GHANA JOURNAL OF NURSING AND MIDWIFERY

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GHANA COLLEGE OF NURSES AND MIDWIVES

10th Annual General Meeting & Scientific Conference 2025

BOOK OF ABSTRACTS

Conference Proceedings

"Enhancing Specialist Nursing and Midwifery Practice:
A Call for Investment, Collaboration and Innovation"

Published by the

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Edited by

Perpetual Ofori-Ampofo · George Benneh Mensah · Alfred Addy · Anthony Sopaal

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Editors: Mrs. Perpetual Ofori-Ampofo (Editor-in-Chief, GJNMID); George Benneh Mensah (Managing Editor, GJNMID); Alfred Addy (Editorial Lead, GJNMID); Anthony Sopaal (GRNMA Management Representative).

Authorship & Attribution: The individual abstracts remain the intellectual work of their named authors, who are duly acknowledged throughout this volume. The Editorial & Bibliometric Analysis of the Proceedings and the Cross-Abstract Synthesis: A Reconstructed Evidence Framework, together with the compilation, screening, and editorial preparation of this volume as a whole, are the original work of the Editorial Team named above and should be attributed to them, not to the abstract authors.

Message from the Rector, GCNM

GHANA COLLEGE OF NURSES AND MIDWIVES

On behalf of the Ghana College of Nurses and Midwives (GCNM), it is my profound honour to introduce this Proceedings volume, compiled from the 10th Annual General Meeting and Scientific Conference held under the theme "Enhancing Specialist Nursing and Midwifery Practice: A Call for Investment, Collaboration and Innovation."

This year's conference reaffirmed the College's decade-long commitment to advancing specialist education, continuous professional development, and evidence-based practice among Ghana's nurses and midwives. The abstracts gathered in this volume represent the intellectual output of clinicians, researchers, and academics working across district hospitals, teaching hospitals, and universities — each contributing rigorous, practice-relevant evidence to the growing body of Ghanaian and African nursing and midwifery scholarship.

I commend the Editorial Team of the Ghana Journal of Nursing and Midwifery for their diligence in screening, reviewing, and preparing this volume to international publishing standards, and I congratulate every author whose work appears here. It is my hope that this Proceedings will serve not only as a permanent scholarly record of our 10th Annual General Meeting, but as a catalyst for continued research, collaboration, and investment in specialist nursing and midwifery practice across Ghana and the wider African region.

Dr. Gloria Achempim-Ansong

Rector, Ghana College of Nurses and Midwives (GCNM)

Message from the GCNM President

GHANA COLLEGE OF NURSES AND MIDWIVES

The Ghana College of Nurses and Midwives (GCNM), a specialist college for the advancement of nursing and midwifery expertise and scholarship held its 10th Annual General Meeting and 5th Scientific Conference under the theme "Enhancing Specialist Nursing and Midwifery Practice: A Call for Investment, Collaboration and Innovation." Addressing global health goals and the national health sector goals requires intentional investment in human and material resources; using innovative approaches, technology and collaborating with multidisciplinary stakeholders to expand specialist training and delivery of specialized care. The evidence-based and knowledge-driven oral and poster presentations at the conference on the sub-themes generated insightful abstracts that are the focus of this publication of the Ghana Journal of Nursing and Midwifery (GJNMID). The abstracts advance knowledge and address priority areas like maternal and childhealth, emergency care, non-communicable diseases including cancers.

The collaboration between the Ghana College of Nurses and Midwives; and the Ghana Registered Nurses and Midwives Association, the organisation that owns the Ghana Journal of Nursing and Midwifery in publishing the abstracts is evidence of the actualisation of the theme for the conference. This contributes immensely in making scientific knowledge accessible to health professionals within the wider readership of the journal and offers opportunities for interested professionals to engage with authors for collaboration to advance scholarship and expand access to expert care.

On behalf of the Ghana College of Nurses and Midwives, I extend appreciation to the Editor-in-Chief and the editorial team of the journal for publishing this book of abstracts from the scientific conference. Additionally, I thank the Governing Council of the College, under whose guidance this collaboration has been made possible.

Prof. (Mrs) Victoria Bam
President, GCNM

Editor-in-Chief's Foreword

GHANA JOURNAL OF NURSING AND MIDWIFERY

It is with great pleasure that the Ghana Journal of Nursing and Midwifery (GJNMID) presents this Book of Abstracts, compiling twenty-six conference abstracts arising from the Ghana College of Nurses and Midwives 10th Annual General Meeting and Scientific Conference 2025. The corresponding full-length papers were presented orally or as posters at the conference itself.

Each paper in this volume passed through editorial screening — including similarity assessment and duplicate-publication verification against major international databases — before being cleared for inclusion. The result is a collection that spans oncology nursing, maternal and neonatal care, mental health, health systems research, occupational safety, and nursing education, reflecting the breadth and depth of specialist practice now taking root across Ghana.

On behalf of the Editorial Team, I extend sincere gratitude to the GCNM Governing Council, the conference organising committee, our peer screeners, and above all, the authors whose scholarship fills these pages. It is our shared conviction that publications such as this move nursing and midwifery knowledge from the conference hall into the permanent, citable scientific record — in service of better patient outcomes across Ghana and Africa.

Mrs. Perpetual Ofori-Ampofo
Editor-in-Chief, Ghana Journal of Nursing and Midwifery (GJNMID)

Editorial Team & Conference Overview

GJNMID Editorial Team

Conference Overview

Host: Ghana College of Nurses and Midwives (GCNM)

Event: 10th Annual General Meeting & Scientific Conference 2025

Theme: "Enhancing Specialist Nursing and Midwifery Practice: A Call for Investment, Collaboration and Innovation"

Venue: Pentecost Convention Centre, Gomoa Fetteh, Ghana

Total Abstracts Submitted: 34

Abstracts Qualified for this Book of Abstracts: 26

Abstracts Not Qualifying (Rejected at Editorial Screening): 8

Sub-themes

- Evidence-based Practice, Research and Policy
- Investing in Nursing and Midwifery Specialisation
- Nurse/Midwife-led Models of Care
- Interprofessional Collaboration and Education

Table of Contents

List of Figures

All figures in this volume were prepared programmatically by the GJNMID Editorial Team from the 26 qualified abstracts as submitted. Figures 1–5 accompany the Editorial & Bibliometric Analysis; Figures 6–8 accompany the Cross-Abstract Synthesis.

Editorial & Bibliometric Analysis of the Proceedings

Prepared by the GJNMID Editorial Team: Perpetual Ofori-Ampofo, George Benneh Mensah, Alfred Addy, and Anthony Sopaal. This analysis is the work of the Editorial Team; the abstract authors are acknowledged for their individual abstracts only.

This section presents a comprehensive editorial and bibliometric analysis of the abstracts comprising this Book of Abstracts, preceding the full abstract entries as recommended international proceedings practice. It summarises how the 26 qualified abstracts emerged from the GCNM 10th AGM & Scientific Conference 2025 review process, their thematic and methodological distribution, and their collective contribution to nursing and midwifery knowledge in Ghana and across Africa.

1. From Conference to Proceedings: The Editorial Funnel

Of the 34 abstracts originally submitted to the GCNM 10th AGM & Scientific Conference 2025 and screened by the GJNMID Editorial Team, 8 did not qualify for publication and were rejected: 3 were rejected at Stage One following confirmed duplicate-publication findings or insufficient methodological rigour, and a further 5, initially returned to authors under conditional-accept status, did not satisfy the required disclosures or revisions within the stipulated editorial window and were accordingly rejected at the close of Stage Two. The 26 abstracts presented in this volume therefore represent the complete and final set that cleared editorial screening and were judged ready for formal publication. A full statistical breakdown of this editorial funnel is shown in Figure 1.

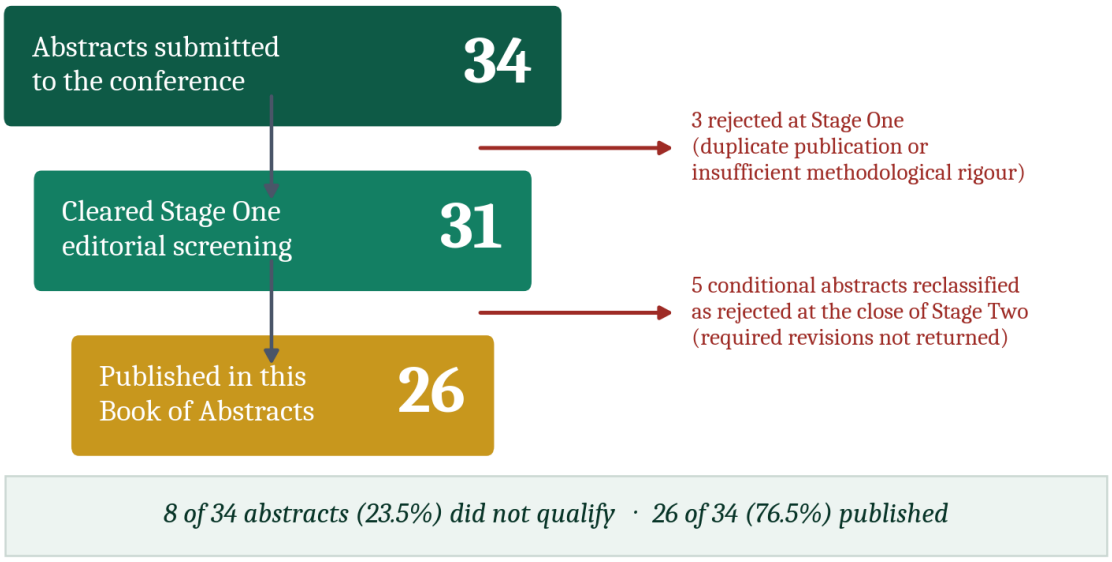

Figure 1. Editorial funnel from submission to qualified publication — GCNM 10th AGM & Scientific Conference 2025.

In line with publication-ethics practice, the eight rejected abstracts are reported here in aggregate only; individual editorial decisions, including the two confirmed duplicate publications verified against resolved DOIs, are documented in the GJNMID Final Abstract Review Report, which remains on file with the Editorial Team and the GCNM Editorial Board.

2. Thematic Distribution

The 26 qualified abstracts span all four conference sub-themes, with the largest concentration (50%) addressing Evidence-based Practice, Research and Policy — reflecting a strong empirical orientation among Ghanaian nurse-researchers. Abstracts relating to Investing in Nursing and Midwifery Specialisation form the second-largest cluster, echoing the conference's central call for specialist-level

investment. Thirteen abstracts address Evidence-based Practice, Research and Policy; seven address Investing in Nursing and Midwifery Specialisation; four address Nurse/Midwife-led Models of Care; and two address Interprofessional Collaboration and Education (Figure 2).

