Inquiry: The University of Arkansas Undergraduate Research Journal

Volume 14  Article 10

Spring 2013

Orientation for Increased Volunteer Effectiveness with Midwives for Haiti

Kelly Toner
University of Arkansas, Fayetteville

Follow this and additional works at: http://scholarworks.uark.edu/inquiry

Part of the Nursing Midwifery Commons

Recommended Citation
Available at: http://scholarworks.uark.edu/inquiry/vol14/iss1/10

This Article is brought to you for free and open access by ScholarWorks@UARK. It has been accepted for inclusion in Inquiry: The University of Arkansas Undergraduate Research Journal by an authorized editor of ScholarWorks@UARK. For more information, please contact scholar@uark.edu, ccmiddle@uark.edu.
ORIENTATION FOR INCREASED VOLUNTEER EFFECTIVENESS WITH
MIDWIVES FOR HAITI

By Kelly Toner
Eleanor Mann School of Nursing

Faculty Advisor: Dr. Cara Osborne
Eleanor Mann School of Nursing

Abstract

This pilot study created a comprehensive orientation module to help Midwives for Haiti prepare volunteers to serve in the organization’s midwifery school in Haiti. The module was evaluated to assess its perceived effectiveness and revise it to better fit volunteer needs. The volunteers completed the module prior to their trip to Haiti and then completed an evaluation survey upon return; only three volunteers completed the entire pilot study process. Two out of three responded that the orientation fully prepared them for their time abroad. Other comments included the need for (a) additional emphasis on basic math and drip rate calculations, (b) information on how to be a good preceptor for students, and (c) a follow-up test after orientation that identifies gaps in knowledge learned. The revised module will be used to prepare future volunteers; the organization plans to continue to improve the module as they receive more feedback.

Orientation for Increased Volunteer Effectiveness with Midwives for Haiti

Complications during pregnancy, childbirth, and early infancy claim the lives of millions of mothers and newborn infants across the globe each year (United Nations Children’s Fund, 2009). The primary causes of complications include a lack of access to maternal education, medical check-ups, and skilled birth attendants. The unfortunate fact is that death from these complications is largely preventable; even more disturbing is that maternal infant mortality is increasing over time. In a country with the highest maternal infant mortality rate in the world, one organization strives to create change from within. Functioning on the premise that “change can occur one person at a time, and through the efforts of small groups of people who believe it can”, the non-profit organization called Midwives for Haiti utilizes education as one tool to create lasting change. Midwives for Haiti is designed to empower the Haitian people through “genuine partnership with those who desire change”. The vision is simple: to increase the number of skilled birth attendants and, subsequently, to decrease maternal infant mortality rates in Haiti. This vision is accomplished through the education and certification of Haitian skilled birth attendants.

Midwives for Haiti operates not only through donations (as other non-profits most often do), but more significantly with the help of its volunteers. American and European health professionals trained in midwifery work alongside Haitian students as mentors and teachers, thereby greatly improving Haitian student education and training opportunities and making the vision of Midwives for Haiti a reality. Their greatest impact on the students arises not only from their instruction but also from modeling the attributes of a good caregiver.

An organization that depends so greatly upon volunteers requires a thorough orientation process. The comprehensive Midwives for Haiti volunteer orientation program provides vital
ELEANOR MANN SCHOOL OF NURSING: Kelly Toner

information to help volunteers overcome obstacles such as limited resources, cultural differences in patient care, substandard medical facilities, and lack of knowledge regarding volunteer roles.

The goal of this research study was to develop an online orientation module to aid Midwives for Haiti in preparing volunteers to be fully effective teachers, mentors, and participants in the vision of hope for the mothers and infants of Haiti. The results of the study have been and will continue to be used to modify the created module as a continuous quality improvement effort. The orientation module continues to be used by Midwives for Haiti to prepare subsequent teams of volunteers as they prepare for their work abroad with the organization.

