



**IMPROVING THE QUALITY OF HEALTH TALKS GIVEN
BY NURSES AND MIDWIVES AT NSAMBE HEALTH
CENTER OUTPATIENT DEPARTMENT**

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ABSTRACT

Purpose of Study: This quality improvement (QI) project aimed to enhance the delivery of health talks at Nsambe Health Center's outpatient department by empowering nurses and midwives with skills to deliver consistent, relevant, and impactful health talks.

Methodology: A needs assessment identified gaps in health talk delivery, leading to the development of a health talk schedule and training for nurses and midwives. Key interventions included creating guidelines, training staff, and implementing monitoring tools for quality assurance. The project incorporated continuous quality improvement to sustain changes and track health talk delivery progress.

Result: The project achieved a significant improvement in health talk delivery, with the number of sessions increasing from 0% to 60%, surpassing the target of 50%. The success was attributed to structured scheduling, the increased use of IEC (Information, Education, and Communication) materials, and the active engagement of nurses and midwives. The implementation of a monitoring system helped ensure consistency and quality in delivery. Challenges such as inconsistent supervision were addressed by empowering facility leaders to sustain the changes.

Conclusion: The project showed that improving health talk delivery and training healthcare workers significantly enhances patient outcomes and informed decision-making.

Recommendation: To sustain the improvements, ongoing training and evaluation are recommended. Additionally, introducing new topics to maintain audience engagement and updating health talk materials regularly will help further enhance the quality and impact of the health talks. Continuing efforts to empower healthcare leaders to oversee and support these changes is crucial for long-term success.

Keywords: *Health Talks, Quality Improvement, Patient Education, Nurses, Midwives, Donabedian Model, Malawi.*

BACKGROUND

Nsambe Health Center's outpatient department serves as the entry point for all patients and clients, with health talks being a crucial service. However, current practices show that nurses and midwives conduct these talks inconsistently, without proper planning, and often cover content misaligned with the community's disease profile and needs. Observations during mentorship supervisions have further highlighted the irregular delivery of these health talks. This has led to poor planning and inadequate dissemination of essential health information. Understanding the pivotal role health talks play in promoting overall health outcomes has driven the initiation of this quality improvement (QI) project.

Malawi, a southeast African nation with an estimated population of 19.4 million, largely resides in rural areas. The life expectancy at birth is approximately 65 years for both sexes, and the GDP per capita is currently \$513, projected to rise by the end of 2023 (MOH, 2023). Partners in Health (PIH), known locally as Abwenzi Pa Za Umoyo, collaborates with the Ministry of Health to strengthen health systems across districts like Neno. Nsambe Health Centre, a primary care facility in Neno district, is supported by PIH, CHAM, and MOH through a Service Level Agreement (SLA). The center provides outpatient care, maternal and child health services, and serves a local catchment population of around 19,000 people.

The proposed QI project aims to address the inconsistencies in delivering health talks at the outpatient department and acknowledges their significance in improving community health. Ideally, health talks are meant to be provided daily by nurses and midwives, guided by Information, Education, and Communication (IEC) materials. Unfortunately, these materials are rarely utilized at the outpatient level, and no structured planning or scheduling of talks is in place. As a result, patients and clients often leave the facility without receiving

relevant health information after their care or treatment. The objective is to align the health talks with the disease profile of the Nsambe community and ensure their delivery is well-planned and routinely monitored through schedules and a set list of topics.

This project seeks to empower nurses and midwives with the necessary skills and knowledge to deliver consistent, relevant, comprehensive, and impactful health talks. It also aims to foster a culture of continuous improvement in health education, ultimately enhancing patient outcomes. The project underscores the need for systematic planning and scheduling of health talks, integrating them into routine care to better serve the health information needs of the community.

Problem Identification statement

Health talks delivery at Nsambe Health Centre outpatient department needs improvement. Current practice lacks structure, consistency, and up-to-date information, leading to suboptimal patient education and health outcomes. The absence of standardized guidelines, limited resources, and inadequate training on effective health talk delivery further contribute to the problem. Consequently, patients are not receiving comprehensive and reliable health information, preventing them from making well-informed decisions and actively participating in their own care. It is imperative to address these issues and implement a quality improvement project to improve the delivery of health talks, ensuring that nurses/midwives have the necessary knowledge, skills, and resources to effectively educate patients at the Nsambe health center outpatient department.