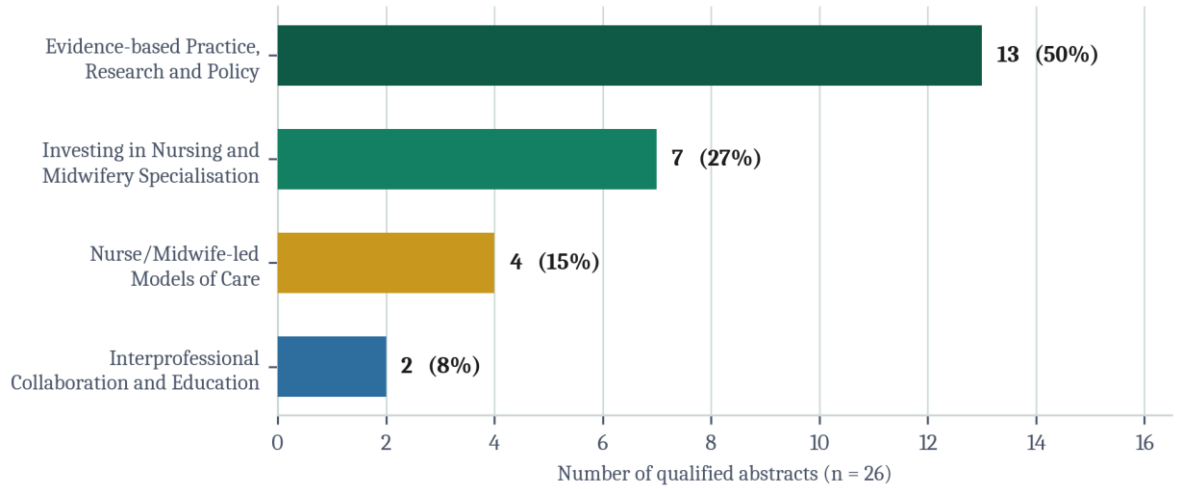

Figure 2. Distribution of qualified abstracts by conference sub-theme.

3. Methodological Landscape

Qualitative designs — including phenomenological, ethnographic, and thematic-analytic approaches — dominate the volume (14 abstracts, 54%), reflecting the profession's growing interest in lived experience and practice-context research. Quantitative cross-sectional studies form just over a third of the volume (9 abstracts, 35%), with two systematic/scoping reviews and one mixed-methods intervention study rounding out the collection (Figure 3).

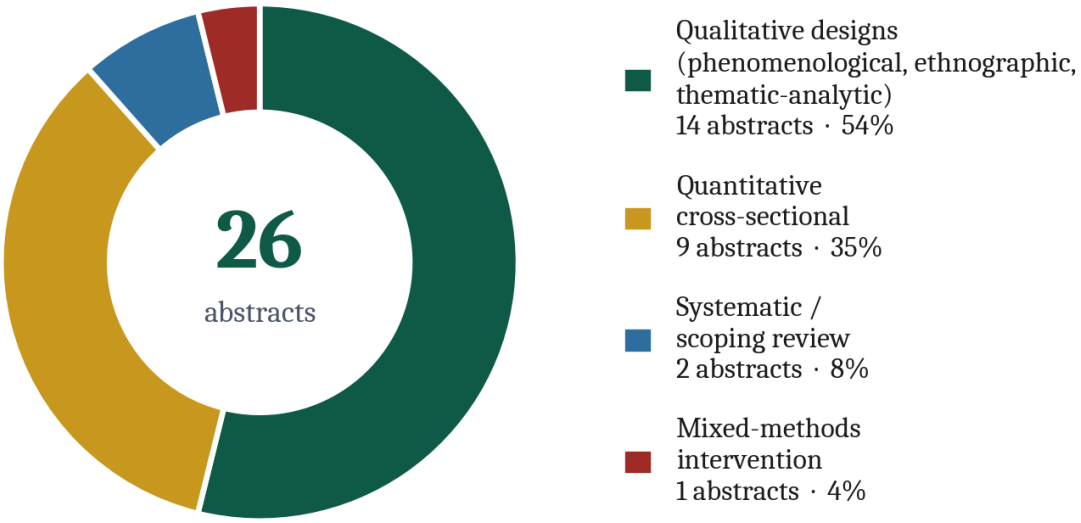

Figure 3. Research-design distribution across the 26 qualified abstracts.

4. Presentation Mode

Eighteen abstracts (69%) were delivered as oral presentations at the conference, with the remaining eight (31%) presented as posters — both formats retained equal footing in this Proceedings, consistent

with international proceedings convention that publication status is independent of presentation mode (Figure 4).

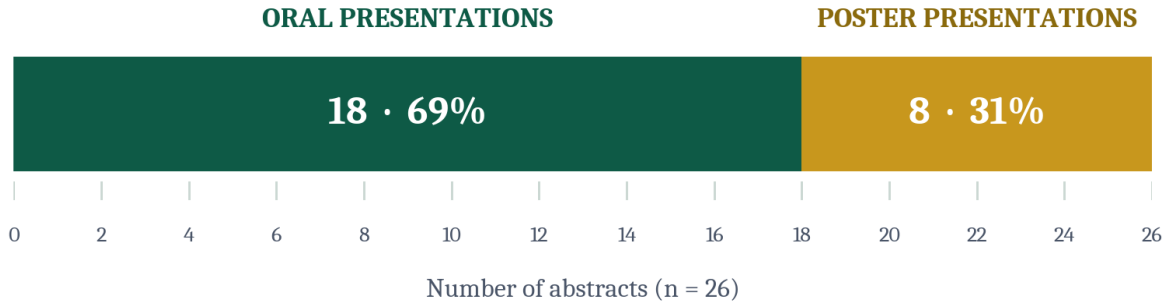

Figure 4. Split between oral and poster presentation formats.

5. Institutional and Geographic Contribution

Contributing authors are drawn from a wide cross-section of Ghana's health training and service institutions — the University of Ghana and Kwame Nkrumah University of Science and Technology anchor the academic contribution, complemented by district, municipal, and regional hospitals delivering frontline practice-based evidence, teaching hospitals, the Ghana Health Service, and the Ghana College of Nurses and Midwives itself. Five abstracts include international co-authorship (Yale University, Nelson Mandela University, University of Ibadan, and other partners), reflecting the increasingly global reach of Ghanaian nursing and midwifery scholarship (Figure 5).

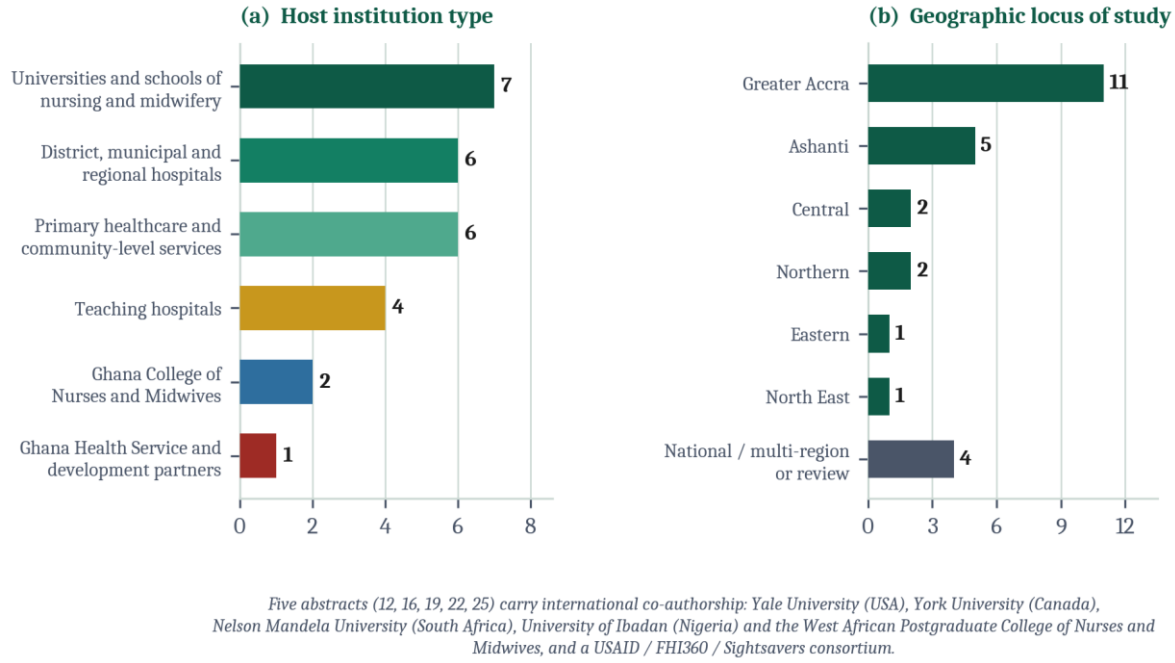

Figure 5. Institutional and geographic spread of contributing abstracts.

6. Contribution to Nursing and Midwifery Knowledge in Ghana and Africa

Collectively, this volume advances the evidence base for specialist nursing and midwifery practice across several priority domains for Ghana and the wider African region:

- Oncology and haematology nursing — addressing knowledge gaps in oncological emergency recognition and the unmet psychosocial expectations of patients with haematologic malignancies.

- Maternal, neonatal and child health — spanning midwife-led continuity of care, postpartum sexual health, lactation counselling models, and neonatal nesting-aid positioning, directly supporting WHO and Africa CDC maternal and newborn health priorities.
- Health workforce safety and wellbeing — documenting musculoskeletal disorder prevalence, occupational blood/body-fluid exposure, and operating-theatre nurse stress and coping, evidence directly relevant to health workforce retention amid ongoing migration pressures.
- Health systems and emergency preparedness — exposing critical equipment and training gaps in rural primary healthcare emergency response and hospital-level disaster preparedness.
- Health equity and vulnerable populations — covering disability-inclusive maternal health promotion, adolescent sexual and reproductive health access, and the financial and psychosocial burden on family caregivers.
- Nursing education and interprofessional collaboration — evaluating community-based practicum models and child-centred perspectives on interprofessional acute care.

Taken together, these abstracts extend beyond a conference record: they constitute a citable, DOI-indexed contribution to the African nursing and midwifery literature, directly supporting the GCNM's mandate to advance specialist education, evidence-based policy formulation, and improved health outcomes across Ghana and the continent.

Cross-Abstract Synthesis: A Reconstructed Evidence Framework

Prepared by the GJNMID Editorial Team: Perpetual Ofori-Ampofo, George Benneh Mensah, Alfred Addy, and Anthony Sopaal. This synthesis is the work of the Editorial Team; the abstract authors are acknowledged for their individual abstracts only.

The preceding editorial and bibliometric analysis describes the volume in aggregate — how many abstracts fall under each sub-theme, design, presentation mode, and institution. Useful as that is, it treats the 26 abstracts as independent items sorted into bins and says nothing about how they relate to one another. This section supplies the missing relational layer. It reconstructs, from the abstracts exactly as submitted, the connective architecture that binds them — the clinical continuities, shared systemic concerns, methodological convergences, and collaboration networks that make this volume a coherent body of evidence rather than a catalogue of twenty-six separate studies. Crucially, the framework presented here is not superimposed on the abstracts; it is derived from them by an explicit and reproducible procedure, described first so that every claim that follows can be audited against the abstract entries in this volume.

