



# MATERNAL AND NEONATAL CARE IN NAMIBIA: HEALTH WORKER PERCEPTIONS

## DESCRIPTION OF STUDY

In 2014, Namibia's Ministry of Health and Social Services requested that the University of Namibia, the Tulipohamba Training and Assessment Institute, and IntraHealth International study the knowledge, attitudes, and practices of health workers in district and referral hospitals and identify ways to improve the quality of maternal and neonatal care offered in maternity wards.

Recognizing that a satisfied health workforce is a key determinant of high-quality care, study objectives were:

1. Identify factors that may affect health workers' attitudes and practices in delivering maternal and neonatal health care

2. Explore sources for and leverage points to changing attitudes and practices that may have negative effects on maternal and neonatal health care.

The study included: 1) a survey with 281 health workers in all 35 district and referral hospitals in Namibia; and 2) 19 focus groups (FGs) with a total of 96 providers and 6 in-depth interviews (IDIs) with providers in 11 hospitals. Over 90% of study participants were female. Most were enrolled or registered nurses (95% of survey respondents and 80% of FG/IDI participants); other participants were matrons and medical officers.



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# WHAT FACTORS AFFECT HEALTH WORKER JOB SATISFACTION IN MATERNITY AND NEONATAL WARDS?

## STAFFING AND WORKLOAD

FG/IDI participants described the severe shortage of staff in hospital maternities. The high patient-to-staff ratio in maternity wards is a major source of frustration and results in low job satisfaction and other negative consequences. Most survey respondents (75%) were dissatisfied with their workload.

## SCOPE OF WORK

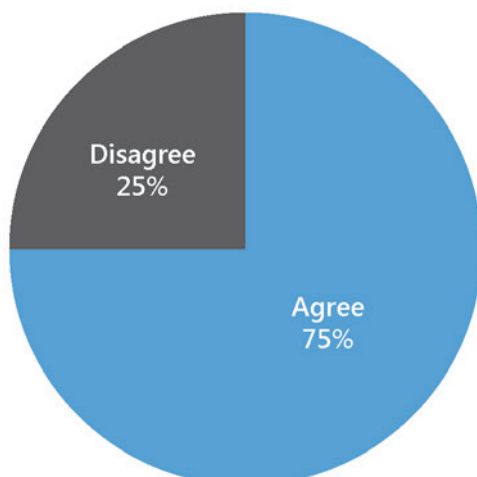
Half (51%) of the nurses surveyed (versus 14% of medical officers) reported doing tasks that do not match their job description. FG nurses agreed that, due to staff shortages, they often are responsible for tasks outside their scope of work. These include duties that should be done by less qualified staff as well as duties above their level. One nurse stated, "...We are clerks, we are porters..., you have to be a cleaner as well. We are doing multi-tasks."

## SALARIES

Survey respondents (80%) were dissatisfied when comparing salary to workload. FG participants also complained about being underpaid for the kind and amount of work done.

### HEALTH WORKER RESPONDENTS:

"Patients complain too much; they don't understand how hard we are working."



## SUPERVISION AND MOTIVATION

Only half (53%-54%) of survey respondents perceived managers as supportive and approachable as well as adequately present. Many FG participants mentioned the need for better supervision when asked about job satisfaction. A common complaint in discussing motivation was that maternity health workers are not acknowledged by the Ministry or communities for the good work that they do.

## EQUIPMENT AND INFRASTRUCTURE

Three-fourths (75%) of survey respondents reported shortages of medical equipment, and 83% reported inadequate space on maternity and postpartum wards. FG participants also agreed that vital equipment and adequate space are often lacking.

## CONSEQUENCES OF STAFF SHORTAGES

- Job stress
- Long hours with no breaks
- Care outside scope of work
- Poor quality of care due to provider fatigue (43% of survey respondents)
- Negative effects on provider health

# WHAT FACTORS SHAPE HEALTH WORKERS' ATTITUDES AND BEHAVIORS WHEN DELIVERING MATERNAL AND NEONATAL CARE?

## PROVIDER ATTITUDES

Most survey respondents (83%) perceived their colleagues as respectful of maternity patients, but one in three (31%) reported knowing of patient mistreatment in their hospital. About half (51%) of nurses (versus 15% of medical officers) agreed that laboring women sometimes need to be yelled at, and a third (30%) of respondents agreed that pinching or slapping a woman in labor can get her to push harder. Providing context for these statements, FG/IDI participants noted that short-tempered and "harsh" behaviors toward women in labor were often either "for the sake of the baby" or provoked by excessive workloads. Job stress, fear of blame for adverse outcomes, and "uncooperative" clients all create a perceived need for health workers to use any means necessary to save lives. A nurse described the gradual shaping of provider attitudes: "...I saw a nurse yelling at a patient...when I was a student and I thought that [was] rude then. But when I became a nurse, I understood why we have to yell sometimes because it is about saving a life. Because if something goes wrong, you are blamed."

## COMMUNITY PERCEPTIONS

Most survey respondents were satisfied with their professional image (70%) and agreed that communities appreciate their work and services (60%). However, FG/IDI participants described situations where clients or relatives are convinced that providers are doing the wrong thing. Many noted that the media's focus on negative outcomes damages health workers' reputation and can foster adversarial relationships. Some also voiced resentment about the lack of support from superiors and the Ministry.

## CLIENT CHARACTERISTICS

Not surprisingly, survey respondents agreed that it was easier to provide care to women with more education (42%) or from the same ethnic (47%) or language (65%) group. Fewer reported observing provider discrimination against younger (10%) or low-status (22%) women. Discrimination arose as a topic in under half of the FGs.

**“We put so much effort in our work even though there is a shortage of staff, but we are not recognized...”**

# CONCLUSION

Heavy workloads were the largest source of job dissatisfaction, described as “shortening [providers’] lifespan.” To reduce stress and disrespectful care, providers recommended:

- Adopting measures to acknowledge and alleviate heavy workloads (such as speeding up recruitment, filling vacant positions, paying appropriate salaries, and offering stress management counseling)
- Attending to other influences on quality of care (provide needed equipment, upgrade infrastructure, ensure access to professional development, and provide preservice and in-service customer care training)
- Educating communities and the media about maternity care and health worker roles.

Overall, the study’s results clearly indicate that health workers in maternity wards are committed to providing the best quality of care possible—despite inadequate equipment, infrastructure, training opportunities, incentives, and encouragement. Seven in ten survey respondents reported choosing their career in response to a perceived “calling,” and roughly the same proportion said they would choose the same career again.



A nurse tends to a new mother at the Shanamutango HIV/AIDS Center at the Lutheran Medical Services Hospital in Namibia. Photo: Trevor Snapp for IntraHealth International

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