TRANSITION EXPERIENCES OF NEWLY QUALIFIED NURSE-MIDWIVES WORKING IN SELECTED MIDWIFERY SETTINGS IN NORTHERN MALAWI

MSc. (Midwifery) Thesis

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UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

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Declaration

I declare that this thesis is my own work and no part of it has been submitted for any award or degree at the University of Malawi or any other university

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Date

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Certificate of Approval

The undersigned certify that this thesis represents the students own work and efforts and has been submitted with our approval.

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Co-supervisor

Dedication

I dedicate this thesis to my late father Abel Mtegha who instilled in me the hardworking spirit

To my wife Tiwonge and our children Ungweru and Eliana for being there for me

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Abstract

Studies have shown that newly qualified nurse-midwives face challenges integrating into the workforce as they transition from training to practice. However, little is known about how the newly qualified nurse-midwives make the transition from training to practice, the support they receive during the transition period and the challenges they encounter in the midwifery settings in Malawi. The study aimed to explore the transition experiences of newly qualified nurse-midwives working in selected midwifery units in Northern Malawi. This was a descriptive qualitative study. Data were collected through in-depth interviews using a semi-structured interview guide from a purposive sample of ten newly qualified nurse-midwives and six key informants. Data were analyzed manually using thematic analysis. Newly qualified nurse-midwives expressed both positive and negative transition experiences. Three main themes emerged from data analysis namely: Clinical support: Enhancing the transitional experiences, knowledge and personal positive attitude, and practice reality challenges. The practice reality challenges underscored factors that affected the transition experiences of newly qualified nurse-midwives and their performance in clinical practice. Despite receiving some clinical support, the study has revealed that for most newly qualified nurse-midwives in Malawi, the transition from training to practice is quite challenging. The study therefore identified the need for developing orientation guidelines and instituting formal transition strategies like mentorship; the need for transformation in the preregistration teaching and learning by creating more opportunities for practice-based learning and a collaborative partnership between colleges and hospitals to improve the transition from training to practice.

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List of Abbreviations

CHAM:	Christian Health Association of Malawi
COMREC:	College of Medicine Research and Ethical Committee
DHO:	District Health Office
HINARI:	Health Inter Network Access Research Initiative
KCN:	Kamuzu College of Nursing
MZCH:	Mzuzu Central Hospital
NEPI:	Nursing Education Partnership Initiative
NMCM:	Nurses and Midwives Council of Malawi
NMT:	Nurse-Midwife Technician
NSO:	National Statistical Office
RNM:	Registered Nurse-Midwife
WHO:	World Health Organization

Operational Definitions

Newly qualified nurse-midwife:	The one who has completed Nursing and Midwifery training and is registered with Nurses and Midwives Council of Malawi; has been in practice for more than six months but less than two years
Novice:	A beginner with no experience with the situation in which they are expected to perform the task
Nurse-midwife Technician	A person who has successfully completed a nursing and midwifery technician diploma program
Registered nurse-midwife	A professional who has successfully completed a degree program of nursing and midwifery and/or a degree in nursing and a university certificate in midwifery
Transition:	Moving from one stage to another stage
Transition period:	A period of adjustment
Transition period for nurse-midwives:	A period of learning and adjustment after the completion of a recognized nursing and midwifery education program to work as qualified nurse-midwives
Transition support program:	A program offering newly qualified nurse-midwives consolidated clinical support, which goes beyond normal orientation and induction of new employees

Chapter 1: Introduction and Background

Introduction

The transition from training to practice is stressful for many newly qualified nurse-midwives (Clements, Fenwick, & Davis, 2012; Fenwick et al., 2012; Kensington et al., 2016). The transition period of new midwives is defined as a period of learning and adjustment after completion of the recognized midwifery education program to work as a registered midwife (Clements et al., 2012). Studies have shown that most newly qualified nurse-midwives take 12 to 18 months to transition from novice to practitioner as they use the first six months of their placement to settle in the ward (Duchscher, 2012; Gray, Malott, Davis, & Sandor, 2016). This is a fundamental period at the start of a career to build competence and confidence (Gray et al., 2016). Following graduation, they are novice midwifery practitioners working in a new environment requiring a range of clinical and professional skills. During this period, many feel inadequately prepared for the real world (clinical setting) and they lack confidence in their capabilities to provide quality midwifery care (Davis, Foureur, Clements, Brodie, & Herbison, 2012; Skirton et al., 2012). This often leads to feelings of fear and insecurity. However, upon certification by Nurses and Midwives Council of Malawi, newly qualified nurse-midwives are considered to be full professionals who can work independently in the midwifery settings. Benner (1984) in her model *"From novice to practice*" considers newly qualified nurse-midwives as advanced beginners who feel highly responsible for managing patient care, yet, they still rely on the help of those who are more experienced. Therefore, long-term and ongoing career development is needed but requires an understanding of their transition experiences which may affect their performance and the quality of care they provide to mothers and newborns.

Every year, hundreds of nurse-midwives in Malawi enter the clinical settings transitioning from their role as students to professional roles as nurse-midwife practitioners. According to Nurses and Midwives Council of Malawi (NMCM) database, from 2015 to 2017, they have licensed a total of two thousand and forty-six (2046) nurse-midwives; eight hundred and sixty-two (862) registered nurse-midwives and one thousand one hundred and eighty-four (1184) nurse-midwife technicians. Despite the licensure, there is an acute shortage of midwives across the country. There are 3233 midwives against the required 23637 representing an 86% vacancy rate (White Ribbon Alliance Malawi, 2016). In this regard, newly qualified nurse-midwives form the primary source of the midwifery profession as health systems are under increasing pressure to meet the demands for service and midwifery workforce (Malata et al., 2013). For instance, at Mzuzu Central Hospital out of the 189, a total number of nurse-midwives 14.8% (28) are less than two years in practice. Similarly, at St John's Hospital, 20% (10) of 50 are newly qualified nurse-midwives with less than two years in practice. Likewise, Mzimba South District Hospital has 115 nurse-midwives of whom 12% (14) are less than two years in practice. Supporting such newly qualified nurse-midwives to successfully transition into practice may help in improving their transition experiences and meeting the needs of women and their neonates.

The complexity and responsibility of midwifery practice require that the newly qualified nurse-midwives be supported to have a successful transition period. They face a number of challenges when they enter into clinical practice like putting knowledge into practice, burnout due to shortage in staffing levels, unrealistic expectations from other nurse-midwives and changes in the health care system (Clements, Davis, & Fenwick, 2013; Gray et al., 2016; Phuma-Ngaiyaye, Adejumo, & Dartey, 2017). The challenges including poor experience during the transition period increase fear and

anxiety in some newly qualified nurse-midwives resulting in loss of confidence and high turnover rate as some do quit their job (Clements, Davis, & Fenwick, 2013; Gray et al., 2016; Negarandeh, 2014; Phuma-Ngaiyaye et al., 2017). However, providing guidance and support to newly qualified nurse-midwives utilizing transition support programs may be beneficial to assist with the effective transition into practice. As literature has shown that supporting a successful transition from training to practice is key to retain the newly qualified nurse-midwives in the workforce; helping them to develop confidence and clinical skills; and ensuring that health care needs of the mothers and neonates are met (Bvumbwe & Mtshali, 2018; Clements et al., 2012; Gray et al., 2016). Little is known though about these experiences in Malawi. Therefore, it is important to explore how newly qualified nurse-midwives transition from training to practice in Malawi. This may inform policy makers, hospital managers and training institutions about the transition experiences of these graduates for the development of proper strategies to support them. Hence, the researcher's intention to conduct the study.

Background

Promoting provision of quality obstetric care to women in Malawi remains one of the important strategies to be seriously adopted to achieve the sustainable development goal (SDG) three; with focus on reducing maternal and neonatal mortality rates. Currently, the country maternal and neonatal mortality rates are high, estimated at 439 per 100,000 live births and 27 per 1,000 live births respectively (NSO & ICF, 2017). SDG targets a reduction in maternal mortality ratio to 70 per 100 000 live birth and neonatal mortality to at least 12 per 1000 live birth by 2030. To achieve this, the county need to produce and maintain an adequate size of educated, experienced and competent midwifery workforce to meet the needs of women and their newborns.

Nursing and midwifery education prepares students with basic academic and practical skills required for them to work as novice practitioners (Lukasse, Lilleengen, Fylkesnes, & Henriksen, 2017; Phuma-Ngaiyaye et al., 2017; Sharma et al., 2015). Despite the fact that the time they are entering the profession, they can manage a range of situations in clinical practice, their clinical skills and judgement are still weak and need more formal support (Ebrahimi, Hassankhani, Negarandeh, Gillespie, & Azizi, 2016). In spite of this, many African countries Malawi inclusive, deploy new graduate midwives immediately after passing the licensure exams (Fullerton, Thompson, & Johnson, 2013). It is assumed that by this time, they are ready for practice. However, research has shown that on entry into practice, most newly qualified nurse-midwives are not ready to work independently due to poor preparation during pre-service education and unrealistic expectations from the senior colleagues and the community (Kaphagawani, 2015; Phuma-Ngaiyaye et al., 2017; Sharma et al., 2015; Yigzaw et al., 2015).

A study in India on "pre-service education programmes for midwives indicated that pre-service education does not prepare competent midwives as teaching institutions concentrate much on theory than practical component. Graduates produced are less confident in the performance of skills due to less clinical experience (Sharma et al., 2015). This affects the performance of the new graduates on entry to practice as they transition from novice to practitioner. In agreement, a study in Ethiopia highlighted that without proper support during the transition period, the safety of mothers and their newborn is placed at risk as the care they provide becomes sub-standard (Yigzaw et al., 2015). Emphasizing the need for support, a review on quality consideration in midwifery pre-service education highlighted that appropriate utilization of the newly qualified nurse-midwives and increased number of highly qualified nurse-midwives

can improve the quality of maternal and newborn health services and reduce maternal and newborn mortality (Fullerton, Johnson, Thompson, & Vivio, 2011). In line with poor pre-service education are the different expectations between new graduates, senior midwives and the community at large. At the beginning of the transition period, new graduates do have expectations that they will be provided with the opportunity to consolidate their knowledge and clinical skills and that they will be supported by colleagues to gain confidence (Clements et al., 2012). Meeting the reality on the ground that is contrary to their expectations, increases their stress and anxiety as most of them receive inadequate support during the period (Duchscher, 2012). This challenges them integrating into the workforce and socializing into the profession (Skirton et al., 2012). Benner (1984) indicated that most of the newly qualified nurse-midwives need 18 to 24 months to move from the level of an advanced beginner to that of competence. It is important therefore for newly qualified nurse-midwives to be fully supported during the transition period.

Other studies conducted with nursing and midwifery graduates reported that putting knowledge into practice is often challenging and stressful for many graduates (Fenwick et al., 2012; Mensah, 2013; Negarandeh, 2014). Without support, they often do have little trust in their capabilities as they meet situations that are different from their expectations (Walker, Earl, Costa, & Cuddihy, 2013). This affects how these graduates cope as they transition to practice. A poor experience during the transition period can delay newly qualified nurse-midwives reaching their full potential and those who feel overwhelmed may leave the profession (Dlamini et al., 2014; Edwards, Hawker, Carrier, & Rees, 2015).

Furthermore, studies have emphasized the importance of transition support for newly qualified nurse-midwives to help them have a successful transitioning into

practice (Clements et al., 2012; Fenwick et al., 2012; Kensington et al., 2016;. Rahmadhena, McIntyre, & McLelland, 2017). A variety of support strategies that improve the transition process have been reported in the international literature. They range from orientation, preceptorship, internship as well as mentorship (Edwards et al., 2015; Gray et al., 2016; Rush, Adamack, Gordon, Janke, & Ghement, 2015). These transition to practice support strategies vary from one country to another. Despite the variation, the main focus is on helping the newly qualified nurse-midwives to gain confidence and competence through clinical support (Gray et al., 2016). A systematic review by Edwards et al. (2015) reported orientation programs, preceptorship and internship as structured strategies while, mentorship as an informal strategy. However, all these strategies are known to have increased confidence and competence in the new graduates and have shown a positive effect on the profession and the care provided to the mother and their newborn babies (Clements et al., 2012; Edwards et al., 2015; Kensington et al., 2016). Literature in the nursing field has also shown that nurse leaders play an important role in supporting a new graduate transition to practice. Effective nursing leadership can foster a positive culture where nurses feel supported and satisfied with their job (Regan et al., 2017). This is also applicable in the midwifery profession where midwifery leader may have a direct impact on the transition of the newly qualified nurse-midwives.

Attempts have been made by the government of Malawi to counteract the shortage of midwives and improve pre-service training. Recently, efforts were made by Nursing Education Partnership Initiative (NEPI) through its several activities to increase faculty workforce through faculty capacity building; strengthening support in clinical teaching to facilitate pre-service training; as well as the development of model teaching wards. The projects aimed at producing competent nursing and midwifery

workforce knowing that they are critical to effective and efficient health care system (Malata et al., 2013; Middleton et al., 2014). Efforts were also made to increase the supply of midwives entering the workforce to ease the pressure and burnout for the midwives, unfortunately, the efforts have at times resulted in prioritizing quantity over quality (Fullerton et al., 2011).

Despite recognition of these efforts, little is known about the transition experiences of nurse-midwives in Malawi, the support strategies put in place to ease the transition process and challenges newly qualified nurse-midwives encounter during the transition period. These may have a direct impact on graduate's confidence, work-related anxiety as well as the quality of care rendered to mothers and the newborns, hence the need to explore how newly qualified nurse-midwives transition from training to practice in midwifery settings. The evidence will enhance the development of strategies that will facilitate the smooth transition from training to practice.

Problem Statement

The concept of transitioning is of fundamental concern in midwifery practice as it influences the education preparation of nurse-midwives globally and necessitates the development of confidence and competence among newly qualified nurse midwives (Gray et al., 2016). The educational process that nurse-midwives undergoes facilitates or hinder the successful transition from training to practice as it impacts on the confidence and competence of newly qualified nurse-midwives upon entry into practice (Flott & Linden, 2016; Phuma-Ngaiyaye et al., 2017). This has a bearing on how newly qualified nurse-midwives adjust into practice and the type of care they provide to mothers and neonates (Clements et al., 2013; Gray et al., 2016) . To enhance the transition and quality of midwifery care, different countries have transition strategies in place. Evidence has shown that efficient and cost-effective transition strategies

increase confidence and competence among newly qualified nurse-midwives and subsequently improve their transition experiences and quality of care provided to mothers and neonates (Avis, Mallik, & Fraser, 2013; Hughes & Fraser, 2011; Rush et al., 2015). Improved midwifery care can help in reduction of maternal mortality ratio which is posing a tough public health challenge in Malawi, currently estimated at 439 per 100,000 live births (NSO & ICF, 2017).

Despite the evidence, there are concerns that newly qualified nurse-midwives are not performing to the expected standard as most of them lack confidence and competence (Clements et al., 2012; Fenwick et al., 2012; Filby, McConville, & Portela, 2016). In Malawi, this is supported by the anecdotal reports from media, the public and stakeholders who are lamenting about lack of confidence, skills and competencies of the newly qualified nurse-midwives. Therefore, the country needs to strengthen and scale-up good clinical practices since competent nursing and midwifery workforce is critical to an effective health care system (Middleton et al., 2014). To achieve this, the Malawian healthcare system needs well educated, supported, experienced and skilled midwifery workforce to meet the needs of the women.

However, little is known on how the newly qualified nurse-midwives are supported during the transition period in Malawian midwifery settings. This may have an impact on their transitional experiences and the quality of care they provide. Therefore, it is imperative to explore how they are transitioning focusing on their experiences, challenges and the support system in place. It is against this background that the researcher intends to conduct the study.

Justification of the Study

The study has addressed the knowledge gap identified in the literature related to the transition experiences of newly qualified nurse-midwives from training to practice. The clinical support that enhances the transition experiences and challenges to the transitioning have been identified. These will inform the Ministry of Health and Nurses and Midwives Council of Malawi to collaborate with hospitals and come up with a policy that will help to facilitate the smooth transition of newly qualified nurse-midwives from training to practice. This will also inform the hospital managers to design, adopt and institute transition programs that will help newly qualified nurse-midwives to have a smooth transition to practice. Furthermore, the study findings will inform educators about the experiences and challenges of newly qualified nurse-midwives during the transition period, hence, they will be prompted to come up with strategies that would prepare student midwives for the work setting. The study has also identified a gap for further research to improve the transition process.

Study Objectives

Broad objectives

To explore transition experiences of newly qualified nurse midwives working in selected midwifery settings in northern Malawi

Specific objectives

1. To describe the transition experiences of newly qualified nurse-midwives from training to practice
2. To identify transition support programs offered to newly qualified nurse-midwives
3. To describe facilitators/barriers to transition from training to practice

Chapter 2: Literature Review

Introduction

This chapter presents a review of literature relating to studies done by other researchers on the transition of nurses and midwives from training to practice. Articles from developed countries, developing country and Malawi, with a focus on the concept of transitioning of nurses and midwives have been selected to put the study in context. The following database; Google search, Google Scholar, HINARI and PubMed were used to search for the articles in order to ensure comprehensive literature review. Boolean operators OR and AND were used during the search process and terms used were; “Transitioning”, “newly qualified OR graduated midwives”, “transition period”, “support programs AND transition”, “support structure AND transition”, “experiences AND transition”, and “challenges AND transition”. Other articles were browsed using the reference list from published articles and all articles used are those written in English. Much of the literature under the topic is covered by studies from developed countries and some scanty literature from Africa and Malawi.

Overall, the literature review for this paper has been conceptualized into 4 broad areas: (1) Clinical teaching and learning for nurse-midwives in Malawi (2) Transitioning from training to practice (3) Transition support strategies (4) Encounters during the transition period

Clinical teaching and learning for nurse-midwives in Malawi

According to the Nurses and midwives council of Malawi scope of practice for all cadres of nursing (Nurses and Midwives Council of Malawi, 2016), nurse-midwives in Malawi are trained using two main pathways: registered nurse-midwife and nurse-midwife technician. The period of training for registered nurse-midwife is 4 years leading to an award of a bachelor’s degree. This is a level-one pathway and its graduates

apart from providing patient care, take the supervisory role in management of patients. The nurse-midwife technician are level-two nurse-midwives. Their training takes 3 years leading to an award of a college diploma. Nurse-midwife technicians are the major workforce in the nursing and midwifery field despite having a subordinate role. The scope of practice for the two categories depends on the level of education attained. The curriculum for both registered nurse-midwives and nurse-midwife technicians have theory and clinical components. It is the experience during the clinical practice that determined the outcome of the level of competence acquire by the students.

