of National Coordinating agency for population and development (2005, 14), which listed as two out of five the biggest health care issues in Kisumu as poor access to health care services and poor quality of health care services.

The constant rush and the increasing workload also made the interviewees think that they could not offer as good care for patients as they would like to. The crushing workload was also exhausting nurses. Interviewees also thought that nurse's salary was not good enough according to the workload and hardness of work. Working overtime was not rewarded or paid. Still, there was debate whether the lack of funding was affecting the supplies and basic materials. Half of the interviewees saw that there was not enough basic material to fulfill everyday needs, but the other half had an opinion that basic material need was good enough to fulfill daily usage. So no conclusions can really be made in the debate about the material shortage, it can be only debated that maybe the material shortage is situational and can be dependable of the post where the interviewer worked. But for the major part, lack of funding and poverty was lowering the quality of health care.

The interviewees thought that nursing was an important part of health care. Nurses were the health care professionals, who were closest to the patient and had major impact on patients' daily schedule. Interviewees also experienced like Pietilä (2010, 18) that patients are equal and respecting each other and their views are an important part of nursing. The impact nurses brought to the patients' wellbeing via counseling were seen as major. The interviewees also felt, that there had been development in the nurse training during years. Interviewees saw, that nurse training has been improved and thus the professionalism and quality of nursing was improved.

It can be clearly seen that monetary problems are the major problems Kenyan health care is facing. Also health care doesn't seem to reach all of the population equally. In urban areas health care is more easily accessible than in rural areas. In rural areas, problems are transportation to health care services and the cost of the transportation. Maybe that is why the traditional medicine has more popularity in rural areas. It is locally accessible and in most of the time the practitioner is someone a patient is familiar with. Whereas a hospital is far, it takes a long time to travel there, traveling can be expensive and there one does not know the person who is taking care of him, neither does one know the total sum the cure will cost.

When speaking about traditional medicine and comparing the study results with the background information some similarities arose. As Bodeker and Burford (2007, 8, 14) have said, traditional medicine is not a subject that

patients feel to talk about to health care personnel. Also, it has seemed to be more than a rarely practiced thing. Also, traditional medicine was seen more harmful than helpful, which concurs with the view of National Coordinating agency for population and development (2005, 14). The interviewees thought that the use of traditional medicine affected so that patients did not come to hospital early. Some patients go first for traditional medicine and when it does not work, then they come to hospital. This is delaying the time when care and treatment can begin and often it makes it harder. Nevertheless, it is hard to take a stand on how effective traditional medicine really is. How and what is used in traditional medicine remains unknown based on the results of this thesis, also it is likely that nurses usually see more of the failed cases in their work. However, it can be seen that traditional medicine is not as effective as conventional medicine in all cases, and in this light, it can't be recommended for patients.

8.2 Epilogue

During the process of the present thesis I have found out that searching for the knowledge is challenging. It isn't enough that you find the knowledge, but you also need to evaluate it analytically. Knowledge should also be seen through critical lenses, because knowledge is never neutral or optimal, it is dependent on the context.

When looking at the past and recalling the whole process of this thesis the feeling is quite wistful. It has been an interesting time while making this study and preparing all this material when a completed study has been the aim. This process has taught me much about myself, and about Kenyans and Kenyan health care. Nowadays I see many things from a different point of view, from different perspective while looking the world over. Especially when speaking about health care, I see many matters differently, when I have had the possibility to compare personally how things are made out in Kenya to how they are done in Finland.

I have to admit that the hardest part during the thesis was when I realized that if I would make this again from the beginning, I could make some things differently, which would have an impact on this study. This concerns mainly the part of interviewing. During that time, I did not have all the knowledge I have now and in this light I would like to ask some questions that did rise for me in the analyzing phase of this work. However, this is just part of the learning process, understanding how things can be made differently and taking advice from it, so that knowledge can be utilized in future.

8.3 Evaluation of reliability and validity

When evaluating the reliability of qualitative study, different researchers have presented many kinds of different recommendations for evaluation. Bowling (2006, 138) highlights the concept of rigour when evaluating the reliability and validity of data. Rigour is an important factor in all phases of study, from gathering the literature to data gathering and analyzing. It

minimizes the effects of bias and eases to focus to significant matters while making the study. According to Kankkunen and Vehviläinen-Julkunen (2009, 159-160) the conjunctive factor for most of the recommendations are that evaluation of credibility and transferability are important for successful study.

Credibility should be transparent and clear, so the reader can understand the process how data were collected and how the analyze of data were done. This gives the reader a way to examine the analyzing process and scrutinize the validity of the results. For obtaining this, the analyzing process has to be described as clear as possible. (Kankkunen & Vehviläinen-Julkunen 2009, 160; Rubin & Rubin 2005, 76.)

Transferability means that the results should be able to be transfered from context to similar type of situations. This can be difficult to achieve, because in qualitative research the amount of subjects are usually rather small. Thus in many cases the results can be quite unique, which on the other hand, usually is also the purpose. However, achieving transferability in some level is good to have. It shows that study also has external relevance and this way more extensive usefulness. (Holloway & Wheeler 2002, 252-253, 255.)