1. Reconstructing the Framework: Method and Transparency

The unit of analysis is the set of 26 abstracts that cleared Stage One editorial screening, taken as submitted. From each abstract, the Editorial Team coded eight descriptors drawn directly from its text: (i) primary clinical or practice domain; (ii) target population or beneficiary; (iii) care setting and level; (iv) geographic locale; (v) study-design family; (vi) analytic approach; (vii) theoretical or conceptual framework, where one was declared; and (viii) the author-supplied keywords. Two abstracts were then treated as linked wherever they shared one or more descriptors, a comparison applied across all 325 possible abstract pairs.

Four kinds of structure emerge from these shared descriptors, and only these four are reported below. Clinical constellations are groups bound by a shared primary clinical domain. Cross-cutting threads are links formed where abstracts assigned to different conference sub-themes nonetheless share a secondary descriptor — a common population, barrier, or setting characteristic. Methodological and theoretical convergences are formed where independent teams adopted the same analytic approach or conceptual framework. Collaboration networks are formed by shared authorship or institution. No grouping beyond the four original conference sub-themes was imposed in advance; the constellations, threads, and convergences reported here surfaced from the coded descriptors and can be reproduced by any reader from the abstract texts. Figure 6 sets out this reconstruction pipeline in full, and every membership statement below names the abstracts involved and the descriptor they share, so that the reader can verify it directly.

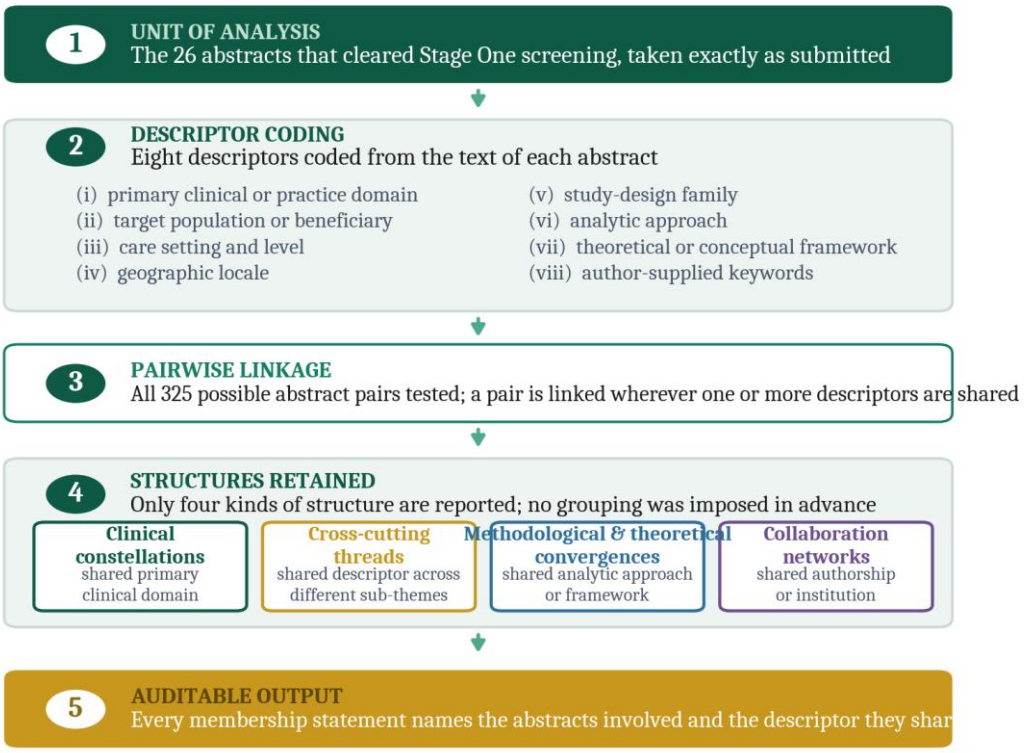

Figure 6. Provenance of the reconstructed framework — how the 26 abstracts as submitted were coded on eight descriptors and linked to yield constellations, threads, convergences, and networks. Every linkage in the Cross-Abstract Synthesis is auditable against the abstract entries.

2. Clinical Constellations

Read by primary clinical domain, the volume resolves into a small number of dense constellations, visualised as the coloured node groups in Figure 7 below.

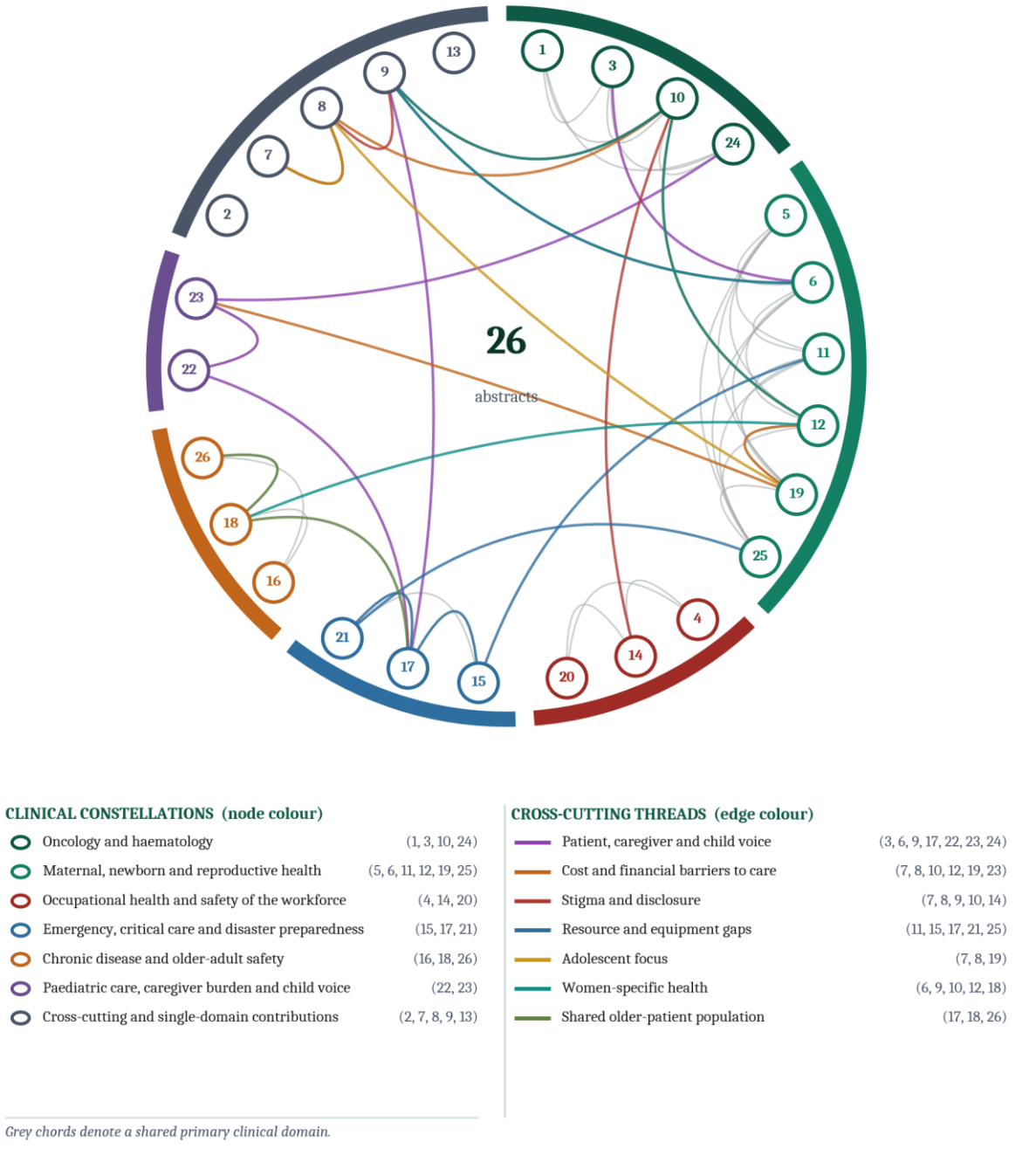

Figure 7. Cross-abstract constellation network. Nodes are the 26 abstracts, coloured by clinical constellation; grey edges denote a shared primary clinical domain and coloured edges denote shared cross-cutting threads (voice, cost, stigma, resource gaps, adolescent focus, women's health, and the shared older-patient population linking Abstracts 17, 18 and 26).

- Oncology and haematology (Abstracts 1, 3, 10, 24) trace a single disease area across the care pathway: emergency recognition by frontline staff (1), the burden carried by informal caregivers of children with leukaemia (3), preventive screening uptake among nurses and midwives (10), and the unmet psychosocial expectations of adults living with haematologic malignancies (24). Abstracts 3 and 24 additionally share the Korle Bu Teaching Hospital haematology setting, giving the constellation a common anchor institution.
- Maternal, newborn and reproductive health (Abstracts 5, 6, 11, 12, 19, 25) is the largest constellation. It couples the technical and the human sides of newborn care — nurses' use of a novel preterm nesting aid (11) alongside providers' experience of adolescent mothers of preterm infants (19) —

and pairs community-facing continuity-of-care and lactation models (5, 25) with postpartum sexual health (6) and disability-inclusive maternal health promotion (12).

- Occupational health and safety of the nursing workforce (Abstracts 4, 14, 20) is a tightly bound triad that, taken together, maps the full hazard profile of the Ghanaian nurse: the psychological (operating-theatre stress and coping, 4), the biological (occupational exposure to blood and body fluids, 14), and the physical (musculoskeletal disorders, 20).
- Emergency, critical care and disaster preparedness (Abstracts 15, 17, 21) span the system and the bedside: facility-level emergency capacity in rural primary care (15) and hospital disaster preparedness (21) frame the bedside reality of managing fluid imbalance in older trauma patients under resource constraint (17).
- Chronic disease (Abstracts 16, 18) links diabetes self-care behaviour (16) with one of its downstream complications, diabetic retinopathy (18) — the behaviour and its consequence within one condition. A related older-adult and geriatric safety concern is carried by fall prevention for elderly inpatients (26), which connects to Abstracts 17 and 18 through the shared older-patient population.
- Paediatric care, caregiver burden and the child's voice (Abstracts 22, 23, and, by bridge, 3) group studies that foreground children and those who care for them: children's own perspectives on acute care (22), family caregivers' experience of paediatric hospitalisation (23), and informal caregivers of children with leukaemia (3).

Three abstracts sit as deliberately distinct single-domain contributions — nursing education through community-based practicum (2), self-care and health-seeking behaviour in ENT (13), and women's experience of gender-based violence (9) — and connect to the rest of the volume chiefly through the cross-cutting threads described next.

3. Cross-Cutting Threads

The conference sub-themes cannot show how a study filed under one theme speaks to a study filed under another. The threads below, drawn as coloured edges in Figure 7, make those bridges visible. Each is a descriptor shared across different sub-themes.