The clinical practice is an important part of the nursing and midwifery curriculum in Malawi. It provides nursing and midwifery students an opportunity to integrate theory into practice which influences students acquisition of professional competencies (Bvumbwe, Malema, & Chipeta, 2015; Flott & Linden, 2016). The national standards for nursing and midwifery education stipulates 40 percent of theory and 60 percent of clinical practice (Nurses and Midwives Council of Malawi, 2013), to ensure that nurse-midwives acquire necessary skills for entry into practice. However, studies in Malawi have reported inadequate faculty support; lack of skills among clinical staff; shortage of qualified nurse-midwives; unwillingness of qualified nurse-midwives to teach students; and lack of resources, as some of the challenges faced by students in their clinical learning environment (Bvumbwe et al., 2015; Chilemba, 2014; Kamphinda & Chilemba, 2019; Mbakaya et al., 2020; Msiska, Smith, & Fawcett, 2014; Phuma-Ngaiyaye et al., 2017). Teaching and environmental challenges affects student's acquisition of necessary skills suitable for practice and have an impact on preparation for practice, integration into practice and performance soon after qualifying. The evidence supports the idea that nurse-midwives in Malawi are not well prepared for

practice, hence, the need to support them during the transition period to enhance the integration into practice.

Transitioning from training to practice

The transition period is a critical time for newly qualified nurse-midwives as it is during this period that they begin to fully understand their professional responsibility (Clements et al., 2013; Rahmadhena et al., 2017). During the period, newly qualified nurse-midwives transform from student life to professional life. Literature has documented that the first phase of transition is filled with excitement, as the newly qualified nurse-midwives feel excited that they have joined the profession and are eager to work. But upon realizing that the expectations of their clinical world are inconsistent with the responsibilities, they develop negative feelings towards the new role (Clements et al., 2013; Gray et al., 2016; Griffiths, Fenwick, Carter, Sidebotham, & Gamble, 2019). This impacts on their perception of the transition period as others view the reality of the clinical practice as a test of their knowledge and capabilities which interferes with their own abilities to practice safely. Therefore, the transition of newly qualified nurse-midwives involves a process of learning and adjusting to the experiences they encounter in the new working environment.

Benner (1984) in her theory of from novice to expert indicated that every nurse-midwife move along a continuum from novice to expert at his or her own pace depending on the experience they encounter, how much they learn and the support they get. In this continuum, they are five levels of proficiency a nurse-midwife passes through novice, advanced beginner, competent, proficient and expert. Since they do not have the experience, the new nurse-midwife enters the profession as a novice or advanced beginner and after a year or two, they gain experience and move along the continuum to competent nurse-midwife, proficient until they become experts. During

this period they regularly experience high levels of anxiety that leads to significant stress, fear of failure due to feelings of being unprepared for practice and the unrealistic expectations of the midwifery environment (Clements et al., 2013; Fenwick et al., 2012; Gray et al., 2016; Griffiths et al., 2019; Rahmadhena, 2017). This is justified by Duchscher (2012) and Gray et al., (2016) who documented that newly qualified nurse-midwives use the first six months of their placement to settle and most of them take 12 to 18 months to transition from novice to practitioner. Thus, they need substantial support during the transition period to ensure positive transition experiences.

Despite having vast literature on the transition from training to practice, many studies done have been limited to retention, job satisfaction and transition programs or strategies (Clements et al., 2013; Fenwick et al., 2012; Gray et al., 2016; Griffiths et al., 2019; Hughes & Fraser, 2011). Additionally, most of the documented literature is from high-income countries like United Kingdom, Canada, Australia, New Zealand and the Netherlands where newly qualified nurse-midwives transition experiences may be different from those in low-income countries like Malawi due to differences in the education system, policies and health standards. Understanding how newly qualified nurse-midwives transitional from training to practice in a low-income setting like Malawian midwifery settings is vital for the formulation of better strategies to improve the transition experiences and performance during the transition period.

Transition Supportive Strategies

It is well documented that newly qualified nurse-midwives take approximately a year to settle in the midwifery setting as they transition from training to practice and that during this period they need support develop necessary skills, confidence and competence needed for the provision of quality midwifery care to mothers and their neonates (Duchscher, 2012; Gray et al., 2016). The international literature reports a

variety of strategies and interventions commonly known as “transition support programs” which various countries and hospitals use to support the graduates to ease the transition process (Rahmadhena et al., 2017; Rush et al., 2015)

According to Clements et al. (2012), transition support programs are established to help new graduates to develop their confidence and competence and reduce stress and anxiety during their transition period to improve quality and safety of midwifery services. Data is limited on the transition strategies available in Malawi however; the paper discusses some of the transition support programs recommended in the international literature which are orientation, mentorship, preceptor-ship, and supervision.

Orientation

Upon commencing clinical practice, newly qualified nurse-midwives are expected to have a formal and organized orientation where they are supposed to be oriented to the expectation of the midwifery practice and hospital routines and policies (Gray, Kitson-Reynolds, & Cummins, 2019; Rush et al., 2015; Sandor, Murray-Davis, Vanstone, & Bryant, 2019). However, this is not the case for some countries and literature has shown inconsistency on how these graduates are oriented to the workplace (Dlamini et al., 2014; Rush et al., 2015; Sandor et al., 2019). A study in Canada documented inconsistencies in orientation process due to a lack of formal guidelines to facilitate the transition orientation (Sandor et al., 2019). In support, a quantitative study by Rush et al. (2015) reported variations in transition orientation period. Participants with a long orientation period of more than 4 weeks had a higher total orientation score than those with less than 2 weeks of orientation. Furthermore, the study findings indicated that new graduates transition was enhanced with participation in an orientation program like comprehensive orientation. Other studies have also indicated

the significance of comprehensive orientation to midwifery practice as graduates feel supported and welcomed to the profession but have documented that it should be supported by other transition support programs like mentorship, preceptorship and clinical supervision (Avis et al., 2013; Clements et al., 2012). A study in one of the African countries Swaziland revealed lack of orientation among newly qualified nurses upon entry to practice due to lack of support programs aimed at orienting the graduates into practice (Dlamini et al., 2014). The evidence may reflect the situation in Malawian midwifery settings, as the two are all low-income countries in sub-Saharan Africa. Since it is not well known on how newly qualified nurse-midwives are supported and orientated in Malawian midwifery settings an area that needs to be explored.

Mentorship and Preceptorship

The terms mentorship and preceptor-ship are used interchangeably in most literature. The common element in both is the allocation of qualified staff to support the newly qualified member within the unit. A mentor is the one who provides support and guidance to new practitioners with the aim of enabling them to adapt and grow in their professional role (Hughes & Fraser, 2011). The main role of the mentor is modelling, supporting best practices and providing positive feedback (Hughes & Fraser, 2011). Good quality mentorship during the transition period enhances the transition experiences as studies have reported that new graduates experience increased levels of anxiety, lack confidence and fail to properly integrate into the system if there are not well mentored during the transition period (Avis et al., 2013; Clements et al., 2012; Fenwick et al., 2012; Hughes & Fraser, 2011).

On the other hand, Preceptorship unlike mentorship, is a short term relationship with the focus on skills acquisition (Avis et al., 2013). The role of a preceptor is that of direct teaching and coaching. In this case, an experienced midwife will directly instruct

and or supervise clinical activities of the newly qualified midwife (Avis et al., 2013). Both the mentor and precept are needed by the newly qualified nurse-midwives in the consolidation of their clinical skills and development of confidence and competence (Avis et al., 2013; Kensington et al., 2016). Despite the significance of the 2 strategies in facilitating the transition of newly qualified nurse-midwives from training to practice, a study in united kingdom revealed that preceptorship is not widely used as graduate midwives mostly obtain support from peers (Avis et al., 2013). The study further indicated that where preceptorship is used, its use is ad hoc, unstructured and disorganized. Hughes & Fraser (2011), who concluded that one strategy does not fit all and recommended the use of different strategies also documented similar results. This may also be the case in Malawi where data is limited about the transition strategies that are used in the midwifery setting. However new graduates need socialization into the hospital and its processes and with a shortage of nurses and midwives in the country, a support strategy need to be recommended to supporting the new graduates during their transition.

Supervision

The central concept of the model of supervision is its design to protect the public and facilitate professional development (Clements et al., 2012). Despite being seen as policing by other quarters. There has been increasing appreciation of its benefits in areas of nursing and midwifery due to its success in increasing support for clinical staff, decreasing stress and promoting the development of knowledge (Melisa Putri Rahmadhena, 2017). It serves three categories of functions: normative, which focuses on the organizational responsibility and quality control; formative, addressing the development of skills and knowledge; and restorative, which looks at supporting personal well-being (Lennox, Skinner, & Foureur, 2008). With the three functions, it is

said to be effective in helping graduates improve their skills, encourages reflective practice and increases job satisfaction (Bishop, 2008). Its use in supporting newly qualified nurse-midwives as a strategy has not been widely documented. Studies are also limited on the use of supervision as a means of support strategy in low-income countries Malawi inclusive. The current study seeks to identify if such strategies are in use in Malawi and their impact on the new midwives performance and transition experiences.

The transition support programs have been found to build confidence and competence in the new graduates, in turn, they provide quality care to mothers and their neonates (Avis et al., 2013; Clements et al., 2012; Hughes & Fraser, 2011) Having looked at the strategies and their importance in the transition process. It is recommended that new graduates be supported rather than leaving them to adapt to the new role by themselves. However, since most of the strategies documented are from high-income countries, it is important to explore strategies that are in use in Malawian hospitals and their effects on the transition period.

Encounters during the transition period

This section discusses literature that highlights the clinical experiences that either enhanced or hindered a smooth transition of new graduate midwives from training to practice.

Factors enhancing the transition

Building a professional relationship with colleagues is one vital part of professional practice necessary for a successful transition of newly qualified midwives (Fenwick et al., 2012). Studies have discussed the professional relationship in relation to midwife-to-midwife support. The metaphor of a pond was used in a qualitative study by Fenwick et al. (2012) in Australia to describe peer support as one of the facilitating

factors to smooth transition. A pond was likened to the midwifery setting and graduates who received peer support were considered to be swimming as they were considered to be safe while those without support were considered to be sinking. Similarly, a qualitative study by Clements and colleagues reported that graduates who received support from experienced midwives reported positive transition experiences, reduced anxiety and improved confidence (Clements et al., 2012). Further, literature has documented that many newly qualified nurse-midwives value the support from peers, experienced midwives and midwifery leaders as it plays an important role in creating a conducive environment where they feel supported, welcomed and safe (Clements et al., 2012; Fenwick et al., 2012; Melisa Putri Rahmadhena, 2017).

Other studies have specified that emotional support from peers and midwifery leaders in form of reassurance and encouragement instils in graduates a sense of belonging which reduces their stress (Ebrahimi et al., 2016; Kensington et al., 2016). The findings underscore the importance of support during the transition period and in extension, a qualitative study of "perspectives of new graduate nurses and nurse leaders on transition to practice" indicated that graduates support is effective if there are formal transition programs in place and the unit culture encourages constructive feedback (Regan et al., 2017). However, the professional relationship that exists between experienced nurse-midwives and newly qualified nurse-midwives is not well explored in Malawi.

Factors impeding the transition

In spite of the facilitating factors during the transition period, studies have also documented different challenges graduates encounter during the period. The challenges range from poor pre-service preparation to hospital-related challenges.

Many newly qualified nurse-midwives enter the midwifery profession with the perception that they are well prepared for practice. However, It is documented that upon entry into practice, most of them feel shocked with the demands of the profession as they try to live up to the expectations of experienced midwives and the profession (Melisa Putri Rahmadhena, 2017). Expectations of the experienced midwives from the newly qualified nurse-midwives can have a significant impact on the new graduate's transition into practice. A study in South Africa on "expected clinical competence from midwifery graduates during community service placement" noted that experienced midwives expected newly qualified midwives to function as professionals. However, the graduates failed to meet the expectations as they lacked a sense of independence and commitment to care (Netshisaulu & Maputle, 2018). In line with the findings, others studies have asserted that it is not proper to expect newly qualified midwives to perform as experts or have all the skills upon graduation as they do not have the required experience and knowledge (Benner, 1984; Clements et al., 2012). These challenges are also linked to poor pre-service preparation.

The International Confederation of Midwives (ICM) recognizes a midwife as a responsible and accountable professional who works in partnership with women to give necessary support with own responsibility (ICM, 2013). After completing their pre-service training, newly qualified nurse-midwives have the responsibility of putting the knowledge and skills gained during their training into practice. However, literature from both the nursing and midwifery studies indicate that upon graduation, graduates do lack confidence related to their feeling of being inadequately prepared for their new role (Davis et al., 2012; Dlamini et al., 2014; Skirton et al., 2012). Confidence refers to the feeling of certainty and was identified as one of the key themes in a study of preparedness of newly qualified midwives to deliver clinical care. The study findings

indicated that most newly qualified midwives had a good knowledge base and skills but they lacked confidence in decision making based on their clinical assessment (Skirton et al., 2012). Likewise, in Australia, the study of newly qualified midwives found that within the first year of practice, confidence for most midwives was low and competence varied among the newly qualified midwives (Davis et al., 2012). Another study in Swaziland that explored the perception of stakeholders in nursing education on how new graduates cope and perform at service entry and factors influencing their clinical competence reported that newly qualified nurse-midwives lacked confidence and the clinical skills, due to inadequate preparation and lack of support upon entry into practice (Dlamini et al., 2014). During training, more attention was given to classroom component than clinical practice component hence the graduates failed to attain the necessary skills. Other international studies have also acknowledged that in the initial twelve months of transition, the newly graduated midwife face challenges related to lack of clinical knowledge and confidence in skill performance of midwifery care (Ebrahimi et al., 2016; Gray et al., 2019; Kensington et al., 2016). These experiences can affect the transition process as they have the capacity to make the working environment stressful resulting in negative perception towards the transition process. Therefore to gain confidence and assume the responsibility to work on their own, studies have indicated that newly qualified nurse-midwives requires support from experienced midwives and positive reinforcement from their seniors and managers (Fenwick et al., 2012; Hobbs, 2012; Kensington et al., 2016). To understand how newly qualified nurse-midwives are supported upon entry to practice and the support system in place may help to find solutions applicable in Malawian midwifery settings.

Furthermore, articles have documented that inadequate staffing and lack of support from peers and leaders and unprofessional behaviour act as barriers to the

successful transition (Fenwick et al., 2012; Melisa Putri Rahmadhena, 2017; Regan et al., 2017). Fenwick et al. (2012) used sinking to describe the experiences of newly qualified midwives in a harsh environment. Such a working environment undermined graduates' confidence and exponentially increased their fear of performance of skills. Additionally, the reality of a busy working environment coupled with inadequate support also led to feelings of frustrations which led to an inability to provide quality midwifery care.

Literature, therefore, indicates that if we are to have confident and competent midwives, we need to build a supportive environment in which new graduates can comprehend their skills confidently during the transition period which may help to reduce stress and improve the professional relationship between graduates and experienced midwives.

Conclusion

The literature above shows the importance of the transition period for the new graduate midwives the support they need for them to have a successful transition. However, is it not known on how newly qualified nurse-midwives transition in the midwifery settings in Malawi and the support they are offered during the period. Studies have also revealed poor pre-service preparation for newly qualified nurse-midwives which calls for support upon entry to practice. The evidence has further revealed that lack of confidence by newly qualified nurse-midwives coupled with poor profession support utilizing support programs hinders the development of clinical skills during the transition period, which in turn affects the performance of the graduates. Hence exploring how the newly qualified nurse-midwives transition with a focus on their experiences, the support system in place as well as facilitators and barriers to transition in Malawian context may be the initial step in developing strategies for their transition.

Chapter 3: Study Methodology

Introduction

This chapter provides a detailed and justified account of the methodology and procedures that were used in this study. The methodology includes the study design, study setting, study population, inclusion/exclusion criteria, the sampling method, sample size, recruitment process, data collection procedures, data management and analysis, and trustworthiness. It also elaborates the ethical considerations and how the study findings will be disseminated.

Research approach

This study utilized a qualitative descriptive approach**.** Qualitative research helps a researcher to have a rich understanding of a phenomenon as it exists in a natural rather than experimental setting (Polit & Beck, 2010). The descriptive approach was ideal as it involves a systematic, interactive and in-depth approach which yields subjective and rich data used to describe human experiences (Polit & Beck, 2010; Speziale & Carpenter, 2011). This allowed the researcher to explore transition experiences and challenges newly qualified nurse-midwives met as they were transitioning from training to practice. The support system available and factors that facilitated their transition were also identified.

Justification for employing a qualitative descriptive approach

Qualitative research is described as a systematic, subjective approach used to describe life experiences and situations from the perspective of the person in the situation (Grove, Gray, & Burns, 2015). It is based on the belief that there is no single truth or reality and that meaning is created through multiple realities (Munhall, 2012), and truth can be found by studying people as they interact with their naturalistic setting

(Grove et al., 2015). Therefore, qualitative research is conducted to promote understanding of the human experiences and situations since individuals interpret, understand and experience what happens to and around them differently (Burns & Grove, 2009; Grove et al., 2015). With this concept, and that human emotions and experiences are difficult to quantify, the qualitative research was considered relevant for this

The decision to use descriptive method was made since the descriptive studies give a rich description that portrays the characteristics of people, situation or group and the frequency with which certain phenomena occurs (Grove et al., 2015; Polit & Beck, 2010). Therefore, the descriptive methodology helped the researcher to fully explore and describe the phenomenon under study: the transition experiences of newly qualified nurse-midwives.

Research Philosophy

Research philosophy is a belief about the way in which data about a phenomenon should be collected, analyzed and used (Tuli, 2011). This is important as there are varieties of research methodologies with each having its own relative strength and weakness. Therefore, a consideration of epistemology (the knowledge that informs the research), ontology (the belief about the nature of reality and humanity), and methodology (how that knowledge may be gained) must be central features in research as they give shape and definition to the conduct of an inquire (Tuli, 2011). Hence, in the following section, the researcher analyses his ontological and epistemological stances that guided the choice of the methodology used.

Ontological assumption

Ontology is defined as the study of being (Crotty, 1998). It is concerned with the nature of the phenomena or reality that the researcher wishes to investigate (Gray,

2009; Guba & Lincolin., 1994). Ontology helps the researcher recognize how certain they can be about the nature and existence of the phenomena they are researching. In this study, the researcher had a belief that there is no single reality, as such the study was interpretive in nature as it sought to explore newly qualified nurse-midwives transition experiences and perspectives of their experiences. Knowing that newly qualified nurse-midwives had their own experiences, interpretations and meanings, in-depth interviews were used in order to understand and interpret the new graduates' feelings, experiences and thoughts that helped to answer the research questions. These experiences were taken from a subjective point as people do make sense of their own social reality as they interact with the social system (Maxwell, 2013).

Epistemological assumption

As ontology looks at "what is reality", epistemology focuses on finding the knowledge, "what it means to know". It is defined as a way of understanding and explaining how we know what we know (Crotty, 1998). It is concerned with providing a philosophical grounding for deciding what kind of knowledge are possible and how we can ensure that they are both adequate and legitimate (Maynard, 1994). The epistemological stance used in this study is constructivism. It is based on the view that knowledge and meaningful reality is dependent on human practices being constructed through interactions between human beings and their world (Crotty, 1998). Constructivist sees the world as constructed, interpreted, and experienced by people in their interaction with each other and the social system (Maxwell, 2006). Since there is no single truth or valid interpretation, the researcher's view was that midwives knowledge, views, understanding, interactions and experiences were all meaningful to the social reality the research intended to explore.

