



NATIONAL SURVEY ON NURSES AND MIDWIVES WORKING CONDITIONS IN RWANDA

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Background of the study

- ❑ In 2011, the MoH reviewed health service package provided by HPs, HCs, DHs, NRH/UTHs and developed service package for PRHs
- ❑ The package has identified also required human resource based on available beds for each service, bed occupancy and workload.
- ❑ 9,448 nurses and midwives in Rwanda, 1 Nurse per 1,225 people & 1 midwife per 18,790 people (MOH.2014).
- ❑ The target is to increase the number of nurses and midwives up to 11,384 by 2018 (Binagwaho et al. 2013). Which means a ratio of 1 Nurse/1050 people; 1 Nurse/1062 people and 1Nurse/ 1066 people (NISR Population projection scenarios in 2018).

Background of the study (next)

- ❑ The global shortage of nurses and midwives in clinical settings requires them to work overtime resulting in fatigue, lack of concentration, apathy and lack of interest in their profession ,
- ❑ RNMU with the financial support from NORAD recommended the national survey on nurses and midwives working conditions in Rwanda

Aim of the study

- ❑ To assess the clinical working conditions of nurses and midwives in order to provide evidence for supporting RNMU advocacy for improvement of quality of nursing and midwifery services delivery to the Rwandan population.

Objectives of the study

1. To identify the number and levels of education of nurses and midwives staffing in different health facilities of Rwanda
2. To determine the nurse/midwife-bed ratio in different health facilities of Rwanda
3. To benchmark the current nurse/midwife-bed ratio against the national, regional and international standards;
4. To determine the level of satisfaction of nurses and midwives at different levels of health facilities of Rwanda.

Research questions

1. What is the current level of nurses and midwives staffing at different levels of health facilities in Rwanda?
2. How far are we in reaching national and international clinical standards in terms of nurses/ midwives-bed ratio?
3. What is the current level of professional satisfaction of nurses and midwives working in clinical settings of Rwanda?
4. Why highly qualified nurses do not appear in the new service packages for health facilities of Rwanda ?
5. What are the effects of lack of highly qualified nurses and midwives on strategic planning for improvement of quality of nursing/ midwifery service delivery?
6. What should be the suitable professional body to advocate for nurses and midwives and influence policies?

Methodology

- A cross-sectional study involving data collection at a defined time on the clinical working condition of nurses and midwives was in Rwanda was conducted.
- The study targeted all 30 Districts of Rwanda , the public health sector as well as the private health sector

Study Population

- ❑ On job nurses and midwives working in public and private health facilities in Rwanda, estimated at 8,273 nurses, and 240 midwives. (MOH, 2012)

Sampling

- A stratified random sampling technique was used to select a representative sample of health Facilities (HCs, DHs, PRHs, NRH/UTHs, Clinics/ Polyclinics)
- Purposive sampling technique was used to select a sample of public and private nurses and midwives in leadership positions as well as representatives of nursing/midwifery professional bodies.

Table 1: Sample size for Quantitative aspect of the study

Category of Health Facility	Total	Sample	Clinical Services	Participants
Health center	477	201	2	402
District Hospital	37	16	6	96
PRHs	4	2	6	12
TNRH/UTHs	5	2	12	24
Private Polyclinics	6	3	4	12
Total	529	224	30	546

Data Collection techniques

- **Primary data** : using Professional satisfaction Survey questionnaire and qualitative interview questionnaire.
- **Secondary data** : from Health Facilities Nurses and midwives work schedule/ duty roster and health facilities records for nurses and Midwives staffs.

Data Analysis

- ❑ Information from Nurses and Midwives professional satisfaction survey was analyzed quantitatively to determine the level of satisfaction of nurses and midwives of their working conditions.
- ❑ The Chi square test was used to compare the level of professional satisfaction for nurses and midwives with different educational background.
- ❑ Secondary data from Health Facilities records on Nurses and Midwives work schedule / duty roster and nurses/midwives staff was compared to the national, regional and international standards of nurse: bed ratio.
- ❑ Quantitative data was analyzed using SPSS version 22.0.0.0 whereas qualitative data from interview was analyzed using content analysis method.

Ethical consideration

- ❑ The study passed through the normal process for obtaining ethical clearance from RNEC and
- ❑ Authorization to conduct the study was obtained from the MoH prior to data collection.
- ❑ Information provided by respondents were kept confidential and anonymous
- ❑ The participation in the study was totally voluntary after signing an Informed consent.

