

**NORWEGIAN CHURCH AID-MALAWI**

# ABSTRACT BOOKLET

## **Nursing and Midwifery Dissemination Conference; The Future for Improving Nursing Education in Malawi**



**26th to 27th November 2015  
Sunbird Capital Hotel, Lilongwe, Malawi**



**NORWEGIAN CHURCH AID**  
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The Future for Improving Nursing Education  
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## About Norwegian Church Aid

Norwegian Church Aid (NCA) is an international ecumenical organisation that works to promote the basic rights of women, men, boys and girls. The organisation is rooted in the Christian faith. NCA's mandate is to promote human dignity, participation, equality and social justice, with specific focus on the poor and the marginalised. Thus, NCA's engagement in Malawi is based on this fundamental principle of human dignity for all. In this regard, NCA intends to ensure that empowerment of the people, the poor and the marginalised, and adherence to good governance by the duty bearers are upheld and promoted. NCA partners in Malawi are mainly churches and faith based organizations.

With funding from Royal Norwegian Embassy, NCA-Malawi in collaboration with partners implemented a health programme from 2011 to 2015 with emphasis on "The right to health" strategic area. One of the components in the health programme implementation was Improved Health Training. The overall goal was to improve the capacity of tutors and 15 college management teams so that they deliver and manage health care training effectively and efficiently. Its main implementation methodology was Strengthening Delivery of Training and Management Systems. Among many components of the health training was the research aspect which resulted in production of several research products during the capacity building processes including the ones with the abstracts contained in this booklet.

The following institutions were involved in the health capacity building component:

### **CHAM Nursing Colleges**

- St John of God-Mzuzu
- Ekwendeni
- St John's-Mzuzu
- St Joseph's-Chiradzulu
- Holy Family-Phalombe
- Malamulo-Thyolo
- Mulanje Mission
- Trinity-Nsanje
- St Luke-Zomba
- Nkhoma-Lilongwe

### **Government Supported colleges**

- Malawi College of Health Science (Lilongwe, Zomba and Blantyre Campus)
- Mzuzu University
- Kamuzu College of Nursing

### **Resource Partners**

- Norwegian University Colleges (Telemark, Vestfold, Diakonhjemmet and Arkeshus)
- Norwegian Church Aid-Malawi

## *Organising partners*



## **Telemark University College**

- Holy Family College of Nursing and Midwifery
- Kamuzu College of Nursing
- Malamulo College of Health Sciences
- Malawi College of Health Sciences-Lilongwe, Zomba and Blantyre campuses
- Mulanje Mission College of Nursing and Midwifery
- Mzuzu University
- Nkhoma College of Nursing and Midwifery
- St John's College of Nursing and Midwifery
- St Joseph's College of Nursing and Midwifery
- St Luke's College of Nursing and Midwifery
- Trinity College of Nursing and Midwifery
- National Organisation of Nurses and Midwives of Malawi
- Nurses and Midwives Council of Malawi
- Ministry of Health – Government of Malawi
- Christian Health Association of Malawi
- Norwegian Church Aid



## **Abstract Reviewers**

Dr Gertrude Mwalabu

Dr Belinda Gombachika

## Introduction

This booklet contains twenty two abstracts which were submitted for presentation to a nursing education research dissemination conference conducted from 26<sup>th</sup> to 27<sup>th</sup> November 2015. The theme for the conference was: ***Nursing Education Research: The Future for Improving Nursing Education in Malawi.***

The objectives of the dissemination conference were:

- a) To share evidence and explore innovations in nursing education.
- b) To share and identify ways to promote quality nursing and midwifery education in Malawi.

The conference also had several subthemes which guided the deliberations. The following were the subthemes for the conference:

- a) Teaching and learning methodology in nurse/midwifery education.
- b) Utilisation of skills laboratories for teaching and learning.
- c) Clinical teaching in clinical situations.
- d) Innovative teaching strategies.
- e) Collaboration.
- f) College management and management systems.
- g) Patient centred care in nursing and midwifery education.

Nursing Education research was one of the focus areas of the "Improved Health Training Education in Malawian Nursing Colleges" project which was launched in 2005. The project was implemented by Norwegian Church Aid (NCA) in

collaboration with Christian Health Association of Malawi (CHAM) and funded by the Royal Norwegian Embassy (RNE) - Malawi. The main aim of the project was to increase the capacity of CHAM colleges to increase the number of nurses and midwife students recruited in training institutions and provide quality nursing and midwifery education. This was an initiative to overcome a critical shortage of health workers in Malawi. The dissemination conference was therefore held to share some of the evidence coming out of the implementation of the project.

Prior to the conference, two reviewers were engaged from Kamuzu College of Nursing. A total of twenty two abstracts were identified for presentation at the conference. The reviewers developed criteria which focused on four key aspects:

- a) Adherence to abstract format
- b) Relevance to conference theme (significance of the topic to nursing and midwifery education)
- c) Contribution to the theme
- d) Coherence and content

Some were accepted for the outstanding work. While others were accepted with minor revisions, major revisions others were rejected.

The first abstract in the booklet gives a background of the research intervention. How it was implemented and achievements made. This abstract awakened the interest of nursing educators to engage in research in order to improve nursing and midwifery education in Malawi. Up to this far nursing research is mostly carried out as a fulfillment of some higher degree requirements.

The three abstracts that follow were done by nursing education network groups of south, centre and north. Each of these three groups was comprised of five colleges. The groups carried out their study with funding from the Improved Health Training Project and supervised by three Malawian and five Norwegian supervisors who took a mentorship role in guiding the groups.

Abstract number five to twenty-two were submitted for parallel sessions, but due to time limitations fifteen were presented.

This booklet has been developed with the goal of further disseminating the research findings. Some recommendations are worthy implementing, thereby initiating action research, while others can be developed into further studies. With these follow-up activities, it is the hope of Norwegian Church Aid and CHAM that nursing and midwifery education will continue to improve and colleges continue to deliver on their mandate.



# **SUBTHEME 1: TEACHING AND LEARNING METHODOLOGY IN NURSE/MIDWIFE EDUCATION**

# 1. Investigation of the Clinical Assessment Practices of Nurse Educators for Nursing and Midwifery Technician Students in Malawi

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## ***Abstract***

**Background:** The aim of the study was to improve nursing and midwifery education in Malawi. The study was conducted because the syllabus which guides the teaching, learning and assessment of nursing and midwifery technicians in Malawi, has not stipulated the assessment methods, tools and systems to be used in assessing these students.

**Methodology:** Exploratory design was used to investigate these clinical assessment practices. A quantitative research method was used and structured closed ended questionnaire in English was designed to collect data from Nurse Educators (n=125) who assess students in clinical practice in all Christian Health Association of Malawi Colleges. Data were analyzed using SPSS version 16.0. Descriptive statistics were used to enhance analysis of the variables.