Aim

To increase number of health talks delivered by Nurses/Midwives at Nsambe health center outpatient department from 0% to 50% between October and May 2024.

Objectives

- i. To identify barriers faced by nurses/midwives that hinders delivery of health talks at the out-patient department between October and November 2023
- ii. To establish a schedule for delivering health talks
- iii. To increase number of health talks conducted per week from 0% to 25% throughout the project period

- iv. To improve nurses/midwives skills in delivering interactive and engaging health talks by implementing a training session within three months of the project

Significance

The project contributed to the achievement of global, regional, and national goals, including Sustainable Development Goal 3 (Good Health and Well-being), Agenda 2063, and the National Health Strategy and Quality Management Policy. By enhancing health education sessions, it aligned with SDG 3, particularly target 3.4, which focuses on promoting mental health and well-being, and supported the National Health Strategy's objective of improving healthcare provider competencies and patient education (OpenAI, 2023). The quality improvement project was justified by its potential to positively impact patient outcomes and overall healthcare quality, as effective, relevant, and consistent health talks enable patients to make informed decisions, adhere to treatment plans, and prevent complications. The project's initiation was further motivated by the significant disease burden in the Nsambe catchment area. Applying transformational leadership principles, nursing and midwifery leaders were encouraged to inspire healthcare providers, enhancing their knowledge and skills in conducting health talks, fostering continuous learning, collaboration, and innovation (OpenAI, 2023). To ensure sustainability, key stakeholders such as DHMT, HCMC, QIST, WIT, and the nurses and midwives were engaged in planning, focusing on benefits and outcomes. Capacity-building activities like training, workshops, and mentorship were conducted to equip them with the necessary skills for effective health talks, and structured tools such as charts and standard operating procedures were developed to standardize delivery. Institutional support and resources were crucial for integrating the project into the organizational culture. The project enhanced teaching skills, increased patient engagement, improved communication, and potentially reduced patient revisit rates for nurses and midwives. Patients, in turn, were empowered to make informed decisions, adopt healthier behaviors, and experience better health outcomes and overall well-being (OpenAI, 2023).

EMPIRICAL LITERATURE REVIEW

Health talks are crucial in outpatient departments, as they provide an opportunity for nurses and midwives to impart essential knowledge, address patient concerns, and promote self-management skills (Bastami, Zamani, Zareban, & Araban, 2022). However, the current delivery practices of health talks often lack consistency, relevance, and a patient-centered

approach, limiting their effectiveness and impact (Detlef, 2014). Health talks are an essential aspect of health promotion provided by nurses and midwives, aiming to influence the behavior of those attending health centers through both formal and informal activities (Close, 1988). Bastami et al. (2022) further suggest that clients and patients seek answers from healthcare workers that are accurate and thorough, but observations made at Nsambe Health Center indicate that health talks are conducted inconsistently by nurses and midwives. This inconsistency may result in missed opportunities for health promotion, patient empowerment, and disease prevention. OpenAI (2023) and Whitehead (2004) emphasize the importance of standardized and effective health talk practices within the outpatient setting to foster patient engagement, self-management, and overall health outcomes. Hence, depriving clients and patients of health talks while they seek medical care, support, and treatment is considered unethical, as explained by Bastami et al. (2022). Kok and Bouter (2022) indicate that health talks play a vital role in enhancing client satisfaction, independence, and participation in healthcare programs. They also contribute to the promotion of healthy behaviors, leading to beneficial outcomes such as an improved quality of life and better mental health by reducing disease complications and decreasing anxiety. Additionally, access to comprehensive information regarding one's health, disease, and treatment is considered one of the most important rights of clients. Therefore, conducting health talks is a fundamental responsibility of nurses and midwives across all healthcare settings (OpenAI, 2023).