DATA PRESENTATION

Figure1: Distribution of Respondents by gender

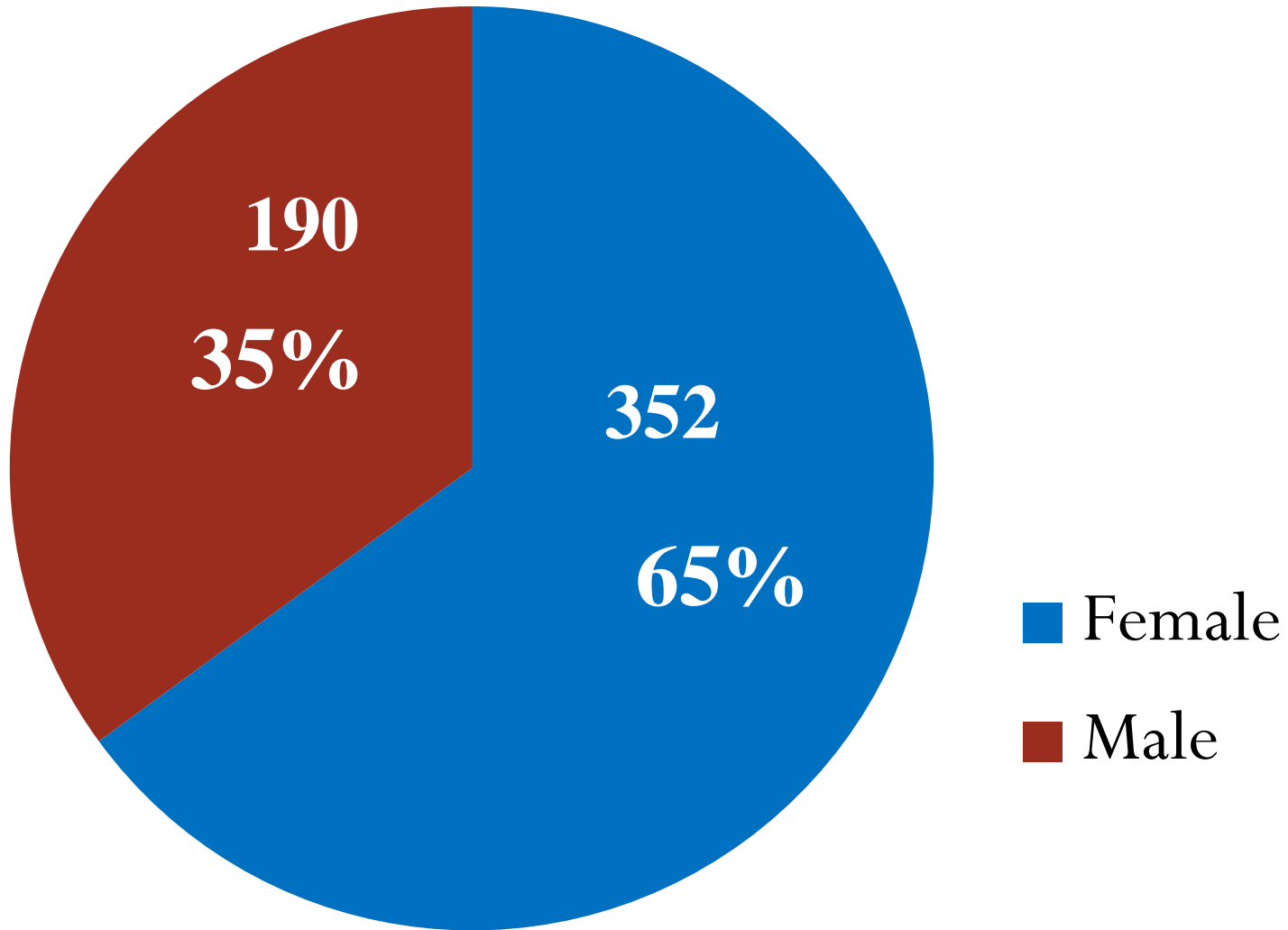


Figure 2. Distribution of respondents per Province

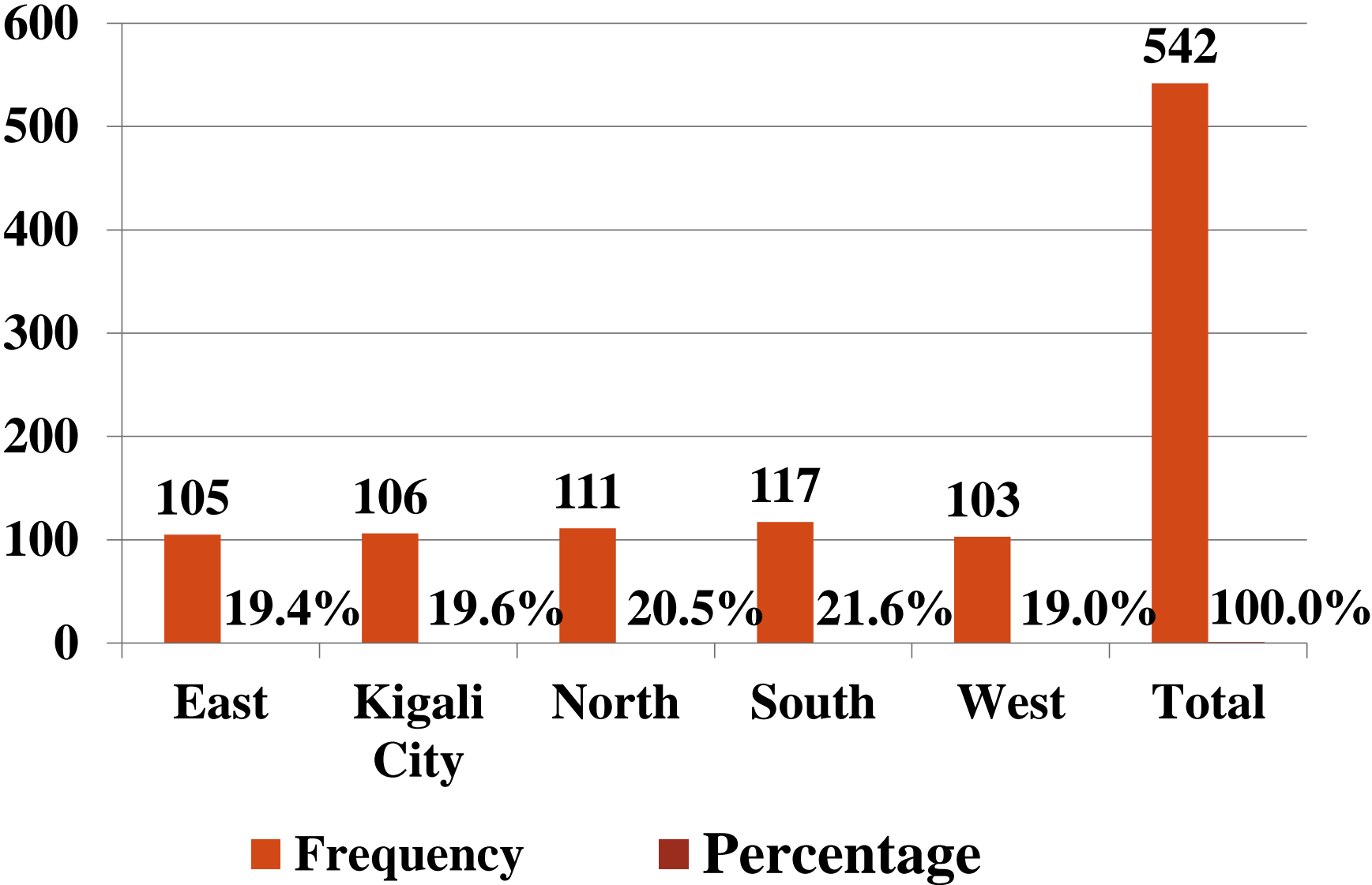


Figure 3: Distribution of respondents by their professions

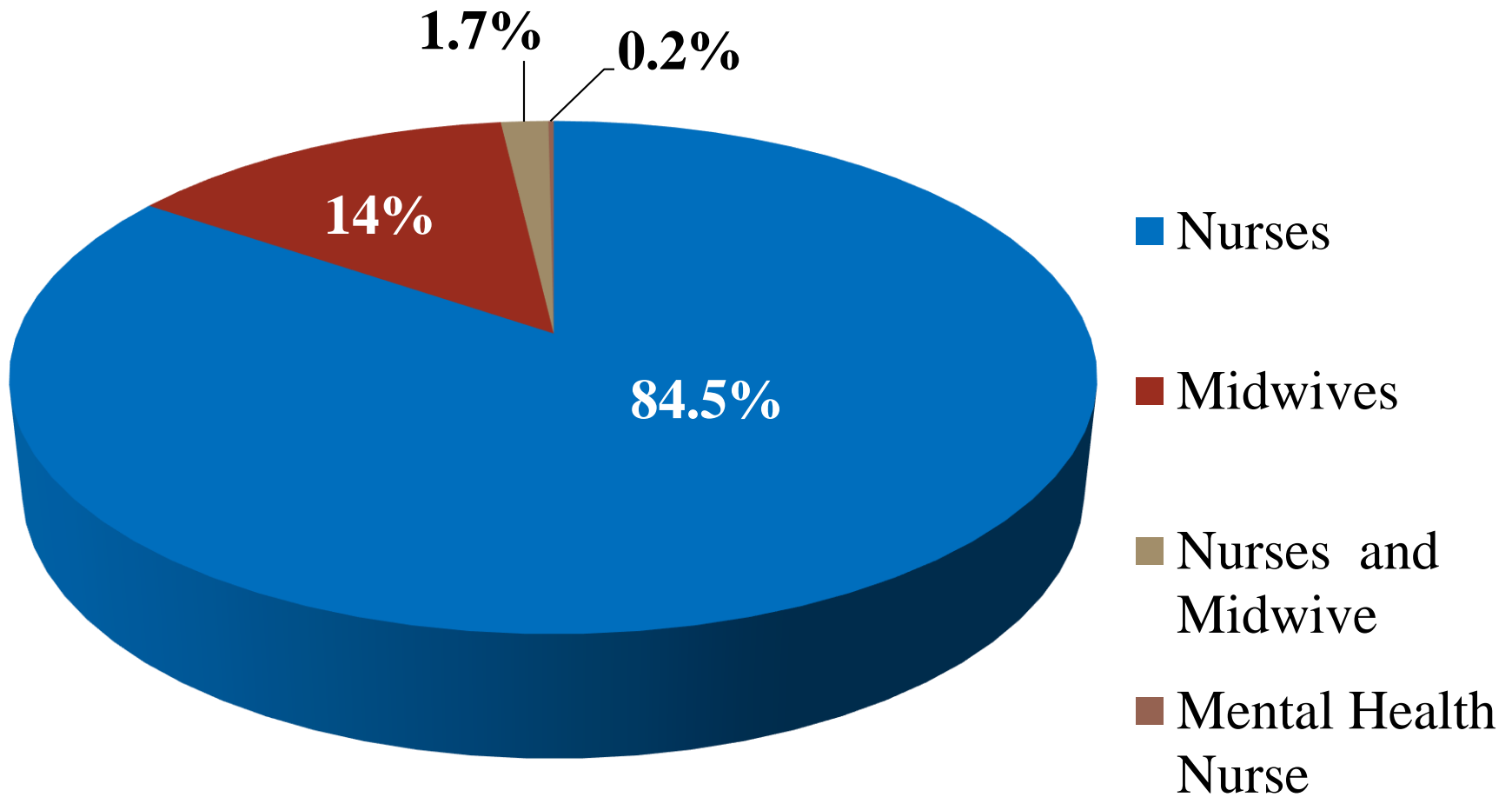


Figure 4: Distribution of Respondents by their education level

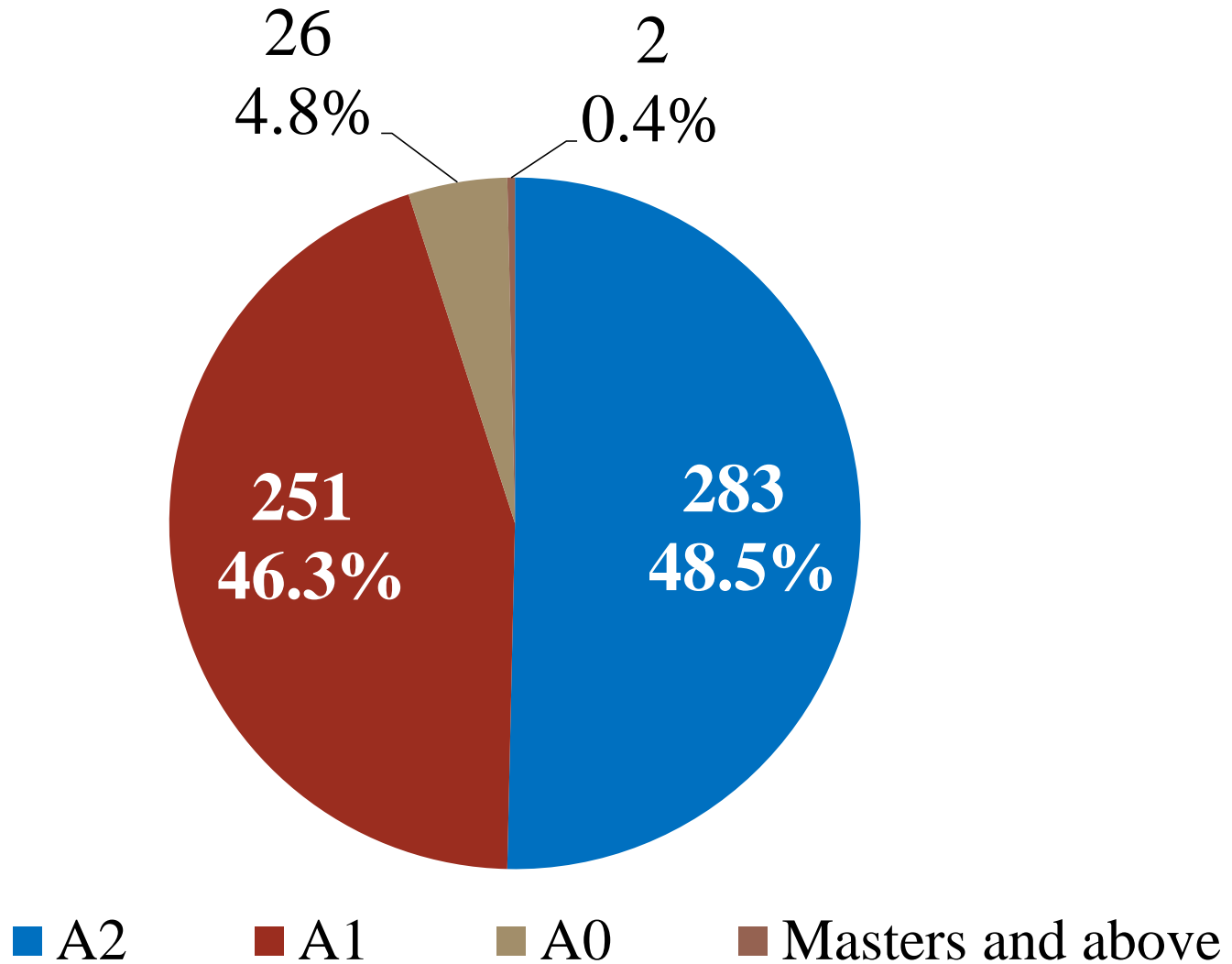


Table 2 : Distribution of respondents per type of health Facilities

Health Facility	Frequency	Percent	Valid Percent	Cumulative Percent
