

## Original Article

# Why are they staying? A phenomenological study on midwives working in Ghana

*Abigail Agartha Kyei (DHA, MPH, BA, FGCNM, RN, RM) <sup>1</sup>*

*Barbara Carnes (PhD, MPA, BA) <sup>2</sup>*

## Abstract

Low and middle-income countries face challenges with retention of healthcare personnel including midwives, primarily because of migration to other countries. Repercussions from the loss of healthcare workers have been grave and the impact on healthcare services for the inhabitants is consequently compromised. Since many such countries subsidize the education of healthcare workers, the monies spent do not provide the expected return on investment. While some studies review the cause of such migrations, limited research explore the views of healthcare workers who choose to stay and work in the countries that educated them and no such studies have explored the views of midwives in particular. The aim of this transcendental phenomenological study was to explore the views and motivations of Ghanaian-educated midwives who have chosen to remain and practice in Ghana. The study was conducted in 2015 among twelve purposively sampled Ghanaian educated midwives from a hospital in the Ashanti Region of Ghana, to explore their views about staying to work in the country, in view of what may have inspired their counterparts to leave. Data was analyzed using NVivo 10® (QSR, 2014).

The findings identified one key theme around their reasons for remaining in Ghana. Five additional themes amplified and extended the reasons and all themes provided guidance for addressing retention issues in Ghana. Context-specific recommendations were made with a focus on midwifery leadership, policy makers, stakeholders and the main professional regulatory body to address the exodus of midwives in Ghana and other LMICs.

## Keywords:

**Low and middle-income countries; midwifery; midwives; retention; Shortages**

1. Pentecost University College, Accra, Ghana
2. University of Phoenix, Arizona

### Corresponding Author:

1. P. O. Box AC 644, Arts Centre, Accra, Ghana  
Emails: [abbie\\_office@yahoo.com](mailto:abbie_office@yahoo.com); [akyeigh@gmail.com](mailto:akyeigh@gmail.com)  
Tel: +233 246 339 241

## Introduction

In most low and middle-income economies (LMICs), midwives serve as front-line workers to address maternal and newborn healthcare in remote areas but their numbers are never enough to meet the needs of such nations (Bryce & Foley, 2014). The State of the World's Midwifery Report of 2014 attributes the poor health indices in most LMICs to the shortage of skilled birth attendants especially midwives (United Nations Population Fund, [UNFPA], 2014). The report further highlights the contributions midwives make to save lives in the world's neediest countries (UNFPA, 2014). Unfortunately, midwives are prominent among the high numbers of healthcare workers who emigrate from low- and middle-income nations where they received their education. Between 1995 and 2005, over 50% of Ghanaian nurses including midwives migrated to high-income countries particularly the United Kingdom, United States of America, and Canada (Anonymous, 2005). According to Antwi, Ekey, Herbst, and Haddad (2013), though the trend of migration seemed to have started declining from 2006, Ghana to date still falls short of the World Health Organization's (WHO) benchmark of adequate nurses and midwives per its population. According to the World Health Statistics Report, births attended by skilled health personnel in Ghana from 2007 to 2014 was only 67% (WHO, 2015).

Despite the need for this cadre of health workers especially in LMICs, few measures are underway to retain midwives in these countries. While numerous studies focus on the reasons for the exit of health workers in general (Bloice & Hallinan, 2007; Campbell, 2006; Dovlo, 2007; Wong, Liu, Wang, Anderson, Seib, & Molasiotis, 2015; WHO, 2013) specific studies on midwives are limited. Moreover, conspicuously absent are studies on midwives who have chosen to stay and work in the countries that originally provided them their midwifery education.

The aim of this transcendental phenomenological study was to explore the lived experiences of Ghanaian midwives who have chosen to stay on and work with their skills, irrespective of factors that influenced their colleagues' decision to emigrate from Ghana - a lower middle-income country. The transcendental phenomenological research design was chosen because it involves a process of seeking for and gaining clarity of meaning into the unique experiences of in-

dividuals (Earle, 2010). By using the qualitative phenomenological approach, participants were enabled to articulate and describe the true reasons, thoughts, and feelings behind their behavior and decisions (Nuttall, Shankar, & Beverland, 2011). Research methods such as case studies and surveys do not often involve irrational, emotional, life-changing decisions that might not have been previously articulated and perhaps might not be completely acknowledged prior to interviewing participants. The groundwork and supportive theories of the study were based on Maslow's Hierarchy of Needs (Maslow, 1954; Upadhyaya, 2014) and the Vroom Expectancy Theory (Vroom, 1964). The research question that guided the investigation was "What are the lived experiences of Ghanaian-educated midwives who, after graduation, stay and work in their profession within Ghana?" Through in-depth interviews, critical unsullied data were gathered and common themes, which emerged, were used to produce rich narratives of midwives' experiences of staying and working in Ghana.