- The patient, caregiver and child voice runs through Abstracts 3, 6, 9, 17, 22, 23, and 24 — a sustained body of lived-experience testimony that spans the Nurse/Midwife-led Care, Interprofessional Collaboration, and Investing in Specialisation sub-themes. It is the volume's strongest methodological signature.
- Cost and financial barriers to care connect Abstracts 7, 8, 10, 12, 19, and 23, culminating in the caregiver testimony that gives Abstract 23 its title. Read together, these studies document out-of-pocket cost as a recurrent obstacle across adolescent, maternal, oncology, and paediatric care.
- Stigma and disclosure link Abstracts 7, 8, 9, 10, and 14 — from adolescents deterred from reproductive-health services, to survivors of assault, to nurses under-reporting occupational exposures — identifying stigma as a shared mechanism suppressing help-seeking and reporting.
- Resource and equipment gaps in low-resource settings bind Abstracts 11, 15, 17, 21, and 25, a thread that turns scattered observations into a collective account of the material constraints under which Ghanaian nurses and midwives work.
- An adolescent focus connects Abstracts 7, 8, and 19, linking reproductive-health demand and its consequences to the downstream reality of adolescent motherhood, and a women-specific health thread links Abstracts 6, 9, 10, 12, and 18.

4. Methodological and Theoretical Convergences

Independently of subject matter, several teams converged on shared analytic and conceptual ground, mapped in Figure 8. Most striking, two unrelated teams working in entirely different clinical areas — disaster preparedness among emergency nurses (21) and children's perspectives in acute care (22) —

both adopted the Donabedian structure–process–outcome model, an independent convergence that lends the volume a shared evaluative vocabulary. A family of studies (Abstracts 6, 17, 19) applied Braun and Clarke's six-step thematic analysis, while a broader set of qualitative abstracts shared thematic and thematic-content approaches. Named theory-driven designs appear across the volume — Ecological Systems Theory (1), Critical Social Theory (2), the Theory of Reasoned Action (13), and the Donabedian model (21, 22) — evidence of a maturing engagement with explicit conceptual framing. Two abstracts contribute formal review evidence (landscape review, 12; scoping review with PRISMA-ScR, 16), and three demonstrate more advanced quantitative technique — binary logistic regression (8), exploratory and confirmatory factor analysis (11), and validated instrumentation with STATA (20).

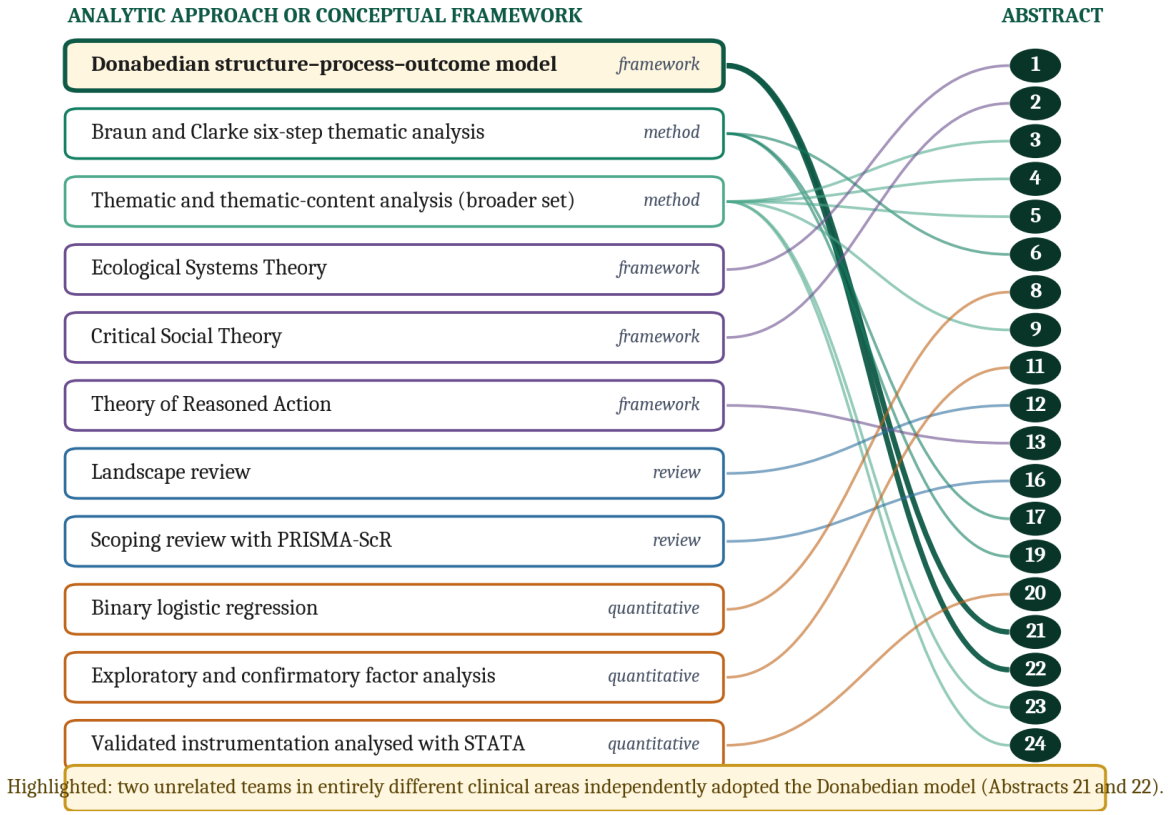

Figure 8. Methodological and theoretical convergences. Independent teams linked to the analytic approach or conceptual framework they share, including the independent adoption of the Donabedian model by Abstracts 21 and 22.

5. Collaboration Networks

Shared authorship and institution reveal that several abstracts are the output of coordinated research groups rather than isolated efforts. A Kwame Nkrumah University of Science and Technology group recurs across Abstracts 14, 19, and 22 — with authors including Kusi-Amponsah Diji, Yemotsoo Lomotey, Bam, and Nyarko Mensah appearing in more than one — spanning occupational safety, adolescent maternal care, and child-centred acute care. A University of Ghana School of Nursing and Midwifery cluster links Abstracts 4, 5, 17, 21, 23, and 24, with Akorfa Ohene contributing to Abstracts 5, 23, and 24 and Eliason to Abstracts 17 and 21. A Korle Bu haematology pairing connects Abstracts 3 and 24 through the shared author Asantewah Koranteng, binding the paediatric and adult ends of the oncology constellation. Finally, five abstracts carry international co-authorship — with partners at Yale University (25), York University (16), Nelson Mandela University (19), the University of Ibadan and the West African Postgraduate College of Nurses and Midwives (22), and a USAID/FHI360/Sightsavers consortium (12) — evidence of the volume's growing global reach.

6. Emergent Research Agenda

Reading the constellations and threads together surfaces collective gaps that no single abstract names but that the volume, taken as a whole, makes visible. The occupational-health triad (4, 14, 20) points to the absence of an integrated nurse well-being and safety programme. The recurrence of the cost and resource-gap threads (7, 8, 10, 12, 15, 17, 19, 21, 23, 25) frames a shared health-financing and health-systems research priority. The voice thread (3, 6, 9, 17, 22, 23, 24) signals a readiness in Ghanaian nursing and midwifery scholarship to centre patient- and family-reported experience, and the independent uptake of the Donabedian model (21, 22) suggests a common evaluative framework around which future quality-of-care studies could coalesce. Presented this way — as a reconstructed, auditable framework rather than a list — the volume offers not only a record of the GCNM 10th AGM & Scientific Conference 2025 but a map of where the field's next questions lie.

ABSTRACT 1 OF 26 GJNMID · Vol. 3, Issue 1 (2026)

Identification of Oncological Emergencies by Nurses and Midwives: A Study at the Elmina Polyclinic

Bernard Badu-Boamah; Joana Agyeman-Yeboah (Authors)
Elmina Polyclinic, Central Region, Ghana

Sub-theme: Evidence-based Practice, Research and Policy · **Mode:** Oral · **Design:** Descriptive cross-sectional quantitative study

ABSTRACT

Malignancies, though not communicable, are a devastating public health crisis and a significant cause of mortality globally. Oncological emergencies are life-threatening complications that arise from cancer or its treatment, requiring prompt identification and intervention. Nurses and midwives play a crucial role in the early recognition and management of these emergencies, yet knowledge gaps may hinder timely responses, leading to adverse patient outcomes. The purpose of the study was the identification of oncological emergencies by nurses and midwives at the Elmina Polyclinic. The study employed a descriptive cross-sectional design; the sample consisted of 124 nurses and midwives selected using convenience sampling, and a structured questionnaire was used for data collection. Nurses and midwives were found to have limited knowledge in oncological emergencies, with a statistically significant association between knowledge and level of education and years of experience. A significant gap in training and education for identifying oncological emergencies was also found. This study provides valuable insights into the preparedness of nurses and midwives in recognising oncological emergencies and highlights areas requiring improvement in education and policy.

Keywords: *Oncological emergencies, Ecological systems theory, Nurses, Midwives, Knowledge assessment, Capacity building*

Suggested citation: Bernard Badu-Boamah et al. (2026). Identification of Oncological Emergencies by Nurses and Midwives: A Study at the Elmina Polyclinic [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 1. https://doi.org/10.69600/gjnmid.2026.v03.i01

ABSTRACT 2 OF 26 GJNMID · Vol. 3, Issue 1 (2026)

Utilising Community-Based Practicum to Address Urban Health Disparities and Advance Health Equity in Nursing Education

H. Kosi-Sowah; H. Ofori; F. Ohene; M. G. Chandi; et al. (Authors)
Ghana College of Nurses and Midwives, Family Health Nursing Residency Programme

Sub-theme: Investing in Nursing and Midwifery Specialisation · **Mode:** Oral · **Design:** Qualitative cross-sectional study grounded in Critical Social Theory

ABSTRACT

Urban health disparities pose significant challenges due to socioeconomic inequities and unequal healthcare access. Nursing education must equip professionals with the skills necessary to address these issues effectively. This qualitative cross-sectional study investigated the effect of practicum-based learning on clinical reasoning, ethical leadership, and community-responsive nursing. Grounded in Critical Social Theory, it examined how field engagement enhanced students' ability to evaluate social determinants of health and confront systemic inequities, drawing on observations, coaching sessions, community engagements, and field-trip reports by Family Health Nursing Residents of the Ghana College of Nurses and Midwives. Engagement with underserved communities fostered cultural competence, critical reflexivity, and a strong commitment to equity-centred interventions among the residents. Integrating experiential learning into nursing curricula bridged the gap between theory and practice, cultivating socially responsible healthcare professionals capable of driving policy change. This research underscores the need for community-centred educational frameworks to ease urban health disparities and promote structural health equity.

Keywords: *Community-based practicum, Urban health disparities, Health equity, Nursing education*

Suggested citation: H. Kosi-Sowah et al. (2026). Utilising Community-Based Practicum to Address Urban Health Disparities and Advance Health Equity in Nursing Education [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 2. https://doi.org/10.69600/gjnmid.2026.v03.i01

ABSTRACT 3 OF 26 GJNMID · Vol. 3, Issue 1 (2026)

Understanding the Experiences of Caring for Children with Leukaemia on Informal Caregivers at the Korle Bu Teaching Hospital

Ruth Sika-Nartey; Dinah Asantewah Koranteng (Authors)
Korle Bu Teaching Hospital, Paediatric Haematology Unit, Accra, Ghana

Sub-theme: Nurse/Midwife-led Models of Care · **Mode:** Oral · **Design:** Explorative descriptive qualitative design; thematic analysis

ABSTRACT

Globally, childhood cancer is the second leading cause of death among children. A diagnosis of cancer such as leukaemia or lymphoma can disrupt the lives of both the affected child and their caregivers, who often assume dual roles as primary care providers and informal caregivers, significantly affecting their physical health, emotional wellbeing, and overall family quality of life. This study explored the experiences of informal caregivers of children with leukaemia at the Korle-Bu Teaching Hospital. Participants were purposively selected from the Paediatric Haematology Unit and interviewed in-depth using a semi-structured guide; sample size was determined by data saturation at the fifteenth interview, and data were analysed thematically. The major themes were: performed tasks, psychosocial burden, and coping strategies. Participants reported significant challenges, including role strain, loss of employment, and fear of the patient dying. Informal caregivers of children undergoing treatment for leukaemia experienced a wide range of physical and psychosocial challenges that require stakeholder attention. Regular counselling services and peer support systems for informal caregivers are recommended.

