

Mixed Methods Study on Healthcare Worker Perception of Training in Rural Ghana Mohamed Elrais₁, Rohit Mukherjee_{1.2}, Jersey Chen₁, Justin Benon₁, Hana S. Thomas_{2.3}, Sneha Patel₂, Karl Reis₄, Dr. Ayaga Bawah₅, Dr.

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Introduction

- The World Health Organization (WHO) estimates there to be a shortage of 15 million healthcare workers by 2023.
- Ghana implemented the Acute Care and Emergency Referral Systems (ACERS) project which provided in-service training, tele-mentoring, and supportive supervision for health workers in Ghana to strengthen provision of basic and comprehensive emergency obstetric and newborn care (EmONC).
- This study assessed the healthcare workers perceptions of these quality improvement interventions for delivery of EmONC in two rural districts in Ghana: Nkwanta South and Gushegu.

Materials and Methods

- This study utilizes a concurrent nested triangulation method wherein both quantitative and qualitative data collection were carried out simultaneously and analysis was performed concurrently to cross-validate and corroborate study findings.
- The primary method used in this study consists of semi-structured interviews of health workers (qualitative) to assess GHS health worker experiences of existing EmONC training, supportive supervision and tele-mentoring activities.
- The focus of the embedded quantitative component is to find linkages between what health workers reported and the types, distribution and frequency of in-service EmONC training, supportive supervision and telementoring activities to determine specific gaps in these human resource domains.
- Quantitative and qualitative baseline data were collected electronically using a data collection questionnaire by trained data collectors from the Regional Institute of Population Health Sciences (RIPS) at all public health facilities within the project catchment area in December 2020. This included three district hospitals, four health centers and 48 CHPS facilities of which 32 were functional CHPS facilities.
- The health worker survey data was imported into STATA version 11 & cleaned. Quantitative analysis was carried out using STATA version 11. For the qualitative component of the study, interview transcripts were imported into NVIVO version 12. An iterative process of inductive and deductive coding was used to evaluate the study's key research objectives





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Results

- In-depth qualitative interviews conducted with 17 healthcare workers providing EmONC services in 6 communities in Ghana's Northern and Oti regions.
- Surveys also administered to 97 healthcare workers across 38 facilities.
- Overall healthcare workers in the ACERS program highly valued EmONC inservice trainings, supportive supervision, and tele-mentoring.
- Workers felt that ACERS could help improve both quality and access to care. However, it was found that training content was inadequate and that training sessions were infrequent:
- Less that 50% of facilities had in-service EmONC trainings in the last 12 months.
- Only 15% of workers attended a tele-mentoring session.
- Only 40% of workers ever participated in a supportive supervision session

Fig 1. Facilities providing training in obstetric signal functions in the last 12 months





- care.







Conclusion

• There is an ever-growing demand for healthcare workers in LMIC's.

In Ghana, ACERS serves as a starting point to increase access and quality of

Currently, the program is insufficient in providing the proper training to all it's healthcare workers that Ghana is training, but improvements can be made.

• Increasing healthcare worker access to technology and increasing the frequency of trainings can improve the quality of EmONC training throughout Ghana (Figure 3).

Digital innovation appears to be key in improving healthcare delivery and strengthening the healthcare workforce in Ghana and LMIC's.

Fig 3. Supportive Supervision & Tele-mentoring

Acknowledgements

• We thank the research participants for their willingness to participate in the study. We acknowledge the hard work and time devoted by the ACERS implementing team in Ghana. We thank the efforts of CRS and UG RIPS for an organized writing workshop to formulate this article. We extend our appreciation to the data collectors, our funders, and partners (shown below).