## Design and Methods

The study was conducted using a qualitative research approach and a phenomenological design that support the notion of fundamental human truths being accessible only through subjective interpretations of individual experiences (Flood, 2010). Of the two popular approaches of phenomenology, which are Husserl's descriptive approach and Heidegger's interpretative approach, a descriptive or transcendental approach was adopted which describes the true experience of the phenomenon (Flood, 2010). In transcendental phenomenology, the phenomenon is regarded as reality, independent of the knowledge and prior biases of the researcher. Various other methods were considered for this study including descriptive case study and survey. Transcendental phenomenology was chosen because phenomenological inquiry excels at unearthing motivations and emotions often partially or completely outside the participants' conscious awareness (van Manen, 1990). In sharing experiences, a decision regarding whether to leave one's home country or to stay often evokes multiple complex thoughts and feelings and once such a decision has been made, these thoughts and feelings continue to pervade the being of the individual.

## Setting, Population & Sampling

Participants were selected using purposive sampling and its related snowballing or referral technique. A sample of 15 participants were recruited from an available and known population of Ghanaian midwives with five to ten years working experience in the public service and still in active service. The study location was Kumasi the regional capital of the Ashanti Region, which is centrally located within Ghana. Kumasi is the second largest city after Accra, the capital of Ghana (Ghana Statistical Service, 2016). Kumasi was chosen over Accra, to rule out the possibility that participants may have been attracted to the benefits of the larger city. Ten midwives in the original sample willingly agreed to participate in the study and volunteered to make further recommendations on other potential participants. In total, fifteen participants received information on their rights within the study, the research and its processes. Three of the participants were unavailable for the interview at the scheduled time, and therefore 12 participants were interviewed.

## Ethical considerations

Participants were given the opportunity to willingly agree to participate or decline in the study. Midwives who agreed to participate in the study confirmed by signing consent forms to that effect and were further assured of their right to withdraw from the study at any time. Confidentiality and anonymity were maintained by assuring participants of non-disclosure of their identity and by assigning each with a code in the form of participant identifier (S\_RXX) for the study. Participants' privacy and protection were assured by removing all personal identifiers from the data; this essentially prevented disclosure of any private information provided during the study. Ethical approval was granted by the Research and Development Unit of the hospital in which the study was conducted.

## Data collection

Data were collected through interviews on one-on-one basis and lasted between 45 and 90 minutes from August to October 2015. The whole exercise of data collection covered a period of six weeks. The personal interviews were focused on addressing the main research question "What are the lived experiences of Ghanaian educated midwives who, after graduation, stay and work in their profession within Ghana?"

Several measures, which were taken to reduce the possibility of researcher influence aimed at ensuring trustworthiness of the study results. In these processes, a panel of experts reviewed the set of semi-structured questions and made suggestions, which were incorporated. The researcher's observations of non-verbal expressions during the interview were noted and included in the data, and each participant was given the opportunity to review and verify the transcript of their respective interviews. All the interviews were audio-recorded, and data were verbally transcribed after each interview session. The participants were contacted post-interview to clarify specific comments made in the interview that needed clarification.

## Data Analysis

A computer-assisted software program, NVivo 10®, was used to code the interview data. Using the Moustakas' modified van Kaam method of analysis (Moustakas, 1994) for phenomenological data, the data on participants' experiences were analyzed first individually followed by the application of a reduction process known as horizontalization (Moustakas, 1994). Invariant constituents were determined through reduction and elimination, still using the NVivo 10®. Vague and repetitive expressions that did not fit as invariant constituents were eliminated. After this procedure, the invariant constituents were clustered and thematised resulting in categories that served as core textural themes of midwives' experiences of staying and working in Ghana.

