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Improving Midwifery Care in Ugandan Public Hospitals: The Midwives' Perspective

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Abstract

Background—A serious shortage of nurses and midwives in public hospitals has been reported in Uganda. In addition, over 80% of the nurses and midwives working in public hospitals have been found to have job stress and only 17% to be satisfied on the job. Stress and lack of job satisfaction affect quality of nursing and midwifery care and puts patients' lives at risk. This is coupled with rampant public outcry about the deteriorating nursing and midwifery care in Ugandan public hospitals.

Objective—To explore factors that result in poor quality of midwifery care and strategies to improve this care from the perspective of the midwives.

Method—It was a qualitative exploratory design. Participants were midwives and their supervisors working in four Regional Referral hospitals in Uganda. Data was collected by FGDs and KIIs. Content analysis was used to analyze the transcribed data from the voice recordings.

Results—Four major themes emerged from the study. They were organizational (poor work environment and lack of materials/equipment), professional (midwives' attitudes, lack of supervision), public/consumer issues (interference) and policy issues (remuneration, promotion and retirement).

Conclusions and implications for Practice—Midwives love their work but they need support to provide quality care. Continuous neglect of midwives' serious concerns will lead to more shortages as more dissatisfied midwives leave service.

Keywords

Midwifery care; midwives; public hospitals; Uganda

Introduction

Uganda is a low resource country characterized by poor health and developmental statistics. These include low life expectancy estimated at 48 and 51 years for males and females respectively, high infant mortality rate of 136 per 1000 live births and maternal mortality rates of 435 per 100,000 live births (WHO, 2005). Previous research has indicated that shortages of health personnel affect maternal and child health as the few workers available

cannot provide quality care. Gerein and colleagues (2006) found that a shortage of health professionals in sub-Saharan Africa had an inverse relationship with maternal health.

Reduction of maternal and child mortality rates has been attributed to a well functioning health system with skilled personnel and emergency backup services (ten Hoope-Bender, 2006). Uganda has made slow progress in achieving the Milleniumn Development Goals (MDGs), specifically 4 and 5 which address reduction of child mortality and improving maternal health respectively (Ministry of Finance, Planning and Economic Development 2010). It has been argued that attention to recruitment and retention of skilled health workers is crucial in achieving MDG 4 and 5 (Gerein, 2006). Skilled health workers include midwives, nurses, doctors and obstetricians.

There are many interconnected factors that may help reduce maternal and child mortality. These include political, economic, health service infrastructure, work force, and cultural and quality issues. However, although provisions of buildings, roads, transport systems and pharmaceutical at the point of delivery have a huge impact, the quality of health care provided is fundamental (Falconer, 2010). According to Falconer (2010) a successful maternal health system must have a strong nurse-midwifery component to provide ante natal, basic intra partum and post partum care.

Previous research has noted that midwives and nurses who provide family planning and post abortion care at the primary care levels are also crucial in improving maternal health outcomes.

Nurses and midwives comprise the biggest percentage of the health care work force, are in contact with patients or clients on a more continuous basis than the doctors, and are more available at the primary care facilities. This paper reports part of a study conducted to explore nurses' and midwives' perspectives of working in public hospitals on how their care can be improved.

Problem Statement

It has been stated that having a strongly motivated highly skilled nursing and midwifery force which provides quality care can significantly contribute to achievement of MDGS 4 and 5.

However, serious shortage of nurses and midwives in public hospitals has been reported in Uganda. In addition, over 80% of the nurses and midwives working in public hospitals have been found to have job stress and only 17% to be satisfied on the job (Nabirye et al., 2011). Stress and lack of job satisfaction affect quality of nursing and midwifery care and puts patients' lives at risk.

There is rampant public outcry about the deteriorating nursing and midwifery care in Ugandan public hospitals but no study has been conducted to determine factors that result in poor quality of care from the perspective of the midwives.

Methodology

Study design

A qualitative exploratory design was used to gain a deeper understanding of midwives experiences during provision of care. In the study midwives' perceptions of the problems which they encounter while providing care and their possible solutions were explored.

