



Impact of Mentorship on Knowledge and Self-Efficacy for Neonatal Resuscitation in Rwandan Nurses and Midwives



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Our findings suggest that mentorship can be used to increase the nurses and midwives' knowledge and self-efficacy about neonatal resuscitation.

Introduction

- In 2016, the World Health Organization (WHO, 2017) report shows that newborns accounted for 46% of all deaths among children under five. Although, the same report acknowledges a decline of deaths among the children under five years, the proportion of newborn deaths increased from 41% to 46%.
- Several reports show neonates deaths as a global challenge, particularly in countries where birth attendants have lower education, less resuscitation skills and limited resources (Bee, Shiroor, & Hill, 2018; Murila, Obimbo & Musoke, 2012).
- Mentorship is thought as one of the strategies that can contribute in neonatal mortality reduction through raising the knowledge and the self-efficacy of nurses and midwives about neonatal resuscitation.

Research hypothesis

Mentorship increases nurses and midwives' knowledge and self-efficacy about neonatal resuscitation.

Pre/posttest quasi-experimental design

Mentors

- Midwives with experience in maternity of district hospitals were refreshed about neonatal resuscitation before the mentorship for two weeks and started mentorship in health centers..

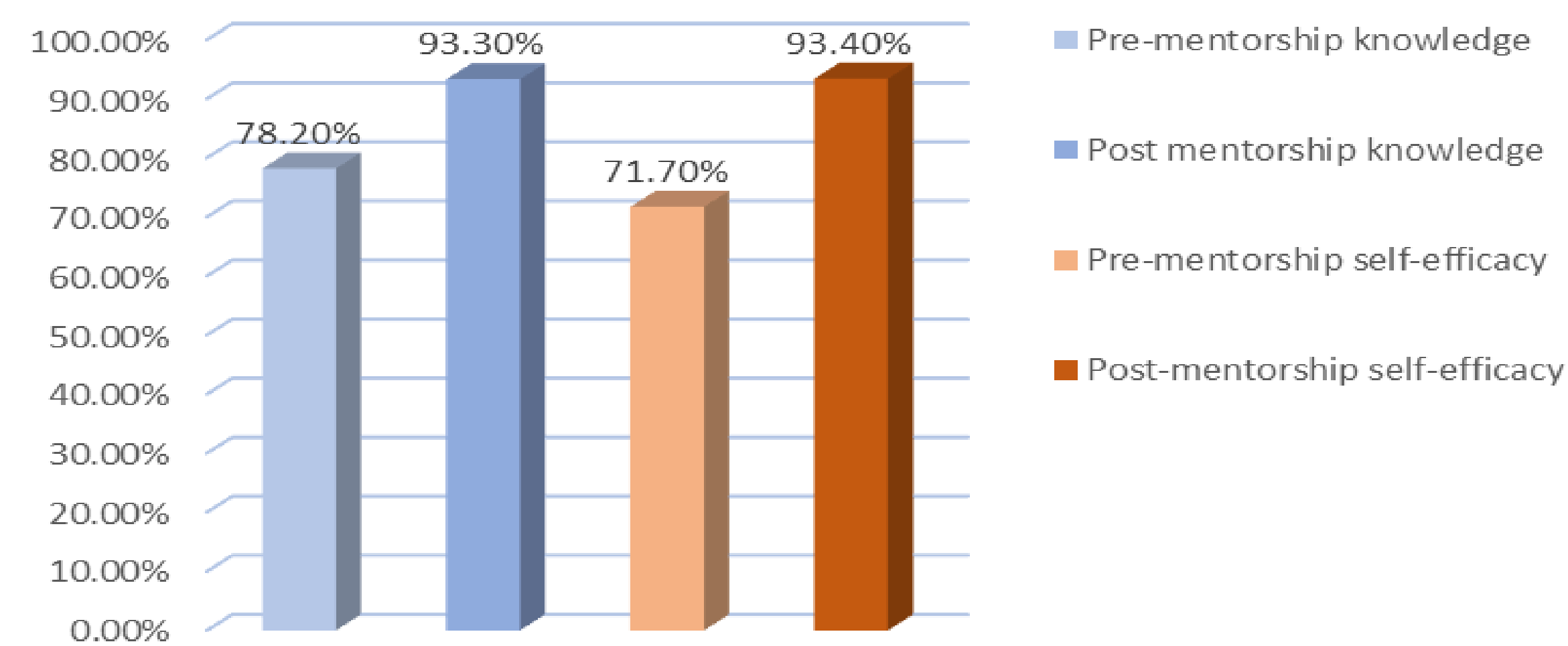
Mentees

- District hospitals and health centers' administrations agreed on a schedule of mentorship once a month and assigned at least 2 nurses or midwives to be present for mentorship.
- 141 mentees from 68 health centers of three districts of Gakenke, Rulindo, and Gicumbi participated in pre-mentorship assessment while only 123 participated in post-mentorship assessment.