## Results

The aim of this transcendental phenomenological study was to gain insight into the decision of midwives from LMICs to leave or to stay and work in their countries that educated them. The specific problem, which the study sought to explore, was the unarticulated thinking and emotions behind midwives' decisions to remain to practice their profession in Ghana, a typical lower middle-income economy.

In response to the main research question that guided the interviews:

*"What are the lived experiences of Ghanaian-educated midwives who, after graduation, stay and work in their profession within Ghana?"*

One main theme emerged, namely, 'motivation for the continuous practice as a midwife in Ghana'. Four sub-themes or supplemental issues emerged in relation to midwives' motivation to stay in Ghana to practice their profession. These supplemental issues were:

- (a) influences on choice of midwifery as a career,
- (b) experiences of being a midwife,
- (c) fulfillment of personal need in the job, and
- (d) experience with policy makers in the career

## Study Findings

### Motivation for the continuous practice as a midwife in Ghana

Participants expressed dissatisfaction at their work and working conditions but all participants chose to remain in their home country rather than leave to countries with better working conditions and career opportunities. The motivation for participants to stay and continue their professional practice in Ghana in spite of poor working conditions and fewer career opportunities were categorised into four key reasons: a) family ties, b) sense of security, c) encouragement from some supervisors to stay and d) desire to alleviate the suffering of clients.

### Family Ties

Participant S\_R06 expressed her motivation for staying by stating,

*"I am here because my family too is around. I'm married with kids. I am staying on for my family members -extended family as well".*

Participant S\_R08 also said, "I love my family and would not want to leave them". Yet another, Participant S\_R07, also said she was still working in the country in spite of several challenges because she could not leave her husband and children. Ten out of the 12 participants chose to stay in Ghana because of family ties.

### Sense of Security

Feelings of security in their known environment and fear of the unknown in a foreign land also ranked high in the motivation for the stay of participants in Ghana. Of the 12 participants, nine expressed the sense of security as a motivation for their stay in Ghana and one participant articulated it well. For example, Participant S\_R09 said:

*I'm still in Ghana because it has never been my dream to travel. If you travel, you don't know what you may meet over there since you're not a national of the place ... Why not stay in my home where I'll be comfortable? Nobody will be harassing me here, asking for my green card and all that. ... here, nobody will chase you up and down with paper issues, saying, "You don't have a permit to work here, you're an alien". That is not done here. Because you're a citizen"*

### Encouragement from Supervisors

Five out of 12 participants believed they had their motivation for the practice as midwives in Ghana from words of encouragement from supervisors and Participant S\_R03 indicated:

*Sometimes we receive words of encouragement from our superiors. They don't come often enough but once in a while ... not regularly; but sometimes when they come and they see how you have worked they say "Ayekoo" or Thank You.*

Participant S\_R05 also expressed satisfaction at the encouragement she received from some supervisors:

*"Not all supervisors motivate you to stay on the job. They are generally just all right; but once in a while you meet some who make you feel very good at what you are doing".*

She recounted how two particular supervisors praised and encouraged her efforts in the midst of challenging conditions at different times. Beaming with smiles, she recounted one of her experiences with a supervisor:

*When my supervisor came the next day and heard I had stayed beyond my shift for another two hours, she was so happy with me and congratulated me in front of everybody for my efforts. She made me feel so good; and although I no longer work under her, she still calls me every now and then to encourage me with words like 'our nation needs midwives like you.' People like her make me feel it's worth staying here.*

## Alleviation of sufferings of clients

Four out of the twelve participants felt they were not motivated by anything to stay. They however felt they opted to stay and practice midwifery to help alleviate the sufferings of their clients.

S\_R04 had this to say:

*“Nothing motivates me ... I foresee nothing ahead; I am however staying mainly because I cannot stand it when I see people suffering, so saving the lives of mothers keeps me on.”*

## Issues related to midwives’ motivation to remain in the country

The following five themes emerged from the interviews and provided additional insight into why these midwives chose to remain in the country rather than emigrate.

### Motivation to practice

In addition to the motivations, which made the participants stay and practice their profession in Ghana, the midwives expressed that their inherent inclination to practice midwifery influenced their decision to stay on their jobs. Nine of the 12 participants felt motivated to stay out of love and passion for midwifery. Half of the participants (n=6) also indicated that their motivation to stay stemmed out of their faith in God.