**The study findings:** The findings revealed that assessment of Nursing and Midwifery Technician students in Christian Health Association of Malawi Colleges, is mostly done by Tutors who have Bachelor's Degree in Nursing and Midwifery (n=74). There is inconsistency in types of assessments, number of assessments, assessment methods and tools used. Furthermore, assessment of students is more focused on psychomotor domains (n=70). Validity and reliability of the assessment methods and tools is maintained by developing

the assessment tools from Nursing and Midwifery Technician curriculum (n=53), course outlines and content covered during classroom learning (n=27), and by using same assessment methods and tools (n=95).

**Implication for the Nursing and Midwifery Education:**

The Christian Health Association of Malawi training colleges should develop policies in order to standardise these clinical assessment practices.



## 2. Factors that Affect Student's Performance during Objective Structured Clinical Examination (OSCE) in CHAM colleges of Nursing, Southern Malawi

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### ***Abstract***

**Background:** Students' performance during Objective Structured Clinical Examination (OSCE) in Christian Health Association of Malawi (CHAM) colleges of nursing is poor. About 25% of students in these colleges do not perform well during OSCE. The factors that contribute to the poor or good performance are not known. The aim of the study was to describe factors that affect student's performance during OSCE.

**Methodology:** The study was a Cross Sectional Descriptive survey which triangulated quantitative and qualitative data collection and analysis methods. A total of 259 subjects participated in the study, 13 respondents and 246 participants. Quantitative data was collected using a self-administered questionnaire and qualitative data was collected using a semi structured interview guide developed by the researcher. Quantitative Data analysis was done by computer using Statistical Package for Social Studies (SPSS) version 16. The test level of significance was 5%.The qualitative data was reported as detailed descriptions of the themes and subthemes identified.

**Study Findings:** About 80% of the students practiced skills and this assisted them to perform well. However only 67.9% were supervised during practicing, which reduced chances of

correcting and coaching them on the proper way of doing the skill. About 43% of the students had one assessor during OSCE and 66.3% were tested on three or less skills at a time, this reduced the reliability and validity of the test results.

**Implications for Nursing and Midwifery Education:** Students should be encouraged to practice the learned skills and colleges should ensure that students are examined on a wide range of skills and that the assessment is done by two tutors to increase objectivity.

### 3. Exploring Knowledge and Perceptions of Tutors towards the Use of Problem-Based Learning Approach (PBL) in Christian Health Association of Malawi Nursing Colleges

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#### ***Abstract***

**Background:** In order to address the issue of human resource crisis in the Malawi's health sector, the government through Ministry of Health (MoH) formed strategic partnerships with CHAM health training colleges and Norwegian government. Hence new teaching and learning methods such as Problem Based Learning (PBL) approach were introduced in CHAM nursing colleges. However it has been observed that implementation of PBL in most CHAM nursing colleges is not up to the expected standards of PBL approach. Therefore it was important to assess the knowledge and perceptions of tutors in CHAM nursing colleges towards the use of PBL approach.

**Methodology:** Data was collected using questionnaires and in-depth interview guide. The research respondents comprised of principals, tutors and students. Content analysis was used to analyze qualitative data while quantitative data was analyzed manually using tally sheets.

**Study Findings:** The results showed that tutors have partial knowledge on the concept of PBL; learning and teaching theories and their link to PBL as well as to Pedagogical and Andragogical principles. Use of the approach does not follow

PBL best practices. However the tutors perceive PBL approach to be suitable for teaching NMTs.

**Implications for Nursing and Midwifery Education:** Setting staff development programmes and having a proper planned change programme can improve the current situation.

## **SUBTHEME 2: UTILISATION OF SKILLS LABORATORIES FOR TEACHING AND LEARNING**

#### 4. Factors Affecting Clinical Performance of Nursing and Midwifery Technician Students at Three Nursing Colleges, Southern Malawi

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##### ***Abstract***

**Introduction and Background:** The nursing colleges in southern Malawi were experiencing an unusually large number of average and below average grades for nurse midwife technicians (NMTs) in both midwifery and medical-surgical nursing clinical practice. It is not known why the NMT students' overall performance in the clinical practice examinations remained below average to average, compared with their grades in the theoretical part of their studies. Although studies had identified factors that affected clinical performance of nursing students in other countries, there was no study that had explored factors affecting clinical performance of NMT students in Malawi. The purpose of the study was to explore factors affecting clinical performance of NMT students, at three nursing colleges in Southern Malawi. Specifically, the objectives of the study were:

- To determine college, student, and clinical area factors that could influence clinical performance of NMT students
- To identify the equipment and supplies availability the clinical areas that could affect the clinical performance of NMT students

**Methodology:** The study design was descriptive cross-sectional that used quantitative approach to data collection and analysis. The study was conducted at Malawi College of Health Sciences (MCHS)-Zomba campus, St. Luke's college of nursing and midwifery, and St. Joseph College of nursing and midwifery. A systematic sampling technique was used to draw a sample of 384, comprising second and third year students from the three training institutions. A structured questionnaire was used to collect data. Scientific package for social sciences (SPSS) version 16.0 was used to analyze data. Data analysis comprised both descriptive and analytic statistics.

**Study Findings:** The factors that influenced clinical performance of NMT students in the three colleges in southern Malawi included: demonstration as a classroom teaching method: =12.303, df 1, p = 0.000, clinical area teaching methods such as group discussion: =18.294, df 1, p = 0.000, and individual instruction: = 8.061, df 1, p = 0.005, supervision in the clinical area: = 30.712, df 3, p = 0.000, number of skill lab attendance:=15.189, df 5, p = 0.010, skills lab feedback= 8.180, df 1, p = 0.004, skills lab feedback givers: nurse educator= 4.472, df 1, p = 0.034, and clinical instructor = 10.157, df 1, p = 0.001. The following factors did not influence students' clinical performance gender, English proficiency, previous nursing related training, year of study, availability and relevance of clinical objectives list of clinical procedures to be mastered and availability of material and human resources in the clinical area.

**Implications for nursing and Midwifery Education:** Appropriate teaching methods, supervision and giving feedback to students following practice in the skills laboratory promote clinical performance. It is therefore important that

nurse midwife educators take an active part in clinical teaching.



## **SUBTHEME 3: CLINICAL TEACHING IN CLINICAL SITUATIONS**

## 5. Assessing Quality of Clinical Learning Environment for Nursing and Midwifery Students in Northern Malawi

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### ***Abstract***

**Background:** The quality of nursing education largely depends on the quality of the clinical learning environment to give the students the necessary experiences in order for them to become competent practitioners. Almost all nursing and midwifery students across the country utilize government run hospital and Christian Health Association of Malawi (CHAM) facilities for their clinical practice. However, the quality of these clinical learning environments in the Northern Region of Malawi is not well explored for effective clinical teaching and learning. Therefore, it became imperative for the investigators to carry out this study to assess the quality of clinical learning environment for nursing and midwifery students in Northern Malawi. Objective: The study aimed at assessing quality of clinical learning environment for nursing and midwifery students in northern Malawi.

**Methodology:** This study used a mixed method approach. Data for qualitative part of the study was collected through focus group discussions. Students from three nursing colleges were involved. Data was analysed using content analysis.

**Study Findings:** Findings showed that students were not satisfied with the clinical learning environment. The results indicated that students felt abandoned and not respected. Lack of supervision from their lectures came out clearly from all the students.