Keywords: *Cancer, Leukaemia, Children, Informal caregivers, Experiences, Burden*

Suggested citation: Ruth Sika-Nartey et al. (2026). Understanding the Experiences of Caring for Children with Leukaemia on Informal Caregivers at the Korle Bu Teaching Hospital [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 3. https://doi.org/10.69600/gjnmid.2026.v03.i01

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Scrubbed In, Stressed Out: Staying Sane as a Nurse Amidst Operating Room Storms in a Teaching Hospital in Ghana

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Sub-theme: Investing in Nursing and Midwifery Specialisation · **Mode:** Oral · **Design:** Descriptive qualitative study; thematic content analysis

ABSTRACT

An operating theatre is problematic in terms of patient safety and is closely associated with elevated stress. Stressful working conditions in the operating theatre place nurses at risk of burnout and stress-related illness, and effective coping is required to handle these stressors. This study explored the individual coping behaviours adopted by operating theatre nurses using a descriptive qualitative approach among 12 operating theatre nurses drawn from a teaching hospital through purposive sampling, with data collected via semi-structured interview and analysed using thematic content analysis. Twelve nurses (10 female, 2 male) aged 27 to 51 years (mean age 34) participated. Findings showed that theatre nurses used varied reactions to cope with workplace stressors under four major themes: work management strategies, self-control, spiritual strategies, and interactional strategies. The most adopted coping behaviours were emotion-focused — specifically avoidance and spirituality — rather than problem-focused coping. Operating theatre nurses face daily stressors while maintaining patient and team safety, yet typically rely on ineffective and inefficient coping behaviours. Professional support aimed at building more effective coping skills is necessary to prevent burnout and its negative consequences.

Keywords: *Operating theatre, Nurses, Stress, Coping strategies*

Suggested citation: A. V. Ackah et al. (2026). Scrubbed In, Stressed Out: Staying Sane as a Nurse Amidst Operating Room Storms in a Teaching Hospital in Ghana [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 4. https://doi.org/10.69600/gjnmid.2026.v03.i01

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Exploring a Collaborative Continuity of Care for Expectant Mothers: Perspectives of Midwives and Community-Based Nurses

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Sub-theme: Nurse/Midwife-led Models of Care · **Mode:** Oral · **Design:** Descriptive exploratory qualitative design; thematic analysis

ABSTRACT

The World Health Organization and international health systems aim to provide midwife-led continuity of care for a majority of women globally. Midwives play a critical role in maternal and neonatal health, and midwife-led continuity-of-care models promote favourable pregnancy and maternal outcomes. However, in sub-Saharan Africa, maternity care is often fragmented across multiple healthcare professionals, resulting in unnecessary interventions and poor postnatal follow-up. This study explored the perspectives of midwives and community-based nurses regarding collaborative continuity of care for expectant mothers in the Tamale metropolis, using a descriptive exploratory qualitative design. One-on-one interviews were held with twenty midwives, public health nurses, and community health nurses across three facilities, with data analysed thematically. Four main themes and fifteen sub-themes were identified, including maternal care across the perinatal continuum, complementary and overlapping roles between midwives and community-based nurses, and enabling factors for collaborative continuity of maternal care. Understanding the roles and perspectives of these professionals could help develop strategies to enhance collaboration and improve maternal care in Ghana.

Keywords: *Midwives, Community-based, Collaboration, Maternal and neonatal health*

Suggested citation: Shine Atiemoh et al. (2026). Exploring a Collaborative Continuity of Care for Expectant Mothers: Perspectives of Midwives and Community-Based Nurses [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 5. https://doi.org/10.69600/gjnmid.2026.v03.i01

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Experiences of Couples on Resumption of Sexual Intercourse Post-Delivery at Kenyasi Health Centre, Kwabre East District, Ghana

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Kenyasi Health Centre, Kwabre East District, Ghana

Sub-theme: Nurse/Midwife-led Models of Care · **Mode:** Poster · **Design:** Phenomenological design; six-step thematic analysis (Braun & Clarke)

ABSTRACT

A thorough understanding of women's sexual experiences during the postpartum period is essential for a smooth transition into motherhood and for enhancing family well-being, yet postpartum sexual intercourse has received little attention from healthcare professionals. This study explored the lived experiences of couples resuming sexual intercourse in Kenyase, Kwabre East District, using a phenomenological design. Purposive sampling was used to select nine postpartum women and their partners for in-depth, face-to-face interviews, with data analysed using Braun and Clarke's six-step thematic approach. Three main themes emerged: timing of resuming sex, factors influencing the decision to resume or not, and the influence of that decision on the couple's sexual activity. Most couples resumed intercourse after 12 weeks; reasons for resuming or delaying included fear of pregnancy and pain, husband's demand, and cultural or religious beliefs, with resumption soon after delivery viewed as taboo in some communities. The decision's influence on sexual health included sexual dysfunction and marital tension. Education on sexual activity during pregnancy and the postnatal period should be reinforced as part of routine care provided to women by health professionals.

Keywords: *Postpartum, Sexual resumption, Sexual health*

Suggested citation: Rhoda Awinsu et al. (2026). Experiences of Couples on Resumption of Sexual Intercourse Post-Delivery at Kenyasi Health Centre, Kwabre East District, Ghana [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 6. https://doi.org/10.69600/gjnmid.2026.v03.i01

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Factors Influencing the Utilisation of Sexual and Reproductive Health Services Among Adolescents at Chorkor in Ablekuma South Sub-Metro

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Ablekuma South Sub-Metro, Greater Accra Region, Ghana

Sub-theme: Evidence-based Practice, Research and Policy · **Mode:** Oral · **Design:** Quantitative descriptive cross-sectional design

ABSTRACT

Adolescent engagement with sexual and reproductive health (SRH) services is essential to improving health outcomes and reducing unintended pregnancies, unsafe abortions, and sexually transmitted infections. Despite growing recognition of their importance, adolescents in low- and middle-income countries, including Ghana, continue to face significant barriers to accessing these services — challenges that are particularly pronounced in underserved communities such as Chorkor, where limited access contributes to elevated rates of teenage pregnancy. This study examined SRH service utilisation and its determinants among adolescents in Chorkor using a quantitative descriptive cross-sectional design. Data were collected from 243 adolescents aged 10-19 years using a structured questionnaire and analysed with descriptive and inferential statistics. Half of the respondents (50.2%) had accessed SRH services, and knowledge of SRH was generally low, with only 18% demonstrating high knowledge. Major barriers included long distances to facilities (50.2%), high perceived costs (47.7%), and fears of stigma from healthcare providers (51.4%) and parents (51%). Key facilitators included school-based education (48.1%), youth-friendly services (55.1%), and parental support (51.9%), with parental support showing a significant positive association with utilisation ($p = 0.047$). Strengthening adolescent-friendly education through schools, community outreach, and media, alongside reducing financial barriers, is essential to improving access for adolescents from low-income households.

Keywords: *Sexual and reproductive health, Utilisation, Barriers, Adolescents, Ghana*

Suggested citation: Mavis Armah-Quaye et al. (2026). Factors Influencing the Utilisation of Sexual and Reproductive Health Services Among Adolescents at Chorkor in Ablekuma South Sub-Metro [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 7. https://doi.org/10.69600/gjnmid.2026.v03.i01

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Determinants of Abortion Among Adolescent Girls in the Ashanti Region of Ghana

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Sub-theme: Evidence-based Practice, Research and Policy · **Mode:** Poster · **Design:** Cross-sectional study; chi-square tests and binary logistic regression

ABSTRACT

Despite policy provisions allowing abortion under specific conditions in Ghana, unsafe abortion remains a significant public health challenge among adolescents. This study examined the determinants of abortion decision-making among adolescent girls at the Kwame Nkrumah University of Science and Technology School of Nursing and Midwifery in the Ashanti Region. A cross-sectional study was conducted among 400 female students aged 15-19 years using a structured questionnaire administered via Google Forms, with data analysed using descriptive statistics, chi-square tests, and binary logistic regression. While 92.0% of participants were aware of abortion, only 47.5% understood Ghana's abortion laws; social media (62.0%) and peers (52.8%) were the most common sources of information. Key barriers to accessing safe abortion services included stigma (69.5%), cost of services, judgemental attitudes of providers (58.8%), and lack of confidentiality; only 31.0% knew where to access safe abortion services, and 58.5% were unaware of youth-friendly reproductive health centres. Although adolescents had high awareness, significant knowledge gaps and systemic barriers limit access to safe abortion services. Comprehensive interventions addressing policy literacy, stigma reduction, and youth-friendly service provision are urgently needed.

Keywords: *Abortion, Adolescents, Ghana, Reproductive health, Access to care*

Suggested citation: Nuheila Ibrahim et al. (2026). Determinants of Abortion Among Adolescent Girls in the Ashanti Region of Ghana [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 8. https://doi.org/10.69600/gjnmid.2026.v03.i01

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Experiences, Effects and Coping Strategies in Sexually Assaulted Women at the Police Hospital, Accra

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Police Hospital, Greater Accra Region, Ghana

Sub-theme: Interprofessional Collaboration and Education · **Mode:** Poster · **Design:** Exploratory descriptive qualitative design; thematic content analysis

ABSTRACT

Women's experiences of sexual assault are multifaceted and characterised by remarkable repercussions; understanding survivors' experiences and adaptive coping mechanisms is crucial for developing effective healthcare services and support systems. This qualitative study explored the experiences, challenges, effects, and coping strategies of women who had been sexually assaulted and reported to the Police Hospital in the Greater Accra Region. Using an exploratory descriptive qualitative design, data were collected through semi-structured in-depth interviews with 12 female survivors above 18 years, selected using purposive sampling, and analysed using thematic content analysis supported by direct quotations. Four primary themes and fifteen sub-themes emerged: experiences of sexual assault (most perpetrators were relatives or superiors at work); effects of sexual assault, including physical injury, post-traumatic stress disorder, and stigma; challenges faced when sharing experiences with family, friends, or authorities; and coping strategies and support systems, with strong social support found to ameliorate the effects of sexual assault. The findings reiterate the need for redesigned healthcare protocols, trauma-informed care training for staff, and safe disclosure environments. Structural and systemic changes are recommended, including priority scheduling for survivors and National Health Insurance Authority-borne fee waivers for such care.