Study population

The FGD study participants included nurses and midwives at all levels, working in the regional hospitals under study. The Principal Nursing Officers in charge of the nurses and midwives participated as Key Informants.

Sampling strategy, data collection and analysis—Four regional hospitals were selected purposively to represent four regions in Uganda namely: Northern, Eastern, Central and Southern. Data was collected using Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs).

Convenient sampling method was employed to get participants in FGDs and KIIs in that those who were on duty and willing to participate in the study on the day of data collection were recruited to participate in the FGDs or as KIs.

A total of eight FGDs, two per hospital, one for nurses and another for midwives were conducted. Each FGD comprised of 8 to 10 participants. Two KIs per hospital (Hospital director where possible and Principal Nursing Officer) were interviewed and all interviews were tape recorded. Transcription of recorded data was done verbatim and analysed using content analysis.

Ethical Considerations

The study was conducted with full approval from the Institutional Research and Ethical Committee and the Uganda National Council for Science and Technology. Permission was also sought from the participating hospitals and informed consent from the participants in the FGDs and KIs was also enlisted.

Results

Demographic characteristics

All participants were female with a working experience ranging from 2 to 37 years. All levels of nurses and midwives participated in the FGDs; that is Nursing Officers (Diploma Nurses and Midwives) and Enrolled (Certificate level) Nurses and Midwives. The KIs were Senior Midwives who were the midwives' supervisors in the study hospitals.

In identifying factors that affect the quality of midwifery care four major themes emerged. These themes were organizational issues (work environment), professional issues, public/ consumer issues and policy issues

Organizational Issues (Work Environment)

The major organizational issues include shortage of midwives, lack of materials/equipments and poor infrastructure and unfunctional lower health units.

The midwives said they get overworked due to the serious shortage in the hospitals. Midwives work without rest and they frequently do not even have time to attend to their physiological needs as human beings while on duty. It was emphasized that although they knew what to do and really loved to do their work, they could not function at their highest level. The midwives noted in the following quotes:

> *"At times when you are tired, the quality of care is not the best. When you are tired, you do not give proper services. You tend to forget especially now that the glucose is low you tend to forget what you are supposed to do. That's why at times mothers do not get the best quality of care but we try"* (Masaka FGD).

> *"Sometimes we fail to monitor the patograph because we are very few, one is in the labour ward, another one in the theatre, you are preparing mothers going to the theatre eventually you fail to monitor the others"* (Mabarara FGD).

> *"And another thing, you're one person on the ward, the whole night you're working on about thirty mothers. You're a human being; you've not taken anything, even no tea, there's no tea with sugar hmm, you stood from 8:00 to 8:00, by around, after eight hours, my dear even if it is you, and they have made you to stand in sunshine there, don't think you cannot react. The shock absolvers will fall off and you'll react"* (Jinja FGD).

> *"Some midwives work alone on special duties, like evening, night or public holidays due to shortages in the hospital, and task sifting is very common. And when any maternal and neonatal death occurs, they blame the midwife that she has killed, moreover we are here to save lives!* (Gulu FGD).

The midwives further asserted that lack of materials and proper working equipment affects their work and their image as sometimes the clients think the midwives want to sell the materials.

> *"…You know midwifery to be successful; a midwife should be equipped in order to render services accordingly. For example, when delivering a mother in a labour suite, sometimes you have no fluids or the drugs are not there and there you are, telling the patient to go and buy by themselves"* (Jinja FGD).

> *"In addition to that, as a midwife I am concerned. Usually a doctor is the one who prescribes a drug. After prescription, he leaves it at that. Then the midwife goes to collect the drug from the pharmacy. If this drug is not there, it is the midwife who tells the patient to go and buy the drug elsewhere. The patient now thinks the midwife stole the drugs and is now telling the patient to go and buy. This spoils the name of the midwives while the name of the doctor remains clean"* (Mbarara FGD)

The midwives observed that the lower health units (Health centers) are not functional as there are no midwives, which lead to the mothers referring themselves to the Regional

Referral Hospitals. In other instances, the midwives in the lower units refer all mothers who are HIV positive.