**Implications for Nursing and Midwifery Education:** The overall results from the qualitative data indicate lack of contentment towards clinical learning environment from all the nursing and midwifery students from the northern region. The network recommends that colleges and hospitals should collaborate to establish best methods of supporting students teaching and clinical area.

## 6. Involvement of Registered Nurses in Clinical Teaching of Nursing Students in Central Hospitals of Malawi

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### ***Abstract***

**Introduction:** Clinical teaching is one of the most important components in the training of nursing students. In Malawi, one of the roles of registered nurses is teaching student nurses in the clinical area. The study determined the involvement of registered nurses in clinical teaching of nursing students in central hospitals of Malawi and its association with knowledge, attitude, incentives and workload. It has also been noted that RNs rarely participate in clinical teaching of nursing students.

**Methods:** Using a cross sectional study design, data were collected using a self-administered questionnaire from a convenient sample of 105 registered nurses out of total population 220 registered nurses in all central hospitals of Malawi namely: Queen Elizabeth, Zomba, Kamuzu and Mzuzu. Data were analysed using the SPSS software, leading to the calculation of Spearman's rank correlation coefficient and Chi-Square.

**Results:** The study revealed that 69.5% of registered nurses were involved in clinical teaching. It was also found that 97.1% of the respondents had knowledge of clinical teaching and 97.1% had low to moderate attitudes towards clinical teaching. The researcher found that 61.9% of the

respondents had high workload and 65.7% needed incentives to participate in clinical teaching. There was significant positive correlation between involvement in clinical teaching and knowledge ( $r_s = .381, p < 0.01$ ).

**Conclusion:** The findings suggested that registered nurses are not fully involved in clinical teaching of nursing students. There was a significant positive correlation between involvement of RNs in clinical teaching and knowledge.

**Implications for Nursing and Midwifery Education:** The Ministry Of Health and central hospitals to use the study results in policy formulation on registered nurses working in central hospitals to intensify on their teaching role. The Ministry of Health Of Health should train and deploy more registered nurses in central hospitals of Malawi who will in turn teach nursing students. Nursing training institutions could use the study findings in selection and utilization of teaching strategies that enhance acquisition of skills necessary in clinical practice. There is a need to include incentives in clinical teaching in order to motivate more registered nurses to engage in clinical teaching.

## 7. Assessing Clinical Learning Environment: Kamuzu College of Nursing Undergraduate Nursing Students' perspectives, Malawi

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### ***Abstract***

**Background:** The development of skills and competencies among undergraduate nursing students is a crucial component of clinical education. The effectiveness of the physical Clinical Learning Environment and how it prepares nursing students to independently and competently provide nursing care is a central concern in the undergraduate nursing education. This paper describes part of an exploratory descriptive study that employed mixed method design to explore and describe the Clinical Learning Environment for the undergraduate nursing students at Kamuzu College of Nursing as per the students' perspectives. Kamuzu College of Nursing gives students as much clinical exposure as possible and recruit of preceptors and/or clinical instructors to assist the students to develop competencies. Despite the efforts by the college anecdotal reports and observations reflects stakeholders' query on the level of clinical performance of Kamuzu College of Nursing undergraduate nurses. Questions arose as to whether the Clinical Learning Environment had served to equip the students more appropriately with the required skills and competencies for the provision of the desired level of nursing care.

**Methodology:** The study's population comprised all third and fourth year undergraduate nursing students (n=219). Using a

table of random numbers, the names of individuals were selected from the population until a minimum of 125 students was obtained, all participated in the study but 120 questionnaires were valid for analysis representing 96% of the study sample. Survey results were analysed using Statistical Package for the Social Science computer package (Version 16).

Descriptive statistics (mean, frequencies and percentages) were calculated to describe the nursing students' perspectives. Mean scores for each version of each scale and the difference between the mean scores of the preferred and actual versions of each scale were calculated to describe the nursing students' perspectives to the scale items. A t- test was done to analyse the differences of the students' perspectives of their actual CLE and their preferred CLE. The t -test results showed that the mean scores between the actual and the preferred versions of the questionnaire were statistically significant at  $p < 0.05$ .

**Results:** The results indicated that the participants were not satisfied and preferred improved conditions for their effective learning.

**Implications for nursing education:** The findings will lead to the review of the students' clinical placements to be sensitive to the needs of the students and assist nurse educators to plan for effective training of these nurses to become competent graduates.

## **8. Enhancing Students' Moral Competence in Practice: Challenges Experienced By Malawian Nurse Teachers**

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### ***Abstract***

**Background:** Nurses and student nurses in Malawi often encounter challenges in taking a moral course of action. Several studies have demonstrated a need for increased awareness of ethical issues in the nursing education.

**Aim:** To explore the challenges experienced by nurse teachers in Malawi in their efforts to enhance students' moral competence in clinical practice.

**Objectives:** To identify the ethical challenges experienced by student nurses at the clinical area from the nurse teachers perspective and to learn how student nurses were prepared theoretically and facilitated in clinical practice to achieve reflective and moral competence

**Methodology:** A qualitative hermeneutic approach was employed to explore and interprets the nurse teachers' lived experiences. Individual interviews of nurse teachers from St Luke's, Nkhoma, St. John's and Ekwendeni Colleges of Nursing were conducted. In addition a focus group discussion was conducted with nurse teachers from Trinity, Mulanje, Holy Family, St. Joseph, Malamulo, Ekwendeni, Nkhoma and St Johns Colleges of Nursing. The participants were sampled purposively and the inclusion criterion was a Malawian nurse



Teacher with teaching experience of not less than one year. The data were analysed by means of qualitative interpretative content analysis.

**Ethical considerations:** Ethical approval was granted by the National Health Sciences Research Committee in Malawi (NHSR) and all participants signed their informed consent.

**Findings:** Two overall themes emerged from both individual and focus group discussions: (1) authoritarian learning climate, with three subthemes: (a) fear of making critical comments about clinical practice, (b) fear of disclosing mistakes and lack of knowledge and (c) lack of a culture of critical discussion and reflection that promotes moral competence; and (2) discrepancy between expectations on learning outcome from nursing college and the learning opportunities in practice comprising three subthemes: (a) gap between the theory taught in class and learning opportunities in clinical practice, (b) lack of good role models and (c) lack of resources.

**Discussion:** Our findings indicated that showing respect was a central objective when the students were assessed in practice. A number of previous studies have enlightened the need for critical reflection in nursing education. Few studies have linked this to challenges experienced by teachers for development of moral competence in practice. This is one of the first such studies done in an African setting.

**Implications for Nursing and Midwifery Education:** There is a clear relationship between the two themes. A less authoritarian learning climate may enhance critical reflection and discussion between students, teachers and nurses. This can narrow the gap between the theory taught in college and

what is demonstrated in clinical practice. Moral competence must be enhanced in order to ensure patients' rights and safety.