Keywords: *Sexual assault, Experience, Social support, Psychological effect, Women*

Suggested citation: Mary Mirekua Boateng et al. (2026). Experiences, Effects and Coping Strategies in Sexually Assaulted Women at the Police Hospital, Accra [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 9. https://doi.org/10.69600/gjnmid.2026.v03.i01

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Exploring Factors Influencing Uptake of Cervical Cancer Screening Among Nurses and Midwives at a Government Hospital in Ghana

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Government Hospital, Ghana

Sub-theme: Evidence-based Practice, Research and Policy · **Mode:** Poster · **Design:** Exploratory descriptive qualitative design; thematic analysis

ABSTRACT

Cervical cancer is a major global health issue, with poor knowledge and awareness contributing to low screening uptake among women of reproductive age; the highest prevalence is in sub-Saharan Africa, and in Ghana it is the third most common cancer. Nurses and midwives who have undergone cervical cancer screening play a vital role in educating patients and helping to reduce incidence within this group. This study explored the factors influencing cervical cancer screening uptake among female nurses and midwives at a government hospital in Ghana, using an exploratory descriptive qualitative design with purposive sampling and in-depth interviews, ethically approved and analysed thematically. Data saturation was reached with 20 participants; three main themes and fifteen sub-themes emerged, covering knowledge of cervical cancer screening, barriers, and facilitators. Participants had adequate knowledge, but barriers included screening costs, lack of privacy and confidentiality, negative perceptions, painful procedures, time constraints, fear of stigmatisation, perceived susceptibility, and cultural and religious beliefs. Facilitators included cost waivers, privacy assurance, convenient timing, and awareness programmes. Despite adequate knowledge, several barriers hinder screening uptake; addressing these while promoting facilitators could enhance participation among this professional group.

Keywords: *Cervical cancer, Screening, Uptake, Barriers, Facilitators*

Suggested citation: Fuseina Bayiali Issah Musah et al. (2026). Exploring Factors Influencing Uptake of Cervical Cancer Screening Among Nurses and Midwives at a Government Hospital in Ghana [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 10. https://doi.org/10.69600/gjnmid.2026.v03.i01

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Utilization of Novel Nesting Aid for Preterm Infant Positioning Among Nurses in Tamale Teaching Hospital

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Sub-theme: Investing in Nursing and Midwifery Specialisation · **Mode:** Oral · **Design:** Descriptive cross-sectional quantitative survey; EFA and CFA (JASP)

ABSTRACT

Appropriate nesting positioning helps stabilise physiological parameters, prevents short- and long-term complications, and improves preterm birth outcomes; however, little is known about nurses' utilisation of nesting aids for preterm infant positioning in the Tamale Metropolis. This study assessed nurses' utilisation of a novel nesting aid for preterm infant positioning in a neonatal intensive care unit in the Tamale Metropolis, using a descriptive cross-sectional quantitative survey design. Registered nurses available at NICUs in the Tamale Metropolis were sampled through a census approach, with the Nesting Aid Feasibility Assessment Scale used for electronic data collection and analysed through descriptive statistics, Exploratory Factor Analysis, and Confirmatory Factor Analysis using JASP (version 0.19.3). The study revealed high capability, motivation, and practice among nurses in the Tamale metropolis, alongside gaps in neck and hand positioning and inadequate resources for preterm infant positioning. The study offers a uniquely detailed examination of specific preterm positioning behaviours — head rotation, shoulder retraction, and limb alignment — surpassing general descriptions found in existing literature. Broader, multi-site investigations are recommended to verify whether these positive findings reflect an isolated success or a scalable model for neonatal care improvement, alongside development of locally made, cost-effective nesting aids for low-resource settings.

Keywords: *Nesting aid, Novel, Preterm, Positioning, Nurses*

Suggested citation: Mustapha Mahama et al. (2026). Utilization of Novel Nesting Aid for Preterm Infant Positioning Among Nurses in Tamale Teaching Hospital [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 11. https://doi.org/10.69600/gjnmid.2026.v03.i01

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Assessing Challenges and Prospects for Integrating Disability-Inclusive Maternal Health Promotion Programs in Ghana: A Landscape Review

Mabel Kissiwaa Asafo; Patience Ofosuhemaa; Rose Wilder; Dacosta Aboagye; Abdul-Razak Mohammed; Pennas Thadeus; David Agyemang; Kwame Mensah; Aimee Ogunro; Erin Sullivan (Authors)
Ghana Health Service / Health Promotion Division; FHI360; Norsaac; Sightsavers; GFD; USAID/Ghana

Sub-theme: Evidence-based Practice, Research and Policy · **Mode:** Oral · **Design:** Qualitative landscape review — key informant interviews, focus groups, desk review

ABSTRACT

The World Health Organization estimates that investing in disability-inclusive preventive health services yields significant economic returns, with an estimated $10 gained for every $1 spent; despite this, maternal health promotion in Ghana often neglects the specific needs of women with disabilities. A landscape analysis assessed the challenges and opportunities for enhancing disability inclusion in such programmes, employing qualitative methods including 18 key informant interviews with government, NGO, and disability advocacy representatives, four focus group discussions with 31 participants (mostly women with disabilities), and a desk review of maternal health promotion materials guided by a Sightsavers International accessibility assessment tool. Over 75% of reviewed materials failed to meet basic accessibility standards, including unclear text, inappropriate language, poor imagery, and inaccessible audiovisual content. Women with disabilities reported multiple barriers including negative societal attitudes, physical inaccessibility, communication challenges, limited information availability, and financial constraints. Key opportunities identified include implementing the National Health Promotion Strategy (2022-2026), enforcing the Persons with Disability Act (Act 715), training disability desk officers, and ensuring assistive device availability. Ghana must adopt a comprehensive Disability Inclusion Strategy across all stages of maternal health programming to eliminate systemic barriers and advance Universal Health Coverage and health equity by 2030.

Keywords: *Disability inclusion, Maternal health promotion, Accessibility, Health equity, Ghana*

Suggested citation: Mabel Kissiwaa Asafo et al. (2026). Assessing Challenges and Prospects for Integrating Disability-Inclusive Maternal Health Promotion Programs in Ghana: A Landscape Review [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 12. https://doi.org/10.69600/gjnmid.2026.v03.i01

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Self-Induced Ear Care Practices Among Patients Visiting the Ear, Nose and Throat Clinic in Ghana

Judith Agyiewaa Donkor (Author)
ENT Clinic, Ghana

Sub-theme: Evidence-based Practice, Research and Policy · **Mode:** Poster · **Design:** Exploratory descriptive qualitative design; thematic analysis (Theory of Reasoned Action)

ABSTRACT

Self-induced ear care is the habitual cleaning or medicating of the ear without clinical guidance; many believe it promotes hygiene or offers relief from discomfort, but it frequently results in complications affecting hearing and quality of life. Despite the ear's natural self-cleaning mechanisms, a significant number of patients report to hospital with prior self-induced ear care. This study explored self-induced ear care practices among patients visiting an ENT clinic in Ghana using an exploratory descriptive qualitative design. Fifteen patients were purposively sampled and interviewed using a semi-structured guide, with data analysed thematically and guided by the Theory of Reasoned Action. Three themes and nine sub-themes emerged: participants engaged in self-ear care to relieve discomfort, driven by desire for cleanliness, convenience, and avoidance of healthcare system barriers, consistently using items such as cotton buds, broomsticks, feathers, and home remedies due to cultural beliefs and media influence. Negative experiences or complications such as pain or hearing loss prompted a shift toward positive attitudes and hospital-seeking behaviour. Self-induced ear care is shaped by cultural and social forces, with most individuals only changing behaviour after complications arise. Public education campaigns and accessible, culturally competent health services are urgently needed to reduce complications and promote positive health-seeking behaviour.

Keywords: *Ear care, Self-induced practices, ENT, Health-seeking behaviour*

Suggested citation: Judith Agyiewaa Donkor et al. (2026). Self-Induced Ear Care Practices Among Patients Visiting the Ear, Nose and Throat Clinic in Ghana [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 13. https://doi.org/10.69600/gjnmid.2026.v03.i01

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Factors Associated with Occupational Exposure to Blood and Body Fluids Among Nurses and Midwives in the North-East Region of Ghana

Benjamin Pukaboat Kolog; Abigail Kusi-Amponsah Diji; Sandra Duoduwaa Lartey; Hayford Asare; Olivia Nyarko Mensah; Alberta Yemotsoo Lomotey; Victoria Bam (Authors)
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Sub-theme: Investing in Nursing and Midwifery Specialisation · **Mode:** Poster · **Design:** Institutional-based cross-sectional study; chi-square tests

ABSTRACT

Occupational exposure to blood and body fluids is a major hazard for healthcare workers, who are exposed daily to blood-borne pathogens — including HIV, hepatitis B, and hepatitis C — through accidental contact with contaminated blood and other body fluids. This study determined the prevalence of occupational exposure to blood and body fluids and the factors associated with reporting behaviours among nurses and midwives in the North-East Region of Ghana. An institutional-based cross-sectional study was conducted between March and May 2022 among nurses and midwives in four district hospitals, with 195 healthcare workers selected via quota sampling and data collected through a structured self-administered questionnaire, analysed using chi-square tests. The prevalence of occupational exposure was 67.7% (95% CI: 60.8%-74.6%); of those exposed, 61.4% formally reported the incident. Needle-stick injuries and splashes of body fluids onto mucous membranes were the most common exposure types (67.4% each). Main reasons for not reporting included being too busy at the time of the incident (54.9%) and the belief that the sharp involved was unused (39.2%). Regular training on occupational health and safety was significantly associated with reporting behaviour ($p = 0.002$). More than two-thirds of nurses and midwives had experienced occupational exposure, and underreporting was common; strengthening occupational safety training, improving PPE supply, and reinforcing reporting systems are essential to protect healthcare workers.

Keywords: *Occupational exposure, Blood and body fluids, Healthcare workers, Reporting, Ghana*

Suggested citation: Benjamin Pukaboat Kolog et al. (2026). Factors Associated with Occupational Exposure to Blood and Body Fluids Among Nurses and Midwives in the North-East Region of Ghana [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 14. https://doi.org/10.69600/gjnmid.2026.v03.i01

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Assessing the Emergency Response Capacity and Resource Availability in the Primary Healthcare Facilities of Ahafo Ano North District, Ghana

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Ahafo Ano North District, Ashanti Region, Ghana

Sub-theme: Evidence-based Practice, Research and Policy · **Mode:** Oral · **Design:** Descriptive cross-sectional survey; IBM SPSS v27

ABSTRACT

Primary healthcare facilities play a critical role in delivering emergency medical care, particularly in rural areas where they often serve as the first — and sometimes only — point of contact for individuals experiencing medical emergencies. According to the World Health Organization, primary healthcare facilities should be capable of stabilising patients, administering life-saving interventions, and facilitating timely referrals. This study assessed the capacity of rural primary healthcare facilities in the Ahafo Ano North District to respond effectively to emergency medical situations, using a descriptive cross-sectional survey design with 224 nursing professionals sampled by convenience from a population of 246, and data analysed using IBM SPSS Statistics version 27. Participants ranged from 18 to 45 years (mean age 31.53). The study revealed significant gaps in essential emergency equipment — automated external defibrillators (absent in 95.5% of facilities), stretchers (63% unavailable), oxygen (62.8% unavailable), suction devices (80.2% unavailable), first aid kits (70% unavailable), and blood products (93.7% unavailable). Regarding preparedness, 81.3% of respondents had received no formal emergency training, and 87.5% faced difficulties referring patients to higher-level facilities. Significant systemic weaknesses in emergency preparedness and logistics exist within rural primary healthcare settings; targeted emergency training, standardised response protocols, improved resource allocation, and strengthened referral and communication systems are recommended.