Literature Review

Introduction to Maternal and Infant Mortality

Maternal infant mortality is a global health issue that has gained increased attention in recent years. Despite the increasing focus of world health initiatives on maternal newborn child health, the maternal infant mortality rates continue to increase. According to the World Health Organization (2005), more than 10 million children and 500,000 mothers die every year, mostly from preventable causes. Maternal deaths between ages 15-49 tend to be underreported in developing countries, thus the number of deaths may be much higher than estimated. Between 2000 and 2007, it was estimated that over 70 million mothers and their newborn infants died due to a lack of basic care related to maternal, newborn, and child health (Songane, 2007). The World Health Organization (WHO) notes that “Seventy million mothers and their newborn babies, as well as countless children, are excluded from the health care to which they are entitled [each year]” (Van Lerberghe, Manuel, Matthews, & Wolfheim, 2005).

The Millennium Development Goals (MDGs), created in 2000 by 189 countries within the United Nations, emphasize the universal desire to improve the health of mothers and children across the world by the year 2015. The director-general of the World Health Organization, Lee Jong-Wook, articulated the importance of improving maternal and newborn child health across the globe when he stated: “Mothers, the newborn and children represent the well-being of a society and its potential for the future. Their health needs cannot be left unmet without harming the whole of society” (Van Lerberghe et al., 2005, p. 3). WHO Director-General Lee Jong-Wook emphasizes public responsibility for creating public health programs all over the world that work together to provide continuous care and universal access to care from pregnancy to childhood in order to meet the MCGs. In response, many countries have increased initiatives to provide adequate maternal and newborn child healthcare; however, for countries that have experienced economic, political, or natural disaster, progress is moving slowly or not at all. In response to the disparity between the initiatives of different countries, Van Lerbergh and colleagues note:

“[…] placing maternal and newborn child health at the core of the drive for universal access provides a platform for building sustainable health systems where existing structures are weak or fragile. Even where the MDGs will not be fully achieved by 2015, moving towards universal access has the potential to transform the lives of millions for decades to come” (2005, p. 4).

One of the major problems in maternal and newborn child health globally and one of the leading factors of maternal and infant mortality stems from a lack of appropriate care at the time of birth. Of the 136 million births in the world annually, only a small percentage is attended by a trained healthcare provider. The problem is likely to increase in the near future as many nations’ populations, especially where childbirth is most dangerous, consist mostly of teenagers who will soon be entering their reproductive years (UNICEF, 1997; Pan American Health Organization,
Researchers (Van Lerberghe et al., 2005) with The World Health Organization recommend that “for optimum safety, every woman, without exception, needs professional skilled care when giving birth, in an appropriate environment that is close to where she lives and respects her birthing culture” (p. 6). The appropriate skilled professionals include midwives or other healthcare workers trained in midwifery, which the World Health Organization has termed skilled birth attendants. In order to reach this goal worldwide, an additional 334,000 midwives and skilled birth attendants need to be trained in the next 10 years.

Maternal and infant mortality in Haiti

The problems of maternal and newborn child health demonstrated by the global community as a whole are especially prevalent in Haiti, where the third leading cause of death among adults aged 20-59 is maternal mortality (Pan American Health Organization, 2009). Haiti is a country plagued by political, economic and social problems as well as natural disasters; these issues greatly affect the health of the country’s citizens. Politically, Haiti has been in a cycle of instability since an invasion by the Spaniards and French in 1492 and 1697, respectively. In 1804, almost one million slaves revolted to become the first black republic to declare independence. In 2004 an armed rebellion forced the resignation and exile of President Jean-Bertrand Aristide; since then an interim government under the United Nations Stabilization Mission in Haiti has been in place, and Haiti finally democratically elected a president and parliament in 2006 (Central Intelligence Agency, 2010). However, the instability of the political climate has spread to healthcare, leading to a currently weak system that is incapable of handling the strains of the Haitian community’s poor health.