## 9. Registered Nurses' Experiences with Clinical Teaching Environment in Malawi

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### ***Abstract***

**Background:** Clinical practice remains an integral part of nursing curriculum because clinical practice provides students with an opportunity to achieve professional competence. Creating a conducive learning environment for clinical teachers and students is responsibility of academic staff, clinical nurses and students alike. However studies in Malawi have reported poor clinical learning environment for students. This study therefore aimed at exploring nurses' experiences of clinical teaching environment in Malawi.

**Methodology:** The study used a qualitative research design utilising a descriptive phenomenological approach. Participants were randomly identified from teaching hospitals across Malawi by nursing managers to attend a six week clinical preceptorship training at one University nursing college. Immediately before commencement of the training, participants were invited to voluntarily participate in a focus group discussion pertaining to their experiences with clinical environment. We conducted focus group discussions with 9 trainees in 2013 and 12 trainees in 2014 training cohorts.

**Study Findings:** Findings reveal that nurses meet a number of challenges in teaching students in the clinical area. Four themes emerged from the study namely: inadequate faculty support, poor clinical teaching environment, poor competence

among nurses and unsupportive working conditions. Nurses require support from academic staff, their managers to ensure a conducive clinical teaching environment.

**Implications for Nursing and Midwifery Education:**

Registered nurses identified faculty support as paramount to their performance in teaching students. Lack of faculty support really demotivates preceptors. Lack of guidance from faculty becomes stressful for registered nurses. It is evident that clinical nurses require adequate support from both their managers and faculty staff. Infrequent interaction between clinical nurses and faculty staff during clinical teaching fosters a sense of demotivation and lack of recognition among nurses. Lack of competence to handle students among nurses affects their willingness to manage students. Provision of clinical resources and adjustment to workload could improve the role performance of nursing during clinical teaching of students.

## 10. Where Is the Grade Coming from? Problems and Challenges in Evaluating the Clinical Performance of Nursing Students

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### ***Abstract***

**Background:** Evaluation of students in the clinical area is a critical role of nurse educators. However, conducting the evaluations efficiently and fairly remains a challenge which educators must address.

**Aim:** The aim of the study was to explore the students' perceptions of their clinical learning experience, in view of the problems prevalent in the various clinical settings that are used as teaching hospitals.

**Design:** This was a hermeneutic phenomenological study and the setting was a university nursing college in Malawi. The sample was selected purposively, consisting of thirty participants. Conversational interviews were conducted to obtain participants' accounts of their clinical learning. A framework developed by modifying Colaizzi's procedural steps guided the phenomenological analysis.

**Study Findings:** Several issues emerged from the study, but the focus in this presentation is assessment of clinical performance of nursing students. The study revealed bias in the conduct of clinical evaluations and furthermore, it also revealed that interpersonal relationships significantly influence the evaluation process. It also revealed that nursing students are exposed to different conditions during clinical placements, but during evaluations the same standards are applied to

assess them, without considering the circumstances that characterized their experience.

**Implications for Nursing and Midwifery Education:**

Clinical evaluation plays a crucial role in nursing education, and it is essential that it must be conducted in a manner that enables nurse educators to effectively determine the clinical proficiency of nursing students.

## 11. Experiences of Nurses and Midwives while Participating in Continuous Professional Development (CPD) Activities at Bwaila Hospital

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### ***Abstract***

**Introduction:** A qualitative study was conducted on experiences of nurses and midwives while participating in CPD Activities at Bwaila Hospital. CPD was introduced in Malawi with the aim of improving quality care through competence acquired from three aspects namely; skills, attitude and knowledge. It is assumed that some aspects of CPD are not acquired because of limited resources within the hospital setting as the practice has now moved from theory based learning to competence based learning which requires resources.

**Objective:** The overall objective of the study was to explore on circumstances that facilitated the participation of nurses and midwives in CPD programme at Bwaila Hospital.

**Methodology:** Qualitative methods were used and the study participants were nurses and midwives, matron in charge and the CPD coordinator at the Nurses and Midwives Council of Malawi. Data were collected at Bwaila Hospital through in depth interviews using an interview guide. Twenty (20) participants were recruited and confirmed to have conducted CPD activities while utilizing their license for more than three years. Prior to the interviews, consent was obtained from the study participants. Interviews were tape recorded and were

transcribed verbatim. Data were analyzed as they were collected through the process of coding and a coding tree was developed. Themes were derived from the objectives of the study and under each objective, sub themes were also derived.

**Study Findings:** Mixed opinion and perception towards the CPD program has been expressed which has also affected the participation. Other participants in the study have appreciated the role that CPD plays in improving their professional growth while others find it a waste of time and fail even to identify their own learning needs. The implication for the latter group is on the uptake of CPD, quality of care provided, and reinforcement of CPD participation as these may influence others negatively especially where no penalties are levelled against them. Generally, the CPD program has been facing many challenges that have affected the participation.

**Implications for Nursing and Midwifery Education:** CPD participation needs to be reinforced at Bwaila Hospital while taking into consideration the challenges faced by the nurses and midwives. To a large extent CPD has registered positive effect on professional practice. More supervision and sharing of information is required to reinforce the gains from the programme. The findings recommend that nurses and midwives should take personal responsibility to encourage those who have not yet come to appreciate the benefits. Experienced time constraint requires joint effort to identify what works for each one of them get the opportunity to participate in CPD. Regular supportive supervision and consultative meetings with the nurses and midwives at Bwaila will be highly recommended for effective CPD participation.



**SUBTHEME 4:  
INNOVATIVE TEACHING  
STRATEGIES**

## 12. Knowledge and Attitudes of Nursing and Midwifery Educators and Learners on Self-Directed Learning in Selected Nursing and Midwifery Colleges of the Southern Region of Malawi

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### ***Abstract***

**Background:** The study explored knowledge and attitudes of nursing and midwifery learners and educators on Self Directed Learning (SDL) in five nursing colleges of the southern region of Malawi. Learners' and educators' knowledge and attitudes towards SDL, experiences of teaching methods used and availability of resources for use in SDL from the participants' perspective were assessed. Finally, suggestions were made on how to improve utilisation of SDL.

**Methodology:** The study used descriptive design with quantitative and qualitative approaches. Questionnaires were administered to 324 continuing learners while interviews were conducted with 18 nurse educators drawn from the five colleges. Convenience sampling was used. SPSS and Microsoft excel were utilised to analyse quantitative data while qualitative data was analysed using content analysis. Ethical approval was obtained from College of Medicine Ethics and Research Committee (COMREC).

**Study Findings:** Results showed that 86% (95% CI= 82.2%-89.8%) of learners had knowledge of SDL while educators demonstrated knowledge through description of their understanding of SDL. Experiences of learners showed that SDL was being practiced by educators occasionally according to 68.5% of learners, a fact that was collaborated with nurse educators' findings. 75.3% of the learners had experienced benefits with use of SDL which concurred with what the educators had reported. There was a significant association in experience of benefits and type of programme (Chi square =11.29; df =4; p =0.025). 61.1 % of the learners reported inadequate learning resources while educators reported inadequate resources such as books, internet and infrastructure, time consumption and increased workload as major challenges in implementation of SDL. Majority (80.4 %: 95% CI =76%-84.7%) of learners had positive attitudes towards use of SDL because it was suitable for learning. Most educators had positive attitudes. In addition, 85% (95%CI=81.0% -88.9%) of the learners stated that SDL use should be maintained. However educators were of the opinion of maintaining SDL as long as measures are taken to improve its utilization.