Theoretical framework

The project will utilize the Donabedian model as a framework for implementing the change ideas however similar projects have commonly used the PDSA cycle. It has three components; structure, process, and outcomes. All these components will be applied to improve the delivery of health talks among nurses/midwives at Nsambe health center outpatient department. Structure is the first step, the existing structure at Nsambe health center will be assessed. This includes the physical facility, equipment, and resources needed to facilitate health talk delivery. It is important to ensure that there are dedicated

spaces for meetings and training, access to audio-visual aids, and relevant IEC material, (OpenAI, 2023).

Once the structure is in place, the next step is to focus on the process. This will involve defining clear guidelines, procedures, and protocols for conducting health talks. Schedules will be developed and a list of topics that will be aligned with the disease profile and needs of Nsambe community and surrounding catchment areas that benefit from the facility. Training will be planned and conducted to impart knowledge and skills to nurses/midwives on the importance of conducting health talks as well as various methods of teaching to facilitate their teaching, (OpenAI, 2023).

Finally, there are outcomes as the third component. This will involve measuring the outcomes of the change ideas implemented. Indicators will be developed to track progress aided by measurement tools that will be developed or adopted. For example, we will measure the number of health talks conducted per week, availability of IEC materials, training conducted, availability of guidelines or protocols on health talk delivery. Additionally, we will also gather feedback from patients/clients and providers to understand their experiences and identify areas that require further improvement, (OpenAI, 2023).

RESEARCH METHODOLOGY

The project focused on nurses and midwives and was conducted in the outpatient department. Using the Donabedian model, interventions for change were developed and implemented. Checklists were created to log the completion of each intervention, while key indicators were established to monitor progress. Performance was then compared and analyzed using a run chart.

Table 1: Interventions for Change Model

Structure	Process	Outcome
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Identify space for meetings, trainings and health talk delivery sessions	Developing guidelines, schedules, list of topics	Availability of a guidelines, schedule and list of topics
IEC materials	Conduct training	Number of trainings conducted
	Conduct health talk delivery sessions every day at OPD	Number of health talk sessions conducted

Project Implementation Plan and Activities

The project implemented several activities to achieve the desired change. Initially, a needs assessment was conducted to identify gaps and barriers in the current health talk delivery practices by holding meetings with facility leadership, DHMT, and PIH for buy-in, followed by discussions with nurses and midwives to address barriers and agree on workable solutions. Standardized health talk delivery guidelines were developed, and IEC materials were supplied based on evidence-based practices. Nurses and midwives received training on effective health talk delivery techniques and patient-centered communication. A health talk topic list and schedule were created, along with checklists for monitoring, evaluating, and collecting feedback from patients, clients, and nurses/midwives. Lastly, a system for continuous quality improvement was established, incorporating mentorship and feedback sessions.

The project anticipated constraints may include failure to conduct supportive supervisions and mentorships regularly due to impassable roads during the upcoming rainy season; however proper planning with facility leadership will be done to agree on other possible ways of support. The stakeholders involved are DHMT, PIH for financial and material support, HCMC for facility leadership support, nurses/midwives for actual change implementation support and patients/clients and the community at large as beneficiaries. In terms of project monitoring, WIT with support from the facility leadership will take lead. Monitoring measurements that will be put in place are, health talks schedule, daily attendance and checklist for health talk sessions. Approvals will be obtained from DHMT through the district quality improvement coordinator and PIH for financial support and the facility leadership to allow implementation of the project.

Table 2: Gantt Chart

Activity	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024
Meeting with DHMT, PIH,HCMC, facility leadership							
Obtaining approvals							
Conduct needs assessment, meeting with nurses/midwives to identify barriers							
Develop health talk schedule, topic list, checklist, guidelines							
Train Nurses and Midwives							
Supply IEC materials,							
Conduct health talk sessions							
Conduct mid-review							

Project feedback, closing							
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Table 3 further demonstrates the M&E framework for the study;

Table 3: M&E Framework

Ultimate goal	Objectives	Outputs	Activities	Inputs	Key indicator
Improve delivery of health talks among nurses/midwives at Nsambe health centre by May 2024	To identify barriers faced by nurses/midwives on health talk delivery at the out-patient department between October and November 2023	Identified barriers	Conduct needs assessment	Nurses/Midwives, Facility management team, Space, refreshments, lunch allowances	Number of needs assessments conducted
	To increase number of health talks conducted	Increased health talks sessions	Develop a list of topics	Space, nurses/midwives, schedule,	Number of health talk sessions conducted

per week for health guidelines,
from 0% to talks teaching Availability
25% materials, of a health
throughout Conduct checklist, talk
the project health talk patients/client schedule
period sessions ts