Health Centre	398	73.4	73.4	73.4
District Hospital	96	17.7	17.7	91.1
Provincial Referral Hospital	12	2.2	2.2	93.4
National Referral Hospital	24	4.4	4.4	97.8
Private Clinic or polyclinic	12	2.2	2.2	100.0
Total	542	100.0	100.0	

Valid

Table 3: Available vs. required nurses/midwives in clinical services of the health facilities

Health Facility	Total required nurses/midwives	Available nurses/midwives	Percentage
Health Centre	6,567	2,668	40.6
District Hospital	2,384	1,347	56.5
Provincial Hospital	402	234	58.2
National Referral Hospital	946	597	63.1
Total	10,299	4,846	47.1

Table 4: Bed ratio at the level of District Hospital Vs. Recommended

Units	Nurse: bed ratio the day shift during		Nurse: bed ratio during the night shift	
	Recommended ratio	The current ratio	Recommended ratio	The current ratio
Antenatal	1:15	1:18	1:15	1:18
Post natal	1:5	1:8	1:8	1:8
Labor ward	1:3	1:3	1:3	1:3
Delivery room	1:1	1:1	1:1	1:1
Emergency	1:3	1:3	1:3	1:3
Pediatrics	1:6	1:10	1:10	1:10
Neonatology	1:4	1:4	1:4	1:4
ICU	1:1	1:1	1:1	1:1
Recovery	1:3	1:3	1:3	1:3
IM & Mental health	1:8	1:12	1:12	1:16
Surgery	1:7	1:9	1:10	1:9