According to Tuli (2011), interpretive researchers states that: (1) individuals are unique and largely non-generalizable, thus the experiences were unique to the participants. (2) There are multiple interpretations and perspectives on a single event or situation, thus it was worthy to listen to their stories. (3) Situations need to be examined through the eyes of the participants rather than the researcher. This helped to yield the real meaning of their realities.

Study Setting

The study was conducted at Mzuzu Central Hospital, Mzimba South District Hospital, and St John's Hospital. All the 3 hospitals are located in the northern part of Malawi. Mzuzu Central Hospital and Mzimba South District Hospital are public hospitals while St Johns is a Christian Health Association of Malawi (CHAM) hospital. These hospitals have maternity units where they provide antenatal, labour and delivery, and postnatal services. They admit women with both normal and complicated pregnancies and labour. Varying experiences and qualification levels exist among the midwifery cadres at these hospitals. Mzuzu Central Hospital and St Johns are the main hospitals in Mzuzu City and Mzuzu Central Hospital is a main referral facility for all hospitals in the northern region. Mzimba South District Hospital forms part of the main referral hospitals in Mzimba district, which is one of the biggest districts in the northern region. The exposure to these hospitals subjected the newly qualified nurse-midwives to different levels of support, experience and stress hence, the selection of the hospitals.

Study Population

The study was conducted among newly qualified nurse-midwives and key informants from the above stated hospitals. Participants were midwives who had been in practice for more than six months and less than two years. Key informants were, Senior/Principal Nursing Officers responsible for maternity units at the said hospitals,

the District Nursing Officers of Mzimba South District Hospital and the Chief Nursing Officers at Mzuzu Central Hospital. The selection was based on the evidence that, newly qualified nurse-midwives use the first six months of their placement to settle and most of them take 12 to 18 months to transition from novice to practitioner (Duchscher, 2012; Gray et al., 2016).

Inclusion and Exclusion Criteria for the Newly Qualified Nurse-Midwives

The study recruited nurse/midwives who had a first degree or diploma and had been in practice for more than 6 months and less than 2 years. It also considered those that were mentally sound and could articulate their experiences. Nurse-midwives who had been in practice for less than 6 months and more than 2 years and other birth attendants who were not nurse-midwives were excluded.

Inclusion and Exclusion Criteria for Key Informants

Key informants recruited were senior and principal nursing officers responsible for maternity departments at the selected hospitals, the District Nursing Officers of Mzimba South District Hospital and the Chief Nursing Officers at Mzuzu Central Hospital. Key informants not responsible for maternity units and not working at the selected hospitals were excluded.

Sampling Method

This study used purposive sampling technique to recruit participants for in-depth interviews. Purposive sampling helps to recruit participants who are knowledgeable with the phenomena under study (Creswell, 2009; Polit & Beck, 2010). In this case newly qualified nurse-midwives who could ably give rich data about the transition experiences were recruited. Specifically, the criterion sampling technique was used where the inclusion and exclusion criteria were considered before recruiting

participants (Polit & Beck, 2010). The main criterion in this study was the nurse-midwives experience of the transition process based on the educational level and period of practice. The researcher took into account the period of practice and the setting to form a homogenous group. Therefore, the study recruited nurse-midwives with more than 6 months and less than 2 years in practice as they belonged to the same subculture of newly qualified nurse-midwives.

Sample Size

The study recruited 10 newly qualified nurse-midwives (five registered nurse-midwives and five nurse-midwife technicians) and 6 key informants. The researcher intended to interview 16 newly qualified nurse-midwives and 6 key informants. In the selection process, equal numbers of participants with degree and college diploma were enrolled to diversify sample for wide exploration to ensure representation. Data collected was grouped in one subset of data for newly qualified nurse-midwives regardless of entry qualifications into practice. Since participants recruited were good informants and ably reflected on their experiences data saturation was reached with participant number 10 for newly qualified nurse-midwives. This sample was sufficient because sampling in qualitative research is not about large numbers but the quality of information obtained (Parahoo, 2005). According to Thomson (2011), saturation is reached between 10 and 30 interviews, while other researchers consider 15 to 20 participants (Moser & Korstjens, 2018). However, Patton (1990), documented that, the logic and power of purposeful sampling lies in selecting information-rich cases for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research.

The six key informants were recruited to enrich the data collected. The selected key informants had vast experience and a better understanding of how the newly qualified nurse-midwives transitioned from training to practice.

Recruitment Process

To access midwives and the key informants, the researcher sought permission from the hospital management team of the proposed hospitals where the study was conducted (Appendix G, H & I). After endorsement of the study by the hospital management, an ethical approval was sought from the ethics committee at College of Medicine reference number P.04/19/2647 (Appendix F). Following the approval of the study by COMREC, the researcher held a meeting with heads of obstetric departments, matrons and the ward in-charges of maternity units to brief them about the study and sought their endorsement.

Recruitment of Midwives

All nurse-midwives who had been in practice for not more than two years and were registered with Nurses and Midwives Council of Malawi were potential participants. The researcher got a list of names for the potential participants practicing in labour and postnatal wards from the ward in charges. Thereafter, participants were approached on one-on-one when they were on day duty. The researcher introduced himself and gave an information sheet stating the aim and objectives of the study (Appendix A) to the fifteen potential participants. Thirteen verbally expressed their interest in the study and were further asked to provide written informed consent (Appendix C) for autonomy (Bolderston, 2012). Ten participants were recruited and participated in the in-depth interviews. Five from Mzuzu Central Hospital, three from St John's hospital and two from Mzimba South District Hospital.

Recruitment of Key Informants

The Chief Nursing Officers, Principal Nursing Officers and Senior Nursing Officers of the maternity unit at the selected hospitals were the potential participants. They were approached and invited to participate in the study. All the six nurse-midwife leaders approached agreed to participate in the study and were given the information sheet (Appendix B) and the consent form (Appendix C) to fill. Three were from Mzuzu Central Hospital, two from Mzimba South District Hospital and one from St John's hospital.

Interview guide

A semi-structured interview guide was used to collect data from both newly qualified nurse-midwives and key informants. The interview guide was developed by the researcher who was guided by the research objectives and informed by the literature related to transition of newly qualified nurse midwives. Thereafter, the supervisors examined the guide and some questions were rephrased. Finally, the final copy of the interview guide was developed with two sections. The first section had questions that collected participants' demographic data. The second section had open-ended questions that were formulated to collect information on transition experiences support structures available, and facilitators and barriers to transition (Appendix D).

Similarly, the interview guide for key informants had two sections. The section of demographic data and the second section which contained open-ended questions on key informants' perceptions of new graduate's transition process to practice (Appendix E).

Pre-testing

The interview guide was pre-tested at Mzimba North District Hospital in June 2019. Two newly qualified nurse-midwives and one key informant working in the maternity unit were interviewed to assess the interview guide for clarity of questions and identify information gaps. Mzimba North District Hospital was selected because it has a busy maternity unit. Hence, the experiences of newly qualified nurse-midwives at the hospital could not be different from the study settings selected. However, the data from pilot interviews are not included in this study. The pre-test helped the researcher to identified gaps in the interview guide. Probes were added to the interview guide relating to the emerging themes to enhance the main data collection process (appendix D).

Data Collection Procedure

Qualitative research offers a diversity of research methods to study a research phenomenon. Methods are never superior to the other, but the choice of the most appropriate methods must fit among the questions (Richards & Morse, 2012). The study used in-depth interviews to gather information about the transition experiences of the newly qualified nurse-midwives. According to Speziale and Carpenter (2007), in-depth interviews are good for exploring and gathering experiential narrative materials that serve as a resource for developing a richer understanding of human experience.

In-depth Interviews

One-on-one in-depth interviews were conducted in English using a developed open-ended interview guide (Appendix D & E). Holding conversations with newly qualified nurse-midwives was the great medium for them to describe their experiences according to their own perspectives. The researcher conducted all the interviews. The interviews for newly qualified nurse-midwives were conducted in a room that was well

prepared before the interviews. Due to limited space and number of nurse-midwives on duty in labour and postnatal wards, the interviews were conducted after working hours. The key informants were interviewed in their respective offices upon agreement on time. All interviews were recorded using a digital voice recorder. Participants were informed and gave verbal and written consent before recording the interview. This was done for ethical requirements to respect the autonomy of the participants (Bolderston, 2012). Each interview took 20 minutes to 35 minute per participant. This is in line with literature as researchers have documented that on average, health care interviews last 20 to 60 minutes (Gill, Stewart, Treasure, & Chadwick, 2008; Speziale & Carpenter, 2011).

Field notes

Events of the study were recorded in a notebook as field notes. The researcher wrote short notes in form of bullets; capturing key points and themes discusses by the newly qualified nurse-midwives. Pertinent quotations' from the newly qualified nurse-midwives were also recorded. At the end of the day, the researcher wrote detailed notes. No confidential information was recorded.

Data Management and Analysis

The raw data from in-depth interviews were transcribed and analyzed manually. The researcher transcribed the audio recordings of the interviews; - verified the transcription by re-reading the transcribed data while listening to the recorded data. Areas that were incomplete or incorrectly transcribed were noted and corrected. Thereafter, the supervisors examined the completed transcripts. After transcription, the data were analyzed using thematic analysis.

Thematic analysis is a method used to analyze data in qualitative research where patterns of themes of the collected data are identified, analyzed and reported (Braun &

Clarke, 2006). In this research, thematic analysis was used to explore and reveal key patterns underlying newly qualified nurse-midwives transition experiences. The method was chosen since the data in this study was not attached to any theory. The six phases of thematic data analysis proposed by Braun & Clarke (2006), were used to analyze the data. The six phases are: (a) familiarizing with data, (b) generating initial codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes and (f) producing the report.

Familiarizing with data

This was the first phase in which the transcribed data from in-depth interviews was read through multiple times in order to have an overview of the gathered data. The researcher took note of the preliminary ideas of analytical interest that helped to organize the data.

Generating initial codes

In this second phase, the line-by-line analysis of transcribed data was done to make meaning of the data collected. Colors were assigned to sentences in the data set to indicate potential patterns. The researcher identified and extracted phrases and/or direct participant quotations from the data collected (see figure 1). Then both descriptive and interpretive codes were derived from the data set and grouped to have small and meaningful chunks of data.

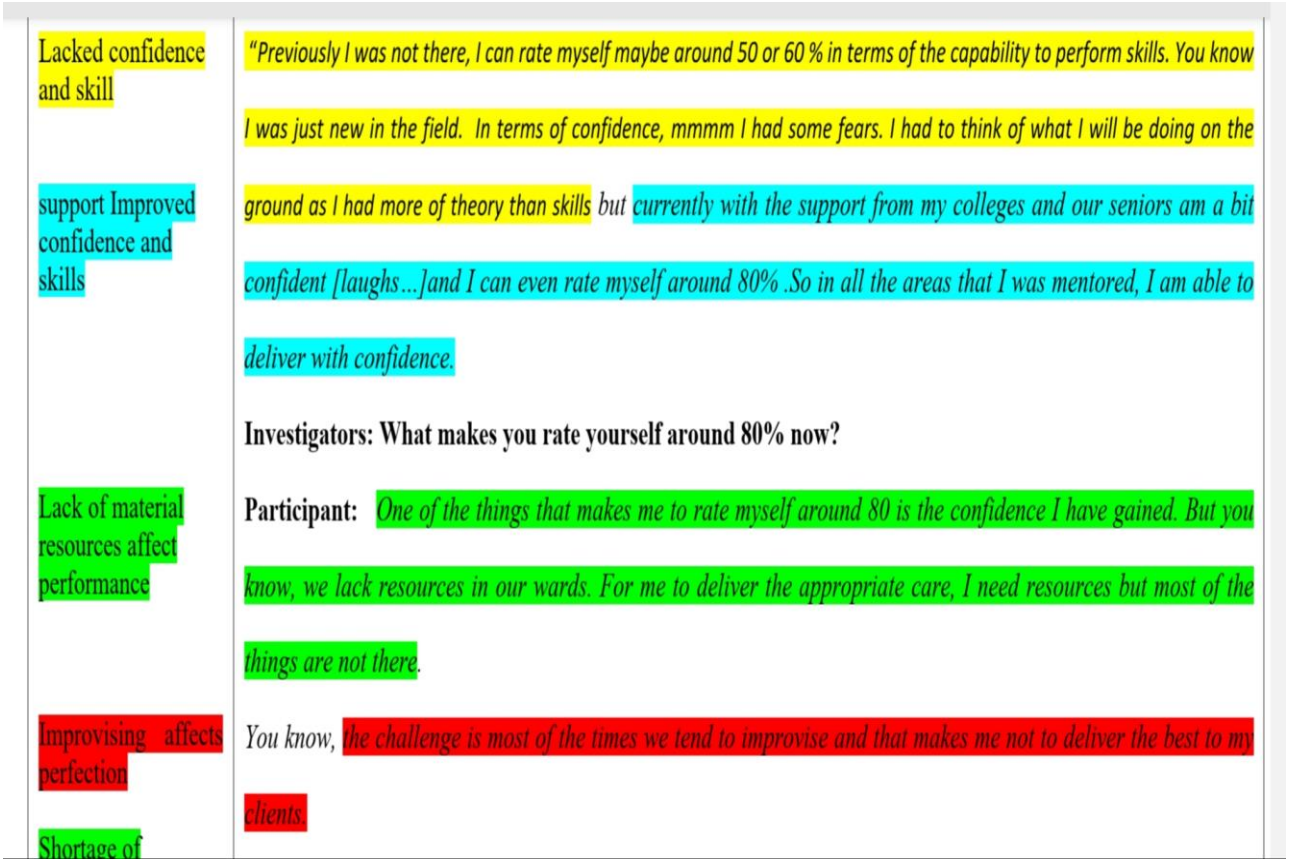

Figure 1: Coding window

Searching for themes

In the third phase, the identified codes were grouped into potential themes based on similarity and relevance of data. At this point, data from the 3 sources (new nurse-midwives with bachelor's degree, new nurse-midwives with a college diploma and key informants) was triangulated. A table was drawn to help organize the identified codes and thereafter, the organized codes were examined and a determination of sub-themes and the overarching theme was done (see Table 1)

Table 1
Examples of emerging themes from codes

THEMES	SUB-THEMES	CODES	TRANSCRIPTS
Practice Reality Challenges	Lack of confidence and skills	With knowledge without skills	*"Aaaaaaa, I can say at first since I was just coming from college, I had more of knowledge and less practical skills so it took me more time to adapt and acquire the skills to balance up with the theory I had from college" (RNM-M-P3).*
		Lack of confidence instils fear	*"Previously I had no confidence to perform procedures on my own. Mmmm, I had some fears….. I had to think of what I will be doing on the ground*
		Lacked competence	*I can rate myself maybe around 50 or 60 % in terms of the capability to perform skills……. as I had more of theory than skills" (RNM-M-P5).*
	Theory practice gap	Facing the reality	*"I was confident that I will deliver the work; that I will provide the care to my patients but reaching the ward I found that most of the guidelines like; HIV guidelines, and some reproductive health standards had changed. There were also some new things like CPAP (continuous positive airway pressure) so it was really tough for me as I was relating to old things yet on the ground the practice had changed" (NMT-F- P4).*
		Difficult to blend in	*"It was kind of difficult for me to fit in because when I was trying to do what I know which is literature, people were always against me saying we don't do as books say but as per what the hospital does……so sometimes what we learn in theory and what we find on the ground is very different" (RNM-F-P1)*

Reviewing themes

The researcher identified the potential themes from the grouped codes which were reviewed by the first supervisors and two other researchers. Thereafter, the second supervisor validated the themes to verify the identified relationship and consistency of codes with the themes. Validation of individual themes determined whether the themes accurately reflected the evidence in the data set as a whole

Defining and naming themes

In the fifth phase, themes were named and then thematic map was drawn for easy organization of the themes (see Figure 2). Data were continuously refined into themes and sub-themes until rich data was provided. The researcher in collaboration with supervisors considered how each theme fitted into the overall story about the entire data set in relation to the research questions.

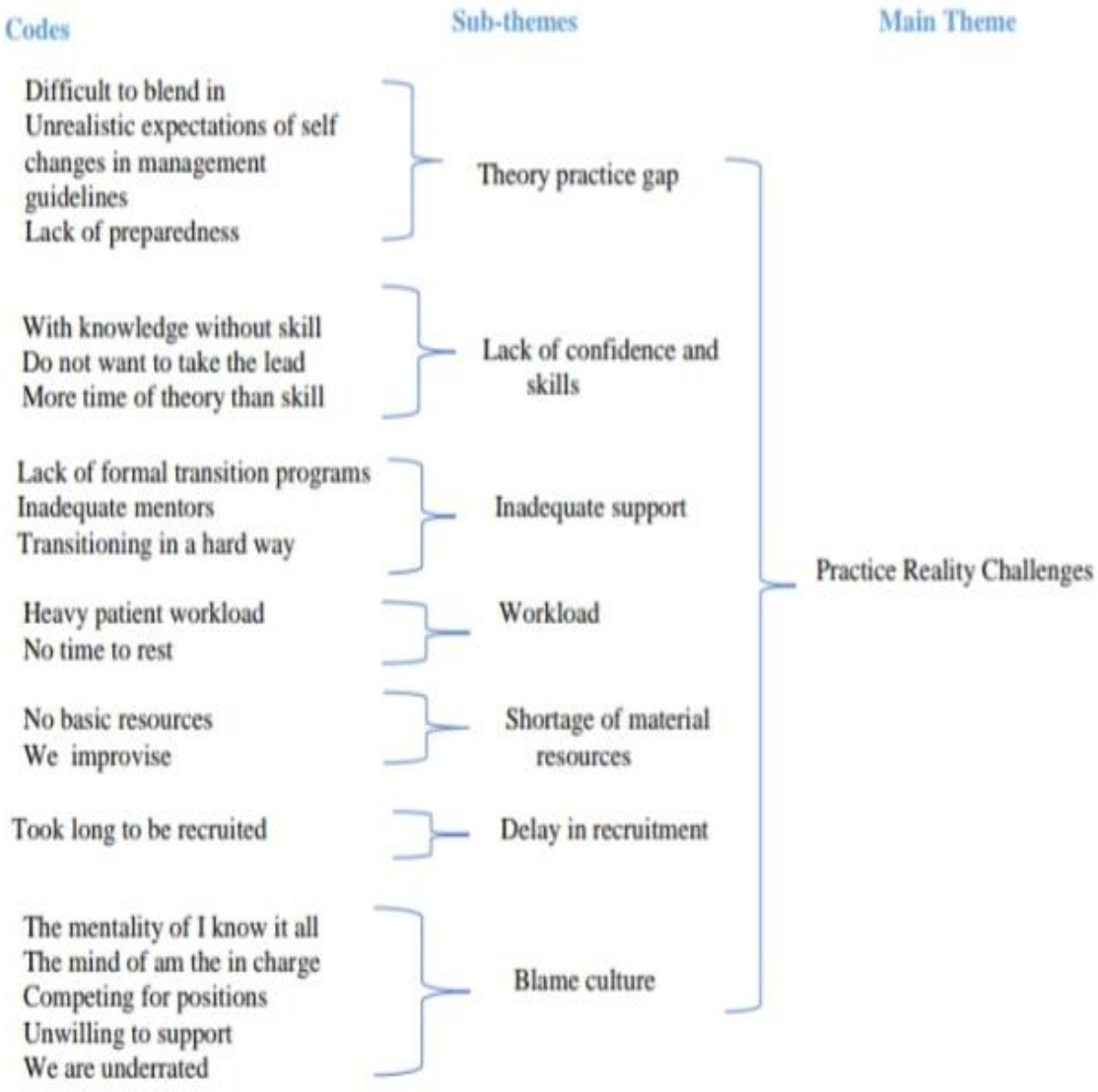

Figure 2: ***Thematic Map***

Producing the report

Finally, after succinctly describing the scope and content of each theme, the report of the findings was written in form of a thesis. The supervisors reviewed the report and made comments and suggestions for improvement.