Availability

Develop or of
source guidelines,
health talk list of
guidelines topics, IEC
and post materials
them in the
OPD

Source and
post health
talk
materials

Improve	Improved	Conduct	Space, time,	Number of
nurses/mid	nurses/mid	training	nurses/midwi	trainings
wives skills	wives		ves,	conducted
in	skills		facilitators,	
delivering			refreshments,	Number of
interactive			lunch	nurses/mid
and			allowances,	wives
engaging			guidelines,	trained
health talks			training	
by			modules,	
implementi				
ng a training				
session				
within three				
months of				
the project				

To establish a schedule for delivering health talks
Established health schedule
Develop health schedule
a health talk
Nurses, midwives, stationery
Availability of a health talk
schedule

Implemented activities

The project began with an interface meeting involving facility leadership, nurses, and midwives, where brainstorming of ideas and challenges took place, a quality improvement team was formed, and the project was launched. A follow-up meeting was conducted to discuss the implementation of the project, resulting in a fishbone analysis, development of change ideas, and tracking methods. A health talk schedule was then developed, listing topics, dates, and responsible persons, and was posted on the outpatient department (OPD) notice board for easy staff access. A week later, a training session targeted at nurses and midwives, with the inclusion of support staff, was conducted to impart knowledge and skills on effectively delivering health talks. Subsequently, the team began implementing the health talks as per the schedule, ensuring that assigned personnel were responsible for each session, and if unavailable, another team member would step in. The QI lead recorded completed sessions in the register and marked them on the schedule. Additionally, the team facilitated the posting of Information, Education, and Communication (IEC) materials to

spread messages effectively, replacing outdated ones, while the sourcing of additional IEC materials was partially implemented due to existing resources within the facility.

PROJECT FINDINGS

Fish bone analysis

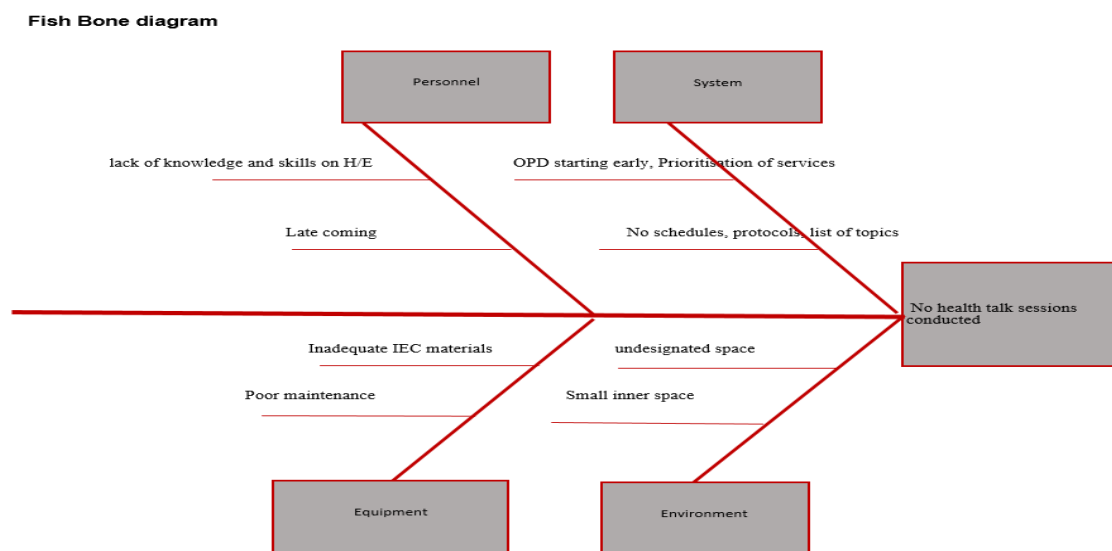


Figure 1: Fish bone Analysis

This diagram outlines the root causes contributing to the inconsistencies in health talk delivery, such as lack of knowledge, improper scheduling, and inadequate materials. It visually highlights factors affecting the quality and consistency of health talks at the outpatient department.

