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Development of Mentorship Module and its Feasibility for Community Midwives in Sindh, Pakistan: A Pilot Study

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Abstract

Numerous articles describe the concept of mentorship for providing professional support in midwifery settings in different countries; however, in Pakistan the concept is under developed. Before implementing the concept in the Pakistani context, it was important to first develop a mentorship module and pilot test the idea. Therefore, the aim of the present study was to develop and test a mentorship module to determine its feasibility for educating community midwives about providing mentoring, so that a formal mentorship program could be established in the future. The training aimed to provide skill focused mentorship training to experienced midwives, so that they could perform the role of mentors for newly graduate midwives, in order to support them and build their confidence.

The mentorship module was developed with the help of literature review and experts' suggestion. A structured questionnaire was given to 50 community midwives after they had been provided mentorship training. Community midwives from nineteen districts of Sindh, Pakistan, were surveyed through purposive sampling. All the community midwives agreed that there was a need for mentorship, that the training module was useful, and that they would be able to integrate it into their practice. Over 80% community midwives rated the content of the module as useful, the majority agreed that the total duration of the training (two days) and the length of each session in the training were appropriate. Similarly, all participants reported that the mentoring strategies were helpful. Hence, the mentorship training module was strongly perceived to be feasible and useful by the community midwives of Sindh, Pakistan.

Key Words: *Community Midwives, Pakistan, Mentorship Module, Feasibility*

Introduction

In Pakistan, midwifery services are provided in teaching hospitals, rural centers, district headquarters, and on individual basis. However, around 60% of the total births that occur in Pakistan are conducted at home, by unskilled birth attendants, which is seen as a factor in the high maternal mortality and morbidity rates in the country.¹ Evidence suggests that at the community level, the presence of Skilled Birth Attendants (SBA), called community midwives, is very important for the prevention and immediate management of maternal and fetal complications.² This, subsequently, can lessen the morbidity and mortality rates in the country.²

Considering the need, the Pakistani government introduced a cadre of community midwives (CMW's) in 2007, to increase the proportion of SBAs in the country.³ These community midwives are provided the Pakistan Nursing Council (PNC) approved 18 months' training. The training enables them to deliver antenatal, intrapartum, and postnatal maternal and newborn care in their respective communities as independent service providers.⁴

However, being independent service providers is challenging for community midwives in Pakistan. These CMW's work in isolation and have little professional support.⁵ They have very few opportunities for receiving professional coaching and very little technical support; a problem also found in other countries and described in the literature.⁶ In these circumstances, when community midwives have any communication issues, problems, or challenges, they have no professional or infrastructural support mechanisms that they can access for meeting the challenges. Additionally, midwives in Pakistan also lack professional respect and acceptance within their own community⁷

An ethnographic study conducted in the United Kingdom also identified a culture where midwives lacked mutual support and positive role models, which prevented them from develop professional confidence and coping abilities.⁸ Moreover, a mixed method study on midwives revealed that the absence of such supportive collegiality dents their interest in the workplace, and may cause them to leave midwifery.⁹ Moreover, evidence shows that contemporary community practice in midwifery is associated with substantial stress, which results in midwives either leaving the profession or having an inclination to do so.¹¹ Therefore, the cultivation of professional relationships is considered crucial in sustaining healthy resilient midwives and midwifery practices.¹⁰ Mentorship is one way of providing professional support

that can play a pivotal role in the development of these midwives and in the provision of quality care delivery in the communities that they serve.¹²

A formal mentorship training and its provision may assist midwives in developing leadership skills, enhance their personal and professional relationships in a community setting, and increase their confidence.^{13,14} The experience of mentoring may also provide personal satisfaction and motivation, enthusiasm for the career, and an enhanced sense of professional development.^{11,15} For organizations and communities, its benefits are a motivated and satisfied workforce, as well as staff retention.¹⁶ Moreover, a robust, well supported professional workforce has the ability to offer a higher quality of care to the mother and child.¹⁷

Objective of the study

The main objective of the study was to develop and implement a mentorship training module and to evaluate its feasibility for community midwives in Sindh, Pakistan. Once the community midwives had been trained, the study was expected to provide a developmental model of support called ‘mentoring’, which could be used within the community in the future. The mentoring modules aimed to shape the midwives' development in role competency, and to increase their self-confidence and self-determination in practice. In addition, the study hoped to fill a gap in the research about mentoring.