Data Triangulation

Data collected through in-depth interviews from newly qualified nurse-midwives and key informants were triangulated. Triangulation refers to the use of multiple methods or data source in qualitative research to develop a comprehensive understanding of phenomena (Patton, 1990). The researcher did a source triangulation where information from newly qualified nurse-midwives and key informants was compared to see consistency of the findings and/or if the results were complementing each other. Converging results from the two sources helped to highlight different aspects of the phenomena and lead to new explanations of the phenomena.

Trustworthiness

The qualitative research demonstrates trustworthiness by providing validity and strength to the study (Burns & Grove, 2009). The researcher used a framework by Lincoln and Guba (1985), who recommended four criteria for promoting trustworthiness of study findings, which include: credibility, confirmability, dependability and transferability.

Credibility

According to Polit and Beck (2010), credibility refers to confidence in the truth of data and its interpretations. To ensure this, the results of data collected from newly qualified nurse-midwives and key informants were triangulated to ensure that an account was clear, robust, comprehensive and well-developed. The two data collection sources were utilized to deepen the understanding of the phenomena. Probes were also used during data collection to seek clarification from participant's responses to validate findings to avoid misinterpretation of the information given. Field notes collected at the time of conducting the interviews were used to enhance the meaning of the themes coming from interview data analysis. Member checking strategy was also used to

confirm the authenticity of the conclusions made from the participant's explanations where 3 transcripts chosen at random were given to participants who confirmed that the findings were a true reflection of the information they had given. Lincoln and Guba (1985) stated that member checking helps to test findings and interpretations with the participants. Lastly, credibility was increased by an external check of the research process by the research supervisors who reviewed the transcripts to check the preliminary findings and interpretations made. This helped to ensure that emergent themes and patterns be substantiated in the data.

Confirmability

Confirmability refers to objectivity or the degree of neutrality or the extent to which the findings of the study are shaped by the respondents not the researcher's bias, motivation or perspectives (Erlingsson & Brysiewicz, 2013; Polit & Beck, 2010). This was ensured by developing an audit trail which included raw data from 10 newly qualified nurse-midwives and 6 key informants, thematic categories, process notes and interpretations. Rich quotes depicting each emerging theme from participants have been provided in the findings to provide evidence of participant's narratives. Since the researcher is a lecturer in the midwifery department, the issues of bias are inevitable. However, triangulation of the research results was used to minimize the investigators bias so that the findings presented are the results of the experiences and perceptions of the newly qualified nurse-midwives and key informants.

Dependability

Dependability is concerned with the stability or reliability of data over time and conditions (Polit & Beck, 2010). The consistency and repeatability of the findings were ensured by reporting the research process in details so that other researches can replicate the findings. The supervisor scrutinized the research tools to minimize inconsistencies

and achieve clear and logical documentation. To ensure consistency in the data collection process, the interview guide was pre-tested and probes were added depending on the gaps that were identified.

Transferability

Transferability refers to the generalizability of inquiry (Nowell, Norris, White, & Moules, 2017). It entails the extent to which the research findings in a particular setting can be applied to another setting of a similar group of people (Lincoln & Guba., 1985). In this study, the researcher provided sufficient descriptions of the transition experiences of newly qualified nurse-midwives. These will help other researchers to gain an understanding of how the newly qualified nurse-midwives transitioned and evaluate applicability of the findings to another context. The researcher also provided sufficient contextual information about the transition experiences to enable the reader to make such a transfer of the information.

Ethical Considerations

Ethical research is essential for generating sound empirical knowledge on the subject matter. As the researcher was committed to undertake an ethically sound research, ethical considerations were set within the principles of beneficence (doing good), non-maleficence (doing no harm), justice and respect for autonomy (Grove et al., 2015). To address the ethical issues, the college of medicine research and ethical committee (COMREC) approved the research, and the reference number is P.04/19/2647. After approval, the acceptance letters were sort from the ethical research committees of the three hospitals; Mzuzu Central Hospital, Mzimba South District Hospital and St John's Hospital (Appendix G, H & I). To ensure anonymity codes were used on the consent form instead of participant's names. After data analysis, the voice

recorder and the transcripts were kept under lock and key and can be accessed by the researcher only to ensure privacy and confidentiality.

Participants were also informed that their participation in the study was voluntary and had the right and freedom to discontinue their participation at any time. Before participation, a verbal and written consent was sought from the participants as evidence that they had comprehended the information given on the consent information sheet and that the decision made was informed.

Another area of ethical consideration in conducting a study is balancing the research benefits and risk (Grove et al., 2015). In this study, participants were informed that there were no monetary benefits in participating but that the information shared would help to improve the transition process. Beneficence is a fundamental ethical principle in research as it has an obligation on the researcher to minimize harm and maximize benefits (Polit & Beck, 2010). The participants were informed that the study was associated with some minimal psychological risk as they were to recall their experiences both good and bad. However, they were assured that in case of any problem, they would appropriately be assisted through counselling.

Dissemination of the findings

Study findings will be disseminated locally at the study settings where meetings will be organized to share the results with the management team and midwives. Findings will also be disseminated locally and internationally through conference presentations. Further, findings will be published in peer-reviewed Nursing and Midwifery journals. A copy of the thesis will be placed in the KCN library, and other copies will be sent to the Ministry of Health, and Nurses and Midwives Council of Malawi.

Conclusion

The chapter has presented the ontological and epistemology stances that discusses how the methodological approach was chosen. It has also laid out the details on how the research was conducted and how trustworthiness was ensured. The chapter has further discussed the ethical considerations and how study findings would be disseminated.

Chapter 4: Presentation of Study Findings

Introduction

This chapter presents findings of a qualitative descriptive study on exploring the transitional experiences of newly qualified nurse-midwives working in selected midwifery settings in northern Malawi. The findings have been presented in two sections. The first section presents a brief description of the demographic characteristics of the study participants. The second section presents major themes and subthemes identified through the analysis of the data.

Demographic Characteristics of Participants

Data were collected through in-depth interviews with 10 newly qualified nurse-midwives and 6 key informants using a semi-structured interview guide. This section presents the demographic characteristics of the participants in Table 2 and Table 3. The demographic characteristics included age, sex, professional qualification and midwifery practice experience of the newly qualified midwives and key informants.

Table 2: Demographic characteristics of newly qualified nurse-midwives

Sample n = 10

Variable	Frequency	Percentage
Sex		
Male	3	30
Female	7	70
Age		
21-25	4	40
26-30	5	50
31-35	1	10
Qualification		
Bachelor of Science in Nursing & Midwifery	5	50
College Diploma in Nursing & Midwifery	5	50
Work experience		
6-12 months	5	50
13-18 months	2	20
19-24 months	3	30

Table 3: Demographic characteristics of key-informants Sample n = 6

Variable	Frequency	Percentage
Sex		
Male	3	50
Female	3	50
Age		
31-35	3	50
36-40	2	33
41-45	1	17
Qualification		
Bachelor's Degree	4	67
Master's Degree	2	33
Work experience		
6-12 years	4	67
13-18 years	2	33

Emerging Themes

In the study, participants expressed both positive and negative transition experiences. A total of three main themes and fourteen sub-themes emerged from data analysis. The main themes were: (1) Clinical support: Enhancing the transitional experiences (2) Knowledge and personal positive attitude and (3) Practice reality challenges. The first two themes reflect the positive experiences that enhanced newly qualified nurse-midwives transitional experiences while the third theme reflects the challenges they encountered during the transition. Under each theme are sub-themes that reflect the interpretation of data collected (see Table 2).

Direct quotes from participants accounts have been used to add transparency and trustworthiness to the findings and interpretations of the data. Participants were identified with identification codes which they were given during interview time. The codes had a pattern like; **NMT-F-P** OR **RNM-M-P** OR **KEY-INFO-F-P**. The first part of the code identifies the participant whether nurse-midwife technician **(NMT),** registered nurse midwife **(RNM)** or midwifery leader **(KEY-INFO)**. The middle part identifies gender whether male **(M**) or female **(F**). The last part indicates the interview session in chronological order depending on whether the participant was the first or second in that order for a particular group. The themes and subthemes will be described in the following sections.

Table 4
Themes and sub-themes

MAIN THEMES	SUB-THEMES
Clinical support: Enhancing the transition experiences	Orientation on entry to practice Support strategies tailored for newly qualified nurse-midwives Reassurance, encouragement and guidance Availability of reference materials
Knowledge and personal positive attitude	Knowledgebase of graduates Courage, determination and self-motivation Passion for the profession
Practice reality challenges	Theory practice gap Lack of confidence and skills Inadequate support Workload Shortage of material resources Delay in recruitment Blame culture

Theme 1: Clinical Support: Enhancing the Transition Experiences

The theme describes the shared views of newly qualified nurse-midwives and key informants on the clinical support that was provided to newly qualified nurse-midwives upon entry into practice. The orientation was done to support them have a smooth transition from training to practice. It was noted that all the participants were orientation into practice. The orientation process was mostly dependent on the entry qualification to practice as to whether the graduate had a degree or diploma. The qualifications determined the scope of practice for the newly qualified nurse-midwives which managers used to determine the type of orientation one would undergo based on the role they were to assume in practice.

The midwifery settings also tailored some support strategies for newly qualified nurse-midwives to enhance their transition experiences. Peer pairing, mentorship, continuous professional development and in-service training were some of the tailored strategies. The support strategies were valued by all the participants even though unanimously they stated that the said strategies were not formally instituted in all the settings the study was conducted. Participant narratives also highlighted how newly qualified nurse-midwives valued re-assurance, encouragement and guidance from peers and seniors. Most participants commended peers and seniors who steered them in performance of skills, which helped to quickly settle in the ward and gain the expertise.

Furthermore, it was underscored by all the participants that availability of reference materials such as management guidelines and protocols helped newly qualified nurse-midwives to quickly get acclimatized into the system. Presented under this theme are four sub-themes; orientation on entry to practice; support strategies tailored for newly qualified nurse-midwives; reassurance, encouragement and guidance; and availability of reference materials.

Subtheme 1: Orientation on entry to practice

The data revealed that all the newly qualified nurse-midwives were oriented into the system upon entry to practice. Most of the newly qualified nurse-midwives who graduated with a bachelor's degree were orientation through the Malawi Public Service Regulations (MPSR), nursing professional documents, ward policies, ward routines and the environment. An excerpt from one registered nurse-midwife exemplifies this:

> *"We were a team. After reporting for duties, we were welcomed by the Chief nursing officer who shared us the job descriptions and oriented us to the MPSR. After that we were given a schedule to rotate in different wards. We were given 3 days in each ward…. In maternity we were oriented by the ward in-charge*

who oriented us to the ward routines and some guidelines on how we could manage clients" (RNM-F-P4)

In line with sentiments from the newly qualified nurse-midwife, key informants specified that the orientation was done to help the newly qualified nurse-midwives have an idea of what was expected of them and also familiarize themselves with the wards or department they were to work in. This quote from one nurse-midwife explains the orientation that was given:

"The orientation involves aaaa sharing with new graduates the Malawi public service regulations because that is what guides us in our daily endeavors. Apart from that, we also orient them to our professional documents that we use as nurses and midwives that acts as a guide in the provision of care. In addition to that we also orient them to issues to do with professionalism as in what we expect from them such as the dressing code and scope of practice" (KEY–INFO–F- P3).

Newly qualified nurse-midwives with diploma also shared the process they experienced. They shared that they were mostly oriented in their respective wards routines. The following account from a nurse-midwife technician describes the orientation process, which is a representation of what most nurse-midwives with diploma experienced:

"*I was received by the hospital matron who oriented me around the hospital and later presented me to the in-charge of maternity ward. The in charge oriented me to the ward routines, admission procedure, protocols used to manage some conditions and the ward set-up*" (NMT-F- P5).

As indicated that the decision to choose the orientation package was dependent on the entry qualification, in the exemplar below, a nurse-midwife narrates how the

decision to choose the type of orientation to be offered to a newly qualified nurse-midwife was made.

> "*For someone who is a midwife, it depend on their position. For example, the registered nurse-midwives, are expected to be on call …. which means they will be supervising maternity and theatre. So we make sure that they are oriented in our theatre, as well as in maternity …. Apart from that they also go in almost all the departments for at least few days just to familiarize themselves with the environment considering that they will act as managers at one point*" (KEY–INFO–F- P3)

Apart from entry qualifications, the particular period of orientation was also dependent on the number of nurse-midwives in the department. Most of staff were present, the newly qualified nurse-midwives had more days of orientation unlike where the numbers of staff were few as narrated by this nurse-midwife.

> *"We orient them for 5 days in each department however, it depends on the number of nurses that we have on that particular period but for normal orientation they are supposed to be in a department for at least a month"* (KEY–INFO–F- P6).

Subtheme 2: Support strategies tailored for newly qualified nurse-midwives

The theme is describing the various sources of support that were available to the newly qualified nurse-midwives during their transition period. It was noted that there were different support strategies available to newly qualified nurse-midwives in both government and a CHAM hospital where the study was conducted. Most participants highlighted that they were supported through informal mentorship and peer pairing while some key informants added that they also utilized continuous professional development and in-service training. Despite the strategies being mentioned by all the

participants, only three newly qualified nurse-midwives clearly indicated that they were mentored upon entry into practice. One participant narrated how she was mentored:

> "*I was lucky that the time I was joining the department, we had a senior nurse midwife who mentored us on how to perform some skills as well as how to manage the ward…I worked with her for 3 months before she moved out of the ward as she was promoted to the position of a Principal Nursing Officer. During the period that we worked together, I used to consult her each time I had a challenge. Like during my early days I had challenges on how to perform manual removal of placenta. Nevertheless, when consulted, the mentor could demonstrate on how it is done or at times she could observe me doing the skill while guiding me and at the end, she could give feedback or evaluate my performance. Through this, my skills improved greatly*" (RNM-M-P3).

Another newly qualified nurse-midwife described mentorship as working under a shadow and recounted how she was supported by the ward in-charge to attain the right skills:

> "*I worked under the shadow of unit in-charge for a period of one month. Every time she wrote a roster, I would be included with her. So we could work together and she helped me on how to be a ward manager or leader at the ward level and the technical skills that I did not acquire from school"* (RNM-F-P2).

Some participants used the terms mentorship and peer pairing interchangeably as there was no much difference in their explanations. The use of peer pairing has been explicitly expressed in the following extract from one nurse-midwife technician:

> *"Since I was just a novice, each time I was on duty, I was paired with someone senior or a fellow nurse-midwife technician with better skills to support me. …….like I told you that I was blank the time I was joining nursery ward, so the*

*in-charge had to put me on straight shift for the whole month and I was working with these colleagues until I got used to the ward. Seriously I leant a lot during this period" (*NMT-F-P2).

While the newly qualified nurse-midwives looked at Continuous Professional Development as a tool to accumulate points for council licensure, key informants valued it as an important strategy to support the newly qualified nurse-midwives during their transition period. One nurse-midwife had this to say:

"Much as we appreciate that they attain knowledge from their training institutions, but when it comes to hands on they need support……so we involve the newly qualified nurse-midwives in Continuous professional development sessions by doing presentations in a number of areas we feel they have knowledge gap…. We value continuous professional development because through it they learn a lot in terms of patient care which helps them to transition well" **(**KEY–INFO–F-P6).

Similarly, another key informant commented on how they utilize in-service training in supporting the newly qualified nurse-midwives as she said;

"W*e do in-service training within the hospital or outside for those that have been organized by other organizations just to help us address some issues in the departments like management of post-partum hemorrhage" (*KEY–INFO–F-P3).

Subtheme 3: Reassurance, encouragement and guidance

As participants narrated their experiences, it was noted that reassurance, encouragement and guidance from peers and seniors made the working environment conducive and receptive, which aided their settlement in the ward. Some participants narrated that they were warmly welcomed in their wards and departments by peers,

which eased their stress as they felt at home. One participant expressed how important warm welcome by experienced nurse-midwives was by saying:

> *"The environment was so friendly and conducive for a new graduate. The team I found was very welcoming. They warmly welcomed me and whenever I had a challenge, they could assist me with solutions and this helped me to develop to a fully qualified midwife"* (RNM-M-P3).

Participants also highlighted that the presence of experienced midwives and encouragement made them develop the needed confidence for the smooth transition. Two newly qualified nurse-midwives indicated that they were well supported by peers and seniors through encouragement and guidance. The narration below from one registered nurse-midwife, explains how she was guided and encouraged:

> "*I was receiving a lot of support in terms of expertise from my fellow qualified nurse midwives…. yes I was qualified too but they had a lot of experience so they were always there when doing things supporting me…… The colleagues did play a part and the matron was always there helping me to build the confidence through encouragement. She always said, "Yes you are just a new graduate but you can still perform as everyone else has ever done it*" (RNM-F-P1).

Subtheme 4: Availability of reference materials

All newly qualified nurse-midwives indicated that they found some reference materials and protocols in the midwifery settings they were allocated to. Consistently, they commended the availability of the reference materials which they were referring to when stuck something they said facilitated their transition. One participant recounted:

"E*ven though at times you could be found alone on duty, but they were protocols in the ward to which we were always referring to"* (NMT-F1-P5).

