

“You will solve your problems” Cultivating Resilience Through Peer Support



Introduction

Midwives and nurses, immersed in the demanding task of delivering life-saving healthcare services within under-resourced health systems environments and limited support often grapple with stress, burnout, and secondary trauma [1,2]. While the mental toll faced by midwives and nurses is increasingly acknowledged, there has been comparatively less attention given to addressing their emotional well-being. It is now recognized that the emotional state of healthcare providers significantly influences the quality of care, particularly in maternal and newborn health contexts. In Mali, akin to other low- and middle-income countries, midwives/nurses play a pivotal role in delivering care. They operate within teams comprising physicians, consultants, and various medical and non-medical staff at healthcare facilities [3-6].



Club Courage Meeting in health facility with Group of Midwives from Bamako, Mali
Credit: Jhpiego-Mali Staff

Club Courage is an innovative, locally co-created, and straightforward peer-support approach that empowers midwives and nurses to openly discuss and collectively address stress, providing mutual support. Tested in Mali, the intervention centers around small group gatherings of 8-12 individuals in convenient locations, either at healthcare facilities or within the community, using a deck of cards to prompt discussions (refer to brief 1 of 2 for detailed information). The study explored the acceptability and perceived consequences of the CC intervention within six out of the eight district hospitals where CC sessions were actively ongoing in and around Bamako.

Methodology

The programmatic qualitative study delved into the perspectives of midwives and nurses regarding CC through in-depth interviews. Midwives and nurses who participated in a minimum of four CC sessions were purposefully selected for an interview. Twenty-four interviews conducted in either French or Bambara were audio-recorded, transcribed verbatim and translated into English. A cross-country interdisciplinary team used inductive and deductive coding and summary memo-writing to analyze the data.

Key Findings

In Mali, CC established a safe and comfortable environment for peer engagement, fostering shared learning, coping strategies, mutual support, and the cultivation of positive relationships.

*CC has strengthened [communication], because if a **colleague** hurts you, you communicate with her. That was not the case before - there was no communication.*

*We were so afraid of our **supervisors**, we did not know what to do when we had an issue...CC let us know that when we have a problem, we have to calm down, it will be ok, everything has its time. It built trust between us, and it took away the fear that existed between us. There is no barrier between us, when there is a problem, we discuss it.*

1. Virtually all midwives and nurses reported **increased confidence in recognizing and managing their mental and emotional well-being, attributing this positive change to their involvement with CC**. This newfound confidence extends to not only managing their own stress but also aiding colleagues in overcoming challenges, providing a sense of “peace of mind” and “self-confidence.” Coping strategies, as revealed by participants, encompassed a spectrum from listening to music and reading to activities such as walking, watching television, and simply taking quiet time for oneself.

2. All midwives/nurses in Mali noted that their engagement with CC has led to notable **improvement in the quality of communication with peer providers, supervisors, clients, and family members**. The observed shift is characterized by a move from limited conversation styles to more open sharing of information and dialogue. This serves to ease tensions, clarify care processes, and enhance personal relationships.

3. Midwives/nurses characterize CC sessions as light-hearted, easygoing, infused with laughter, and filled with engaging conversation, rendering it a lively **and interactive** peer-support club.

*When they [**clients**] come, we have to do our best so that they are satisfied...//...Now I give them enough time to talk, I was not doing that before. I was giving time to talk but the time was limited but now they explain their problems, I give them time to explain all.*

Conclusion:

Despite initial hesitation among some midwives/ nurses to speak up in group sessions, CC successfully established a safe and relaxed environment. This space facilitated the expression of stress, the learning of coping mechanisms, mutual support, the reinforcement of open communication channels, and the cultivation of a culture promoting enhanced emotional well-being. CC demonstrates promise as an enjoyable method to enhance provider mental health, with potential implications for service quality through improved care provision. Midwives and nurses in under-resourced health systems, such as those in Mali, highly embrace CC, perceiving positive consequences of CC, as a simple and transferable approach. CC holds the potential for seamless integration into programs and as an effective platform for building broader health worker resilience.

*It brought me closer to my **family**, it has built trust and peace with my family...//...in the past when I was back from work, I was angry and worried but now I go back home smiling, if there is an issue, we discuss about it, if they should help me with something they do it or if I need advice, they give that too.*

Recommendations:

Midwives/nurses: Sustain CC sessions within the facility or community to confidently address and process stress, enhance mutual support through improved communication, and continue peer-to-peer learning.

Facility managers, sub-national health management teams, civil society, implementers: Advocate for and support positive messaging around CC sessions to provide midwives a safe space and protected time for the meetings. This can contribute to enhancing care provision and fostering an emotionally supported health workforce.

Researchers: Consider further research into CC's impact on health workers and quality/experience of care using a broader range of research methods. Additionally, explore and test the approach among other types of health workers facing similar stressors

References and Footnotes:

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