Figure 5: Average working hours per week

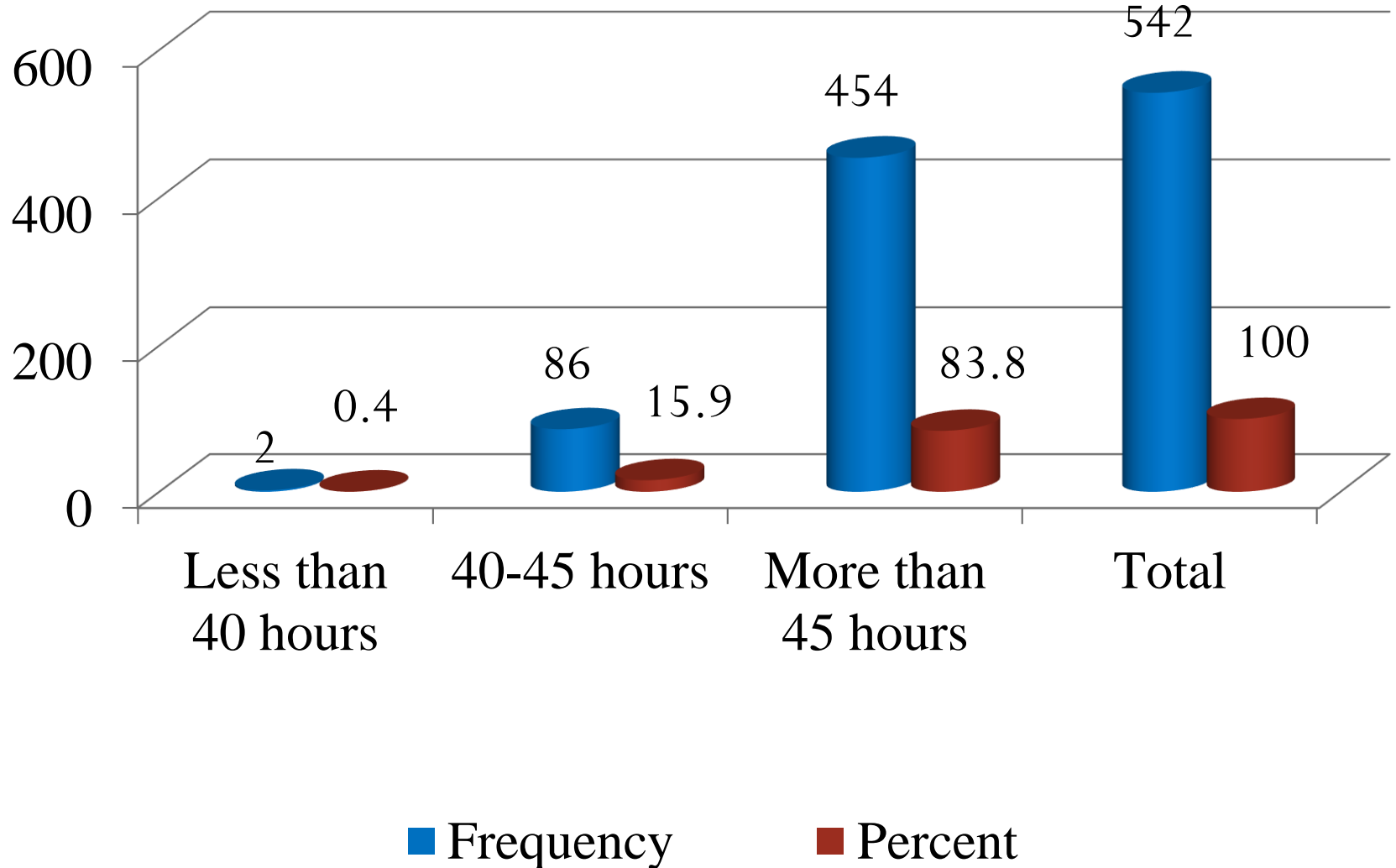


Table 5: Satisfaction with the amount of salary

	Frequency	Percent	Valid Percent	Cumulative Percent
Very dissatisfied	93	17.2	17.2	17.2
Dissatisfied	214	39.5	39.5	56.6
Moderately satisfied	198	36.5	36.5	93.2
Satisfied	33	6.1	6.1	99.3
Very satisfied	4	0.7	0.7	100
Total	542	100	100	

Table 6: Satisfaction of the amount of the salary over qualification and experience

	Frequency	Percent	Valid Percent	Cumulative Percent
Very dissatisfied	160	29.5	29.5	29.5
Dissatisfied	239	44.1	44.1	73.6
Moderately satisfied	119	22	22	95.6
Satisfied	22	4	4	99.6
Very satisfied	2	0.4	0.4	100
Total	542	100	100	

Table 7: Satisfaction with working hours

	Frequency	Percent	Valid Percent	Cumulative Percent
Very Dissatisfied	75	13.8	13.8	13.8
Dissatisfied	132	24.4	24.4	38.2
Moderately Satisfied	180	33.2	33.2	71.4
Satisfied	131	24.2	24.2	95.6
Very Satisfied	24	4.4	4.4	100
Total	542	100	100	

Table 8: Satisfaction with protection against professional risks

	Frequency	Percent	Valid Percent	Cumulative Percent
Very Dissatisfied	65	12	12	12
Dissatisfied	103	19	19	31
Moderately Satisfied	173	31.9	31.9	62.9
Satisfied	181	33.4	33.4	96.3
Very Satisfied	20	3.7	3.7	100
Total	542	100	100	

Table 9: Satisfaction of distribution of the workload among the members of working team

	Frequency	Percent	Valid Percent	Cumulative Percent
Very Dissatisfied	34	6.3	6.3	6.3
Dissatisfied	86	15.9	15.9	22.1
Moderately Satisfied	159	29.3	29.3	51.5
Satisfied	231	42.6	42.6	94.1
Very Satisfied	32	5.9	5.9	100
Total	542	100	100	

Table 10: Satisfaction with the variety of tasks

	Frequency	Percent	Valid Percent	Cumulative Percent
Very Dissatisfied	23	4.2	4.2	4.2
Dissatisfied	100	18.5	18.5	22.7
Moderately Satisfied	187	34.5	34.5	57.2
Satisfied	215	39.7	39.7	96.9
Very Satisfied	17	3.1	3.1	100
Total	542	100	100	

Table 11: Satisfaction with the level of professional responsibility

	Frequency	Percent	Valid Percent	Cumulative Percent
Very Dissatisfied	28	5.2	5.2	5.2
Dissatisfied	66	12.2	12.2	17.3
Moderately Satisfied	141	26	26	43.4
Satisfied	270	49.8	49.8	93.2
Very Satisfied	37	6.8	6.8	100
Total	542	100	100	