Similarly, key informants highlighted some reference materials they had in place that they referred newly qualified nurse-midwives to for reference in cases where seniors or qualified staff were not there for support and he said:

"*We have guidelines, procedure manuals and posters which these new graduates do refer to incase they are stuck….. We also have a folder that has reproductive health standards that these graduates can be referring to from time to time. This builds their confidence and help them to transition well to practice"* **(**KEY-INFO-M-P4)

Theme 2: Knowledge and Personal Positive Attitude

The data analysis revealed how newly qualified nurse-midwives pre-service knowledge and personal positive attitude facilitated their transition into practice. Most of the participants were positive about learning. Some also indicated that they were prepared for clinical practice challenges. Not only that, some who were determined to learn also did so through searching on the internet and reading books while other consistently engaged with colleagues and seniors for support. This helped them in terms of personal growth as they developed confidence in the performance of skills. Discussed under this theme are 3 sub-themes; knowledge base of graduates; courage, determination and self-motivation; and passion for the profession.

Subtheme 1: The knowledge base of graduates

All the participants acknowledged that the knowledge base of newly qualified nurse-midwives facilitated the transition. Theoretical knowledge from college empowered some newly qualified nurse-midwives to face clinical challenges with confidence and a positive mind. Likewise, some key informants stressed that newly

qualified nurse-midwives with pre-service knowledge were confident when discharging their duties and were also motivated to do more which helped them have a smooth transition. One nurse-midwife said:

> *"These graduates don't come as blank slates, they have knowledge from school. So those who feel that they have enough knowledge in terms of patient management, they transition well compared to those who have knowledge deficit as they lack confidence"* **(**KEY-INFO-M-P4).

In the following excerpt, a newly qualified nurse-midwife explains how knowledge from the college made her face clinical challenges with confidence:

> *"I was not much stressed up the time I was joining the profession because I knew I had knowledge from school. We were taught on how to conduct deliveries and how to manage most of the conditions in labour ward……..this gave me confidence that I could perform and I had no fear taking challenging tasks" (*RNM-F-P4).

Subtheme 2: Courage, determination and self-motivation

Some participant underscored courage, determination and self-motivation as factors that facilitated their transition. It was revealed through the analysis that those who were determined learnt by regularly searching on the internet, leading books and engaging with colleagues wherever they encountered a situation beyond their ability. Those that were self-motivated settled quickly in the ward as they were not afraid of taking challenging tasks. One participant said:

> "*I started reading books and I could go on youtube and see practically how conditions are managed and compare with literature and the practice in the ward and this helped me to develop the confidence and the competence and later people started trusting me"* (RNM-M-P3).

Another participant added*:*

"……. I like to study, I like to read more. This helps me more because anytime I met a difficult condition or case in the ward, I could go back into books or internet to find out how it is best managed" (RNM-M-P5).

Another newly qualified nurse-midwife narrated how engaging with experienced midwives helped him to grow in the profession. After realizing that he needed support from others, he did not sit back but to took a step that helped him find the required support for professional growth.

"*I was very keen to know, to learn, and to acquire new information and skills from the midwives that I knew were experienced and had the right skill to equip me….. I took up the role very seriously and I was free to ask wherever stuck or where I had less knowledge. I easily consulted for I felt I should not live within the mask because whenever I asked, they guided me and with that knowledge I found that I was moving towards the right channel..." (*RNM-M-P5).

Sentiments from key informants highlighted how self-motivation made newly qualified nurse-midwives settle quickly in the ward. They stressed that having knowledge from school only was not enough for the newly qualified nurse-midwives to have a better transition; rather they needed the drive to push them, which was self-motivation. One nurse-midwife said:

"*I may say that most of them have the knowledge from school but on the ground it depends on the graduate's self-motivation. Those who are motivated to work, they don't take long to get back on track* **…..** *and are confident in discharging their duties as they are mostly not afraid of taking challenging tasks"* (KEY-INFO-M-P4).

Subtheme 3: Passion for the profession

The theme describes the passion the newly qualified nurse-midwives had for the profession and their ability to room in. Many participants stated that they stayed in the profession because they loved it. This acted as a motivation hence facilitated their transition into practice. Those that had a passion for the profession, enjoyed the transition experience as one graduate said:

> "*For me, being a midwife is not by mistake, it is by choice. I made a decision and in every decision you make, you should be ready to meet obstacles and the moment you overcome those obstacles thus when you can say you have achieved" (*RNM-F-P2).

Those that had the ability to room in or humbled themselves also expressed to have a successful transition as this participant said:

> *"I had to come up to the level of everybody. I wanted to learn that means I had to affiliate myself to them. I gave myself a room to learn from the system or everyone else on the ground because I felt they were good on hands own practice……. and I never gave a room to their negative responses rather I kept on pressing and this made me grow professionally"* (RNM-M-P5).

Theme 3: Practice Reality Challenges

The theme presents factors that impeded the smooth transition of newly qualified nurse-midwives during the first few months of their practice. The majority of the factors are presenting the challenges newly qualified nurse-midwives faced due to lack of experience, shortage of staff, heavy workload and negative attitude. Presented under this theme are 7 sub-themes which are: (1) Theory practice gap; (2) lack of confidence and skills; (3) inadequate support; (4) workload; (5) shortage of material

resources; (6) delay in recruitment; and (7) blame culture. The themes present views of both newly qualified nurse-midwives and key informants.

Subtheme 1: Theory practice gap

Regardless of education qualification on entry into practice, newly qualified nurse-midwives experienced discrepancies between what was learnt in class and how care was discharged in practice. While they trusted the knowledge and skill they acquired during training, they were challenged with changes in management guidelines of some conditions upon entry into practice. They realized that the knowledge they had was not sufficient to meet the demands of the clinical practice. One participant said this to show the discrepancies:

> "*It was kind of difficult for me to fit in because when I was trying to do what I know which is literature, people were always against me. They could say, we don't do as books say but as per what the hospital does…… So sometimes what we learn in theory and what we find on the ground is very different"* (RNM-F-P1)

Other participants likened this experience of being in the wilderness. The reality of the professional and organizational constraints made them feel as such. This was experienced through a change in the management of some conditions. The following quote from one of the participants exemplifies this:

> "*I was confident that I will deliver the work; and that I will provide the care to my patients. However, upon reaching the ward, I found that most of the guidelines like; HIV guidelines and some reproductive health standards had changed. There were also some new things like CPAP (continuous positive airway pressure). So it was really tough for me as I was relating to old things, yet, on the ground the practice had changed" (*NMT-F- P4).

Subtheme 2: Lack of confidence and skills

Lack of confidence and skills was a dominant theme within the study. The theme referred to the perceptions of newly qualified nurse-midwives and key informants on the preparedness of new nurse-midwives to take up the role of qualified nurse-midwife. Most key informants indicated that newly qualified nurse-midwives lacked the needed skills and confidence to safely and competently care for the mothers and their newborn babies. Newly qualified nurse-midwives also attested to it as many reported that they had more theoretical knowledge but had fears and difficulties in the performance of skills. Lack of experience also made it difficult for many newly qualified nurse-midwives to blend in. One participant shared this:

> *"Aaaaaaa, I can say at first since I was just coming from college, I had more of knowledge and less practical skills. It took me more time to adapt and acquire the skills to balance up with the theory I had from college" (RNM-M-P3).*

When asked to rate themselves in terms of competence in the performance of skills and confidence, 7 of the 10 newly qualified nurse-midwives rated themselves around 50 and 60 percent. They attributed this to lack of experience. One participant expressed lack of confidence and skill by saying:

> *"Previously I had no confidence to perform procedures on my own. Mmmm, I had some fears….. and I can rate myself maybe around 50 or 60 % in terms of the capability to perform skills……. I had to think of what I will be doing on the ground as I had more of theory than skills" (RNM-M-P5).*

In line with the newly qualified nurse-midwife sentiments, the key informant also highlighted that many newly qualified nurse-midwives had knowledge but lacked confidence and the practical expertise. This is what one nurse-midwife said:

"Aaaaaaaa, in my own opinion; theoretically they are equipped. They are prepared for practice, but what they lack is the confidence. …… because once they gain the confidence it becomes easy for them to master the practical content in supplement to what they did in class" (KEY-INFO-M-P4).

Another nurse-midwife had this to say, giving the reason why they thought new nurse-midwives had difficulties in performance of skills:

"*I feel like they have more time of theory and they practice less so for them to put theory into practice, they face challenges. So they need more time to practice to improve their skills"* (KEY–INFO–F-P1).

Some participants expressed that they felt that the skills they had were not congruent with the demands of the profession such that they felt blank. Much of the anxiety was about personal adequacy in the aspect of clinical demands. They thought they had nothing to offer on their own and felt they wanted to be supervised by experienced midwives each time they were performing skills to cover them up. One newly qualified nurse-midwife clearly stated:

"*I was excited that I had gotten a job but seriously coming to the ward, I was blank. I was totally blank. I even told them that I can't say I know anything in nursery but I am willing to learn……..and for the first 2 weeks I was like whenever doing something, I was calling experienced staff or colleagues to be there with me to at least guide or watch me doing the procedure until I started doing it better"* **(**NMT-F-P2).

However, other key informants directed the blame to the training institutions that they did not prepare competent nurse-midwives. One said:

"Transition of new recruits is not just one way. It starts from where these graduates are coming from. At times you can even tell the college they are

coming from depending on their performance. So the colleges should make sure that the students from their colleges are well prepared" (KEY–INFO–F-P6).

Subtheme 3: Inadequate support

Although newly qualified nurse-midwives received some support upon entry into practice, the support was not enough to facilitate the transition process. The data analysis revealed that there were fewer numbers of experienced nurse-midwives in the wards to support the new graduates. Additionally, the tailored support strategies in the wards were not formally instituted such that there was no uniformity in the support offered to the newly qualified nurse-midwives. Some participants recounted that the few experienced midwives in the ward focused much on the provision of care to mothers and their babies and had little or no time to support them. This made the newly qualified nurse-midwives attach themselves to any midwife on duty in search for support. One of the participants said:

"*We have less seniors. Therefore, it is difficult for them to mentor us so that we can acquire much knowledge and skills in practice. ……the time we were joining the profession, we were supposed to be mentored. But senior members were not enough to mentor us……. The 2 seniors we had concentrated on the patient care and some managerial issues. But honestly we needed to be taught how and what we were supposed to do, how things were done and the systems available. We really needed somebody a senior to mentor us"* (RNM-M-P5).

Despite indicating that there were some support strategies tailored for newly qualified nurse-midwives in the midwifery settings; it was noted that they were not formally instituted. This posed as a challenge since the newly qualified nurse-midwives were not put under any program for proper transition support. The following excerpt reveals the lack of formal transition programme:

"*noooooo! We were not under any program. The first week I was just working with anyone who was on duty for support. Later, I could follow or consult peers and seniors whom I observed to have better midwifery skills* (NMT-F1-P5).

Similarly, one nurse-midwife agreed to the cause and said:

"Aaaaaaa currently there is no formal program as for our hospital or department to assist the graduates during the transition period" **(**KEY-INFO-M-P5)

Where the support systems were not organized, the transition experience was perceived as difficult and learning was hard for many newly qualified nurse-midwives. One of the graduates said:

"T*ransition is always difficult. It is like you are coming from a place where you were used to and you are going to a new place where you do not really know what happens there. ……so in such situations mentorship is needed" (*RNM-F-P1).

Subtheme 4: Workload

Most newly qualified nurse-midwives specified that due to shortage of staff in the wards, they experienced heavy patient workload. This increased their stress levels that made them find the profession not pleasing and had an impact on their ability to practice safely. One newly qualified nurse-midwife expressed how she felt overwhelmed in a ward. This is a representation of what many experienced.

"As I said, human resource like us is a challenge. We are not many so in nursery ward it is always busy and you cannot say today it's quite. It happens that you are alone on duty and you have to do all the activities alone……you may care for premature babies, some in need of resuscitation, and from there you

*have to administer drugs, monitor vital signs, aaaaaaaa it's not easy. You do not even have time to rest but seniors do not understand this" (*NMT-F-P2)

Except presented below from another newly qualified nurse-midwife show how they were left with a huge responsibility of looking after a ward all alone:

"*Sometimes I could work here alone in a postnatal ward with 20 to 24 women so I was not enjoying the work honestly"* (RNM-F-P4)

Subtheme 5: Shortage of material resources

The participants unanimously observed that there was severe shortage of resources that are critical for them to provide ideal care. This shortage of resources impeded the newly qualified midwives' transition process. The problem of limited resources and its implication on the transition process has been explicitly expressed in the following extracts from both the new graduates and key informants:

"The transition process itself is stressing, so with shortage of resources the stress is exacerbated. You know, at times you fail to do a procedure because you do not have the resources. I remember at one point in labour ward we lost a mother due to postpartum hemorrhage, not that we did not know what to do but because we did not have some resources like normal saline……. You know psychologically as a new graduate you become affected and obviously you cannot enjoy the profession" (NMT-M-P3).

Attesting to the newly qualified nurse-midwives narrative is an exemplar from one nurse-midwife explicating how shortage of resources affect the transition of newly qualified nurse-midwives:

"*For the new graduates to transition well from training to practice, they need the required resources. If the resources are not there, they improvise and then do not provide the required care as it is supposed to be. (*KEY–INFO–F-P1)

Key informants also acknowledged that the time newly qualified nurse-midwives were students at the college, who practised in a well-furnished environment with most of the resources available but now on the ground, were improvising almost everything. One key informant shared this:

> "O*ne of the barriers is lack of resources. When you are at school you learn the ideal, even the clinical lab have manikins …..that are very ideal in terms of the resources that can be there. But when you come to the practical area, resources are not as much"* (KEY-INFO-M-P4).

Subtheme 6: Delay in recruitment

Both newly qualified nurse-midwives and key informants identified delay in recruitment as one of the challenges affecting the transition of newly qualified nurse-midwives from training to practice. They pointed out that when there is a delay following graduation to the time they are employed to take up their role as qualified midwives, they lose confidence and skills. The delay ranged from 8 to 13 months and this affected their performance. This was clearly exemplified by one newly qualified nurse-midwife as below:

> *"The challenge we have here in Malawi is that it takes longtime for us newly qualified nurse midwives to be employed. By the end of one, two, three years you have forgotten all that you learnt at school. For me it took one year before being employed. The time I was joining the practice, I was like someone who has not been trained in midwifery because it was difficult to recall the management of conditions."* (NMT-F-P2)

Another participant said;

> "*It took long time from graduation to the time I started practicing as a midwife. I almost forgot most of the things and it took support from experienced midwives*

that helped me to get on track and by and by I started remembering back management of most conditions." (NMT-F- P4).

A key informant highlighted that after qualifying nurse-midwifery graduates are not supposed to stay long without being recruited as they end up losing some skills.

"*These graduates' nowadays are taking more time before they get employed into the facilities. So you know nursing is more of skills than just knowledge and when they stay long without practicing, they tend to forget"* (KEY–INFO–F-P6).

In agreement another key informant compared how newly qualified nurse-midwives were recruited before and the current practice:

"*Unlike long time ago …. there was no gap between qualification period and the time you start working. But as of now, most of the graduates may have qualified maybe 3 or 4 years ago and they have not been employed. So that gap seems to be an issue"* (KEY-INFO-M-P4).

Subtheme 7: Blame culture

Blame culture was noted to be common in the workplace. The newly qualified nurse-midwives reported unsupportive behaviours and negative feedback from experienced midwives as some of the contributors to their poor transition experiences. They narrated that some qualified midwives were not flexible to give room for the newly qualified nurse-midwives to learn from them. These unsupportive behaviours by experienced midwives increased fears in the newly qualified nurse-midwives as they failed to seek help when they were stuck. This is what one said:

"*Some nurses could say, you have a degree and you know all these things, so why are you asking me? Then likely next time you can't ask that person again*

and definitely you wouldn't know how that procedure is done or performed" (RNM-F-P1).

Newly qualified nurse-midwives also complained of the negative feedback they could get from the experienced midwives despite their efforts to humble themselves. This is what one narrated:

"*I had to find some midwives who were not giving room to teach us or mentor us, as they had to say you have just graduated from school and you have the information so, why are you asking me these things. Having graduated we thought they have accredited you that you have the knowledge"* (RNM-M-P5)

Some bemoaned the actions of some midwives who belittled them, a thing that affected the development of their confidence and also reduced their morale. One participant said:

"You *come at a place and they treat you like you don't know anything. That affects someone as a result you underrate yourself like, I can't do this just because of the way they handle you"* **(**NMT-F-P2).

Some key informants described negative behaviour exhibited by newly qualified nurse-midwives that made them struggle during the transition period. It was noted that some did not want to learn from other qualified midwives. This was noted among those who graduated with a degree because they felt that they were at par with the ward in-charges. The following quote illustrates what one nurse-midwife said regarding the attitude of those who felt they knew everything:

"Some do come with the mentality that they know it all because they have attained a degree so in terms of the knowledge and skill nobody can tell them what to do….. This affects their relationship with qualified staff as none

expresses interest to support them as a result they do not learn and this makes their transition to be difficult and stressful" (KEY–INFO–F- P3)

It was also noted that some nurse-midwives with bachelor's degree were competing for position mainly those that were allocated in the same ward. One nurse-midwife narrated:

"The problem is how teaching institutions prepare degree nurse-midwives. They are told that upon completion of their program, they will be ward in charges. So soon after recruitment, all they think about is "am the in charge". They want to take control of the ward and when they meet resistance from colleagues, they become frustrated. These days, the number of nurse-midwives with degrees is increasing, so when two or more of them have been allocated in the same ward, they start fighting for position of the ward in-charge. This affects their integration into the system, which subsequently affects their transition process" **(**KEY-INFO-M-P5).

Summary of the Chapter

In this chapter, the participants reported both positive and negative transition experiences. A detailed description of the participant's experiences of the transition period has been presented centering on the accounts of the clinical support, and knowledge and personal positive attitude that enhanced the transition experiences. The challenges newly qualified nurse-midwives encountered during the transition period have also been highlighted. Furthermore, the midwifery leader's sentiments of the transition process have been described for a better understanding of how newly qualified nurse-midwives transition in the midwifery setting.

Chapter 5: Discussion, Conclusion and Recommendations

Introduction

Positive transition experiences of newly qualified nurse-midwives are essential for the smooth transitioning from training to practice. However, there is a gap in Malawian literature on how the newly qualified nurse-midwives transition into practice. This study was therefore undertaken to explore the transition experiences of newly qualified nurse-midwives in a midwifery setting. Support offered to newly qualified nurse-midwives during the transition period, and the facilitators and barriers to transition were explored. Drawing on data collected to address these objectives, analysis has revealed several insights into the experiences of newly qualified nurse-midwives transitioning into practice.

This chapter discusses the findings of the study in relation to the available literature on the topic. Some of the findings from the literature review resonate strongly with the findings of the present study and will be incorporated into this discussion where appropriate, whilst areas of divergence or contrast will also be highlighted. The discussion is consistent with the three themes derived from the study. Clinical support, plus Knowledge and personal positive attitude of newly qualified nurse-midwives enhanced the transitional experiences. On the contrary, practice reality challenges impacted negatively on the transitional experiences of newly qualified nurse-midwives. The chapter starts with the discussion of the study findings. Strengths and limitations of the study are then identified and discussed. The last part presents recommendations for future practice, policy and research.