> *"The problem we are having, some of our neighbors (health centres) are not helping us to deliver those mothers. So, whoever goes to the health centre and doesn't find there a midwife, they have to come to deliver in here. This leaves us with many mothers on few staff leading to low/poor quality care. Being a regional referral hospital, you expect to have many referrals with difficult deliveries"* (Masaka FGD).

> *"Our fellow midwives in health centers do not work. They refer any woman who is HIV positive and yet they are also midwives…"* (Jinja FGD).

Professional Issues

Professional issues that affect midwives' care include midwives' attitudes, lack of job descriptions or role ambiguity among the various health workers, having no role models, lack of supervision and lack of teamwork. From the midwives' supervisors' point of view some midwives have negative attitudes towards their work. At the same time they think it is beyond the midwives' control as expressed in the following quotes from the KI, Jinja:

> "Some midwives are rude to the mothers and some do things hurriedly to go away and make ends meet. Some sell to the mothers and relatives gloves, mama kits and catheters even when they are in stock. These things have happened".

> "As you know the psychology of the human body, someone who is fatigued and stressed may end up talking rudely".

> "Someone takes 2 months without receiving salary. There is no transport money and the staffs have got to walk to work. She feels incapacitated; it is very difficult for women supervisors to be strict on these people. You cannot deal with a stressed person and expect positive results. Some of these problems are created from above".

The midwives complained that in addition to being stressed with their own work load due to being short staffed, they are over burdened with other people's work including non midwifery care such as cleaning floors, telephone operations and records keeping. This sentiment was expressed thus;

> *"You are working. You are the midwife working, you are the midwife prescribing treatment, you are the very midwife discharging, you are the very midwife pushing the patients to theatre, you are the very midwife running to call the people who are supposed, who know they're supposed to be on duty. You are the one to go look for the lab person; you're the one supposed to go for the patient. You're the very midwife going to look for the doctor. They know they're supposed to be on duty, but the midwife…"* (Mbarara FGD)

There being no role models in the profession and lack of supportive supervision were also mentioned as some of the factors that affect midwifery care negatively.

Public/ Consumer Issues

The FGDs further revealed that the public, including politicians, do not know the roles or scope of practice of midwives. They felt that because of this the midwives were blamed for everything that happened on the maternity ward or to the mother lincluding lack of materials. To make matters worse, the managers of the health care system or hospitals seemed not to know the difficult conditions in which the midwives worked since they rarely do meaningful supervision. They noted that other health care workers who do not perform their roles go unpunished, and the midwives are never appreciated for what they do despite the difficulties under which they work. This leads to more stress, dissatisfaction and lack of motivation for the midwives. All these problems are compounded in the following quotation:

> *"And also political interference, hmm, a mother comes on a referral, let me say from a health centre, you explain to her; she has come with CPD from the referral, you as a midwife you explain to her, now we get urine for testing, but we don't have these things. You give them you write; you are the midwife, no doctor. You write the lab request to explain how we don't have reagents in the hospital. We don't have reagents to perform the investigations so she must go out. When you tell her, "they exclaim!"* …., they want money.

Then they report to a Minister: *"They are leaving my patient unattended to….. that is when you see the director also, the director comes, "Do you have a patient called so and so?" "Yes doctor we have." "What haven't you done?" "Doctor this is what we have done; as far as this patient is concerned, I have administered this medicine." "They have reported that you've not worked on that patient"* (Jinja FGD).

Another midwife lamented;

> "We are blamed for everything, even when a porter cleaning the ward splashes water on somebody, the midwife will be blamed!"(Jinja FGD).

Policy Issues

Policy issues discussed during the FGDs included poor remuneration, lack of promotions and training opportunities, lack of retirement benefits and interference with their work.

The midwives' asserted that there they are not motivated to work because of low and irregular salaries and irregular transfers without considering their social obligations like family and children's welfare. Furthermore midwives observed that they get ailments from the overwork and yet they don't get tangible retirement benefits.