Table 12: Satisfaction with the description that was made of the job

	Frequency	Percent	Valid Percent	Cumulative Percent
Very Dissatisfied	28	5.2	5.2	5.2
Dissatisfied	59	10.9	10.9	16.1
Moderately Satisfied	148	27.3	27.3	43.4
Satisfied	266	49.1	49.1	92.4
Very Satisfied	41	7.5	7.5	100
Total	542	100	100	

Table 13: Satisfaction with the recognition of the quality of work done by superiors

	Frequency	Percent	Valid Percent	Cumulative Percent
Very Dissatisfied	26	4.8	4.8	4.8
Dissatisfied	65	12	12	16.8
Moderately Satisfied	178	32.8	32.8	49.6
Satisfied	233	43	43	92.6
Very Satisfied	40	7.4	7.4	100
Total	542	100	100	

Table 14: Satisfaction of in service training received from the employer

	Frequency	Percent	Valid Percent	Cumulative Percent
Very Dissatisfied	72	13.3	13.3	13.3
Dissatisfied	94	17.3	17.3	30.6
Moderately Satisfied	213	39.3	39.3	69.9
Satisfied	142	26.2	26.2	96.1
Very Satisfied	21	3.9	3.9	100
Total	542	100	100	

Table 15: Satisfaction with the adequacy of the proposed training to the needs

	Frequency	Percent	Valid Percent	Cumulative Percent
Very Dissatisfied	44	8.1	8.1	8.1
Dissatisfied	91	16.8	16.8	24.9
Moderately Satisfied	196	36.2	36.2	61.1
Satisfied	188	34.7	34.7	95.8
Very Satisfied	23	4.2	4.2	100
Total	542	100	100	

Table 16: Satisfaction with opportunities to participate in decision-making

	Frequency	Percent	Valid Percent	Cumulative Percent
Very Dissatisfied	35	6.5	6.5	6.5
Dissatisfied	85	15.7	15.7	22.1
Moderately Satisfied	209	38.6	38.6	60.7
Satisfied	184	33.9	33.9	94.6
Very Satisfied	29	5.4	5.4	100
Total	542	100	100	

Table 17: Satisfaction with the professional image

	Frequency	Percent	Valid Percent	Cumulative Percent
Very Dissatisfied	50	9.2	9.2	9.2
Dissatisfied	51	9.4	9.4	18.6
Moderately Satisfied	128	23.6	23.6	42.3
Satisfied	223	41.1	41.1	83.4
Very Satisfied	90	16.6	16.6	100
Total	542	100	100	

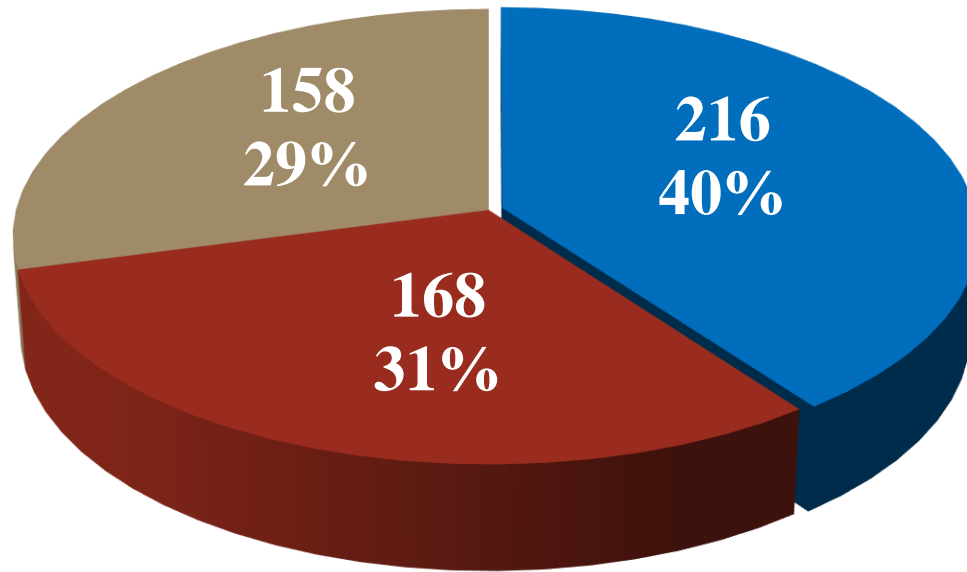
Table 18: Satisfaction with regularity of salary

	Frequency	Percent	Valid Percent	Cumulative Percent
Very Dissatisfied	22	4.1	4.1	4.1
Dissatisfied	55	10.1	10.1	14.2
Moderately Satisfied	157	29	29	43.2
Satisfied	190	35.1	35.1	78.3
Very Satisfied	118	21.7	21.7	100
Total	542	100	100	

Table 19: Satisfaction with stability of job

	Frequency	Percent	Valid Percent	Cumulative Percent
Very Dissatisfied	41	7.6	7.6	7.6
Dissatisfied	88	16.2	16.2	23.8
Moderately Satisfied	158	29.2	29.2	53
Satisfied	191	35.2	35.2	88.2
Very Satisfied	64	11.8	11.8	100
Total	542	100	100	

Figure 6: Professional status of Respondents



- Governed by General statutes for public servant
- Employment Contract with District
- Employment contract with Health Facility

Table 21: overall job satisfaction

	Frequency	Percent	Valid Percent	Cumulative Percent
Very Dissatisfied	19	3.5	3.5	3.5
Dissatisfied	81	14.9	14.9	18.5
Moderately Satisfied	297	54.8	54.8	73.2
Satisfied	120	22.2	22.2	95.4
Very Satisfied	25	4.6	4.6	100
Total	542	100	100	