Mentorship process

- The researcher assessed knowledge and self-efficacy of mentee before the mentorship and immediately after mentorship. The mentor visited her/his assigned health center once a month for the period of six months. At health center, mentor and mentee worked together on available case of neonatal resuscitation or discussed verbally the case management.

THE COMPARISON OF KNOWLEDGE AND SELF-EFFICACY BEFORE AND AFTER MENTORSHIP



The mean knowledge and self-efficacy increased: 78.21(SD=12.68) to 93.38(SD=8.37) $p<0.001$ and 7.17 (SD=0.85) to 9.34(SD=0.85) $p<0.001$ respectively.

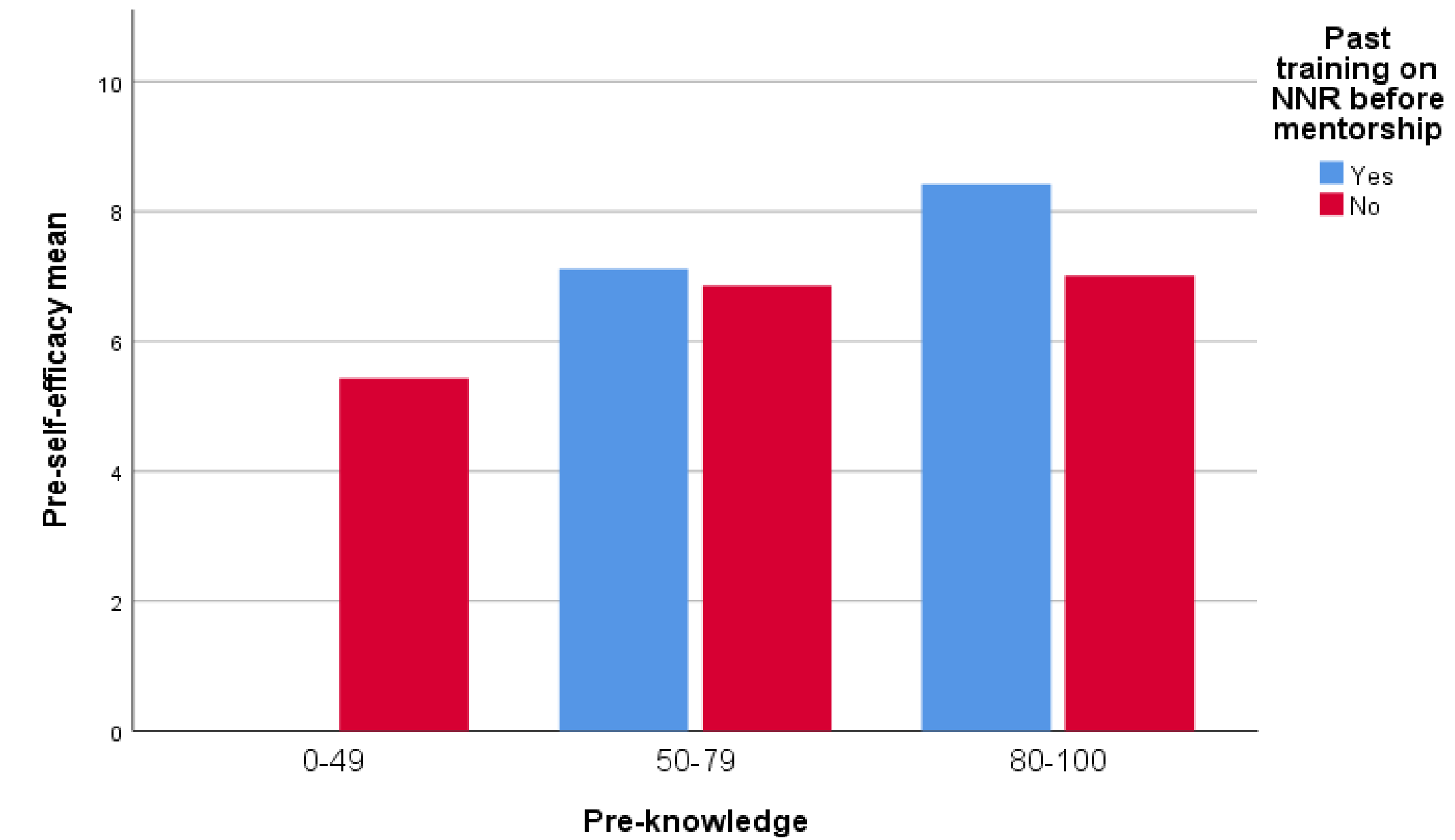
Conclusions

The study found that mentorship program significantly raised the knowledge and self-efficacy of nurses and midwives for neonatal resuscitation. Similarly, the study revealed the correlation of knowledge and self-efficacy in both pre-assessment and post assessment. Therefore, mentorship can be used for improvement of health care delivery services particularly in developing countries like Rwanda.

