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Authors

Muller, Anna
Sayenda, Mphatso
Sylvies, Fiona
[et al.](#)

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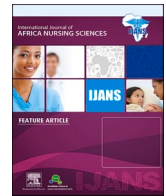
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In order to protect our mothers, we need to prioritize our nurses and midwives

Anna Muller^{a,*}, Mphatso Sayenda^b, Fiona Sylvies^c, Sharon Rose^d, Kimberly Baltzell^a, Mercy Mhango^e

^a University of California, San Francisco (UCSF) Institute for Global Health Sciences, Mission Hall, Box 1224, 550 16th Street, Third Floor, San Francisco, CA 94158, USA

^b Partners In Health, Neno, Malawi PO Box 56, Neno, Malawi

^c Tulane University School of Medicine, University of New Orleans, LA, USA

^d International Women's Health Coalition 964 Bayview Ave. Oakland, CA 94610, USA

^e Kamuzu Central Hospital, PO Box 149, Lilongwe, Malawi

A B S T R A C T

Aim: To investigate working conditions and experiences of nurses and midwives in a rural district in southern Malawi, a place where nurse-midwives are at the frontlines of maternal care.

Methods: Two focus group interviews were conducted with nurses and midwives (N = 20) in March 2018. Interviews were conducted in person, audio-recorded, and transcribed in Word. Themes were developed during hand-coding by a member of the research team and analyzed in a framework table. All documents were kept on a password protected computer with access limited to the first author and one other member of the team. All participants provided both verbal and written consent prior to the interviews.

Results: The major theme that emerged from the group interviews was primarily resource challenges; specifically staffing shortages, poor infrastructure, and lack of essential birthing supplies.

Conclusions: The findings suggest that without the tools to do their job in a safe working environment, nurses and midwives may leave nursing and midwifery to pursue alternative careers if they cannot provide safe and comprehensive care. While this problem had been identified in other studies, a dedicated effort to remedy such challenges is necessary at the district and national level.

Despite the myriad of international discussions and modernized protocols, the number of women who do not survive childbirth remains unacceptably high, particularly in sub-Saharan Africa (World Health Organization, Fund, Fund, Division, & The World Bank Group, 2019). This is especially true for pregnant women in Malawi, where the maternal mortality ratio (MMR) is 439 deaths per 100,000 live births, a rate that seems impossibly far from the World Health Organization (WHO) Sustainable Development Goal of reducing MMR to < 70 by 2030 (seven times lower) (Malawi Demographic and Health Survey 2015-16, 2017; "World Health Organization, 2017). Nurses and midwives are the frontline providers of maternal care in Malawi, particularly in rural areas where most deliveries are conducted by nurse-midwives. Given that approximately 85% of Malawi's population resides in rural areas, factors innate to these environments in low resourced settings, such as unreliable roads, frequent electrical outages, and long distances to healthcare facilities, contribute greatly to

increased rates of obstetric complications (Grzybowski, Stoll, & Kornelsen, 2011; Lisonkova et al., 2016; Malawi Demographic and Health Survey 2015-16, 2017).

Among the multitude of resource challenges facing Malawi's maternity health system, human resources, and the lack of adequate nursing and midwifery capacity, is one of the most detrimental. This is due to both the severe shortage of this critical cadre of healthcare providers as well as the physical and psychological exhaustion experienced by those currently in the field. With nurse vacancies hovering around 65%, it is no surprise that many Malawian nurses report experiencing burnout when tending to their patients, a reality that has been shown to detrimentally impact maternal outcomes (Schmiedeknecht et al., 2015; "The United States President's Emergency Plan for AIDS Relief - United States Department of State," n.d.; Thorsen, Tharp, & Meguid, 2011).

At the University of California, San Francisco, the Global Action in Nursing (GAIN) project aims to improve maternal and neonatal

* Corresponding author.

E-mail addresses: anna.muller@ucsf.edu (A. Muller), msayenda@pih.org (M. Sayenda), fsylvies@tulane.edu (F. Sylvies), sharonros@gmail.com (S. Rose), kimberly.baltzell@ucsf.edu (K. Baltzell), jomerly2@gmail.com (M. Mhango).