Methodology

This was a descriptive study that was divided into two phases: the first phase was the development of a mentorship training module, and the second was the evaluation phase, which was to determine the feasibility of the mentoring training module.

Phase I: Mentorship Module

This phase comprised the procedure of module development, together with the topics, activities, and time allocated to each session. This phase was divided into two, as follows:

a) ***Development of the Mentorship Module:*** During this phase the primary investigator (PI) developed the mentorship module, based on the literature review of published articles and the input of five experts. The experts included one midwifery supervisor, who was in direct contact with the community midwives, three teachers who taught midwives, and one midwife mentor and researcher who was part of the teaching team for the mentoring program in New Zealand. After taking the experts’ opinions, the researcher referred to the published literature to find out what standards of education were needed for potential mentors, and what evidence-based practices suggested about running a mentorship program.

b) ***Pilot-Testing of the Mentorship Module:*** During this phase, pilot testing of the module was done with five community midwives who were not a part of the study team, and who provided verbal informed consent. All sessions in the module were offered to these midwives in two days.

The aim of the pilot test was to evaluate the module's content validity, language, and activities. Based on the participants' suggestions, regarding the understanding of content, language, and strategies, modifications were made.

Phase II: Testing of the Mentorship Module

In this phase, the PI delivered the training to community midwives by using the mentorship module. This phase determined the feasibility and effectiveness of the mentorship module for community midwives.

Target group

Phase I comprised experts, who facilitated the process throughout the development phase of the module. In phase II, the study sample comprised experienced (with three or more years of experience) community midwives from different districts of Sindh, Pakistan, for the pilot intervention.

Ethical Approval

The approval was granted by the Ethical Review Committee of the Aga Khan University. The participants were informed about the potential benefits of the research. They were also informed that they could withdraw from the study at any time, and that their confidentiality would be assured. Moreover, written consent was obtained from the participants.

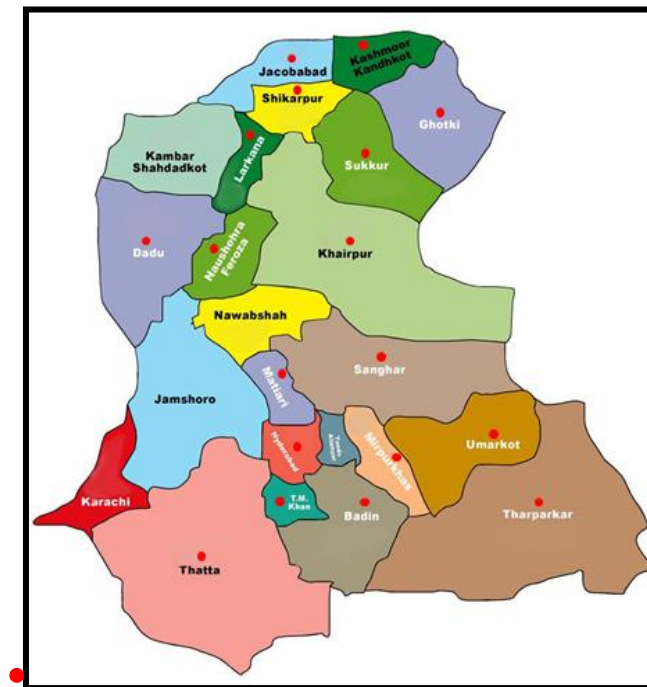
Sampling and Sample Size

The purposive sampling method was used, in order to have a wide selection of participants from different districts of Sindh. Purposive sampling is a method through which a sample is recruited with a particular characteristic, and which is representative of the population.¹⁵The sample consisted of geographically diverse groups, who were from 19 different districts of Sindh, namely: Jacobabad, Shikarpur, Kashmor, Larkana, Ghotki, Sukkar, Khairpur, Dadu, Naushera Feroz, Jamshoro, Matiari, Sanghar, Hyderabad, Umarnot, Mirpurkhas, Tharparkar, Badin, Thatta, and Tando Mohammad Khan. Sindh is the second largest province of Pakistan, comprising 29 districts. Different cultural and ethnic groups reside

in Sindh. It has a population of about 40 million⁴. Since these districts in Sindh have a large population, recruiting participants from these areas ensured a diversity of ethnic and workplace settings (refer figure 1).