Clinical Support: Enhanced the Transitional Experiences

This section discusses the clinical support newly qualified nurse-midwives received in practice that facilitated the transition process from training to practice and the implications based on the interpretation of the study findings.

The study findings showed that newly qualified nurse-midwives received some clinical support that enhanced their transition processes. Orientation on entry into practice was one of the elements of support that they received. Upon entry into practice, newly qualified nurse-midwives were integrated into the midwifery settings through a general orientation where they were mostly oriented to professional documents, ward and hospital policies and the physical environment. The orientation offered helped them to customize into the environment and have an idea of what was expected of them in practice. This had a positive impact on the transition experiences as they had to work in line with the ward policies and routines which eased their tension. Rush et al. (2015) described general orientation as an organizational strategy to integrate nurses into the hospital work environment. During this orientation period, staff become familiar with work expectations including support through a supernumerary period (Pertiwi & Hariyati, 2019). While the study findings show that general orientation had a positive impact on graduate's experiences, an integrative literature review by Park & Jones (2010), and a quantitative study by Rush et al. (2015) in Canada indicated that graduates who receive an extended orientation under a formal program encounter a more positive experience during the transition period. Though this study only focused on the type of orientation the newly qualified nurse-midwives experienced, the findings have an implication for midwifery leaders in Malawian midwifery settings, as they are no formal orientation strategies for newly qualified nurse-midwives.

Furthermore, Rush et al. (2015) examined the relationship between orientation and transition experiences and documented that, length of orientation makes a difference in the new graduate's transition. An orientation of four weeks or more significantly improves the transition experiences specifically on support and professional satisfaction. This is supported by a systematic review of literature on "effective orientation programs for new graduate nurses," where it is specified that nurse-midwives with longtime of orientation support performs better in terms of provision of care and leadership skills (Pertiwi & Hariyati, 2019). In this study, participants had an orientation period of between 2 days and 4 weeks. Despite the period not being long enough, participant narratives revealed that the orientation helped them to customize in the midwifery setting which impacted positively on their transition experiences. The findings are in contrast with studies done in Canada and Indonesia which have documented that for a better orientation experience, nurses and midwives need to be oriented for a period of more than 4 weeks during the transition period (Baxter, 2010; Park & Jones, 2010; Pertiwi & Hariyati, 2019; Sandor et al., 2019). The difference in the findings is likely due to the qualitative method used where verbatim narratives were interpreted reflecting graduates' experiences of their orientation process. To ensure that a better and more effective orientation is provided to newly qualified nurse-midwives, midwifery leaders need to consider using a framework to guide the development and implementation of the orientation program. This will promote the development of professional confidence and improve quality of care through improved skills.

The study findings have also revealed that support strategies tailored for newly qualified nurse-midwives were available in the midwifery settings that enhanced the transition from training to practice. The strategies reported were peer pairing, informal

mentorship, supervision and continuous professional development (CPD). Most of the skills were learnt through peer support as newly qualified nurse-midwives interacted with peers more often than they did with leaders. In line with the finding, the positive impact of peer support on the transition from training to practice has been documented by Clements et al. (2012) and Fenwick et al. (2012) to be a life-raft. The newly qualified nurse-midwives were also much involved in CPD sessions where they could learn new knowledge and skills. The support helped them to gain new clinical knowledge and skills, which in turn improved their confidence in the provision of midwifery, care. This impacted positively on their transition experiences. Some graduates from one midwifery setting also appreciated the support they got from their seniors through mentorship even though it was not formally instituted. However, in the literature, structured mentorship and comprehensive orientation are the strategies that have been highlighted to be effective in supporting newly qualified nurse-midwives for they increase confidence, enhance clinical competence, reduce stress and improves the retention rate of the graduates (Clements et al., 2012; Edwards et al., 2015; Regan et al., 2017; Sandor et al., 2019). Preceptorship and supervision have also been recommended in other studies. However, Avis et al. (2013) documented that where preceptorship is used, its use is ad hoc; unstructured and disorganized. On the other hand, the impact of supervision on the transition of newly qualified nurse-midwives has not been widely explored. The likely reason why the participants in the study appreciated peer pairing, CPD, and informal mentorship is the nature of midwifery settings in Malawi. There are no formally instituted support strategies. This has an implication for the Nurses and Midwives Council of Malawi as a regulatory body and the midwifery leaders. The informal programs lead to inconsistency in the application of and commitment to supporting initiatives across the facilities and even within the

midwifery settings. This can negatively impact the transition experiences of newly qualified nurse midwives and affect the integration of new knowledge to master new clinical skills and swiftly move from training to practice.

The study further found that newly qualified nurse-midwives were supported emotionally through reassurance, encouragement and guidance. Despite challenges to integrate into the system, they appreciated how experienced nurse-midwives and midwifery leaders made their environment receptive. This facilitated their transition. Newly qualified nurse-midwives highlighted that they received emotional support from colleagues and seniors who provided continuous encouragement and reassurance that they would stand the test of being new midwives despite lacking confidence and skills. They also indicated that they were able to ask questions from colleagues whenever they were stuck. This support was vital during the transition period as it helped to allay fears and anxiety, strengthened the professional relationship and motivated graduates to take challenging task which facilitated the acquisition of required knowledge and skills for provision of quality midwifery care. The findings are in line with the study results by Fenwick et al. (2012) who documented that newly qualified midwives valued experienced midwives who responded to their work-related questions and shared knowledge, skills and experience with them. Literature has also indicated that encouragement is an important influential factor in providing emotional support to newly qualified nurse-midwives as it nourishes their inner motivation (Ebrahimi et al., 2016). It was also expressed in a qualitative study of "perspectives of new graduate nurses and nurse leaders on the transition to practice" that midwifery leaders and peers play an important role in creating a conducive environment where the new nurse-midwives feel supported, welcomed and safe (Regan et al., 2017). The evidence shows how continued emotional support from experienced nurse-midwives and midwifery

leaders creates a conducive environment where newly qualified nurse-midwives nurture their passion for the profession, which impacts positively on their transition experiences.

The study findings also revealed that availability of reference materials such as national reproductive health standards, obstetric management protocols and guidelines and obstetric procedure manuals in the midwifery settings helped to increase newly qualified nurse-midwives confidence in the performance of skills. The new nurse-midwives kept on referring to these standards, protocols and guidelines whenever they were stuck, were alone on duty or support from experienced midwives and mentors was not available. This helped them to provide appropriate care to mothers and in turn increased their confidence. Chodzaza (2016) in a study of midwifery decision making during the first stage of labour within the Malawian context documented that provision of care in labour in health facilities in Malawi is based on National reproductive health standards. This affirms how midwives rely upon reference materials for guidance and support in the provision of care.

Knowledge and personal positive attitude

The theme reveals some significant insights on how the knowledge base of newly qualified nurse-midwives and their personal positive attitude towards the profession and fellow nurse-midwives facilitated the transition process.

Study findings have shown that for newly qualified nurse-midwives to have a smooth transition, support from experienced midwives only is not enough. Rather, they also need the knowledge acquired from school as it forms a base for the management of mothers and their newborns. It has been disclosed that graduates with good theoretical knowledge are less stressed when discharging their duties compared to their counterparts who have a knowledge deficit. In agreement, Avis et al. (2013) indicated

that previous knowledge and experience on the provision of midwifery care to mothers and newborns facilitated new midwives to gain confidence and made them feel prepared. However, findings of a study in China found that basic knowledge and skills learned in school are helpful in facilitating the transition of new midwives but insufficient to help them develop required confidence to handle complex and emergency situations in midwifery setting (Wong et al., 2018). In the current study, the newly qualified nurse-midwives were self-motivated to peruse knowledge for their professional development. They posit the view that confidence in providing care was facilitated through reading. Consequently, newly qualified nurse-midwives knowledge can be challenged by many circumstances in the midwifery setting which can have an implication on practice.

Study findings also revealed that personal positive attitude plays a big role in the transition process as it has a direct impact on the graduate's performance and their feelings for the profession. Courage, determination, self-motivation and passion for the profession are the factors that form personal positive attitude in this study. Despite the challenges within the midwifery settings in Malawi, the findings have revealed that courage helped newly qualified nurse-midwives to elicit support from experienced midwives without fear of being undermined, which helped them to improve on the skills. The courage was cemented with self-motivation. The self-motivation helped newly qualified nurse-midwives to continuously engage with experienced staff on the ground regardless of their attitude, which facilitated their adaptation to the circumstances surrounding the transition from training to practice. In a study of Fenwick et al. (2012), participants indicated that being able to actively engage in dialogue around care and asking questions without fear of being judged is important and a major strategy of getting support from experienced midwives. Furthermore, the

determination made the newly qualified nurse-midwives to keep on engaging with books, internet, guidelines and policies in order to keep themselves updated. By utilizing different methods to learn by themselves, newly qualified nurse-midwives posed a positive attitude that helped them to learn new ways on how to manage mothers and their newborns and also perfect their skills in areas they had deficits. A combination of courage, self-motivation and determination for practice, formed a better recipe for the development of new knowledge, competence and coping mechanisms that facilitated the transition process and yielded positive transition experiences for the newly qualified nurse-midwives. Similarly, courage, motivation and determination made participant to be optimistic about learning in studies done in China, Iran and New Zealand which aided new midwives personal and professional growth.

Passion is another factor under personal positive attitude that stimulated newly qualified nurse-midwives inner desire, values and feelings for the profession such that despite the challenges they were encountering, many did not intend to leave the profession. Those that had a passion for the profession had the zeal to work, which made them have better performance and positive transition experience. Sullivan et al. (2011) present similar results in a study where newly graduated midwives highlighted that passion helped them to stay in the profession, as they were proud to be midwives. Others felt satisfied whenever they made a difference in the life of a woman under their care. In contrast, stakeholders in a study in Swaziland enlightened that, in an economically constrained country, with high unemployment rate, many new nurses especially those with bachelors degree do not join the profession as a lifelong career as they have no real passion for it (Dlamini et al., 2014). Despite the two countries being under the same category of low-income countries, there is a divergence in the findings. Study findings in Malawi have shown that most graduate midwives' have a passion for

the profession. Others consider the profession to be a calling. This demonstrates that, motivating newly qualified nurse-midwives to maintain a positive attitude and level of passion for the profession is essential to coping, provision of quality midwifery care and positive transition experience.

Practice Reality Challenges

The section discusses the challenges newly qualified nurse-midwives encountered in practice during the transition period that affected the transition process. Theory practice gap was one of the challenges newly qualified nurse-midwives encountered in the midwifery settings. The theory-practice gap denoted the difference between what nurse-midwives were taught in the classroom as students and what they experience in clinical practice as qualified staff. In this study, newly qualified nurse-midwives encountered discrepancies in management guidelines between what they were taught in class and how midwifery conditions were being managed in practice. For instance, management guidelines of conditions like pre-eclampsia, eclampsia and HIV in pregnancy keep on changing due to new developments in research. Consequently, the changes are mostly disseminated to clinical staff living out the academia who prepare these midwives for practice. This creates a gap between what the academia teaches and what the graduates encounter in practice. The gap affects the level of new midwives confidence when discharging their duties. Subsequently, newly qualified nurse-midwives fail to trust their own knowledge and skills leading to increased fear and stress when managing mothers and their newborns. Attesting to the findings are results of a Canadian study where new midwives experienced feelings of frustration when their perception of what clinical work would entail did not match with the reality of clinical practice as they found differences in philosophies of care (Sandor et al., 2019). Similarly, an Australian study documented that the reality of clinical

practice led to feelings of stress and anxiety. The participants were unable to provide the expected midwifery care due to differences in theories taught in class and how patient care was being given in practice (Fenwick et al., 2012). In the study, participants felt they needed mentors to help them acquire the needed knowledge and skills. The findings entail how important mentorship support is during the transition period to facilitate the acquisition of new knowledge and development of confidence in the provision of midwifery care by newly qualified nurse-midwives.

Poor performance at the point of recruitment due to lack of confidence and proper skills are other practice reality challenge experienced by most newly graduated nurse-midwives regardless of entry qualifications to practice. Many expressed increased anxiety and fear in the performance of skills. Others rated themselves around 50 to 60 percent in terms of level of confidence and competence. The lack of confidence and competence made the newly qualified nurse-midwives fail to easily blend in. Others also felt that the skills they had did not much with the needs of the profession and attributed this to lack of experience. Benner (1984), in her theory of *From Novice to Expert: Excellence and power in clinical nursing practice*, justified the lack of experience by newly qualified graduates. She specified that new nurse-midwives enter the clinical area as novice members since they do not have experience. As such, they need support from experienced members to perform in a particular area.

While most newly qualified nurse-midwives attributed poor performance and lack of confidence to lack of experience, some attributed it to poor pre-service training. Key informants, who emphasized that most newly qualified nurse-midwives had theoretical knowledge but lacked the clinical skill, affirmed that the pre-service training fail to preparing confident and competent nurse-midwives. Who after recruitment fail to discharge their duties as per the expected level of performance. These findings are in

agreement with study result from Swaziland by Dlamini et al. (2014) who found that majority of new graduates had adequate theoretical knowledge but lacked the clinical skills and professional attributes that were required for practice. They established that the education system had limitations in terms of student preparation and the hospitals failed to adequately support and induct graduates into the system. Three studies done in Malawi; a phenomenological study by Msiska et al (2014), an explorative qualitative study by Phuma-Ngaiyaye et al (2017) and a mixed study by Kamphinda and Chilemba (2019), attest to the findings. They ascribed poor performance of newly qualified nurse-midwives to lack of emphasis in clinical teaching and supervision by nursing colleges, poor support from clinical staff and lack of skills among clinical staff. However, Benner's theory further highlights that nurse's pass through five stages of skill development: novice, advanced beginner, competent, proficient, and expert. Upon recruitment, they should not be viewed as deficient practitioners, rather be recognized as novice members of the team who cannot perform beyond experience and practical knowledge (Benner, 1984). As they move along the continuum from novice to expert they need support and understanding from experienced midwives and midwifery leaders to enhance the transition. Consequently, without support, they lack essential skills which affect their level of performance, increase the level of anxiety and also affects their autonomy which results in negative transition experiences.

Inadequate support is another factor under practice reality challenges that was found to have affected the transition of newly qualified nurse-midwives from training to practice. From the perspective of both newly qualified nurse-midwives and midwifery leaders, inadequate support meant inadequate mentors, lack of formally instituted transition support strategies and lack of orientation guidelines.

The study identified that there was a shortage of experienced midwives to mentor newly qualified nurse-midwives in practice. This affected the efficiency and quality of support provided to newly qualified nurse-midwives during the transition period. Most of the midwifery settings had 2 or 3 experienced midwives who were taking the role of mentor as well as that of care provided to mothers and neonates. Balancing the two roles was a challenge for many newly qualified nurse-midwives as narrated by participants. Other graduates also experienced a situation where the few experienced nurse-midwives whom they were relying on, had to change their focus from that of being a mentor and care provider to being a manager after they were promoted to senior positions. This created a vacuum in the midwifery settings as many newly qualified nurse-midwives transitioned without proper support and guidance from experienced midwives. Acquisition of skills was affected with such a trend. In an Australian study, New graduate-midwives considered support from experienced midwives as a "life raft" during the transition period as it facilitates the transition through improved confidence and a sense of safety (Fenwick et al., 2012). Another study done in Canada reported that a common source of support comes in form of mentorship from experienced midwives in practice. When such support is not offered, new midwives end up seeking out support from various midwives at their practice based on factors such as convenience, approachability on previous interactions (Sandor et al., 2019). This has an implication for midwifery leaders considering the shortage of experienced midwives they have on the ground.

Furthermore, the study found that there were tailor-made support strategies, which were not formally instituted in the midwifery settings. Lack of formal strategies affected the system organization and subsequently the support rendered to newly qualified nurse-midwives during the transition period. Often times newly qualified

nurse-midwives could seek support from any midwife on duty. This exposed the graduates to more stress and anxiety. Newly qualified nurse-midwives with limited skills and confidence in managing mothers and their newborns had their anxiety levels increased without proper support and the performance of skills was affected. It is well documented in the literature that transition support strategies are successful in improving newly qualifies nurse-midwives confidence in caring for mothers and enhances graduates competencies in performance of skills (Park & Jones, 2010; Sandor et al., 2019; Sullivan, Lock, & Homer, 2011). Therefore, it is of concern that the midwifery settings in which the study was conducted do not have such programs in place. This has an implication on practice as lack of such programs in the midwifery settings negatively affects the transition of newly qualified nurse midwives into practice.

The theme also revealed a lack of guidelines to stipulate the support newly qualified nurse-midwives were supposed to receive on entry to practice. While researchers have recommended the use of guidelines to ensure uniformity in the orientation process (Baxter, 2010; Rush et al., 2015) the study found that, there were no orientation guidelines in the midwifery settings. Lack of guidelines led to inconsistencies in the provision of orientation across the facilities and even within the midwifery settings. Some diploma nurse-midwives bemoaned the type of orientation they receive. They pointed out that nurse-midwives with bachelor's degree, had a better orientation as their package included a rotation in various departments. They also highlighted that degree nurse-midwives had more days of orientation than them. Analysis of the study findings also confirmed that orientation was mostly influenced by the level of graduate's education and the perceived role the graduate was to play in the midwifery setting such as whether they were to be managers or not. In agreement with

the findings, an international review of literature by Gray et al. (2019) established that variations in the orientation process experienced by newly qualified nurse-midwives exists due to diversity in the way graduates are prepared for practice. Graduates are prepared with a different scope of practice, which determines their level of autonomy. The expectations placed on them at the point of registration varies due to variations in scope leading to variations in the orientation process. Contrary to the findings, another qualitative study in Malawi on "Newly qualified registered nurses perceptions of the transition from student to qualified registered nurse", reported that degree nurses were equally not well oriented. The participants had feelings of being left alone in the wards without orientation as they were only showed the layout of the ward (Tembo et al., 2019). This has a psychological impact on the newly qualified nurse-midwives and can affect their integration into practice. This calls for nursing leaders to think of having guidelines in place. Guidelines may help to change the graduates' mindset and facilitate an appreciation of the orientation package experienced and facilitate the organization in the orientation process.