References

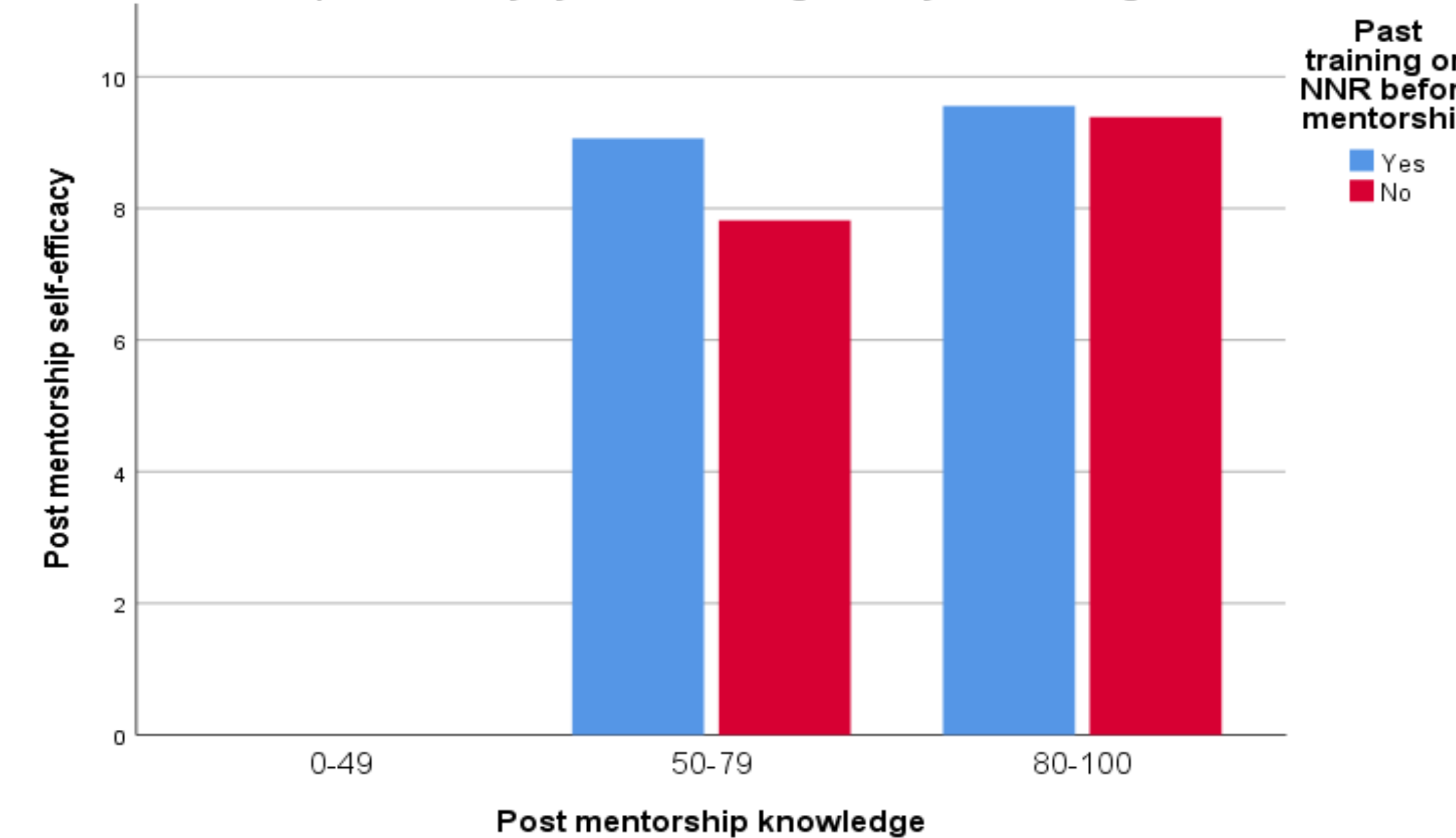
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Pre-Self-efficacy average by pre-knowledge and by past training before mentorship on neonatal resuscitation (NNR)



In Pre-mentorship, the knowledge and self-efficacy were higher to those who acknowledged to have had resuscitation training before mentorship ($p<0.001$).

Post mentorship self-efficacy by Post knowledge and by Past training on neonatal resuscitation (NNR)



Post mentorship, the knowledge and self-efficacy were not significantly different to those who acknowledged to have had resuscitation training before mentorship and those who did not.