> "Motivation is one of the reasons why midwifery care is not properly rendered. Special salaries are not given; midwives are hungry; their children are seated at home. All these are going to damage our work and make our people have a change in attitude. The government should look into it. (Masaka FGD).
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> *Promotions have brought a problem. They promote juniors when seniors are seated there. All those who are taken to school remain at the same rank like when they went to upgrade"* (Mbarara FGD).

"So many midwives left because of lack of promotion in the district because MOH have taken long without promoting the nurses!" (Gulu FGD)

"A few people are willing to work even when the conditions under which we work at times are not the best; the salary, you have to pay rent, transport, you have children to pay school fees for, then you are being transferred, very far away from…..my dear. The transfers are normal but I think they should be regulated….yees at least". (Masaka KI).

"Nurses are stressed; and those who have worked for a long period end up with different ailments and at the end of it all, what are they going to do for themselves which they did not invest in? When you retire you are no longer noticed that at one time you served as a midwife. What will inspire the young ones to follow your example? There is always a fear for the midwife who is aging. What is the end with our little salary and the pension which is not enough?" (Mbarara FGD).

"I want to talk about retirement. In Uganda, we really do not know the policy on retirement because when your retirement is due, you only see the letter immediately. You don't even have transport to take you home and there you wait for years and years without getting your benefits. So, I don't know why when you retire they cannot give you your package as you go home. This is specially so with midwives. You reach 60 years when the back and legs are so weak because of the hard work. You do have the energy to go digging or doing any other type of work. What you are waiting for is your package which is not ready immediately. So, we need more staff to share the workload so that by the time you reach retirement, you still have some energy to look after yourself" (Mbarara FGD).

Recommended Solutions By Midwives

Many solutions were suggested by the midwives. These included increased staff, strengthen staff motivation by increased salaries and promotions, clear training policies, well-defined roles for the midwives, improved infrastructure and sensitization of the public about the midwives' roles and available services.

"Much as we are having these staff shortages, the few that are there should be empowered in terms of motivation such as increased salaries. Salaries are not only inadequate; they come irregularly which demoralizes the midwifery section" (KI, Mbarara).

"I look at public sensitization as one way that can help us do our work better. We always get difficult cases because of lack of sensitization. Pregnant mothers first try to deliver in the villages but by the time they reach the hospital, they are already complicated cases and we always find ourselves having problems with mothers losing their babies or getting permanent damages. So, sensitization: telling them where they are supposed to go should be done. Although we are already doing it in ante natal, there are many mothers in the villages who are not attending ANC. We could use newspapers. *We need personnel to go out and talk to the people deep in*

the villages so that they will know what to do at the right time so as to avoid complications" (Mbarara FGD).

"To improve our service quality, I still emphasize that the government should improve our infrastructure. We are here saying that we want to improve the midwifery care. We are willing but when you see our mothers, and it is said that 'a healthy child, a healthy mother' and yet the ward is so crowded. A mother who has had a normal safe delivery is sleeping on the floor, now how do you expect that to be a quality service? We cannot provide quality service when mothers are on the floor, congested and breathing next to the other. The government should come in and save us from all the abuses by the public. We are not the ones to expand the hospital and we don't do the planning. We only help where we are supposed to come in just as our prayer as midwives. We need enough space for our mothers". (Jinja FGD).

"Midwives should be paid for extra work done. The government says we work for 8 hours; but you find a midwife working from 8am-6pm. Those hours are not counted, are not paid for. It is really very embarrassing to leave home at 8am and you go back at 6pm and you cannot leave the ward when the patients are looking at you. They need your help and you cannot say my time has come, I must go home" (Mbarara FGD).

"The roles should be defined. Midwives should know their roles defined to them by those they are working under so that you know you are doing this or that and anything beyond, you are paid for it. This is the same for the Job Description. We are working, but we do not know our Job Descriptions. You do this, you do that; you don't know where to start or end. By the end of the day, you have done a lot of things some of which you were not meant to do and it takes a lot of time". (Mbarara FGD).