Figure 7: Job satisfaction dimensions for nurses and midwives

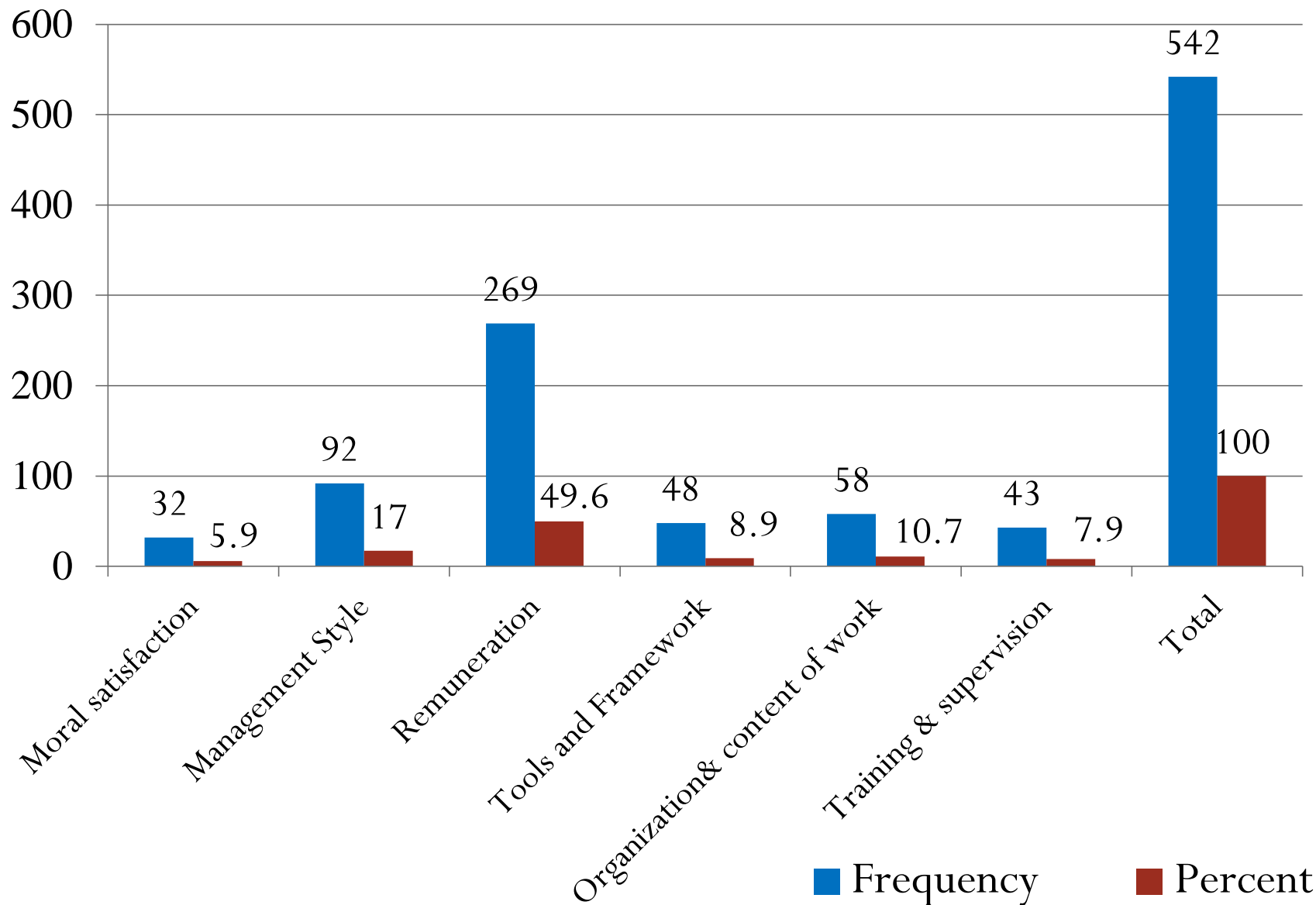
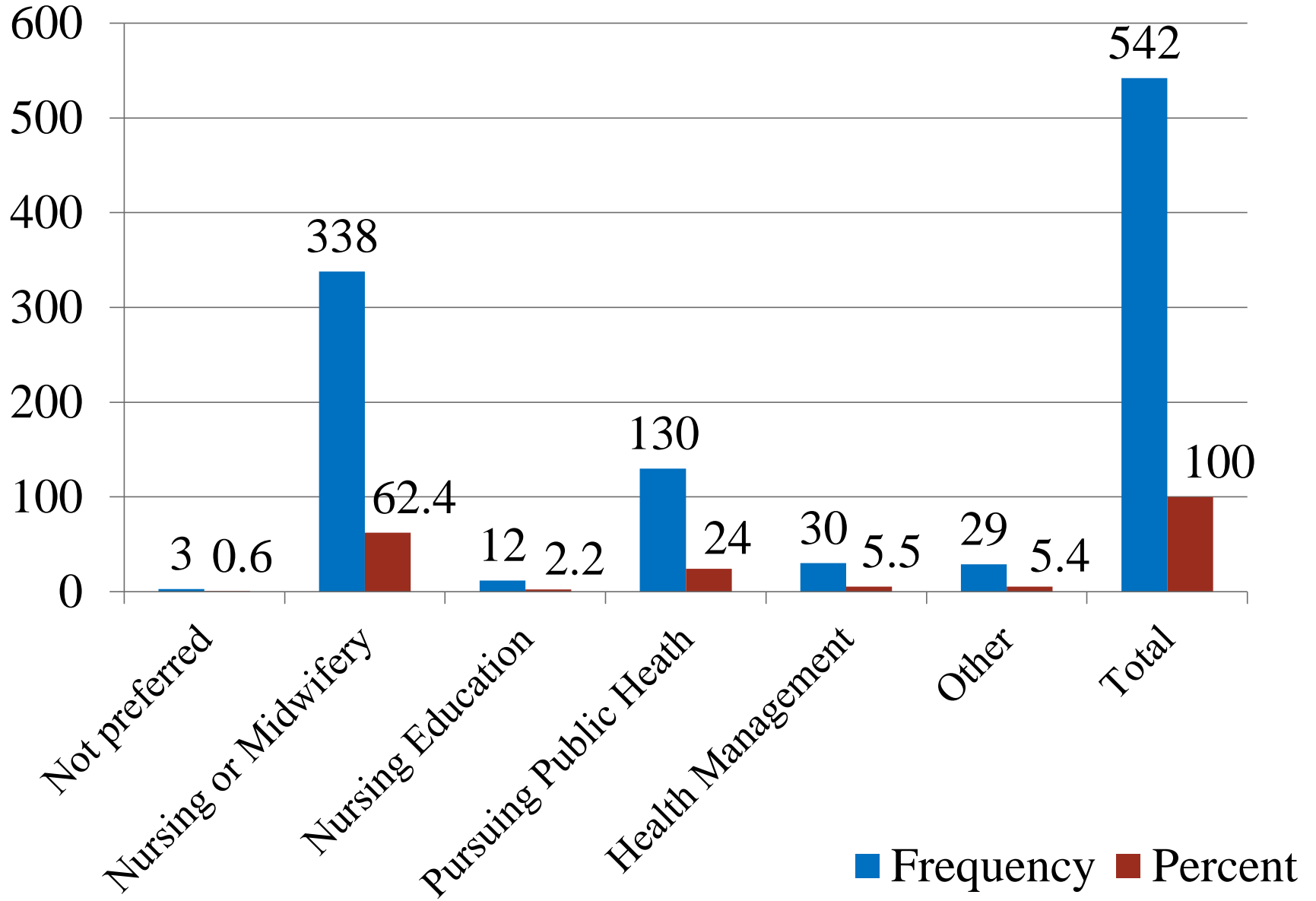