The study also revealed workload as another practice reality challenge that newly qualified nurse-midwives encountered during the transition period. The newly qualified nurse-midwives were subjected to a heavy workload because of the high ratio of midwives to patients as a result of a shortage of nurse-midwives in practice. In Malawi, the estimated population to midwife ratio is at 1,209 people per midwife against the World Health Organization recommendation of 175 people per midwife (White Reborn Alliance Malawi, 2016). This is a big challenge, as newly qualified nurse-midwives are not spared enough time to adapt to the new environment and a new role of being a qualified staff. The heavy workload with insufficient human resource increased stress levels of newly qualified nurse-midwives, which affected their

performance and adaptation in the midwifery setting. Likewise, Dlamini et al. (2014) indicated that support from experienced midwives is always difficult if there is a high workload and this has a bearing on the transition of newly qualified nurse-midwives. Filby et al. (2016) and Wong et al. (2019) also specified that workload increases graduates stress leading to decreased morale which affects the type of care provided and the attitude towards the profession. Furthermore, Regan et al. (2017) found that some newly qualified nurses wanted to leave the profession because of workload and workplace stress, which caused burnout and made graduates think of leaving the profession. It is also documented in the literature that workload during the transition period can delay the newly qualified nurse-midwives reaching their full potential and those that feel overwhelmed may leave the profession (Edwards et al., 2015; Park & Jones, 2010). In Malawian perspective, Chodzaza (2016) reports the workload in a study where it is documented that midwives' experience pressure of work due to shortage of staff, which exacerbates difficult circumstances under which midwives operate, and the emotional labour. This substantial problem requires a serious reflection on ways to improve the number of nurses and midwives in hospitals. Although in this study graduates had no intentions to leave the profession, feelings of increased stress and decreased morale were high showing a significant potential that they can think of leaving the profession later.

It was also noted that the shortage of material resources is one of the major challenges in midwifery settings. The 3 midwifery settings the study was conducted are under a central hospital, district hospital and a CHAM hospital. These are all referral hospitals in Malawi that provide secondary and tertiary care to mothers and newborns. However, it has been revealed that they lacked essential materials resources for the provision of quality midwifery care. Hence, midwives improvised when performing the

midwifery procedures leading to the provision of sub-standard care. This is one of the challenges that frustrated newly qualified nurse-midwives increased their stress in performance of skills and subsequently hindered the development of competence in practice. The findings are in agreement with results from previous Malawian studies where participants mentioned lack of resources as one of the challenges that impacted negatively on their ability to provide quality care to women and their newborns (Chodzaza, 2016); Tembo et al., 2019). Lack of basic and essential resources have shown to affect provision of quality midwifery care, adaptation in the midwifery setting and acquisition of necessary skills, which in turn affects the transitional experiences of newly qualified nurse-midwives.

The study further found that long-stay outside practice from the point of graduation had a bearing on new graduates' performance, confidence levels and perception of the transition period. Midwifery is one of the professions that rely on hands-on practice for the perfection of skills and development of confidence (Gray et al., 2016). In this case when a midwife stays without practice for some time, they lose perfection in the performance of their skills. Up until 2013, newly qualified nurse-midwives in Malawi were absorbed into the system soon after completion of the pre-service training but the current situation is that the graduates have to undergo interviews to be recruited. This has affected the system as many take 6 to 12 months to be employed leading to loss of confidence and skill. Hughes (2011) indicated that the transition period causes anxiety for newly qualified midwives especially when there is a long delay between qualification and taking up of their first post. The probable reason why the graduates take months to years without being recruited is lack of proper recruitment policies in Malawi for newly qualified nurse-midwives as the recruitment is largely dependent on government finances. With the economic challenges the

government is facing, the delay in recruitment remains a major issue. It is also worth noting that there are very few midwifery-led care centers in Malawi to help absorb the newly qualified nurse-midwives soon after qualification. This has an implication on the graduate's performance as they lose skills due to long stay leading to substandard care provided to mothers and their neonates.

The study also identified blame culture between experienced midwives and newly qualified nurse-midwives. They newly qualified nurse-midwives who graduated with degrees, bemoaned the unsupportive behaviour of some experienced nurse-midwives who showed no interest to support them with an assumption that they were already knowledgeable. These degree nurse-midwives were believed to have been prepared at a higher level, therefore the assumption was that they had the required knowledge and skills hence they did not require the support. Tembo et al. (2019) had similar results in their study and this is possible because their study participants were registered degree nurse-midwives. On the other hand, experienced nurse-midwives indicated that newly qualified nurse-midwives with degree unlike those with diplomas show no interest of willing to learn from them upon recruitment. Likewise, Dlamini et al. (2014) indicated that criticisms from qualified staff regarding how new nurse-midwives behave, perform and what their values are, maybe inconsistent because of the academic preparation of the two groups. They found that experienced nurse-midwives had unrealistic expectations on the graduates, some were very critical on them and others were not supportive which created tension in the workplace and led to the poor relationship between qualified staff and new graduates. Freeling and Parker (2015) also reported that behaviours such as belittling and negative criticism act as stressors and lead to loss of self-esteem by new graduates which affect their transition. Furthermore, nurse leaders in this study perceived that many of the newly qualified nurse-midwives

who felt not fully supported were those that joined the system with the mentality of "I know it all" or "I am the in-charge". The behaviour has a negative impact on graduates' integration into the workforce, as at this point they are novices and need support to smoothly transition into practice. The implication is that it affects the relationship between the graduates and the experienced midwives leading to decreased morale in the setting and negative perception of the transition period by the graduates (Walker et al., 2013).

Previous studies have also consistently established that bullying was between qualified staff and new graduates (Freeling & Parker, 2015a; Walker et al., 2013; Wong et al., 2018). However, analysis of this study has revealed that where two or more degree nurse-midwives were allocated in the same ward, issues of fighting for positions were prominent. Each one of them wanted to be the ward in-charge. The behaviour prevented graduates from gaining the right skills as they waste time-fighting for positions. The self-imposed in-charges may also face resistance from other graduates leading to increased levels of anxiety and a feeling that they are not accepted in the midwifery setting (Freeling & Parker, 2015). This can affect their integration into the system resulting in poor performance and transition experience.

Strength and limitations of the Study

Strength

The study had the following strengths:

- Data was collected from multiple source; - degree nurse midwives, diploma nurse-midwives and key informants. This helped to enrich the study findings as ideas presented were from a wide perspective which helped to reduce biases.

- The study has also provided valuable insight into the transition experiences of newly qualified nurse-midwives in midwifery settings from the perspective of Malawian nurse-midwives

Limitation

- In qualitative research, there appears to be a common perception among qualitative researchers that findings of qualitative research are "generalized to a theory" rather than to populations (Bryman, 2012). The argument is that, it is the "quality of the theoretical inferences that are made out of qualitative data that is crucial to the assessment of generalization". In other words, whether there is a possibility of transferring the developed theory to comparable situations. This study was conducted in 3 selected midwifery settings as such the ideas presented may not represent ideas of other nurse-midwives in other settings. However, findings of this study will be made available for each reader to decide on generalizability to a similar context based on the research process and the available study findings.

Recommendations

Based on the study findings and related literature, the following recommendations are made to address some of the issues identified in the study. The recommendations have been grouped into policy, practice and education, and research.

Policy

1. The study findings have revealed that there are no formally instituted transition support programs in midwifery settings. Therefore, there is a need for Malawi to institute effective transition support programs in her hospitals. For this to be done, it is important for the professional regulatory bodies that stipulate the scope of practice for the nurse-midwives in collaboration with management

teams of various hospitals to consider developing a national framework that will:

- Provide guidelines and standards for the institutions on how comprehensively they should orient newly qualified nurse-midwives soon after deployment.
- Stipulate transition strategies that all hospitals should put in place to induct newly qualified nurse-midwives into the profession.

These will help to induct and acclimatize newly qualified nurse-midwives into their new role hence improve the transition experiences.

2. The study findings have also revealed that many newly qualified nurse-midwives lose their confidence and skills due to long stay out of practice as a result of a delay in recruitment. It also seems that the government as the biggest employer does not have proper recruitment strategies to absorb the newly qualified nurse-midwives into the system soon after graduating. The government in collaboration with the Nurses and Midwives Council of Malawi should therefore create policies that will encourage and empower midwifery practitioners to open up more midwifery-led care centers. This will help to absorb more graduates into the system and consequently reduce the period newly qualified nurse-midwives spend outside practice.

Practice and Education

1. The newly qualified nurse-midwives enter the clinical area as novices or advanced beginners as they lack clinical skills and professional attributes that are required for practice. Hence they need support and understanding upon entry to practice. This, therefore, calls for a collaborative partnership between colleges and hospitals where the actors who are lectures and clinical staff may

recognize the complexity of the two systems, embrace it and work together to find solutions and change outcomes for a better transition

2. Some graduates show no enthusiasm in the clinical setting such that they face problems during the transition period due to lack of passion and poor personal attitude. Such graduates need to be encouraged during pre-service and in-service on the importance of facing the clinical area with a positive attitude to overcome the stress and clinical reality challenges.
3. Newly qualified nurse-midwives also need to be encouraged on the spirit of continuous reading to help open up to their creative and abstract thinking. This will help them in maintaining a positive attitude and level of passion for the profession as they are essential to coping and provision of quality care.
4. Reference materials such as the reproductive health standards, management guidelines and protocols and the obstetric procedure manual have proven to be useful in the transition of newly qualified nurse-midwives as they turn to them when stuck or support from fellow midwives is not available. Therefore, all midwifery settings should consider putting such reference materials in strategic places where the midwives can access them for reference or guidance.
5. Evidence has shown, there is a gap in the pre-service training of nurse-midwives. Therefore, there is a need for transformation in the pre-registration midwifery clinical teaching and learning by creating more opportunities for practice based learning to ensure confident and competent nurse-midwives are produced for quality midwifery care.

Research

- Many studies done on the transition to practice for nurses and midwives have recommended the use of formally instituted transition support programs.

However, many of these have been done in high-income countries with very few in Africa. Not all intervention that have been effective in those countries may therefore apply in Malawi. In view of this, a mixed study is recommended to determine the transition support programs ideal for Malawi.

Conclusion

The study findings will contribute to a better understanding of how newly qualified nurse-midwives transition in midwifery settings in a low-income country. The findings have demonstrated that the transition process from training to practice is difficult for many newly qualified nurse-midwives. Although the study has identified some factors that enhance the transition process, it has revealed that many newly qualified nurse-midwives encounter challenges in the midwifery settings that affects the transition process. The clinical support and the knowledge and personal positive attitude of newly qualified nurse-midwives enhanced the transition process. Practice reality challenges like; changes in management guidelines, lack of properly instituted transition strategies, shortage of experienced midwives, workload, delay in recruitment, blame culture, and lack of confidence by newly qualified nurse-midwives are some of the challenges.

The study has acknowledged that developing orientation guidelines and stipulating transition strategies to be followed by all the hospitals can help in induction of newly qualified nurse-midwives into practice and improve the transition process. A collaborative partnership between colleges and hospitals will help to find solutions and change outcomes for the better transition. A transformation in pre-registration midwifery clinical teaching may help prepare confident and competent nurse-midwives. Furthermore, a mixed study will help to determine the transition support strategy ideal for Malawi.

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APPENDICES

Appendix A: Informed Consent Form for Newly Qualified Nurse-Midwives

Part 1: Information Sheet

Study Tittle: Transition Experiences of Newly Qualified Nurse-Midwives Working in Selected Midwifery Settings in Northern Malawi

Investigator: Mathews Brave Mtegha

I am Mathews Brave Mtegha, a student at Kamuzu College of Nursing. I am perusing a Master of Science degree in Midwifery. In partial fulfilment of this, I am conducting a study on: "The Transition Experiences of Newly Qualified Nurse Midwives Working in Selected Midwifery Settings in Northern Malawi."

The purpose of the study is to have an insight on how the newly qualified nurse-midwives transition from training to practice. The focus will be on their transition experiences, the facilitators and barriers to smooth transitioning and the support system in place. We hope that the information will help in development of interventions that will promote the smooth transition of these new nurse-midwives.

You are invited to take part in this study. Your participation will involve answering questions, which are on the interview guide. The interview is expected to take about 40 minutes. The interview will be conducted at the time that is convenient to you and in a quiet environment for privacy and to avoid disturbances. You are being invited to take part in this study because we feel that your experience as a newly qualified nurse-midwife will help much to our understanding of the transition experiences. Furthermore, you may wish to know that your participation in this research is voluntary. The choice that you make will have no bearing on your job. You may change your mind later and stop participating even if you agreed earlier.

Any information that you will provide will be treated with utmost confidentiality. Names will not be used instead you will be given a code. The entire interview will be tape-recorded. The information recorded is confidential and no one will be identified by name, as codes will be used. The information will be kept in a lockable cabinet accessed by the researcher only. This information will be destroyed soon after completion of the master's program.

There will be no direct benefit to you, but your participation is likely to help us have an understanding of the transition experiences that will help to promote the smooth transition of newly qualified nurse-midwives. Furthermore, the study does not have any

foreseeable physical harm (risk); however, in case of any emotional or psychological harm, you may forward your complaints to the researcher for counselling or any appropriate action.

You may also wish to know that College of Medicine Research and Ethical Committee have approved this study. So if you have any complaint regarding violation of your rights during the course of the study or any ethical concerns, please contact:

The Chairperson, COMREC Secretariat, Private bag 360, Blantyre 3

Telephone: 01 87 1911

If you have any question or need clarification on this study, please contact:

The Researcher: Mathews Brave Mtegha, Kamuzu College of Nursing, Blantyre Campus, Post Office Box 415, Blantyre.

Email: mtegha2017matthews@kcn.unima.mw

Cell : +265 881 124 010 or +265 991 494 279

OR

The Research Supervisor: Dr. Elizabeth Chodzaza, Kamuzu College of Nursing, Blantyre Campus, Post Office Box 415, Blantyre.

Email: echodzaza@kcn.unima.mw Cell: +265(888) 333 891

Appendix B: Informed Consent Form for Key Informants

Part 1: Information Sheet

Study Tittle: Transition Experiences of Newly Qualified Nurse-Midwives Working in Selected Midwifery Settings in Northern Malawi

Investigator: Mathews Brave Mtegha

I am Mathews Brave Mtegha, a student at Kamuzu College of Nursing. I am perusing a Master of Science degree in Midwifery. In partial fulfilment of this, I am conducting a study on: "The Transition Experiences of Newly Qualified Nurse Midwives Working in Selected Midwifery Settings in Northern Malawi."

The purpose of the study is to have an insight on how the newly qualified nurse-midwives do transition from training to practice. I would like to find out the perceptions of midwifery leaders on the support offered to new nurse-midwives, the facilitators and barriers to smooth transitioning and the support system in place. I hope that the information will help in development of interventions that will promote the smooth transition of these newly qualified nurse-midwives.

You are invited to take part in this study. Your participation will involve answering questions, which are on the interview guide. The interview is expected to take about 40 minutes. The interview will be conducted at the time that is convenient to you and in a quiet environment for privacy and to avoid disturbances. You are being invited to take part in this study because you are a midwifery leader. We feel that your experience as a leader will help much to our understanding of how the new graduates transition from training to practice. Furthermore, you may wish to know that your participation in this research is voluntary. The choice that you make will have no bearing on your job. You may change your mind later and stop participating even if you agreed earlier.

Any information that you will provide will be treated with utmost confidentiality. Names will not be used instead you will be given a code. The entire interview will be tape-recorded. The information recorded is confidential and no one will be identified by name as codes will be used. The information will be kept in a lockable cabinet accessed by the researcher only. This information will be destroyed soon after completion of the master's program.

There will be no direct benefit to you, but your participation is likely to help us have an understanding of the midwifery leader's perceptions that will help to promote

the smooth transition of newly qualified nurse-midwives. Furthermore, the study does not have any foreseeable physical harm (risk); however, in case of any emotional or psychological harm, you may forward your complaints to the researcher for counselling or any appropriate action.

You may also wish to know that College of Medicine Research and Ethical Committee have approved this study. So if you have any complaint regarding violation of your rights during the course of the study or any ethical concerns, please contact:

The Chairperson, COMREC Secretariat, Private bag 360, Blantyre 3

Telephone: 01 87 1911

If you have any question or need clarification on this study, please contact:

The Researcher: Mathews Brave Mtegha, Kamuzu College of Nursing, Blantyre Campus, Post Office Box 415, Blantyre.

Email: mtegha2017matthews@kcn.unima.mw

Cell: +265 881 124 010 or +265 991 494 279

OR

The Research Supervisor: Dr. Elizabeth Chodzaza, Kamuzu College of Nursing, Blantyre Campus, Post Office Box 415, Blantyre.

Email: echodzaza@kcn.unima.mw Cell: +265(888) 333 891

Appendix C: Certificate of Consent

Study Tittle: Transition Experiences of Newly Qualified Nurse-Midwives Working in Selected Midwifery Settings in Northern Malawi

Investigator: Mathews Brave Mtegha

Participant statement

I have been invited to participate in research about the transition experiences of newly qualified nurse-midwives from training to practice.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study

Participants Name: _____

Participants Signature: _____ Date: _____

Researchers Signature: _____ Date: _____

Appendix D: Interview Guide for Newly Qualified Nurse-midwives

Participant code: _____ Date: _____

DEMOGRAPHIC DATA

(Tick in the appropriate box)

Age group

20 – 25 ☐

26 – 30 ☐

31 – 35 ☐

36 – 40 ☐

41 - 45 ☐

Gender Male ☐ Female ☐

What is your personal qualification?

NMT ☐ RNM ☐ RM ☐

How long have you worked in maternity?

INTERVIEW QUESTIONS

1. What was your experience like in the first few months as a new graduate?

   Or what has been your experience in maternity as a new graduate?

   a. What were the challenges?

   b. What were the successes?

2. Describe the orientation process you experienced when you started as a newly qualified midwife?

   a. Who oriented you?

   b. How long was the orientation?

    c. Were you under any program (internship, mentorship, preceptorship or any other)

3. How prepared were you to take up the role of qualified midwife?
    a. What does being well prepare mean to you?
    b. What do you mean by saying you were not well prepared?
    c. Do you feel you had the confidence and competence needed to take up the role?
    d. What does being confidence or having competence mean to you?
4. What type of support is provided to you in the ward?
    a. Elaborate more
5. What type of support structures are in place that supports you?
    a. Describe each structure
    b. Which one do you find helpful? And why?
6. What factors facilitated influenced your transition from student to professional role?
7. What factors impeded/affected your transition process?
8. Have you ever considered leaving the midwifery profession?
    a. If yes, Why?
    b. If no, Why?
9. Describe factors that can assist to have a successful transition from student to qualified midwife?

Appendix E: Interview Guide for Key Informants

Participant code: _____ Date: _____

1. Demographic data

   Age group

   25 – 30 ☐

   31 – 35 ☐

   36 – 40 ☐

   41 – 45 ☐

   Above 46 ☐

   What is your age in years?

   What is your personal qualification?

   INTERVIEW QUESTIONS

2. How long have you worked in maternity?
3. Describe the orientation process you provide to new nurse-midwives?
4. What is your opinion on new nurse-midwives preparedness to take up the role of a qualified midwife?
5. Describe strategies you have in place to support newly qualified nurse-midwives transition from training to practice?
6. Which strategies can you recommend and why?
7. What factors facilitate new nurse-midwives transition?
8. What do you think are the barriers to successful transition?
9. What factors if available would have helped promote the transition process?
10. What is your general comment in regards to new graduates transition to practice?