Strategies proposed by learners to promote SDL implementation include educators ensuring availability of resources (36%), applying effective facilitation (36%). Educators suggested that management should ensure resources are available for use in SDL and recruit learners based on available resources.

**Implications for Nursing and Midwifery Education:** Recommendations for improving use of SDL in colleges include commitment from college management towards training nurse educators to be more conversant with self-

directed learning methods. SDL methods should be incorporated in the curriculum.

### 13. Nurses Communication of Health Information to Caregivers of Children Hospitalised at Queen Elizabeth Central Hospital

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#### ***Abstract***

**Introduction:** Communication is central to nursing in areas of diagnosis, treatment and possible outcome or complications that can arise in sick children both with acute and chronic illness. Nurses' communication of health information to caregivers of hospitalised children reduces uncertainty and optimises treatment adherence and decision-making. However, in Malawi, there is little research to assess nurses' communication of health information to caregivers of hospitalised children.

**Aim:** The study was designed to explore the adequacy of health information that nurses communicate to caregivers of hospitalised children.

**Methodology:** The study used a cross-sectional, descriptive design with triangulation of quantitative and qualitative data collection to explore the adequacy of health information that is communicated to caregivers. The study setting was children's ward at Queen Elizabeth Central Hospital (QECH) in Blantyre District, Malawi. A random sample of 267 caregivers of hospitalised children who met the criteria were recruited for face to face interview. In-depth interviews were conducted

with 13 child health nurses. Quantitative data were analysed using EPI INFO version 7.0 and qualitative data were analysed by thematic content analysis.

**Results:** Quantitative results indicated that out of 267 participants 54.68% (n=146) had received information and 45.32% (n=121) of the caregivers did not receive information following admission to the hospital. Majority of participants (62.17%, n=166) did not receive information on the treatment the child was getting and only 37.83% (n=101) reported receiving information on the treatment the child was getting. However, the greatest proportion of participants (75.66%, n=202) was satisfied because the child's condition was improving not necessarily with the health information they received and the least proportion of participants (24.34%, n=65) was not satisfied with the health information they received. Caregivers also reported that nurses were less likely to provide adequate health information than doctors since only 8.61% (n=23) reported that they received health information from the nurses as compared to 55.43% (n=148) of participants who had received health information from doctors. Qualitative results showed that shortage of staff, increased workload, lack of resources, language barriers, caregivers' low education levels, and privacy are factors that hindered nurses from communicating health information.

**Implications for Nursing and Midwifery Education:** Strategies that could be implemented to improve communication of health information include: development of protocols, helping nurses to improve their communication skills, and ensuring adequate staffing, privacy and teamwork.

## **14. Title: Implementation of Problem Based Learning in Nursing Education: A Malawian Case Study**

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### **Abstract**

**Background:** Problem-based learning (PBL) is a teaching and learning approach that is known to facilitate life-long learning, problem solving, self-directed learning, critical thinking skills and student motivation. It is also renowned for the promotion and integration of knowledge. PBL was introduced in Malawian nursing education six years ago; however, its implementation apparently has been very slow throughout the country.

**Purpose:** The primary purpose of this study was to explore, analyse and describe characteristics that facilitated implementation of PBL in the identified college as a case study. The secondary purpose was to utilise the data gathered from the identified college as a case study to identify a set of critical factors that could guide implementation of PBL in nursing education in a resource constrained country like Malawi.

**Methodology:** This was an exploratory and descriptive qualitative case study using an ethnographic approach and guided by the theoretical framework of socio-technical systems. Purposive sampling technique was employed to select the college, nine participants and documents for review. Three data sources were utilised: semi-structured interviews, participant observation and document reviews.

Ethnographic data analysis was done following the four steps of data analysis as described by Spradley and trustworthiness was ensured utilising the criteria proposed by Lincoln and Guba. Four themes emerged: (i) Having a goal subthemes: producing life-long learners, review of the curriculum. (ii) Resources for the organisation subthemes: committed management and leadership, skills development of staff, having staff with the same values, additional staff, having technological and material resources. (iii) Influences on the organisation subthemes: social influence, economic influence and political influence. (iv) Critical success factors subthemes; staff involvement in planning and communication, motivation and commitment of staff, collaboration with other colleges and organisations.

**Implications for Nursing and Midwifery Education:** It is recommended that all colleges that intend to implement PBL should first determine and communicate the need for this with all those who will be responsible for the implementation. This will enable them to gain their support and make it a success. Those who intend to implement PBL should seek support from government and other stakeholders to ensure successful implementation of PBL programmes in nursing colleges.



## **SUBTHEME 5: COLLABORATION**

## **15. Building Research Capacity in Malawian Nursing Education A Key to Development and Change**

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### ***Abstract***

Background: Important features of today's global health care field are the enormous increase in knowledge and the growing demand for research to underpin and develop practice. In high-income countries, these developments have emerged gradually over several decades and, step by step, have transformed practices and ways of thinking. However, in Malawi and many other low-income countries, the same processes started later and have been hindered by various factors, including difficulty accessing research-based information a lack of resources, and the absence of a culture of research. Recently, access to research-based information has been improved dramatically in low-income countries, and most higher education institutions, including nursing colleges, have access to the Internet and important health research and scientific information in full-text articles. Access to the Internet and updated information presents new opportunities but does not necessarily lead to change and development. The lack of a culture of research poses the risk that valuable

research-based knowledge will be misinterpreted or not used at all. Another challenge is that most existing research has been conducted in western countries and is not always relevant to different contexts. The need for research capacity building in developing countries, therefore, is clear.

**Methods:** An action research design comprised of three cycles, each which built on the other, was adopted. Participant observation, evaluations by participants, and reviews of participants' research work in progress provided data to assess the impact and challenges of the interventions, and make necessary adjustments.

**Study Findings:** The results indicate that encouraging research on nursing education focused on locally defined problems is a fruitful and motivating way to improve teachers' competence. Participants found the intervention to be highly relevant to their work. They appreciated the cyclic approach and the alternation among input lectures, guided group work, and fieldwork. Participants valued the opportunity to analyze and discuss their own experiences in the light of relevant international research. They found the absence of existing research on nursing education in Malawi a motivation to continue researching.

**Implications for Nursing and Midwifery Education:** Research capacity building for nurse educators through a participatory approach which addresses locally perceived problems can play an important role in the development of nursing education and practice. Increased collaboration among colleges and the creation of local professional learning communities are potential spin-off outcomes of this approach.

## 16. An Investigation of Stressors among Malawian Nursing and Midwifery Students

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### ***Abstract***

**Background:** The profession of nursing is experiencing shortages internationally which has brought added stress to nurses, midwives and students preparing for these professions. The stresses brought to the profession are recognized to be greater in areas where there are limited resources for nursing education and practice. Nursing students in Malawi are at a point of crisis as they struggle to meet academic demands and learn how to provide quality patient care in limited healthcare environments. A review of literature provided anecdotal information related to nursing student stress, however, there was little scientific evidence to support specific causes. This study investigated causes of stress and levels of stress experienced in each year of study among Nursing and Midwifery students at Mzuzu University (Mzuni) in Malawi.