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outcomes in high-risk communities including those in Malawi ([Global Action in Nursing \(GAIN\) Project](#), n.d.). In order to gain better insight into the matters of safe and respectful maternity care and its impact on quality obstetric care, focus group discussions were conducted in March of 2018 with 20 GAIN nurses working in a rural district in southern Malawi in partnership with Partners in Health (PIH). These focus group discussions were conducted in English by a study investigator, using an interview guide (Appendix A), and audio-recorded with verbal and written consent. Throughout these discussions, the nurses identified basic needs for safe deliveries in a clinical setting, where the health system was falling short and how workload influences behavior toward patients. [Table 1](#) shows the major themes from the focus group discussions with corresponding illustrative quotes.

The causes of unsafe deliveries and poor health outcomes most often discussed included shortage of healthcare workers, lack of sterile resources, electricity blackouts, overcrowded waiting rooms, and medication stock-outs. Even at the best supplied health district in Malawi due to PIH partnership, the GAIN nurses describe medication stockouts and scarce essential supplies as the crux of quality care. "In the labor ward, you come to find that you do not have gloves and you cannot go and conduct a delivery without gloves, so when resources are not in abundance a nurse cannot be motivated...and you fail to work" (Nurse 3, Group 1). Even with education, GAIN trainings and continuing professional development (CPD) sessions, nurses struggle to do their job because the necessary tools are out of stock or not functioning. Another GAIN nurse described the impact of staff shortages in the health facilities compounded with high patient volumes: "You are alone, you are the only person looking after postnatal women, you are the same person in the labor ward and...you cannot give the comprehensive care that is really needed to everyone because of the work overload" (Nurse 5, Group 1). While symptoms of workload are often experienced by all levels of providers, nurses consistently report higher levels of emotional

exhaustion and diminished motivation compared to other healthcare workers ([Olley, 2003](#); [van der Doef, Mbazzi, & Verhoeven, 2012](#)).

In the fast-paced and under-resourced maternity wards in Malawi, nurses and midwives explained that they are forced to adapt their patient care into a practice suitable for the demanding environment. "It is hard to give comprehensive care when there is an inadequate number of nurses in the health center. Most of the nurses and midwives, we usually use shortcuts when providing care. Now it is becoming a habit... we are just too bound to those shortcuts" (Nurse 6, Group 1). In an effort to reduce shortcuts in essential practices in maternal and neonatal care, the WHO Safe Childbirth Checklist (SCC) was adapted by GAIN at our sites in Malawi and is in the advanced stage of being adopted nationally. The WHO SCC was originally developed by the Ariadne Lab in Boston, Massachusetts in 2012 as a tool to improve quality of care for mothers and their babies during labor and delivery around the world ([World Health Organization & Ariadne Labs, 2015](#)). The checklist is a list of evidence-based essential birth practices that target major maternal and neonatal complications in health facilities globally ([World Health Organization, 2015](#)). The WHO SCC is comprised of 28 essential practices for safe birth, it is intended to guide nurses and midwives from admission of a patient to discharge. "It is just pasted on the wall in the labor ward, so whenever you have a woman and you are taking history, you just look straight on the wall so that it can guide you during the postnatal check-up" (Nurse 10, Group 1). With an inadequate number of nurses and midwives in GAIN settings, the introduction of the SCC provided a modicum of structure and support. Participants requested the SCC as a visual aid, readily available for viewing over the patient's bed as a reminder that skipping steps comes at a cost. While not a substitute for adequate staffing, equipment, medication, equipment, and space, the SCC is a small step in supporting nurse midwives as they work to provide safe childbirth for women in Malawi.

At the time of the 2018 focus group, only 20 nurses had completed

Table 1
Working conditions and experiences of 20 GAIN nurses working in a rural district in southern Malawi.