Summary of Results

Table 4 shows the summary of results per objective:

Table 4: Summary of Study Results Per Objective

Objective	Result	Target achieved
To identify barriers faced by nurses/midwives that hinders delivery of health talks at the out-patient department between October and November 2023	lack of knowledge and skills to conduct a health talk, abnormal hours of starting work	Yes
To establish a schedule for delivering health talks	Schedule developed with a list of topics	Yes

To develop or source health talk guidelines	Health talk guidelines developed	Yes
To improve nurses/midwives skills in delivering interactive and engaging health talks by implementing a training session within three months of the project	Training conducted	Yes
To increase number of health talks conducted per week from 0% to 25% throughout the project period	20 sessions conducted since start of project Target 12.5	Yes
	In terms of percentage, 60% above the target	

Summary of number of health talks conducted per week

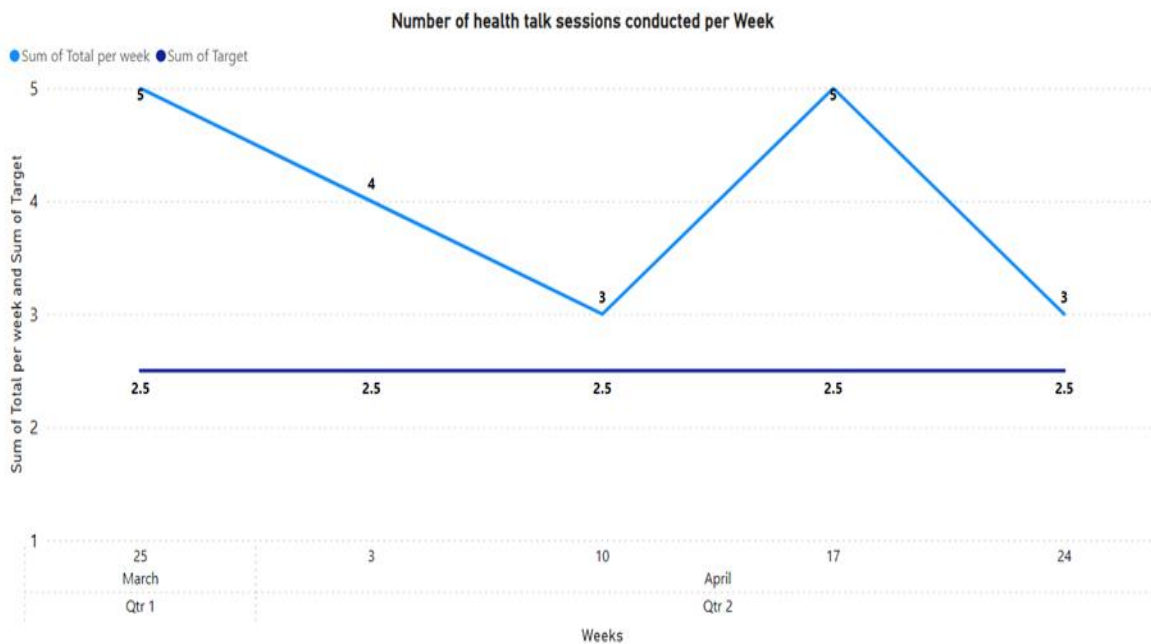


Figure 2: Summary of Number of Health Talks Per Week

The figure illustrates the progression and frequency of health talks conducted weekly throughout the project. The increasing trend indicates improved consistency and adherence to the established schedule, showing a positive impact from the interventions.

Developed health talk guidelines

HEALTH TALK GUIDELINES

1. Arrive at the OPD early and be prepared to give the health talk.
2. Greet the audience.
3. Introduce yourself as health facility personnel.
4. Explain the topic you will be presenting.
5. Give the Health Talk. Remember the following tips when presenting:
 - a. Be confident and know the material well
 - b. Be loud and move around while speaking
 - c. Engage your audience and encourage participation and questions
6. Hold a question and answer portion at the end to clarify any points and to check for audience understanding.