One of the main social issues affecting Haitians is poverty. According to the Central Intelligence Agency (2010) and the Pan American Health Organization (2009), Haiti is the poorest country in the Western Hemisphere. For example, over 80% of the population has household incomes under the poverty line with 54% of individuals living in abject poverty. Most Haitians depend on agriculture as the primary source of income; this makes the country vulnerable to damage from natural disasters that occur frequently due to the country’s extensive deforestation. In addition, the 7.0 earthquake in January 2010 caused extreme difficulties not only economically, but also placed an intense strain on the already weak healthcare system. Difficulties finding clean water and a cholera outbreak provide just a few examples of the serious health issues brought about by the earthquake (Center for Disease Control and Prevention, 2010).

Haiti has the highest death rate in the world with 32.31 deaths (per 1,000) annually and an average life expectancy of 54.4 years (52.8 for men and 56 years for women). Primary causes of death for Haitian women include infectious diseases, cardiovascular illness, external causes such as accidents and injuries, and maternal causes respectively (Pan American Health Organization, 2009). Maternal mortality increased by 15% from 1995 to 2000 and is currently at a rate of 680 per 100,000 live births. The increase in infant mortality in recent years may be the result of a myriad of social issues including low socioeconomic status, lack of access to medical health care prenatally and at the time of birth, limited resources for family planning, unavailability of clean water, and high rates of malnutrition (Prins, Kone, Nolan, & Thatte, 2008).

The infant mortality rate in Haiti is extremely high, with 77.26 deaths per 1,000 live births. Infant mortality rates are often used to demonstrate the health of a country; as such it places Haiti at the 18th highest infant mortality rate in the world (Central Intelligence Agency, 2010). It is important to note that since certification of deaths has not historically been a cultural norm in Haiti, these statistics represent only 10% of all deaths in this country. In fact, it was not
until 1997 that the Ministry of Public Health and Population and the Pan American Health Organization began promoting the certification of deaths for data collection purposes (Pan American Health Organization, 2009).

The number of pregnant women receiving care in Haiti is astonishing, with 79% receiving antenatal care only once before childbirth and 42% receiving antenatal care four or more times before childbirth. Teenage pregnancies account for over eight percent of the total births in Haiti; the number of teenage mother births per 1,000 in 2000 was 68.3, which is 31 percent above the regional average (Justesen & Verner, 2007, p. 26). Many Haitians (40%) are under 15 years old and will soon be entering their reproductive years, thereby increasing the need for midwives to attend births (Van Lerberghe et al., 2005; Pan American Health Organization, 2009).

Researchers at WHO suggest that in order to “achieve the full life-saving potential that [antenatal care] promises for women and babies, four visits providing essential evidence based interventions […] are required” (Lincetto, Mothenbesane-Ahoh, Gomez, & Munjanja, 2006, p. 51). Key aspects of antenatal care visits include the identification and management of complications or infections and education and encouragement regarding healthy practices such as breastfeeding and the need for a skilled birth attendant at birth. Yet only 29% of births are attended by skilled professionals in Haiti and only 18% of births occur in hospital facilities. The fact that 64% of the Haitian population lives in rural areas with limited access to healthcare plays a significant role in the number of births occurring in healthcare facilities.

**Midwives for Haiti – Organization**

Midwives for Haiti is a non-profit organization dedicated to increasing the number of skilled birth attendants in order to provide life-saving support, education, and care during pregnancy and childbirth. The mission, which is to educate Haitian midwives who will “provide prenatal care and skilled birth assistance to their fellow Haitian sisters”, embodies hope and change in a nation plagued by the highest infant and maternal mortality rate in the western hemisphere (Midwives for Haiti, 2010).

Midwives for Haiti was founded on the belief that “every woman in this world deserves the knowledge and care to have a safe pregnancy and birth”. The founding certified nurse-midwives emphasize that “even women who cannot read and write are teachable”. Instruction occurs in Creole, and currently there are only two full time instructors; fortunately students who have graduated from the Midwives for Haiti program are now becoming the program’s instructors and primary preceptors. In order to operate, the organization relies on monetary contributions, donations of medical supplies and medicines, and volunteer support. The volunteers, American and European health professionals trained in the skills of midwifery, work as mentors and teachers to the Haitian students for several weeks at a time. During their stay, the volunteers not only teach in the classroom setting but they also provide extra clinical teaching time in the hospitals. Other volunteer opportunities include serving as midwives with Haitian medical teams that perform deliveries, primary care, education, and prenatal care in local hospitals and mobile clinics (Midwives for Haiti, 2010).