Perceived challenges in maternal care	Illustrative quote
Basic needs for women to have a safe delivery	<ul style="list-style-type: none"> • "The emotional support that this companion will give, will also base much more in as far as safe birth is concerned." (Nurse 4, Group 1) • "We need to be updated to new knowledge and skills concerning the midwifery and lactation care. The midwives need to be consistently updated what is being in practice. So there is a continuous professional development." (Nurse 6, Group 1)
High workload results in shortcuts to care	<ul style="list-style-type: none"> • "Some processes that you need to do will require resources, so if you don't have enough resources, you improvise right? So that spirit of improvising even though you have the resource, you still have that spirit in mind." (Nurse 4, Group 1) • "Sometimes workload is a challenge, you find that maybe you are one nurse against antenatal, family planning, maternity, postnatal." (Nurse 2, Group 2) • "Nurses work every moment with no break. We don't even know whether there are public holidays we just continue working." (Nurse 3, Group 2)
Using the Safe Childbirth Checklist (SCC) to avoid shortcuts to quality care	<ul style="list-style-type: none"> • "When conducting discharge exercises, it acts as a reminder of what information am I supposed to give to the woman regarding to danger signs both of the mother and the baby when they go home." (Nurse 4, Group 1)
The meaning of respectful maternity care	<ul style="list-style-type: none"> • "We have to make sure that everything that we do, that we explain to the woman. Because sometimes we just go in the examination room and tell them to go and wait in waiting area without explaining...we have to explain so that at least she has an understanding of what is going on." (Nurse 3, Group 1) • "It is a matter of understanding the situation and be the best counselor at that time, don't be judgmental because that woman will be doing such things not at their will, but because of the situation, because of the pain she is feeling." (Nurse 10, Group 1) • "These women when they reach our facilities we are supposed to warmly welcome them by also respecting them. Even before this you can introduce yourself who you are to them and reassure them to erase any anxiety, to feel at home wherever they are they will be helped." (Nurse 3, Group 2) • "We are supposed to respect their dignity, sometimes we expose women without covering them. We are supposed to make sure that their privacy is always maintained." (Nurse 7, Group 2)
Infrastructure challenges	<ul style="list-style-type: none"> • "When blackouts come, we feel very bad and it takes you to plan how can I conduct this delivery in a room which is very dark? We try to have some light but it cannot show you everything what is happening on that bed, sometimes you may miss something." (Nurse 7, Group 1)
Impact of nurse and midwife attitude	<ul style="list-style-type: none"> • "If one woman has come to the health facility to deliver and the experience she has faced at that particular moment isn't good, is a negative one, they will go back to the community and will tell the community or will tell relatives, will tell the friends." (Nurse 4, Group 1) • "You are helping the woman in order to save the child. Suppose it's in second stage and you see that there is poor maternal effort or else that person is just doing it deliberately 'I don't want to bear down!' and then you continue saying, 'Please help us we want the baby!'" (Nurse 3, Group 2)
Danger of misinformation in antenatal and labor care education	<ul style="list-style-type: none"> • "A woman is told in antenatal to ambulate and come back after four hours because her labor has just started. The woman then goes outside and tells people that the nurses have chased her away. It creates a very big gap or very big problem between nurses and the community because we haven't taught them well during antenatal." (Nurse 1, Group 2)

the GAIN Maternal and Neonatal training and mentorship and were eligible to be included in the study. Since then, an additional 180 nurses have completed the GAIN training course and are receiving year-long beside mentorship. GAIN has also expanded to an urban district in southern Malawi in partnership with a local non-governmental organization (NGO) and expanded to rural districts in southern Liberia and eastern Sierra Leone in partnership with PIH.

Nurses and midwives are key to preventing mothers and neonates from dying during childbirth. They deserve adequate training and resources to do their jobs. Potential solutions include reinforcing the use of easy-to-access visual tools such as the SCC, inviting nurses and midwives to voice issues in the health facilities at key district meetings, and ensuring that educational institutions are adequately arming nurses and midwives with skills such as respectful maternity care and advocacy strategies in addition to clinical competencies. Extensive research is not needed to understand that an adequate number of nurse midwives, fairly compensated, with the infrastructure to work safely, will change outcomes. In the words of a GAIN nurse and midwife, “You find that you have all these necessary knowledges, attitudes, and skills to provide the respectful care...but the environment in which you are working will let you down” (Nurse 2, Group 1).

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.ijans.2021.100383>.

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