Discussion

All participants were female; which reflects the normal occurrence of midwifery as mostly a woman's profession. There were no advanced degree midwives among the participants. This is because the graduate training of nurses and midwives has mostly been comprehensive and training midwives at graduate university level has just started in Uganda.

The major issue that emerged affecting the care given by midwives was the shortage in the public hospitals. This has been acknowledged worldwide. Shortages lead to work overload and has been reported to compromise patient safety. In a study conducted in California, USA, which explored nurses' perceptions of medical errors, tiredness and exhaustion of nurses ranked high among the causes of these errors (Mayo and Duncan, 2004). However, the Uganda Ministry of Health has embarked on a recruitment exercise to improve on the number of midwives, which is good. This should be a continuous exercise if midwifery care is to improve. Research has indicated that women need individualized, empathetic and supportive care from midwives who actively communicate (Newick et al., 2013). Such individualized care is not possible with the overcrowding and acute shortage that is rampant

in public hospitals. Another problem is that midwives are not appreciated for the work they do in this difficult environment. This situation leads to a demotivated, unsatisfied workforce that does not provide quality care. In a study to explore caring during clinical practice as perceived and experienced by midwives in South Africa, midwives observed that patients trust and develop confidence in midwives when they have a positive attitude (Chokwe et al., 2013). However, under the current circumstances described, one can gauge that it would be very difficult for the midwives working in public hospitals to display a positive attitude.

The midwives reported lack of supportive supervision and role models in the profession. Instead, the supervisors blame them for anything that goes wrong even when it is not their fault. This finding is in agreement with the study conducted in South Africa (Chokwe et al., 2013) where the junior midwives reported that the senior midwives got irritated and judgemental in situations of uncertainties instead of mentoring or supporting them to improve. This state of affairs drives away the young midwives who are looking for a more supportive environment conducive to their practice. Bick et. al., (2011), in their research which aimed at improving inpatient postnatal services by exploring midwives views and perspectives of engagement in a quality improvement initiative, found dissatisfaction among midwives was the reason 30% of them left. The major reasons for dissatisfaction were poor communication, feeling undervalued, lack of effective management and poor clinical support.

Non-functional lower health units and lack of clear role definition were pronounced in this study. Inadequate job descriptions for different cadres of health workers that included doctors, laboratory technicians, midwives at various levels, and non health professionals such as records assistants and telephone operators markedly contributed to the poor performance. This was also observed in the study by Bick et al. (2006) mentioned above. Bick and colleagues observed that the multi-professional boundaries had become less defined making it crucial to develop local strategies to prevent duplication and ensure that appropriate personnel cared for women. Further, the public including the politicians who could advocate for increased resources to improve the environment were not aware of the midwives' roles and how they perform their work. As observed by Lavender and Chapple (2004), midwives want support to work autonomously, with more equitable services. On the other hand the Civil Society Organizations and Parliament have started advocating and lobbying for increase of resources in the health sector, and specifically increase in numbers of health workers especially midwives.

Limitations

The study was conducted in Regional Referral Hospitals and the results may not be generalized to all public hospitals as the working environments may differ.

Conflicting Interests

The authors declare that they had no financial interest or personal relationships which may have influence the conduct of study or writing of the article.

Authors' Contributions

RCNabirye conceived the study, was lead investigator participated in study design, data collection and analysis, and manuscript writing, FB and CO were responsible for data collection and data transcriptions and SG was responsible for manuscript writing and editing.

Conclusions

It was concluded that midwives love their work but they cannot perform to their satisfaction due to organizational issues and public interference.

Implications For Midwifery Practice And Education

If the current trend continues, the health sector will lose the few midwives who are working through abandonment, burnout and diseases or death due to job stress. The situation is not conducive to attract the young ones to join the profession. This will lead to perpetual shortage, with unhealthy workforce which cannot provide quality care.

Recommendations

The use of media to sensitize the public about the roles of midwives and other health professionals, improving policies on training, promotions and benefits; providing clear roles and job descriptions for midwives and other health professionals; and continuous advocacy to improve working environment were recommended to the Ministry of Health and Health Managers in regions and districts.

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