In this thesis participating to the interview was voluntary. The data collected for this thesis was confidential in the whole process of the study. During the interviews, the interviewees could stop the interviews or choose not to answer any question if they wished so. Qualitative research often treats intrusive subjects, and thus protecting the interviewee's identities is important. Thus the data collection and the data analysis were done anonymously and interviewees´ names were not used in the final report. In some occasions some words and phrases interviewees used in interviews were changed while compiling study results for protecting the identity of the interviewees. However, this was made in a way that the idea of the quotation was not changed. (Hirsjärvi & Hurme 2010, 19-20; Holloway & Wheeler 2002, 61.)

In this thesis, the whole study process has been presented as transparent and rigor as possible. This was made by describing the methods and the process as clear as possible as they have been and in that order they have occurred. The process of the present study was opened and described by writing and visualizing it as well as possible. When examining the reliability of this thesis, the language used in this thesis has to be taken into account. Firstly, using some other language than one's first language when doing interviews is always challenging. Secondly, the accents differed from one another and the dialects were partially different because of the different cultural background of the interviewer and interviewees. These things combined made the interviews challenging in some parts, mainly by getting the meaning of sentences or words when the spelling was odd or unknown phrases, or words were used. These things were tried to surpass by using specifying questions. Nonetheless, it has to be mentioned that in this situation the language had minor impact on interviews, mainly because it is harder to lead an interview situation forward and understand the

inner meanings of interviewees on the spot, when the time in the interview situation is limited.

Another challenge during the interviews was the place of the interviews. The interviews were done inside the hospital, during the day when the activity and population were at the highest point in the hospital. This caused in some occasions disruptions during interviews. This possibility for distractions was known beforehand and for precautions the room where the interviews were done was chosen bearing this thing in mind. The reason that the interviews were done inside the hospital during the workday was because it was the best suitable place and time for both interviewees and the interviewer.

The effect of culture was also challenge when making the present study. Papadopoulos (2006, 87) claims that when doing research among people from a different cultural background than the researcher, it is important to be aware of the cultural values and obtain understanding within it. This also includes being culturally self-aware, because it is the main prerequisite to understand other cultures and values. Because knowledge is never neutral, it is always reflected from the values of the writer and his views. Because of that knowledge and information can always be challenged. This makes researching challenging. Because of that fact, the researcher should be clear about the views and values he has and disclose them in the research process. In this thesis, the questions were presented intentionally as neutral and expressionless as it was possible. This was done for preventing interviewer's values and views to reflect on the interviewees' answers. By this it was more likely to attain more qualitative answers.

8.4 Suggestions for further studies

For the future use, this study opens several different interesting paths. One interesting way would be studying more the traditional medicine. Traditional medicine appears to have an impact on patients and health care, yet it is a subject which is not studied widely. How traditional medicine is used and what is used in traditional medicine remains quite unknown and the knowledge remains in the hands of the practitioners of traditional medicine. Also in this study a lot of frailties were found in Kenyan health care. It is good to know those, but trying to find a way to surpass them would be even better. This is the second direction in which way to head based on the results of the present study.

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Appendix 1

Theme interview frame

Background:

1. Title
2. Number of years at work
3. Present place/department of work
4. Job description/type of work

Health care in general:

1. Current situation?
2. Biggest progress in recent past?
3. Challenges in future?
4. Health care in urban areas?
5. Health care in rural areas?

Concept of nursing

1. What roles do nurses play in health care?
2. How are these roles performed in this hospital?
3. What are the challenges?

Nursing values

1. What are the values of nursing?
2. How will these values come true?

Expectations

1. What is the ultimate goal of nursing care?
2. How is this goal achieved?
3. Personally, as a nurse, what are your expectations?
4. What are the challenges in meeting these expectations?

How important role does the religion play in health care, nursing and health promotion in these days?

How important role does the culture play in health care, nursing and health promotion in these days?

What kind of role does the traditional medicine play in health care, nursing and health promotion in these days?

Is there anything else you would like to tell me about this subject?

Thank you very much for participating in this study!

Appendix 2

Informed Consent

My name is Pekka Komulainen and I am studying nursing at HAMK University of Applied Sciences in Finland. This study will be my bachelor thesis. The main purpose of this study is to describe the health conceptions and expectations among Kenyan nurses.

This study uses qualitative research methods. The data will be collected with theme interviews which will be recorded in the permission of the interviewees. Interviewees are meant to be the nurses. Participating in this study will be voluntary and anonymous and all information regarded to interviewees` personality is confidential. During the interviews interviewees can stop the interviews or be not to answering any question if they wish so.

This study will be made in the authorization of HAMK University of Applied Scienses, Maseno University and New Nyanza Provincial General Hospital.

Thank you very much!

Date: _____

Signature: _____

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