**Design:** A descriptive cross-sectional design using quantitative approach was adopted. Self-administered questionnaire was developed using existing data tools and other literature sources to better reflect Malawian condition of limited resources. Student stress levels were measured from 3 sources: clinical, academic and external. Ethical approval was obtained from COMREC. A convenient sample of 102 nursing students from year 2, 3, and 4 was recruited.

**Findings:** All subjects reported different levels of stress. Although the sample reported moderate stress levels (mean=2.24, sd= 0.70), paired samples t test revealed high levels of stress from academic sources (mean=2.59, sd=0.8) in comparison to clinical (mean=2.08, sd=0.7) and external (mean=2.04, sd=0.96). Academic and clinical staffs were the most commonly identified cause of stress. A one way ANOVA of the data reported a statistical significant difference ( $F(2,99)=4.79$ ,  $p=0.01$ ) in levels of stress across the years (2,3 and 4) of study. Tukey's HSD revealed that year 2 (mean= 2.5 sd= 0.60) students scored significantly higher levels of stress than those in year 3 (mean=2.07 sd= 0.68) and 4 (mean=2.07 sd 0.75).

**Conclusion:** Results of the study inform academic members and clinical staff that it is possible to reduce nursing student stress. Good relationship between academics, clinical staff and students is critical so that educational activities are provided in less stressful environment that enables students to engage in learning without distractions.

# **SUBTHEME 6: COLLEGE MANAGEMENT AND MANAGEMENT SYSTEMS**

## **17. Assessment of Strategic Plan Implementation in Nursing and Midwifery Colleges under the Christian Health Association of Malawi**

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### ***Abstract***

**Introduction:** In 2004 the Malawi Government declared a crisis of shortage of health workers. There were only 25.5 nurses for every 100,000 of the population against the recommended 1 nurse for every 1,000 population. In order to overcome this shortage health training colleges developed strategic plans as a tool for setting a clear direction for the future, managing college operations for results, enhancing organizational capabilities, increasing effectiveness and addressing stakeholders needs and expectations. Despite having strategic plans since 2004, CHAM nursing colleges' performance in achieving the doubled output and college sustainability had not been achieved. This was evidenced firstly, from the pass rate of 68% and 51% in 2009 and 2010 respectively, and secondly, out of the 10 CHAM nursing and midwifery colleges, only one college scored above 50% in NMCM's performance assessment criteria. As a consequence of this low performance, two of these colleges were closed down.

**Aim:** The research study was intended to explore the factors that hinder implementation of strategic plans in CHAM nursing and midwifery colleges. Identification of the hindrances and interventions to address them may lead to improved

performance of the colleges in graduating high quality nurses and midwives.

**Methodology:** The study followed a descriptive design utilizing both qualitative and quantitative data collection methods. In-depth interviews and document reviews were conducted using interview guides and a check list respectively. The study setting was five CHAM nursing colleges which met an established criterion.

**Study Findings:** The study found out that all the five colleges followed a strategic planning process which was of good quality because the colleges utilized minimum required steps, the process itself was participatory except for one college, and participants were satisfied with level of involvement. Two out of the five colleges included students in the strategic development process. Respondents of one college only admitted to have annual plans in the colleges departments which emanated from the strategic plans. But in the other four colleges operations were done as usual after the strategic plans were approved. The findings also showed that the colleges were capable of implementing a strategic plan in terms of having adequate staff, organizational structures and opportunities for professional growth. However, internal operations such as financial and material resources, policies and procedures, information and operating systems, adopting best practices, rewards and incentives as well as college leadership were not related to strategic plan implementation. For example, none of the respondents from the five colleges reported that rewards or incentives would be given when strategic objectives are achieved. Finally the board of governors' meetings discussed business as usual. The findings of this study show that although the CHAM nursing and midwifery colleges have well developed strategic plans with



the strategy to double their student recruitment and graduates, the colleges had several gaps in executing those plans.

**Implications for Nursing and Midwifery Education:**

Based on these findings, a strategic plan can only be said to improve college performance if it is thoughtfully and systematically implemented; as such colleges should develop or adopt a model for strategic plan implementation. Whichever can be the model for implementation; colleges should develop or review the organizational structures so that it supports the implementation of the plan. The colleges should mobilize resources and allocate these in line with the strategic objectives. After the strategic plan is approved the planning should continue at the departmental and individual levels, the college leaders should utilize various media of communication to communicate the approved mission, vision, strategies, objectives and targets to all members of staff. The college leaders should insist on receiving and communicating reports from lower managers and to the boards of governors along the lines of the strategic plans.

**SUBTHEME 7: PATIENT CENTERED  
CARE IN NURSING AND MIDWIFERY  
EDUCATION**

## 18. Strategies for the Implementation of Clinical Practice Guidelines in the Intensive Care: A Systematic Review

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### ***Abstract***

**Background:** Implementation strategies for the use of clinical practice guidelines are an integral component in bridging the gap between research evidence and clinical practice (Boaz, et al., 2011:213). Originating in the early times of 20th century the purpose of implementation strategies is to enhance the uptake of evidence-based practice through utilization of clinical practice guidelines in clinical practice (Barker, 2010:107). However, despite some remarkable investments in health research regarding clinical practice guidelines implementation strategies, it is not yet known which of the guideline implementation strategies are the most effective for utilization in the intensive care units (Cahill & Heyland, 2010:653).

**Objective:** The objective of this research study was to systematically identify and /or search, appraise, extract and synthesize the best available evidence for clinical practice guidelines implementation strategies in intensive care units, in order to develop a draft guideline for clinical practice guidelines implementation strategies to be used.

**Methodology/Research design:** A systematic review design was used to systematically identify and /or search, appraise, extract and synthesize the best available evidence from the

eligible included Level 2 studies (randomized controlled trials and quasi-experimental studies). Although other systematic reviews regarding implementation strategies have been conducted before, no systematic review was identified that reviewed Level 2 studies and developed a guideline for clinical practice guideline implementation strategies in the intensive care units. Hence, including only Level 2 studies was distinctive to this research study.

**Methods:** Databases searched included: CINAHL with full text, Google Scholar, Academic search complete, Cochrane Register for Randomized Controlled Trials Issue 8 of 12, August 2013, and MEDLINE via PUBMED. Hand search in bound journals was also done. The search strategy identified 315 potentially relevant studies. After the process of critical appraisal, thirteen Level 2 studies were identified as relevant for the review. Of the 13 relevant studies, 10 were randomized controlled trials and three were quasi-experimental studies. After the critical appraisal ten RCTs were included in the systematic review. Three studies (quasi-experimental) were excluded on the basis of methodological quality after the critical appraisal and agreement by the two independent reviewers.