Increasing the number of skilled birth attendants in Haiti is not achieved through education and mentorship alone. The Midwives for Haiti organization pays the salaries of most of their graduates since the non-profit organizations and local hospitals most desperate for their services cannot afford to hire them (Midwives for Haiti, 2010). Through donations and the efforts of volunteers who travel to Haiti in hopes of improve healthcare services in the country, Midwives for Haiti is paving the way to a sustainable improvement in the number of skilled
Haitian birth attendants; it is hoped that this will ultimately decrease the maternal infant mortality of a country plagued by preventable deaths.

**Volunteer Models**

The success of Midwives for Haiti depends upon the American and European health professional volunteers to aid in the advancement of Haitian midwifery student education. Since the organization relies so heavily upon volunteers, it is imperative to understand the cycle of the volunteer process. There are many volunteer models that have been examined over the years and that provide a framework for the entire volunteer process. The basic framework includes recruitment, selection, orientation, support, debriefing, and evaluation (Korngold, Voudouris & Griffiths, 2006; Sachdev et al., 2007). This research project focuses particularly on evaluating the orientation of volunteers, although each step of the volunteer process is important.

**Methodology**

The purpose of this study was to create, pilot, and evaluate the effectiveness of an orientation module for volunteers with Midwives for Haiti. The evaluation of the orientation and the orientation module itself is being utilized by Midwives for Haiti to improve their volunteer program and to equip their future volunteers for work with the organization in Haiti.

**Research Questions**

This project uses a mixed-method research design to ask the following quantitative and qualitative questions:

1. What is the perceived effectiveness of the Midwives 4 Haiti volunteer orientation module?
2. What information is currently lacking in the orientation materials the organization currently uses?
3. What areas of orientation were most important or significant to the participants after traveling to Haiti?

We created a module that would serve as an orientation for volunteers preparing to work abroad with Midwives for Haiti. To create the module, input was gathered from the Board of Executives of the organization and from Dr. Cara Osborne, an executive board member of the organization and an assistant professor at the University of Arkansas. The need for an orientation module was inspired and guided by the research of Barbara Floyd, doctoral candidate at Portland University, whose volunteer work with Midwives for Haiti in 2010 inspired her to remodel their volunteer program. The module was created with the explicit goal of adequately preparing volunteers for their experiences with patients in Haiti.

We developed our online orientation module by first reviewing current research about responsible volunteerism and volunteer models. We wanted to identify the most important items to include in an orientation, stress the importance of the orientation process within a volunteer program, including the necessary components of adequately orienting volunteers, and identify the best method of presenting the orientation to the volunteers. Information specific to the volunteer role with Midwives for Haiti was also gathered; this included logistics of travel, working with translators, developing the daily schedule, explaining the volunteer role, and understanding living and working conditions. There was much discussion about the volunteer role because the organization had grown in many ways, thereby creating a shift in volunteer duties and expectations. The orientation was completed by incorporating as much of the information available into an easily navigable online module.
After the module was completed, it was piloted with two groups of Midwives for Haiti volunteers. All of the volunteers traveled to Haiti during February and March of 2012. They were offered the opportunity to participate in the orientation module with the expectation that they would complete an evaluation of the module upon return from the trip. Participation in the study was voluntary. Those volunteers willing to participate in the study completed the module before their departure and upon return completed a survey evaluating its perceived effectiveness and other aspects of the module. To protect the privacy of the participants, names of volunteers were not recorded and evaluations were completed anonymously.

Data Analyses

Responses to the quantitative data were evaluated using descriptive analyses such as percentage and frequency distributions. Thematic analysis was used for the qualitative data to (a) depict themes found throughout participant responses, (b) identify participant suggestions, (c) note situations in which the volunteers participated that were aided by the orientation, (d) assess the perceived importance of the module, (e) gauge the most important sections of the module, (f) estimate the time necessary to complete the module, and (g) determine the general opinion of the module. The results are reported in the following section and have been utilized to assess the module for its effectiveness, strengths and areas needing improvement, and to make necessary revisions.