Appendix F: Confirmation of Ethical Approval from COMREC

CERTIFICATE OF ETHICS APPROVAL

This is to certify that the College of Medicine Research and Ethics Committee (COMREC) has reviewed and approved a study entitled:

P.04/19/2647 - Exploring the Transition of Newly Qualified Midwifery Graduates from Training to Practice in Selected Hospitals in Northern Malawi. Version 2 dated 8 May 2019 by Mathews Brave Mtegha

On 10-May-19

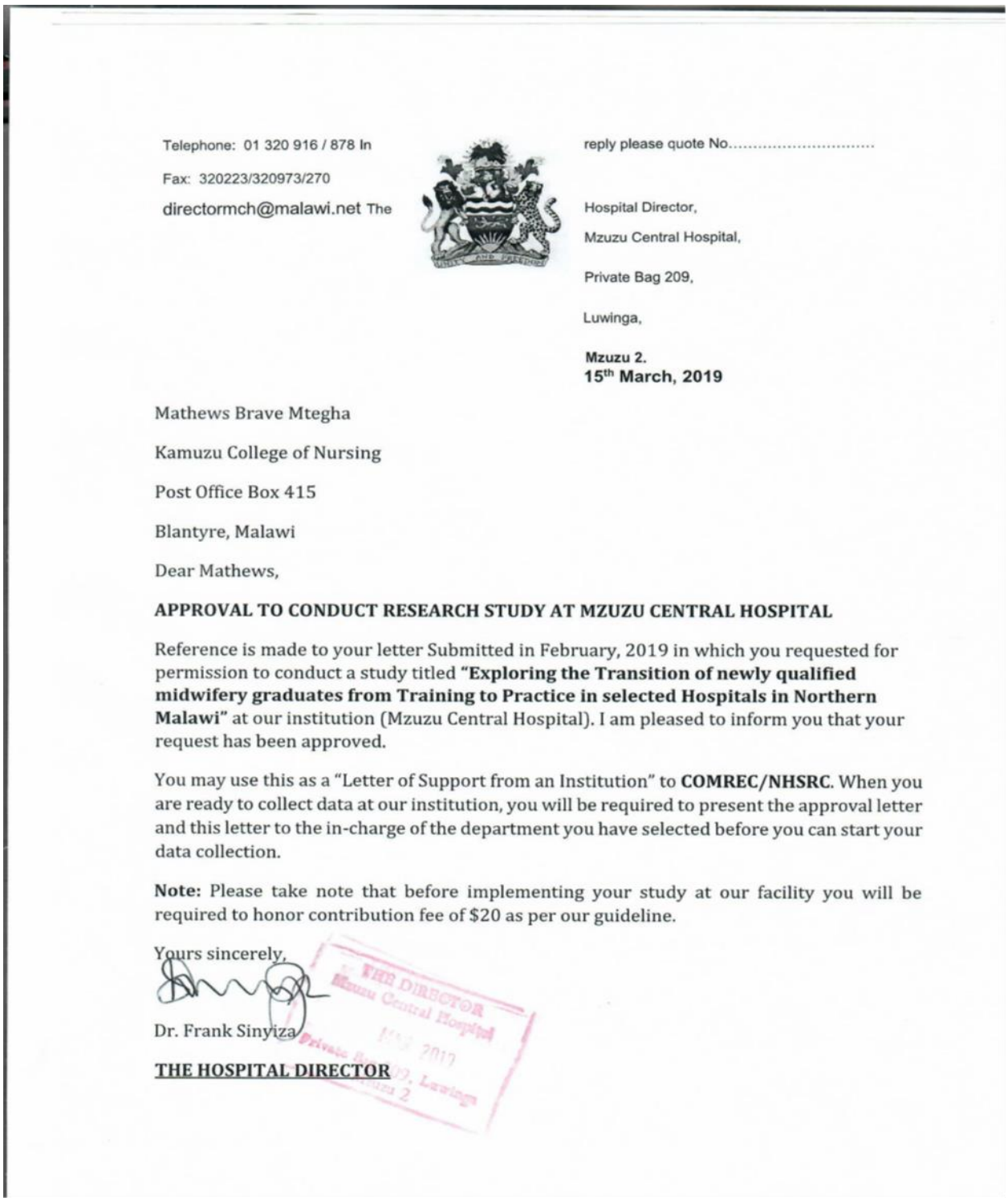
As you proceed with the implementation of your study, we would like you to adhere to international ethical guidelines, national guidelines and all requirements by COMREC some of which are indicated on the next page for your study

Approved by College of Medicine 12-May-2019 (COMREC) Research and Ethics Committee

10-May-19

Dr. YE. Mlombe - Chairperson (COMREC)

Appendix G: Authorization letter from Mzuzu Central Hospital



Telephone: 01 320 916 / 878 In
Fax: 320223/320973/270
directormch@malawi.net The

reply please quote No.....

Hospital Director,
Mzuzu Central Hospital,
Private Bag 209,
Luwinga,
Mzuzu 2.
15th March, 2019

Mathews Brave Mtegha
Kamuzu College of Nursing
Post Office Box 415
Blantyre, Malawi

Dear Mathews,

APPROVAL TO CONDUCT RESEARCH STUDY AT MZUZU CENTRAL HOSPITAL

Reference is made to your letter Submitted in February, 2019 in which you requested for permission to conduct a study titled **"Exploring the Transition of newly qualified midwifery graduates from Training to Practice in selected Hospitals in Northern Malawi"** at our institution (Mzuzu Central Hospital). I am pleased to inform you that your request has been approved.

You may use this as a "Letter of Support from an Institution" to **COMREC/NHSRC**. When you are ready to collect data at our institution, you will be required to present the approval letter and this letter to the in-charge of the department you have selected before you can start your data collection.

Note: Please take note that before implementing your study at our facility you will be required to honor contribution fee of $20 as per our guideline.

Yours sincerely,

THE DIRECTOR
Mzuzu Central Hospital
2019
Private Bag 209, Luwinga
Mzuzu 2

Dr. Frank Sinyiza

THE HOSPITAL DIRECTOR

Appendix H: Authorization Letter from Mzimba South District Hospital

University of Malawi

Kamuzu College of Nursing

Post Office Box 415

Blantyre

25th February, 2019

The District Health Officer

Mzimba District Hospital

Post Office Box 131

MZIMBA

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I write to seek permission to conduct a research study at Mzimba District Hospital Obstetrics and Gynaecology department. I am a student perusing Master of Science degree in Midwifery at Kamuzu College of Nursing a constituent college of University of Malawi. In partial fulfilment for the degree, I am required to complete a research project related to midwifery practice. In this regard, I intend to conduct a research study entitled "**Exploring the Transition of Newly Qualified Midwifery Graduates from Training to Practice in Selected Hospitals in Northern Malawi"**

I will conduct in-depth interviews and focus group discussion on newly qualified midwifery graduates who have been in the ward for more than six months and less than two years. I will also conduct in-depth interviews on midwifery leaders thus, the ward in charge and the unit matron of the maternity department and the district nursing officer. The results of the study will help in development of interventions to support a smooth transition of new graduate midwives from training to practice

Enclosed to the letter is the research proposal

Your approval to conduct this study will be greatly appreciated. You may contact me at my email address mtegha2017matthews@kcn.unima.mw or mteghamathews3@gmail.com or mobile number 0881 124 010/0991 494 279. Should your office grant my request, kindly respond on a signed letter headed page because I will use this evidence to seek ethical approval from College of Medicine Research Ethical Committee (COMREC).

Yours Faithfully,

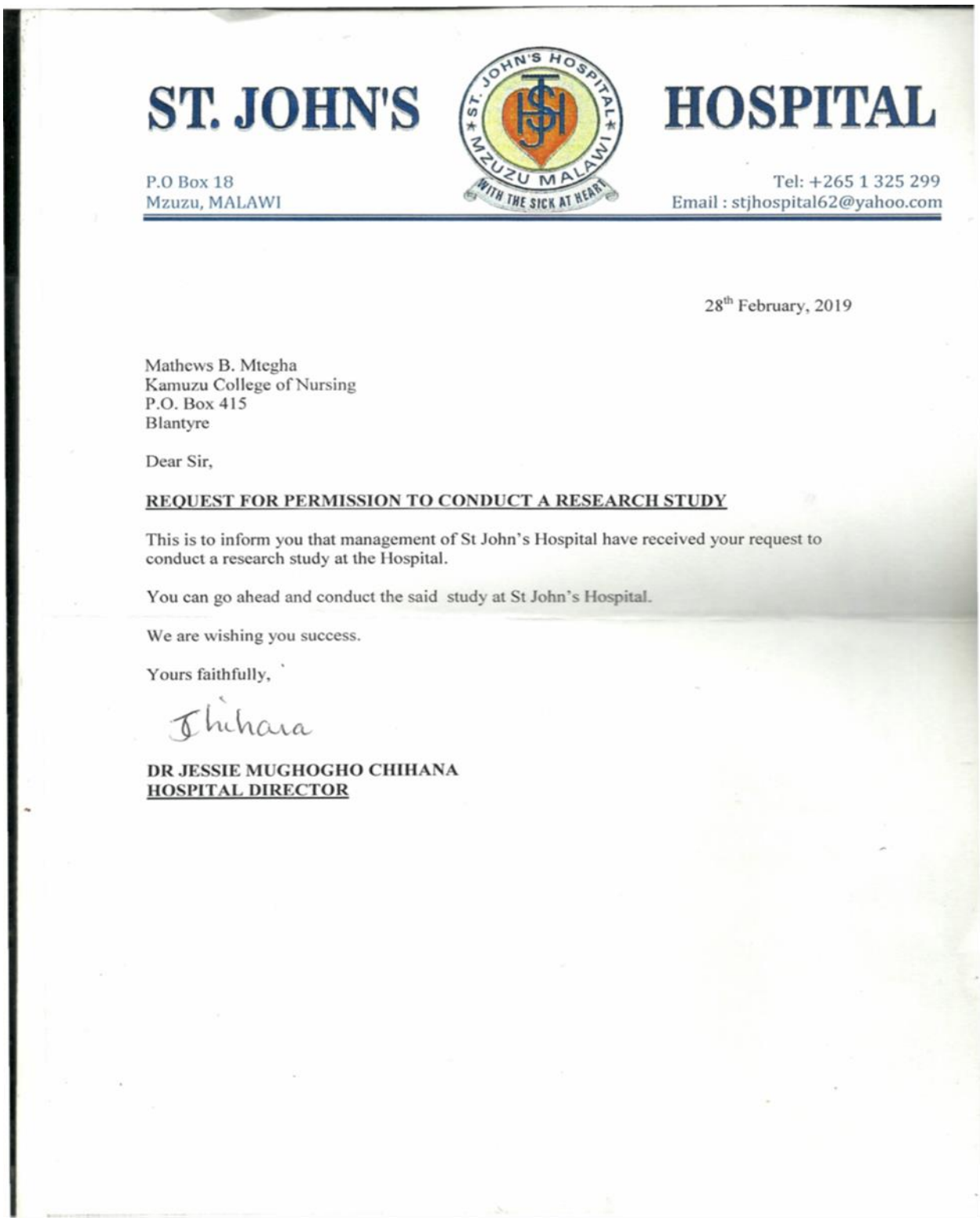
Mathews Brave Mtegha

I approve Mathews Mtegha to Conduct a Study at Mzimba District hospital

Dr Prince Chirwa
District medical officer
0995584957

DISTRICT MEDICAL OFFICER (S)
26 FEB 2019
P.O. BOX 131 • MZIMBA

Appendix I: Authorization Letter from St John's Hospital



ST. JOHN'S HOSPITAL

P.O Box 18
Mzuzu, MALAWI

Tel: +265 1 325 299
Email : stjhospital62@yahoo.com

28th February, 2019

Mathews B. Mtegha
Kamuzu College of Nursing
P.O. Box 415
Blantyre

Dear Sir,

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

This is to inform you that management of St John's Hospital have received your request to conduct a research study at the Hospital.

You can go ahead and conduct the said study at St John's Hospital.

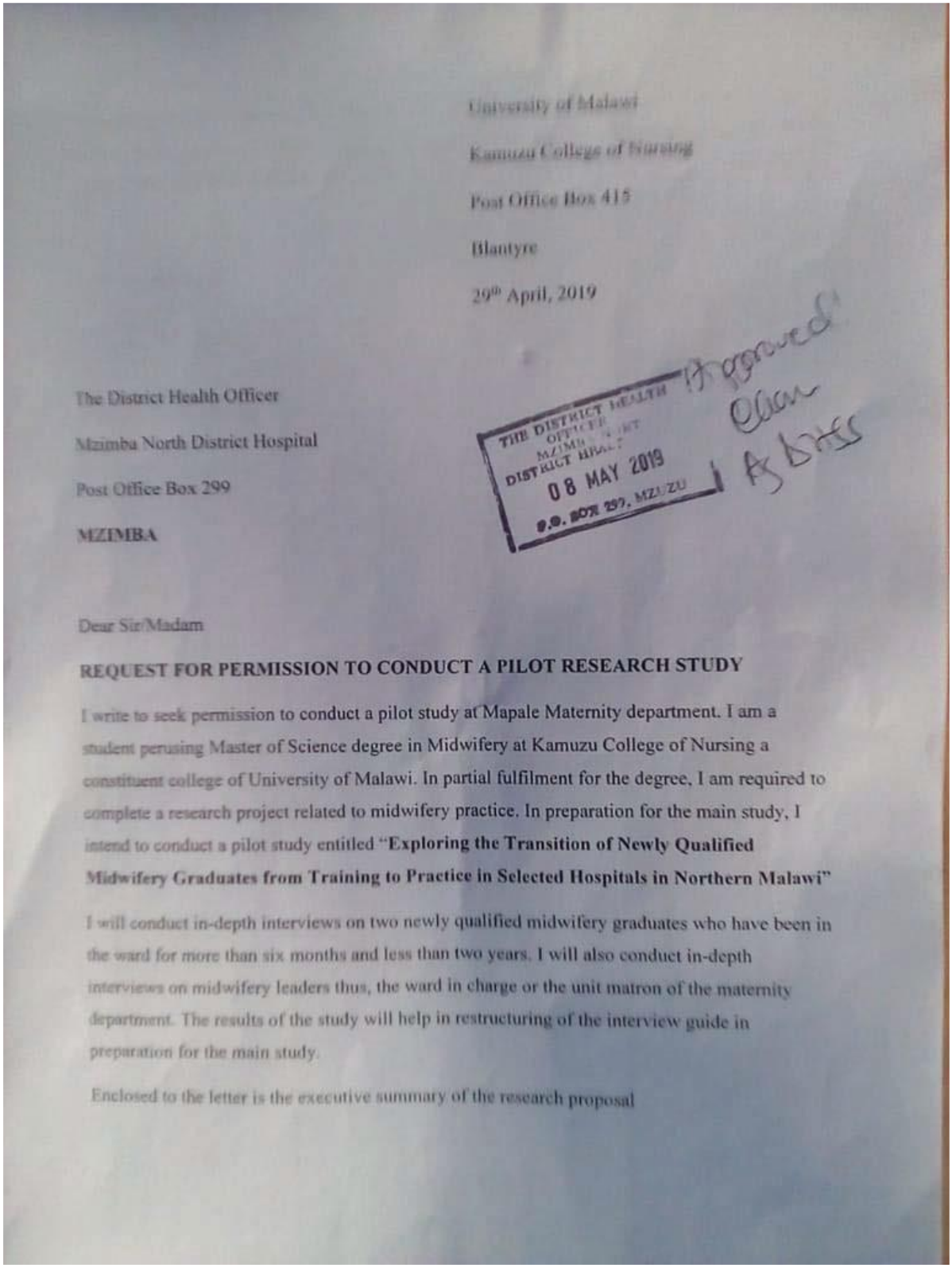
We are wishing you success.

Yours faithfully,

Chihana

DR JESSIE MUGHOGHO CHIHANA
HOSPITAL DIRECTOR

Appendix J: Authorization Letter from Mzimba North District Hospital



University of Malawi

Kamuzu College of Nursing

Post Office Box 415

Blantyre

29th April, 2019

Approved
Allan
AS DHE

THE DISTRICT HEALTH OFFICER
MZIMBA NORTH
DISTRICT HEALTH
08 MAY 2019
P.O. BOX 297, MZUZU

The District Health Officer

Mzimba North District Hospital

Post Office Box 299

MZIMBA

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT A PILOT RESEARCH STUDY

I write to seek permission to conduct a pilot study at Mapale Maternity department. I am a student perusing Master of Science degree in Midwifery at Kamuzu College of Nursing a constituent college of University of Malawi. In partial fulfilment for the degree, I am required to complete a research project related to midwifery practice. In preparation for the main study, I intend to conduct a pilot study entitled "**Exploring the Transition of Newly Qualified Midwifery Graduates from Training to Practice in Selected Hospitals in Northern Malawi**"

I will conduct in-depth interviews on two newly qualified midwifery graduates who have been in the ward for more than six months and less than two years. I will also conduct in-depth interviews on midwifery leaders thus, the ward in charge or the unit matron of the maternity department. The results of the study will help in restructuring of the interview guide in preparation for the main study.

Enclosed to the letter is the executive summary of the research proposal

Your approval to conduct this pilot study will be greatly appreciated. You may contact me at my email address mtegha2017matthews@kcn.unima.mw or mteghamathews3@gmail.com or mobile number **0881 124 010/ 0991 494 279.**

Yours Faithfully.

Mathews Brave Mtegha

Appendix K: Themes and Codes

MAIN THEMES	SUB-THEMES	CODES
Clinical Support: Enhancing the Transition Experiences	Orientation on entry to practice	Orientation on policy and professional documents
		All wards orientation for familiarization
		Orientation on ward routines
	Support strategies tailored for newly qualified	Informal mentorship
		Peer pairing
		Continuous professional development (CPDs)
		In-service training
	Reassurance, encouragement and guidance	You can do it
		You will manage
		We are here for you
		Friendly environment reduces stress
		The path is the same
	Availability of reference materials	Protocols are pasted in delivery rooms
		Management guidelines were present
		Procedure manuals are available
		We refer to RH standards
		Pre-service Knowledge

Knowledge and Personal Positive Attitude: Enhancing the Transition Experiences	Knowledge base of graduates	Engagement with experienced staff enhanced knowledge
		Reading enhanced knowledge and skill
	Courage, determination and self-motivation	Courage and determination is key
		Knowing the norms and the system
		Rooming in
		Positive attitude
	Passion for the profession	It's a calling
		I love the profession
Practice Reality Challenges	Theory practice gap	Difficult to blend in
		Unrealistic expectations of self
		changes in management guidelines
		Lack of preparedness
	Lack of confidence and skills	With knowledge without skill
		Do not want to take lead
		More time of theory than skill
	Inadequate support	Lack of formal transition programs
		Inadequate mentors
		Transitioning in a hard way

	Workload	Heavy patient workload
	Shortage of material resources	No basic resources
		We improvise
	Delay in recruitment	Took long to be recruited
	Blame culture	Mentality of I know it all
		The mind of am the in charge
		Competing for positions
		Unwilling to support
		Not giving room to mentor
		We are underrated