Keywords: *Emergency response capacity, Resource availability, Primary healthcare, Ahafo Ano North*

Suggested citation: T. A. Asafo Adjei et al. (2026). Assessing the Emergency Response Capacity and Resource Availability in the Primary Healthcare Facilities of Ahafo Ano North District, Ghana [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 15. https://doi.org/10.69600/ginmid.2026.v03.i01

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Self-Care Behaviours of People Living with Type 2 Diabetes Mellitus in Sub-Saharan Africa: A Scoping Review

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York University, Canada

Sub-theme: Evidence-based Practice, Research and Policy · **Mode:** Oral · **Design:** Scoping review (Joanna Briggs Institute methodology; PRISMA-ScR)

ABSTRACT

The burden of Type 2 diabetes mellitus in sub-Saharan Africa is increasing rapidly, and self-care behaviours play vital roles in maintaining optimal health and preventing complications. This scoping review mapped the available quantitative literature on self-care behaviours and reported outcomes of people living with Type 2 diabetes in sub-Saharan Africa, following Joanna Briggs Institute methodology. Databases including CINAHL, Embase, MEDLINE Ovid, and Scopus were systematically searched, with references also searched through Google Scholar; identified studies were de-duplicated and screened independently by two reviewers, with findings reported following the PRISMA extension for Scoping Reviews. A total of 14 studies met the inclusion criteria after full-text screening, all describing varied self-care behaviours. Individual self-care behaviours were generally low across healthy eating, self-monitoring of blood glucose, medication compliance, physical activity, foot self-care, positive coping, and problem solving; none of the included studies reported on the outcomes of these self-care behaviours. This review identified a wide variety of self-care behaviours among people living with Type 2 diabetes in the region. Healthcare providers must provide comprehensive diabetes education, and academics, providers, and stakeholders should collaborate on further research addressing the emotional and psychological needs of individuals with Type 2 diabetes to improve treatment adjustment and health outcomes.

Keywords: *Self-care behaviours, Type 2 diabetes mellitus, Sub-Saharan Africa, Scoping review*

Suggested citation: Veronica Ofosua Adjei Salia et al. (2026). Self-Care Behaviours of People Living with Type 2 Diabetes Mellitus in Sub-Saharan Africa: A Scoping Review [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 16. https://doi.org/10.69600/gjnmid.2026.v03.i01

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Assessment of Fluid Imbalances Among Older Trauma Patients in the Emergency Department: Nurses' Experiences at St. John of God Hospital, Amrahia

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St. John of God Hospital, Amrahia; School of Nursing and Midwifery, University of Ghana

Sub-theme: Investing in Nursing and Midwifery Specialisation · **Mode:** Oral · **Design:** Exploratory qualitative design; thematic analysis (Braun & Clarke, NVivo)

ABSTRACT

Older trauma patients are at increased risk of fluid imbalances due to age-related physiological changes, which can lead to complications such as hypovolemic shock and organ dysfunction. Nurses are central to early recognition and management of these imbalances, yet their experiences in low-resource emergency settings are underreported. This study explored nurses' experiences assessing and managing fluid imbalances among older trauma patients in the Emergency Department of St. John of God Hospital, using an exploratory qualitative design with purposively sampled registered nurses, semi-structured interviews, and thematic analysis using Braun and Clarke's approach with NVivo software. Nurses described a comprehensive, context-sensitive approach to assessment, involving close monitoring of vital signs, patient history, and fluid input-output, applying critical reasoning that accounted for age, comorbidities, and risks of over- or under-infusion. Four themes were generated: identification of fluid deficit or overload; critical reasoning of causes; practices in management; and evaluation of practices. Fluid management practices included cautious administration, continuous observation, interdisciplinary collaboration, and adherence to protocols despite significant resource limitations. Nurses at St. John of God Hospital demonstrate clinical competence and adaptability in managing fluid imbalances in older trauma patients, with integrative assessment strategies essential for improving outcomes in resource-constrained emergency settings.

Keywords: *Fluid imbalances, Older trauma patients, Emergency nursing, Resource-constrained settings, Ghana*

Suggested citation: Martina Narkie Kusi et al. (2026). Assessment of Fluid Imbalances Among Older Trauma Patients in the Emergency Department: Nurses' Experiences at St. John of God Hospital, Amrahia [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 17. https://doi.org/10.69600/gjnmid.2026.v03.i01

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Prevalence of Diabetic Retinopathy Among Women with Diabetes Seeking Care at Cape Coast Teaching Hospital

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Cape Coast Teaching Hospital, Central Region, Ghana

Sub-theme: Evidence-based Practice, Research and Policy · **Mode:** Poster · **Design:** Cross-sectional study; purposive sampling

ABSTRACT

Diabetic retinopathy is a known complication of diabetes mellitus, characterised by varying degrees of microaneurysm, haemorrhage, hard exudates, cotton-wool spots, venous changes, and new vessel formation involving the peripheral retina, macula, or both. This cross-sectional study determined the prevalence of diabetic retinopathy among women with diabetes at the Cape Coast Teaching Hospital, employing purposive sampling with a sample of 95 and using a structured questionnaire and ocular assessment form. All respondents (100%) were female; most (57.9%) were aged 56 to 85 years, 33.7% were farmers, and 26.3% were unemployed, with only 7.4% having tertiary education. Of the 95 participants, 12% had diabetic retinopathy, indicating a 12% prevalence rate; alcohol use (69%) registered as the highest risk factor. Most participants had knowledge about diabetes control through medication (84.2%) or diet (94.7%). The study identified a high prevalence of diabetic retinopathy among patients with diabetes duration longer than 10 years; early screening and detection will be key to ensuring good prognosis.

Keywords: *Diabetic retinopathy, Diabetes mellitus, Alcohol, Smoking*

Suggested citation: Efia Asantewaa Prempeh et al. (2026). Prevalence of Diabetic Retinopathy Among Women with Diabetes Seeking Care at Cape Coast Teaching Hospital [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 18. https://doi.org/10.69600/gjnmid.2026.v03.i01

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'A Child Taking Care of a Child': Healthcare Providers' Experiences with Adolescent Mothers of Preterm Infants

Alberta Yemotsoo Lomotey; Sindiwe James; Esmeralda Ricks; Victoria Bam; Abigail Kusi-Amponsah Diji (Authors)

Kwame Nkrumah University of Science and Technology, Ghana; Nelson Mandela University, South Africa

Sub-theme: Nurse/Midwife-led Models of Care · **Mode:** Oral · **Design:** Qualitative descriptive design; Braun & Clarke six-step thematic analysis

ABSTRACT

Adolescent mothers of preterm infants present unique challenges within neonatal care settings; their developmental stage, limited parenting skills, and socioeconomic vulnerabilities often affect caregiving outcomes. This study explored the experiences of healthcare providers working with adolescent mothers during hospitalisation of their preterm babies and after discharge, to understand barriers to effective care and follow-up. A qualitative descriptive design was used, with in-depth interviews conducted among 13 healthcare providers, nurses, and midwives from a tertiary and regional hospital, selected through purposive sampling and analysed thematically using Braun and Clarke's six-step framework. Two major themes emerged: challenges during hospitalisation related to communication, engagement barriers, and role strain — with providers reporting difficulty securing cooperation from adolescent mothers due to immaturity and lack of experience, and relying on their own resources to support mothers lacking essentials for preterm infant care — and post-discharge care challenges, emphasising systemic barriers to continuity of care and the vital role grandmothers played in assisting adolescent mothers at home. Providers faced physical and financial burdens, compounded by unclear institutional support guidelines. Strengthening institutional support systems, introducing adolescent-friendly health interventions, and improving follow-up structures are essential to improve outcomes for both adolescent mothers and their preterm infants.

Keywords: *Adolescent mothers, Preterm infants, Healthcare providers, Communication barriers, Engagement challenges*

Suggested citation: Alberta Yemotsoo Lomotey et al. (2026). 'A Child Taking Care of a Child': Healthcare Providers' Experiences with Adolescent Mothers of Preterm Infants [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 19. https://doi.org/10.69600/gjnmid.2026.v03.i01

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Cross-Sectional Study of Musculoskeletal Disorders Among Nurses at the Volta River Authority Hospital

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Sub-theme: Evidence-based Practice, Research and Policy · **Mode:** Poster · **Design:** Cross-sectional study; Modified Standard Nordic Musculoskeletal Questionnaire; STATA v15

ABSTRACT

Nurses may be the most essential healthcare workers in healthcare facilities in developing countries such as Ghana, performing both physically and mentally demanding tasks that may result in musculoskeletal disorders. This research assessed musculoskeletal disorders among nurses working at the Volta River Authority Hospital, Akosombo, using a cross-sectional study design that selected 100 nurses who had worked for one or more months, with data collected via a Modified Standard Nordic Musculoskeletal Questionnaire administered online and analysed descriptively and inferentially using STATA version 15. The study revealed a high prevalence (89%) of musculoskeletal disorders among nurses, with significant association with age (T-test = 4.77; p = 0.03). The lower back (89%) was the most susceptible body part; lifting or transferring patients (90%) and working in the same position for long periods (87%) were the dominant contributing factors. Years of clinical experience were not significantly associated with perceived factors for developing musculoskeletal disorders. 79% of respondents reported changing posture as the major strategy adopted to reduce disorder development. The prevalence of musculoskeletal disorders among nurses was high; modern ergonomic gadgets, training, and reinforcement of proper body mechanics are recommended for all nurses in their line of duty.

Keywords: *Musculoskeletal disorders, Nurses, Nordic Musculoskeletal Questionnaire*

Suggested citation: James Anthony Amoako et al. (2026). Cross-Sectional Study of Musculoskeletal Disorders Among Nurses at the Volta River Authority Hospital [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 20. https://doi.org/10.69600/gjnmid.2026.v03.i01

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Disaster Preparedness Among Emergency Nurses at the Ga North Municipal Hospital

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Sub-theme: Investing in Nursing and Midwifery Specialisation · **Mode:** Oral · **Design:** Qualitative study; Donabedian Model of Healthcare Assessment; thematic content analysis

ABSTRACT

This qualitative study explored disaster preparedness and management practices among emergency nurses at Ga North Municipal Hospital, using the Donabedian Model of Healthcare Assessment as the theoretical framework to identify strengths and challenges within the current disaster response system. Data were collected through semi-structured interviews with thirteen purposively selected emergency nurses. Thematic content analysis revealed three major themes — structures of disaster preparedness, processes of disaster preparedness, and outcomes of disaster preparedness — with ten sub-themes including resource availability, staffing, training, triage, communication, and referral systems. Three key findings emerged: structural limitations significantly hinder preparedness; processes are poorly institutionalised and inconsistently applied; and outcomes are moderately positive but compromised by system failures. While emergency staff demonstrate commitment and basic competence in handling disasters, their efforts are constrained by inadequate training, under-resourcing, and fragmented coordination. Structured disaster preparedness training, improved staffing and referral systems, and enhanced inter-agency collaboration are recommended, alongside policy reforms and increased institutional investment to build a more resilient healthcare system for disaster response.