The survey is part of a continuous quality improvement effort by Midwives for Haiti to continue revising the module as the needs of their organization continue to grow and change. The survey will be submitted electronically to all volunteers from this point onward, and Midwives for Haiti will update and revise the module based on volunteer feedback and the specific needs of the organization.

Results

Due to the low volunteer volume in spring 2012, there were only three participants in this evaluation project. However, the Midwives for Haiti organization will continue to distribute the evaluation and process the results as part of a continuous quality improvement effort. The pilot study was still beneficial to the research because the participants provided insight into the strengths of and initial alterations needed in the module.

One of the primary goals of the survey was to determine the perceived effectiveness of the module. Two out of three of the participants responded that the module fully prepared them for their trip overseas with Midwives for Haiti. The participants ranked the effectiveness of the module in preparing them for their midwife volunteer activities at a 3, 4, and 5 on a scale of 1-5.

Another goal was to determine which sections of the module were perceived as most important or significant by the volunteers. The packing list, introduction to the mission of the Midwives for Haiti organization, and an explanation of the volunteer role sections of the module were ranked as the most helpful by the three participants. Information about the Haitian culture, what to expect in terms of accommodations, communication, and money, and differences in maternal and childbirth care sections were determined to be less helpful by the participants.

Another primary goal was to determine what the volunteers thought was lacking in the orientation module. Two out of three participants responded that the module took too long to complete. One respondent stated, “It is difficult to move through the sections, and this makes [the module] time consuming.” To navigate between sections, one must navigate back to the front page of the module each time, which could be perceived as an unnecessarily difficult transition. One participant stated they would like to see some sort of test or review at the end of the module to highlight key aspects of the orientation. One participant commented that the
volunteers were expected to be preceptors for the Haitian students, yet the module had led her to believe that they would only be acting as supporters for student learning. She suggested discussing the title and role of being a preceptor in the volunteer role section of the module. Another participant commented that the module should warn volunteers of the need to review basic medical mathematics before their volunteer experience. She commented, “prepare [health care professionals] for TOTAL inability to rely on modern technology, such as review of drip rates, sizes of tubing that calculate drip rates, etc.”

Discussion

Based on the results of the evaluation, the possibility of adding a test or a review of the most important aspects of the orientation is under consideration by the organization. The layout of the module is also under construction in order to make it easier to navigate from section to section without having to return to the front page each time. The sections that the participants determined were less helpful will be assessed for modifications and possible ways to make them more significant to the participants. For example, a description of the role of preceptor will be added to the section that discusses volunteer role. While the length of the module will be assessed, it is important to note that the informational detail of the module is deemed more important by researchers than its length. Finally, an emphasis on the unavailability of modern technology to calculate IV drip rates, medication administration, and other medical mathematics in addition to a review of these calculations will be added to the ‘what to expect’ section.

Midwives for Haiti will continue to distribute the module and evaluation to its volunteers as a continuous quality improvement project. The module will continue to be modified as the organization grows and changes. More research and evaluation are needed to determine the ultimate effectiveness of the module and to determine ways in which the module should be altered to better serve the volunteer population.

Limitations

The study is limited by the number of participants that responded to the survey. The purpose of this project was to create a comprehensive module and to administer a pilot study to examine its effectiveness. Therefore, collecting data from a larger number of participants would be suggested in the future in order to make generalizations about the effectiveness of the module.

Conclusion

The project was successful in creating and implementing an orientation module for Midwives for Haiti. The organization will benefit from more evaluations from future volunteers, and the module will continue to change as the needs of the organization change. The basic framework and information for the module was brought together, and the teamwork utilized in the process of creating the module has created a joint-ownership of the project that will benefit the organization as time progresses.
References


Appendix A

Midwives for Haiti Online Orientation Module

This orientation module is split into three goals:

1) Defining your role as a volunteer including what is expected of you, what activities you will be performing abroad, and a quick look at what your role is not.
2) Providing you with information on the logistics of your upcoming trip to Haiti
3) Presenting an overview of Haitian culture to prepare you for interactions with the Haitian people, medical system, and other aspects of your trip.