Figure 3: Health Talk Guidelines

This figure presents the guidelines developed for conducting effective health talks. The standardized guidelines ensure that nurses and midwives deliver comprehensive, engaging, and patient-centered sessions, contributing to better health education outcomes.

Health talk schedule and a list of topics

Date	Officer	TOPIC	Attendance	Remarks
18-3-24	Mr H. Banda	Acute Respiratory Infection	54	Done
19-3-24	Mphalumo	Diarrhoeal Diseases	60	Done
20-3-24	Bwanali	Malaria	40	Done
21-3-24	Chiwindo	Typhoid fever	not done	because of rain
22-3-24	Mavundu	TB	done	
25-3-24	Jamu	Dental oral health	73	done
26-3-24	Bingolosi	Nutrition	37	done
27-3-24	Mbendera	HIV/STI		
28-3-24	Mary	Mental Health	100	Stanley TB done
29-3-24	Samu	Waste disposal		
2-4-24	Mpira	Maternal/Neonatal health	105	Paul done
3-4-24	Mhlosane	Family Planning	58	Almafe done
4-4-24	Noel	Vaccines/Preventable Diseases		
5-4-24	Annie	Mental Health		
8-4-24	Martha	Cervical Cancer		
9-4-24	Mr H. Banda	Covid-19 Vaccine		
10-4-24	Samu	Nutrition		
11-4-24	Jamu	STI/HIV		
12-4-24	Stanly	T.B		

Figure 4: Health talk schedule and a list of topics

The schedule and list of topics provide a structured framework for health talks, ensuring they are conducted consistently and cover relevant areas. This tool aids in improving organization and accountability among nurses and midwives delivering the talks.

Interpretation of project findings and recommendations

The quality improvement project has proven successful, achieving a substantial increase from 0% to 60% in health talk delivery sessions, significantly enhancing the dissemination of essential health information to the target audience. The variation in performance, as

illustrated by the low and peak points on the graphs, reflects the commitment levels of nurses and midwives. Low points represent weeks where sessions were not conducted due to lapses in commitment by some scheduled personnel, while peak points indicate consistent health talk delivery. This improvement is attributed not only to the dedication of the nurses and midwives but also to the strategic implementation of change ideas, such as the availability of IEC materials, the development of a structured schedule with assigned responsibilities, and a comprehensive list of topics. Furthermore, training provided to nurses and midwives on the importance and techniques of delivering effective health talks played a significant role in fostering positive change.

The success of the project is also linked to the application of the Donabedian model of quality improvement, which, along with other quality improvement tools, facilitated the identification of root causes and the development of sustainable solutions. The project faced challenges, particularly in the frequent supervision and reinforcement of the changes, due to the geographical spread of facilities, resulting in some weeks with fewer health talk sessions. To address this, facility and nurse-in-charges were empowered to sustain and reinforce the changes, which is a key recommendation for maintaining the momentum. Sustaining these improvements will require continued efforts to assess the impact of health talks, invest in ongoing training, and enhance session quality. Future improvements could include introducing new topics and interactive elements to maintain audience engagement. From a broader perspective in nursing and midwifery leadership and clinical practice, empowering nurses and midwives to design and implement quality improvement projects is vital for enhancing patient outcomes and fostering a culture of continuous improvement.

CONCLUSION

Overall, the project has made significant strides in increasing the number of health talk delivery sessions. The project achieved its primary goal to increase the number of health talk delivery sessions from 0% to 60% surpassing the target with 10%, and yielding enhanced engagement and participation from the audience leading to greater awareness and understanding of important health topics. It is important to continue building on the project's success to improve quality and effectiveness of health talk sessions and patient's outcomes.

Budget Summary

Table 5: Budget Summary

ITEM	UNIT	COST	TOTAL
Facility leadership meeting allowances	4	K6,000	K24,000
Facility QI team meeting allowances	15	K6000	K90,000
Training allowances	35	K6000	K210,000
Refreshments	35	K2500	K87,500
Stationery (have been supported by administration)	0	K0	K0
			K411,500

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