Keywords: *Disaster preparedness, Emergency nurses, Healthcare systems, Inter-agency coordination, Health policy*

Suggested citation: Cecilia Eliason et al. (2026). Disaster Preparedness Among Emergency Nurses at the Ga North Municipal Hospital [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 21. https://doi.org/10.69600/ginmid.2026.v03.i01

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'We Children Deserve a Better Attention' in the Care Collaboration and Partnership: The Perspectives of Children in the Acute Care Encounter

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Sub-theme: Interprofessional Collaboration and Education · **Mode:** Oral · **Design:** Focused ethnographic design (Donabedian framework); hybrid inductive-deductive thematic analysis

ABSTRACT

The extent of readiness, functionality, care practices, and competencies in basic emergency and critical care in maternal, newborn, and child health services is key to the prevention, early detection, and management of unforeseen complications. However, most recent research in this area has focused on adult perspectives, with little exploration of personnel practices and competencies from the child-patient's viewpoint. This qualitative report, drawn from a larger concurrent mixed-methods study conducted across six multi-level hospitals in the Kumasi Metropolis, explored and evaluated child-patients' perspectives on emergency and critical care. Twelve participants were purposively and consecutively sampled using an exploratory contextualised focused ethnographic design guided by the Donabedian framework (structure, process, outcome), with child-participants voluntarily assenting after parental consent. This outcome-focused phase examined satisfaction with care received from doctors, nurses, and midwives through drawing and a short exit interview, analysed using the Hybrid Inductive-Deductive Thematic framework. Findings revealed a single overarching theme of 'non-coordinated care' with sub-themes including 'children's concerns overlooked', 'powerless state', and 'mouths shut', reflecting children's dissatisfaction with care received, as exhibited in drawings and interpretations. The evaluation unveiled serious inadequacies and gaps in patient satisfaction during acute care encounters, underscoring the need for stronger interprofessional collaboration centred on the child's voice.

Keywords: *Acute care encounter, Collaboration, Child participation*

Suggested citation: Olivia Nyarko Mensah et al. (2026). 'We Children Deserve a Better Attention' in the Care Collaboration and Partnership: The Perspectives of Children in the Acute Care Encounter [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 22. https://doi.org/10.69600/gjnmid.2026.v03.i01

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'If You Don't Have Money, You Will Die': Experiences of Family Caregivers of Children in Ghanaian Hospitals

Sawdah Esaka Aryee; Lillian Akorfa Ohene; Emmanuel Parbie Abbeyquaye; Lydia Aziato (Authors)
School of Nursing and Midwifery, University of Ghana

Sub-theme: Evidence-based Practice, Research and Policy · **Mode:** Oral · **Design:** Exploratory descriptive design; thematic analysis

ABSTRACT

Family caregivers play a key role in caring for hospitalised children, regardless of illness; in Ghana, most facilities require caregivers to be present throughout a child's hospital stay, yet limited data exist on paediatric hospitalisation from caregivers' perspectives. This qualitative study explored caregivers' experiences during their children's hospitalisation using an exploratory descriptive design, with individual, in-depth, face-to-face interviews conducted via a semi-structured guide among a maximum variation purposive sample of 20 caregivers of children with traumatic injuries from two tertiary facilities in Greater Accra, analysed using thematic analysis. Caregivers included biological parents, aunts, and an orphanage caregiver, aged 24 to 55 and employed. The main theme was caregivers' experience, with three sub-themes: family-centred care, satisfaction, and financial drain. Most caregivers felt involved in their children's care and had good rapport with healthcare providers and other caregivers; however, they found hospital services financially draining, despite being satisfied with the care provided. Hospitalisation is stressful for children and their caregivers, who appreciate the efforts of healthcare providers to deliver quality care even as the financial burden on families remains severe. A good rapport between caregivers and healthcare professionals is crucial to caregiver satisfaction.

Keywords: *Children, Caregiver, Experience, Hospital*

Suggested citation: Sawdah Esaka Aryee et al. (2026). 'If You Don't Have Money, You Will Die': Experiences of Family Caregivers of Children in Ghanaian Hospitals [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 23. https://doi.org/10.69600/gjnmid.2026.v03.i01

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'Unspoken but Felt': Psychosocial Expectations of Adults with Haematologic Malignancies from Healthcare Professionals at the Korle Bu Teaching Hospital

Dinah Asantewah Koranteng; Yvonne Nartey; Lillian Akorfa Ohene; Samuel Adjorlolo (Authors)
Korle Bu Teaching Hospital, Haematology Outpatient Department, Accra, Ghana

Sub-theme: Investing in Nursing and Midwifery Specialisation · **Mode:** Oral · **Design:** Exploratory descriptive qualitative approach; thematic analysis

ABSTRACT

Adults with haematologic malignancies have significant psychosocial expectations of their healthcare professionals, including good communication, emotional and practical support, and active involvement in care decisions. However, patients often do not talk openly about their psychosocial needs, and these unspoken expectations are frequently overlooked. This study explored what adults with haematologic malignancies receiving care at the Korle Bu Teaching Hospital expect from their healthcare professionals regarding psychosocial care, using an exploratory, descriptive, qualitative approach. One-on-one interviews were conducted with 12 adult patients using a semi-structured guide, purposefully chosen from the haematology outpatient department between July and September 2024, with data analysed thematically. Participants, aged 25 to 68 years, had lived with chronic myeloid leukaemia, chronic lymphoid leukaemia, non-Hodgkin's lymphoma, or myeloma for one year or longer. Two main themes emerged: therapeutic connection, emphasising patients' desire for a respectful, empathetic, and lasting relationship with healthcare professionals; and professionals' presence, reflecting patients' wish for clear, honest information about their condition and self-care skills. Patients want a stronger connection with their healthcare providers to help address unmet psychosocial issues, underscoring the need for relationship-centred oncology and haematology nursing practice.

Keywords: *Expectation, Psychosocial, Haematologic malignancies, Therapeutic connection, Healthcare professional*

Suggested citation: Dinah Asantewah Koranteng et al. (2026). 'Unspoken but Felt': Psychosocial Expectations of Adults with Haematologic Malignancies from Healthcare Professionals at the Korle Bu Teaching Hospital [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 24. https://doi.org/10.69600/gjnmid.2026.v03.i01

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Development and Implementation of a Community-Based Lactation Counselling Support Model in Rural Ghana

Adwoa Gyamfi; Amber Hromi-Fiedler; Cecilia Marian Gyamfi; Mary Amoako; Olivia Timpo; Reuben Osei-Antwi; Richmond Aryeetey (Authors)

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Sub-theme: Evidence-based Practice, Research and Policy · **Mode:** Oral · **Design:** Sequential exploratory mixed-methods, three-phased study

ABSTRACT

Lactation support promotes favourable breastfeeding outcomes, yet professional lactation consultancy services are absent in Ghana. This study co-designed and implemented a community-based lactation counselling support model in rural communities using a sequential exploratory mixed-methods approach across a three-phased study at Adomfe, Asuboa, and Bompata among a purposive sample of 40. Phase 1 (in-depth interviews) identified unmet needs in community-level lactation counselling support; Phase 2 (training) trained four public health nurses and six volunteers over 40 hours to implement the model; Phase 3 (model implementation) provided 30 pregnant women with community-based lactation support from 36 weeks' gestation to 12 weeks postpartum. Participants' mean age was 26 years; 74% had completed Junior High School education, and 60% were unemployed. Unmet needs identified included limited breastfeeding support, inadequate education, work-related challenges, misconceptions, and limited policy enforcement on breast milk substitutes, guiding four model-development themes: in-depth breastfeeding education, increased social support, regular home visits, and adequate resource provision. All participants initiated breastfeeding within 30 minutes of birth, practised rooming-in, and breastfed exclusively for 12 weeks postpartum. Implementation of the model mitigated identified breastfeeding support barriers and promoted positive outcomes; upscaling and integration into Ghana's Primary Health Care model is warranted to promote maternal and child well-being.

Keywords: *Community-based lactation counselling, Model development, Implementation, Breastfeeding*

Suggested citation: Adwoa Gyamfi et al. (2026). Development and Implementation of a Community-Based Lactation Counselling Support Model in Rural Ghana [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 25. https://doi.org/10.69600/gjnmid.2026.v03.i01

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Empowering Nurses: Unravelling Knowledge and Attitudes on Fall Prevention for Elderly Inpatients in Accra

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Greater Accra Regional Hospital and Achimota Hospital, Accra, Ghana

Sub-theme: Evidence-based Practice, Research and Policy · **Mode:** Oral · **Design:** Cross-sectional descriptive design; IBM SPSS v26

ABSTRACT

Falls are a major concern in healthcare settings because they can result in serious injuries and extended hospital stays; nurses play an important role in assessing patients' fall risk and implementing appropriate preventive measures to ensure patient safety. This study evaluated nurses' knowledge and attitudes regarding fall risk assessment and prevention practices among nurses in selected hospitals in Accra, adopting a cross-sectional descriptive design at the Greater Accra Regional Hospital and Achimota Hospital. A stratified random sample of 346 registered nurses across different inpatient care areas completed a standardised questionnaire, with descriptive and inferential statistics analysed at the 0.05 significance level using IBM SPSS Statistics version 26. Most nurses (64.3%) demonstrated excellent knowledge, while 73.7% exhibited strongly positive attitudes toward fall prevention. Statistically significant associations were observed between knowledge and age ($p = 0.007$), educational level ($p = 0.001$), years of experience ($p = 0.001$), and shift type ($p = 0.001$), along with strong positive correlations between knowledge and attitudes ($p = 0.002$), and between knowledge and practices ($p = 0.001$). While nurses possess adequate knowledge and positive attitudes, notable gaps exist in reassessment practices; education on fall risk and organisational safety technologies appear more influential than individual characteristics in determining fall prevention effectiveness. A comprehensive, system-level approach is recommended to reinforce knowledge, shape attitudes, and standardise fall prevention practices.

Keywords: *Attitude, Elderly patients, Fall risk assessment, Fall prevention practices, Patient safety*

Suggested citation: Augustina Amoah et al. (2026). Empowering Nurses: Unravelling Knowledge and Attitudes on Fall Prevention for Elderly Inpatients in Accra [Conference abstract]. Ghana Journal of Nursing and Midwifery, 3(1), Abstract 26. https://doi.org/10.69600/gjnmid.2026.v03.i01

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- Experiences of Couples on Resumption of Sexual Intercourse Post-Delivery at Kenyasi Health Centre, Kwabre East District, Ghana
- 'A Child Taking Care of a Child': Healthcare Providers' Experiences with Adolescent Mothers of Preterm Infants

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- Experiences, Effects and Coping Strategies in Sexually Assaulted Women at the Police Hospital, Accra
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