The Joanna Briggs Institute Critical Appraisal MASTARI Instrument for Randomized Controlled trials/ Experimental studies, and The Joanna Briggs Institute data extraction tools were used to critically appraise, and extract data from the ten included randomized controlled trials. The two reviewers who performed the critical appraisal were qualified critical care professional nurses and experts in research methodology. These reviewers conducted the critical appraisal independently to ensure the objectivity of the process.

**Results:** The results indicated that eighty percent (80%) of the included studies were conducted in adult intensive care units while 20% were conducted in the neonatal intensive care units. Furthermore, 60% of the studies were conducted in the United States of America, 10% in France, a further 10% in Taiwan, another 10% in England and yet another 10% was conducted in Australia and Newzealand.

The included studies utilized more than one (multifaceted) implementation strategies to implement clinical practice guidelines in the intensive care units. The first most utilized were: printed educational materials; Information/ educational sessions/meetings; audit and feedback and champion/local opinion leaders; seconded by educational outreach visits; and computer or internet usage. Third most used were active/passive reminders; systems support; academic detailing (one-on-one session's) teleconferences and videoconferences and workshops (in service).

Fourth most used were collaboration/interdisciplinary teams; slide shows, teleconferences/videoconferences and discussions. Fifth most used were practical training; monitoring visits and grand rounds. However all the strategies were of equal importance in the process of clinical practice guidelines implementation in the intensive care units.

**Implications for Nursing and Midwifery Education:** The included studies utilized multifaceted implementation strategies. However, no study indicated the use of a guideline for the implementation strategies in the process of clinical practice guidelines implementation. The systematic review developed a draft guideline for clinical practice guideline implementation strategies in the intensive care units. The

guideline will enhance effective implementation of clinical practice guidelines in such a complex environment.

## 19. Quality of Kangaroo Mother Care (Kmc) Services at Zomba Central Hospital

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### ***Abstract***

**Background:** Prematurity is a leading cause of new-born deaths and now the second leading cause of death after pneumonia in children under the age of five. In Malawi, preterm births contribute to 28% of all neonatal deaths and Kangaroo Mother Care has proven to be one of the effective strategies adopted to improve the survival of preterm babies. However, there is a gap between the provision of care and health outcomes of preterm babies. No published studies explored quality of Kangaroo Mother Care both in other countries and in the context of Malawi. The aim of this study was to explore the quality of Kangaroo Mother Care that is provided to preterm babies at Zomba Central Hospital. The study was guided by Donabedian's quality of care framework.

**Methodology:** The target populations were midwives and clinical officers working in the Kangaroo Mother Care unit and Kangaroo Mother Care mothers. A descriptive study design utilizing both quantitative and qualitative methods was used. The study used convenience sampling method. A total population of 10 midwives, clinicians and 24 Kangaroo Mother Care mothers were used. The smaller sample size for the quantitative data was used because this was the total number of health care providers working in the Kangaroo Mother Care unit at the time of study. Data were collected using structured questionnaires, observational checklists and focus group discussion guides. Quantitative data was analyzed using SPSS

whilst qualitative data was analyzed using thematic content analysis.

**Key findings:** Inadequate human and material resources, inadequate knowledge on Kangaroo Mother Care by health care providers and lack of information on Kangaroo Mother Care by mothers admitted to the hospital with preterm babies.

**Implications for Nursing and Midwifery Education:** Provision of quality care to preterm babies is the ultimate key to reduction of neonatal mortality and morbidity. Vigilance in addressing existing gaps is therefore recommended to ensure that preterm babies receive appropriate care hence reducing preventable deaths. In order for this to happen Midwives need to give adequate information on Kangaroo Mother Care to mothers, on the job training of midwives and clinicians on Kangaroo Mother Care, adherence to Kangaroo Mother Care guidelines by midwives and other care providers, Midwives should take a leading role in monitoring of feeds, intensification of client education on discharge and allocation of adequate staff in the neonatal nursery to assist Kangaroo Mother Care babies benefit from skilled care.



## 20. Uptake of Voluntary Medical Male Circumcision in a Traditionally Circumcising Community in Machinga District, Malawi

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### ***Abstract***

**Introduction:** Voluntary medical male circumcision (VMMC) reduces chances of contracting HIV in males during heterosexual intercourse by 60%. Additionally, VMMC reduces the risks of cervical cancer and other sexually transmitted infections in women and girls. Consequently, the World Health Organisation (WHO) and the Joint United Nations Program on HIV and AIDS (UNAIDS) recommended VMMC as part of HIV prevention package. In order to scale up and market VMMC, several strategies have been employed by different countries. These strategies include social mobilisation to target the uncircumcised males, and discouraging the practice of traditional circumcision. However, in Malawi, little is known about perceptions towards VMMC among traditionally circumcising communities where male circumcision carries a historic social meaning and significance. The purpose of this study was to determine uptake of VMMC in Machinga district, a traditionally circumcising community. The findings would assist policy makers in the Ministry of Health in designing and implementing culture-sensitive VMMC services in traditionally circumcising communities in Malawi.

**Methodology:** This was an exploratory mixed method cross-sectional study conducted in 2014 among males aged 15-49

years. Two hundred and sixty two (262) participants were randomly sampled from villages of Traditional Authority Chamba in Machinga district. These participants provided quantitative data through completing questionnaires.

Additionally, Focus Group Discussions (FGDs) and Key informant interviews were conducted to collect qualitative data from 58 purposely selected key informants. Quantitative data were analysed using Statistical Package for the Social Sciences (SPSS) version 16. Bivariate analyses were conducted between circumcision and selected demographic variables, beliefs, and attitudes about medical circumcision, and decision making regarding voluntary medical male circumcision uptake. Qualitative data collected through interviews and focus group discussions were audio recorded, transcribed verbatim, and translated into English. The data were then analysed through content analysis of identified themes. Themes were developed based on intuition, immersion, repeated reading, sorting, and coding of the data. The study was approved by University of Malawi's College of Medicine Research and Ethics Committee (COMREC).

**Study Results:** Nearly half (42%, n=110) of the respondents were young (15-24 years), and many (74%, n=194) were Muslims. The majority (94%, n=248) had heard that VMMC reduces chances of acquiring HIV in males. There was a significant association between awareness of VMMC and education ( $\chi^2 = 7.648$ ,  $df = 2$ ,  $p = 0.022$ ). On awareness of VMMC, one young participant in the focus group discussions explained that: "Nowadays almost everybody has heard from the radio about voluntary medical male circumcision and its benefits over traditional circumcision" (PT 5).

Nevertheless, 7% (n=16) believed that VMMC offers full protection from HIV. This misconception was corroborated by some participants in the focus group discussions with one stating: "A circumcised man cannot contract HIV during sex since a woman produces vaginal discharge which makes it slippery... and even to withdraw after sex without contracting HIV (PT 2)". Although 93.7% (n=223) of participants were circumcised in traditional setting, 83% (n=218) recommended VMMC for their uncircumcised peers. Hygiene (29%), prevention from HIV (15.6%), quicker wound healing (5.2%), and lower cost (4.2%) were the frequently mentioned motivating factors. Other motivating factors stated by participants in the focus groups included partner influence, privacy and confidentiality.