The estimated sample size for testing the module was 50 participants. The suggested sample size for a pilot study ranges from 10 to 40 participants, and this number is considered sufficient to meet the aims of the research.^{18,19}

Figure 1: Map of the Districts of Sindh



The dot represents the districts of Sindh to which the participants belonged.

Instrument and Data Collection

A structured questionnaire to evaluate the feasibility and usefulness of the intervention was developed. The questionnaire used binomial responses, e.g. yes or no, to obtain feedback about various aspects of the module. The CMWs were administered the questionnaires after they had undergone a two-day workshop, in which they were introduced to the intervention. Descriptive analysis of the feedbacks was carried out. Additionally, participants were required to give open-ended comments about the intervention.

Findings

Professional support through mentoring has shown increase in confidence and reduction in professional isolation; however, midwives wanted to have mentoring training. Therefore, it was important to develop the module and pilot test it, so that a structured mentorship program could be established in the future. The findings from the study are divided into two phases: 1. Development and execution of the module 2. Feasibility of the program.

Development of the Mentorship Module

The module was developed with the help of five experts, who gave their ideas. Table 1 shows the topics that emerged after discussions with them. These topics were then compared with the literature and resulted in the formulation of six sessions in the module. Only one expert was in favor of including “complaints handling” in the module; therefore, this topic was not included in the module initially; however, during the pilot testing on 10% of the population, the participants suggested that this topic needed to be included. Based on the participants’ feedback about the context within which they work, the session for complaint handling was added to the module.

Table 1: *Frequencies of Topics Reported by Experts*

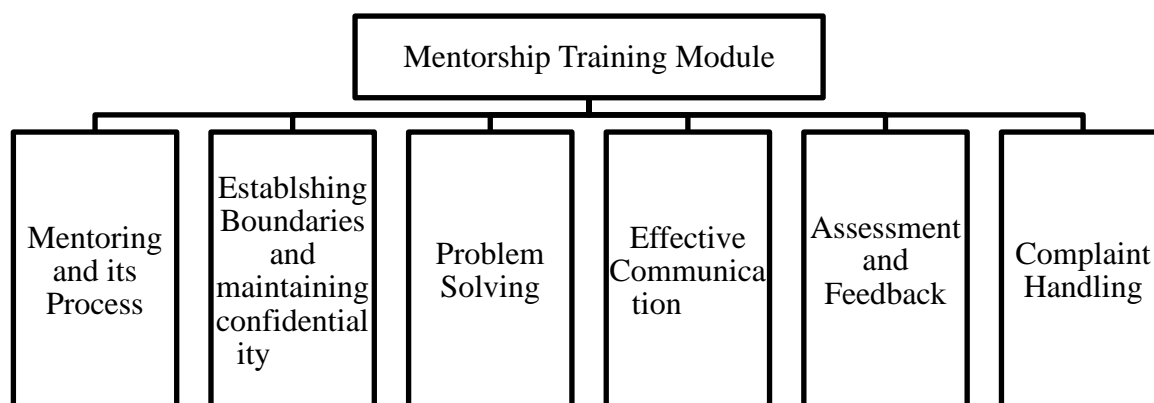
| Topics | Responses from the Total Number of Experts (n=5) |
|---|--|
| Mentoring and its Process | 5 |
| Effective Communication | 4 |
| Problem Solving Skills | 4 |
| Establishing Boundaries and Maintaining Confidentiality | 4 |
| Assessment | 3 |
| Complaint Handling | 1 |

Execution of the Module

The sessions varied from one to one and half in duration. The theoretical content of the module was offered in a two-day workshop. The workshops were held in Hyderabad (Sindh). Each session in the module included different teaching-learning strategies, such as reflections, role-plays, and case based scenarios, brainstorming, physical energizers, and group activities. A copy of the session plan was provided to each participant so that they could review the concepts whenever required. The training material was prepared in English and then translated

into Urdu, the national language. The oral content was also planned to be delivered in Urdu as well as provincial language (Sindhi).