Figure 8: Attachment to the Health Sector



Analytical aspect

- ❑ The cross tabulation of average monthly take home salary with overall job satisfaction shows that the proportion of job satisfaction is the same for all the salaries brackets ($p=0.574$)
- ❑ The cross tabulation of working area and overall job satisfaction shows that the two variables are associated ($p<0.0001$)
- ❑ The cross tabulation of education level and overall job satisfaction shows the same proportions within all education levels ($p=0.291$)
- ❑ The cross tabulation of gender and overall job satisfaction variables shows an association between the gender of respondents and their overall job satisfaction ($p=0.034$)

Qualitative findings

- ❑ Participants in qualitative interview revealed that nurses and Midwives are not effectively involved in policies making
- ❑ Limitation of high qualified nurses and midwives in policy making affects the strategic planning of nurses and midwives
- ❑ Participants were complaining about the high turnover of high qualified nurses and midwives in health facilities
- ❑ The prevailing tendency of persisting gender related stereotypes vis-à-vis nursing and midwifery as female dominated vocation has negative effect on the advancement of nursing and midwifery professions.
- ❑ The RNMU has been identified as the suitable professional body to advocate for nurses and midwives for influencing existing and new health policies .

Conclusion

- This study can serve as a barometer of nursing and midwifery clinical working conditions in Rwanda.
- 81.5% of nurses and midwives in clinical setting are overall moderately to very satisfied for their jobs.
- There is still a gap in nurses and midwives staffing at all levels of the health facilities in order to meet the national standards in terms of nurse/midwives : bed ratio.
- The proportion of nurses and midwives holding bachelor's and Master's degrees is still limited in clinical settings and the current national package of national health facilities has been pointed out as having a negative effect on recruitment and maintenance of more of high qualified nurses in clinical settings.
- Nurses and Midwives in clinical settings have confidence in RNMU for advocacy and influencing the existing and new health related policies .

Recommendations

❑ *To the MOH:*

- *To review the current package for national health facilities to increase the proportion of nurses and midwives with bachelor's degree and above in clinical setting*
- *To increase the budget allocated to health care human resources and salaries to attract and maintain high qualified, specialized and experienced health personnel*
- *To avail at central level a direction or division of nursing for involvement of nurses and midwives in strategic planning*

Recommendations (Next)

❑ *To the Ministry of Public Service and Labour :*

- *To recruit more nurses and midwives in order to reduce the existing gap in nursing and midwifery staffing*
- *To reinforce the implementation of the law regulating labour in Rwanda specifically in its articles regarding the legal duration of work (45 working hours per week maximum)*
- *To extend the general statutes for public servants to all nurses and midwives in working in Public clinical setting.*

Recommendations (Next)

❑ *To RNMU:*

- *To investigate different ways to initiate a scheme that can support nurses and midwives to easily access affordable finance services and improve their well being*
- *To conduct CPD need assessment for nurses and midwives*
- *To facilitate nurses and midwives for access to CPD of their interest*
- *To develop an effective advocacy and lobby strategy for policy influencing*

Recommendations (Last)

❑ *To the management of Health Facilities*

- *To insure the proper distribution of existing nursing and midwifery human resources*
- *To consider the need of employees in different services/ Units for personal growth*
- *To provide words for encouragement for the work well done rather than blaming only the wrong doers*
- *To avail and respect the job description for every recruited employee.*
- *To involve the representative of RNMU at the level of health Facility in decision making.*

Thank you for your attention!