Culture was a strong hindrance to the uptake of VMMC as highlighted by one participant in the FGDs: "Traditional circumcision is commonly practiced in the village because besides being circumcised, the boys are taught good behaviour: to respect parents, elders, and to assist parents with other tasks" (PT 3). Participants also mentioned access to VMMC services, traditional incentives, and presence of female providers during circumcision as some major barriers to VMMC uptake. Describing female providers' presence as a hindrance, one participant stated: "It is embarrassing for female providers to perform circumcisions; if she touches my private parts I will erect since I'm not sick. It is better in the village because I will be circumcised by my fellow men" (PT 10).

**Conclusion:** The study has shown that there is high knowledge and positive attitude towards VMMC in this traditionally circumcising community. As such, there is a paradigm shift of preference from traditional to medical male

circumcision. However, despite accurate knowledge and positive attitude, uptake of VMMC is only 6.3%. This is attributed to long distances in accessing free VMMC services, provision of services by female health workers, and cultural influence. Therefore, this calls for concerted effort between the Ministry of health, its partners and local leaders to increase uptake of VMMC.

**Implications for Nursing and Midwifery Education:** The study findings highlight the need to provide client-centred care by using male health providers to perform VMMC wherever possible. In addition, health workers should engage and collaborate with traditional circumcisers for them to provide safer circumcision services, particularly through establishing routine culture-sensitive mobile VMMC services. Social service non-governmental organisations should also assist to economically empower traditional circumcisers (Ngalibas) with alternative sources of livelihood for them to cease the practice of traditional circumcision. The Ministry of Health should equip health facilities with resources to provide free medical circumcision services. Besides, VMMC messages should be intensified by targeting women and the youth separately in order to increase awareness and positive attitude towards VMMC.

## 21. Caring of Starved Pre-Operative Patients Undergoing Surgery in the Main Operating Theatre at Queen Elizabeth Central Hospital

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### ***Abstract***

**Introduction:** This workplace study has been necessitated having observed patients starve unnecessarily before going for an operation at the main operating theatre at Queen Elizabeth Central Hospital (QECH). At times they could starve and not go at all. Sometimes they wait in the corridors only to be told that their schedules have been cancelled. However, the sad thing is that patients are forgotten to be told when to start taking meals as per requirement, having been starved for long for specific surgical procedures. The patients include those who have been operated on, those who have not gone but wait in the wards and those who had gone but sent back without being operated on due to cancellation of their schedules.

**Methodology:** This was a facility based; descriptive qualitative research method. A study (interview) guide was used to collect data at the main operating theatre. A total of 16 participants were recruited into the study comprising; 4 nurse-in-charges that send their patients to the main operating theatre, 2 doctor surgeons, 3 clinical officer surgeons, 4 anaesthetists and 3 theatre nurses, all from the main operating theatre. The sample size was based on the premise that by the time the sixteenth participant was interviewed saturation would have been reached. Qualitatively, the author collected some views, opinions and

suggestions by way of narrative stories from some operating surgeons, nurse-in-charges of surgical wards, anaesthetists and theatre-nursing staff using interview guides. The narrative stories were then analysed using thematic content analysis. Responses were coded, and emerging themes developed.

**Study Results:** All respondents (100%) indicated that they had experienced a lot of scenarios in which patients were subjected to prolonging starvation as they waited for their turn to go for an operation. However, only 13% stated that they had to do something about the situation. The rest had to let it pass as normal.

**Implications for Nursing and Midwifery Education:** Patients and their guardians go through psychological and physical distress if the former are subjected to prolonged starvation. The results indicate that patients starve unnecessary. Firstly, because the health care providers are not sure as to whose responsibility is it to care for these patients. Another thing that contributes to patients' prolonged starvation is the Secondly, due to surgeon's discretion on the list that is made and the latter's breakdown in communication to other team members. Hence, there is a need for set guidelines in terms of how long should a patient starve before interventions are made.

## 22. Development of Advocacy Materials for the Prevention of Unsafe Abortion

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### ***Abstract***

**Introduction:** Malawi has one of the highest maternal mortality rates in the world. Every year, 675 out of 100,000 pregnant women die from pregnancy related deaths (Malawi Demographic and Health Survey, 2010). Unsafe Abortion contributes to 20% of these maternal deaths (Levandowski, et al, 2013). In Malawi, midwives play a very key role in the care of pregnant women from pregnancy, labour delivery and in the postpartum period.

**Objectives:** The objectives of the study were: to assess need for advocacy among Malawian midwives regarding unsafe abortion and to develop advocacy materials that can be used by Malawian midwives in the prevention of unsafe abortion.

**Methodology:** The study sample was made up of Malawian midwives who are members of the Association of Malawi Midwives (AMAMI). The members were identified through the AMAMI data base. Convenience sampling method was used. One hundred and thirty (n=130) midwives were contacted via email and requested to complete a 28 item survey. The survey was open for a 3 week period. Fifty four (n=54) surveys were returned (41.5% response rate). Data was analyzed using descriptive statistics and survey monkey analysis functions.

**Study Findings:** 87%, (n=47) thought unsafe abortion was one of the main causes of maternal deaths. 64 %, ( n=35) believed that a woman has a right to decide whether or not to terminate her pregnancy. 98% (n=53) of the midwives indicated that they would like to see AMAMI playing a crucial role in reducing deaths that arise from unsafe abortion. The barriers that prevent midwives from providing safe abortion services include: restrictive abortion laws 78%, (n=42), religious and cultural beliefs 78%, (n=42), not part of scope of practice 70%, (n=38) and concerns about what people would think about me 18 %, ( n=10). In terms of beliefs and attitudes towards abortion services 50% (n=27) agreed that midwives have an obligation to advocate safe abortion care. Even though the majority of midwives are concerned with maternal deaths that arise from unsafe abortion, very few of them 9% (n=5) are actually ready to provide safe abortion to women.

**Deliverables:** Three fact sheets were developed following the survey results. The fact sheets covered: health facts on unsafe abortion, law reform to prevent unsafe abortion in Malawi, seven things every midwife needs to know on unsafe abortion and a summary of the survey results.

**Recommendation:** The Malawi law on abortion is very restrictive and currently going through review with a special law commission on abortion in place. There is need for more enabling law on the provision of safe abortion services would empower midwives to play a crucial and leading role in the prevention of maternal deaths that arise from unsafe abortion. There is also a need for advocacy efforts at national level so that health workers, the community and various stakeholders and policy makers appreciate the harmful effects of unsafe abortion on women's health.



**Implications for Nursing and Midwifery Education:** The abortion debate is never ending and just as sensitive as it is political and it has no single answer. Just like in any controversial health issue, midwives will hold diverse opinions. However, as front line health care professionals, midwives are very crucial in advocacy efforts that are aimed at reducing deaths that arise from unsafe abortion. They need to play an active role in the legal reform process aimed at changing the abortion law. For this to be achieved there is need for internal advocacy within the midwifery fraternity and external advocacy to the general population so that everyone appreciates the magnitude of havoc caused by unsafe abortion.

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