The content of the training was divided into six sections as shown in Figure 2.



The workshop began with general introductions of all the participants, and some ice-breakers to promote interaction. For each module, objectives, content, timeline, and activities were formulated. The following are the brief descriptions of the sessions in the mentorship module:

Session 1: Mentorship and its Process. The first session highlighted the need and importance of mentoring in midwifery. This was followed by an explanation of the mentors' role and the important phases of mentoring. The session was delivered through reflections and role play.

Session 2: Establishing Boundaries and Maintaining Confidentiality. In this session, the participants learnt about the skills of dealing with boundary issues and the concept of confidentiality. The session concluded with an interactive activity.

Session 3: Communication Skills and Effective Feedback. This session included the sharing of real life examples and having group discussions about the significance of effective communication. Further, the principles of active listening and effective feedback were also highlighted.

Session 4: Problem Solving Skills. In this module, the importance and the types of problem solving approaches were discussed. In particular, the steps for solving problems in the community settings were covered. The participants were asked to fill problem-solving self-assessment forms, and to participate in related activities.

Session 5: Assessment and Accountability. This session comprised different types of assessments and assessment tools, such as question answers, direct observation, and reflective

discussions. Furthermore, the responsibilities of a mentor in assessing the performance of a mentee were discussed.

Session 6: Complaint Handling. This session focused on the role of a mentor, which included encountering patient as well as midwifery services complaints. Further, the steps of complaint handling were also discussed.

Feasibility of the Study

Acceptability of the Mentorship Training. The results from the participants' feedback are shown in Table 2. In this study, all the participants considered the training sessions to be very effective. In fact, the majority of the participants (82%) indicated that the training was excellent. A total of 48 participants (96%) thought that the total duration of the training module and the duration of each session in the module were appropriate. Only two (4%) thought that the durations were short. When asked about strategies, the majority of the participants (80%) indicated that the strategies were excellent.

In the last session when the participants were asked about their experience of the mentorship training in general, all the participants appreciated receiving the opportunity of attending the training and valued its purpose. For example, one participant shared, *“Through this session, we were able to learn a new concept about which we were not aware before. After returning to work, I will try to become a mentor and benefit others”* (Comment, May 30, 2016).

Another participant, realizing the importance of the mentoring program in her context, stated:

I have a vast work experience, and I always try to help others, but I think helping others as a mentor will be more beneficial because mentorship offers the idea for mentor and mentee to work together. The inexperienced midwife will get benefit out of it and the mentors' leadership skills will also grow and develop further (Comment, May 4, 2016).

Besides sharing the benefits of mentorship, the participants also recommended continuation of such mentor preparatory training programs for all experienced community midwives.

Table 2: Acceptability of the Module after Training (n=50)

| Categories | Classification | N | % |
|--|----------------|----|-----|
| How would you rate the information provided to you in the mentorship training? | Excellent | 41 | 82 |
| | Good | 9 | 18 |
| | Fair | - | - |
| | Poor | - | - |
| Was the duration of the training program (2 days) appropriate? | Yes | 48 | 96 |
| | No | 2 | 4 |
| If your response is No, do you think it is too short? | Yes | 2 | 100 |
| | No | - | - |
| Was the duration of each session appropriate | Yes | 48 | 96 |
| | No | 2 | 4 |
| If your response is No, do you think it is too short? | Yes | 2 | 4 |
| | No | - | - |
| How would you rate the strategies used during the mentorship training? | Excellent | 40 | 80 |
| | Good | 10 | 20 |
| | Fair | - | - |
| | Poor | - | - |

Discussion

Effective educational programs for experienced midwives are needed to increase their leadership skills and to ensure that relational and technical support is provided to novice midwives. Developing such a program is not an easy task; moreover, such programs need to be acceptable, timely, and include strategies to enhance developmental changes in practice. In the current study, the mentorship training module was well appreciated by community midwives for improving their knowledge, and skills about providing support to novice community midwives. This may have long term impacts on the mentors' and mentees' clinical performance, on the retention of community midwives, and on the health and safety of the mothers and their babies.