This whole orientation should take no more than 2 hours and is worth your undivided attention. Let’s get started!

**Directions:**

Please start at the beginning and move through the module in order. You should **avoid clicking on “Resources”** along the top navigation, but instead choose “Welcome” to access the module topic listing.

You will be asked to fill out a brief response at the end of each section. These responses will serve to verify that you have reviewed the information included in each section.

If you have any questions, please email Sarah Burl.

**Part 1: Midwives For Haiti Program Summary**

The following background will give you a summary of Midwives For Haiti’s work:

- **Program Overview**
- **Who’s Who**
The following background will give you a summary of Midwives For Haiti's work:

- **Program Overview**
- **Who's Who**
- **Training Program**
- **Our Graduates**
- **Mobile Clinic Program**
- **Future Vision**
- **Midwives For Haiti’s YouTube Channel**

To verify your completion of this portion of the module, please respond in the Program Overview Journal.

**Part 2: Trip Preparation**

Ready to start preparing for your trip? Here’s what you’ll need to do:
- Trip Preparation Checklist
- Important Documents Timeline

To verify your completion of this portion of the module, please provide a response to the Trip Preparation Journal.

(Remember that waiver that you read about in the Important Documents Timeline? Here it is: **Midwives For Haiti Release Waver**)

**Part 3: What to Expect**

It's time to learn a bit about what you can expect to encounter during your time in Hinche.
- Accommodations
- Transportation & Translators
- Communication
- Haitian Money
- Supplies Needed
- House in Hinche
- Other Service Opportunities

For some firsthand accounts of what to expect as a volunteer trip, check out our Volunteer Trip Journals.

To verify your completion of this portion of the module, please provide a response to the "What To Expect" Journal.

**Part 4: MPH Volunteer Role**

The role of a Midwives For Haiti volunteer has evolved along with the program. This section should prepare you for how you can contribute to Midwives For Haiti in Hinche.
- Volunteer Role
- Work and Schedule in Hinche
- Midwives For Haiti curriculum overview
- Midwives For Haiti topic outline, by week

To verify your completion of this portion of the module, please provide a response to the Volunteer Role Journal.

**Part 5: Volunteering in Haiti**

There are some things you should know before any volunteer trip to Haiti. This section provides you with helpful information on:
- Traveling in Haiti
- Working with Interpreters

In addition, please review Policy For Responsible Medical Volunteerism.

To verify your completion of this portion of the module, please provide a response to the Volunteering in Haiti Journal.

**Part 6: Haitian Culture**

At least a basic understanding of Haitian history and culture is essential to competent care in the country.
Reference:

Appendix B  Evaluation Questions

1. On a scale of 1-5, rate how prepared you were for your volunteer experience abroad with Midwives for Haiti after completing the orientation module.
   (1- not prepared at all; 5-fully prepared)

2. On a scale of 1-5, rate how effective you think the orientation module was in preparing you for your experience with Midwives for Haiti.
   (1-not effective at all; 5-extremely effective)

3. Rank the effectiveness of the individual sections of the module using numbers from 1-“most helpful section in the module” to 6- “least helpful section in the module”.
   ___ Introduction to Midwives for Haiti
   ___ Your job as a volunteer
   ___ Haitian culture
   ___ Differences in maternal and childbirth care
   ___ Packing list
   ___ What to expect

4. What did you think of the time necessary to complete the module? (Circle one)
   a. the module took far too much time to complete
   b. the module took an appropriate amount of time to complete
   c. the module took a short amount of time, and I wished there had been more material

5. Is there anything you think should be added to the orientation module in order to more fully prepare volunteers for their experiences in Haiti?

6. Is there anything that you think was unnecessarily included in the module that should be omitted in future versions of the module?

7. Any other comments or suggestions?