The six topics which came from the experts' suggestions were mentorship and its processes, the boundaries and confidentiality in mentoring, problem solving and decision making, effective communication and feedback, assessment, and complaint handling. Similar topics were addressed in a study conducted in New York.²⁰ The topic of establishing boundaries was supported by the study conducted by Harrington in which boundaries were highlighted to avoid potential conflict between the mentor and the mentee.²¹ Some other skills identified in the literature were also discussed during the training session, such as: problem-solving, feedback, and opportunities for self-reflection.²²

At the end of the last session, the participants were asked to share their feedback in order to improve the mentorship module. The participants shared their feedback regarding the module's effectiveness, the duration of training, and the relevance of the strategies. A similar opportunity was provided to the participants in other studies.^{23,24}

The overall comments shared by the participants about the mentorship training showed that they found the training relevant, effective, and insightful. Similar findings have been reported in the study undertaken by Gurling.²⁵ Moreover, the participants shared that, through these sessions they learnt mentoring skills, which they will be able to utilize in their workplaces. They also shared the importance of mentoring in their context. This finding is substantiated by the research conducted by Harrison, Lyons, Baguley, and Fisher.²⁶

However, a number of teaching needs were identified during the study, which were also recommended by the study participants; these included time management skills, need assessment, and documentation. These should be included as a part of module for the community midwives. Moreover, supervisors of CMWs need to be trained in facilitation so that they can conduct sessions at individual community settings, thereby, catering to a larger number of community midwives.⁵

With respect to the appropriateness of the duration of the training, the majority of the participants reported that the two day training module was an appropriate and feasible duration for them. Similar findings have been reported in the study in which the participants suggested that two days' of workshop was sufficient to fully understand the mentoring program and the mentor's role.^{27,28,29} The evidence about the duration of the mentoring workshop ranged from a half day workshop to five weeks' workshop, and from four hours to thirty nine hours; all these were found to be effective in running mentorship in practice.^{24,30,31} A few participants recommended the time period for training needed to be extended to three or more days to help retain the content of the module. Whilst the significance of the mentorship training is well recognized, studies have not yet verified the threshold for the required time needed for the specific topics in the training, and this is possibly context dependent.³²

Moreover, in terms of teaching and learning strategies, the participants found all the adult teaching and learning strategies to be effective. Specifically, they found role play and group activities very interesting, practical, and useful for their context. The other teaching and learning strategies which the participants liked were discussion and practical case studies which have also been endorsed by other studies.^{33,34} Moreover, the participants liked the way the sessions were presented and how the facilitator guided the discussions.

Strengths and Limitations of the Study

The study was probably the first of its kind in Pakistan, where the initiation of a mentoring program was undertaken and the feasibility of the module was assessed to identify its effectiveness for community midwives. The data was collected from different districts of Sindh, which has strengthened the representativeness of the data. A relevant mentoring module was developed with the help of the thesis committee members and content experts. The module was then reviewed, pilot tested, and implemented on a similar kind of population. The community midwifery context was closely considered while designing the content for the mentorship module.

On the other hand, the study does not inform us about its long term impact on the mentors, and mentees' performance, as it was not possible to elucidate these outcomes in a small, time-limited feasibility study. A larger study needs to be conducted in order to study the whole mentorship process and to evaluate its impact on the mentees' performance, retention and wellbeing, as well as the impact on the health and safety of mothers and their babies.

Conclusion

The results of this study, which was probably the first of its kind in the country, demonstrated the feasibility of designing a successful mentorship module for community midwives. This module can be disseminated in the future to other healthcare providers and students. Through demonstration of the feasibility and effectiveness of the mentorship module, midwifery schools may be encouraged to emphasis of the mentorship concept in the midwifery curriculum, in order to acquaint midwifery students with the mentorship concept from the initial level.

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Conflict of Interest: There is no conflict of interest

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