### Influences on choice of midwifery as a career

The wish to support people in need of help influenced the participants’ choice of midwifery as a career. Respondents expressed their interest in assisting pregnant women to deliver safely. The midwives expressed enthusiasm about the experiences of saving lives and helping to bring new lives into the world. Ten of the 12 participants attributed their choice and passion about midwifery to the ability to save lives and improve health outcomes. Nine of the 12 participants also expressed that the autonomy midwives enjoy in the practice of their profession influenced their choice of career. Unlike nurses who needed the approval of a doctor to address issues concerning their clients, midwives could take independent decisions and actions while attending to their clients.

## Experiences of being a midwife

Participants expressed both negative and positive feelings about their experiences of being midwives. Eighty-three percent (n=10) described their experiences as useful and interesting. S\_R04 indicated she enjoyed getting to know her clients, “pregnant women, women in labor, men after delivery of their wives, fetuses in utero and baby after baby,” in her community; she also loved educating them and even helping some of her relatives through her profession. Eleven participants found the experience of being a midwife to be an enjoyable one while all stated their deep satisfaction at having had positive exposure in the profession. Participants however also expressed concerns about poor facilities at work, coupled with painful and stressful experiences they went through while practicing their profession as midwives. As Participant S\_R11 said:

*“Personally I do not regret becoming a midwife but I don’t like the conditions due to lack of the necessary equipment you need for working”.*

Almost in tears, Participant S\_R07 gave a vivid description of a situation where she and some colleagues had a client with pre-eclampsia case on admission and could not obtain a spatula on the ward:

*This woman came, had fits, and because of a common spatula to put the tongue in position, that we couldn’t get, she passed on and died. And up-to-date, we have been requesting for tongue spatula and we can’t get it.*

Participant S\_R06 also gave an account that regrettably happened due to lack of needed basic equipment:

*I recall a day when in our ward, a patient came on admission; the woman was just talking to me and then suddenly I saw her going off . . . All I needed was a pulse oximeter to assess her oxygen concentration and take the appropriate action, but there was none in our ward. We had to rush to the theater to call the anesthetist. But then we didn’t get the equipment because they didn’t have some to spare. We eventually had to transport the patient down*

*with the bed and finally . . . she died. [Midwife paused to push back tears]. We lost her because we wasted precious time looking for a basic gadget that could have saved her life if it were available!*

With these pathetic recollections from the participants, the midwives clearly expressed how they felt helpless to save situations due to lack of access to the basic working tools needed in their workplace. As recounted in these experiences, the midwives expressed emotions of sadness, helplessness, anger and frustration.

### **Fulfilment of personal need in the job**

Eleven out of the 12 participants indicated that motivation in the form of monetary rewards, including good salary enhances job fulfilment. Ten out of 12 participants had very strong views about individual recognition for impressive work done. The midwives specified promotion and provision of incentives such as institutional award system and, opportunities for short courses internally and externally as strong motivational factors to stay and work in Ghana. Participant S\_R01 stated:

*“provision of financial incentives; awards; words of encouragement; prompt promotion of staff when they are due, building up the interest of the staff and allowing us to go for short courses to improve our knowledge and skills; all these serve as good motivators of job fulfilment”*

### **Experience with policy makers in the career**

Policy makers referred to in this study were the decision makers for day-to-day activities of midwives in their health facilities, including managers and those within the government system who influenced and effected decisions on midwifery within Ghana. Eight out of 12 respondents found communication with management or policy makers as either absent or poor. Participants felt they deserved a fair hearing by their supervisors when the latter received negative reports on the performance of the former. Eleven out of the 12 participants indicated their displeasure with individual career development related to decisions made by policy makers. Three out of the 12 participants also complained about the phenomena of preferential treatment by some policy makers for their favorites.

Additionally, the midwives specified that more nurses than midwives were in administrative and leadership positions, which led to fewer midwives engaging in policy-making as part of existing policy makers. Expressing her frustration, Participant S\_R05 exclaimed, “No midwife is a director; all of the directors are general nurses and this does not help in pleading our cause nor does it motivate us.” The lack of hospital infrastructure and delays in the improvement of existing facilities and development of new ones were also issues of major concern that participants considered as critical for policy makers to address.

### **Discussion**

The findings of this study project midwives' dissatisfaction with their work due to poor working conditions, which cause frustrations and helplessness in practice; however, these midwives had chosen to stay and practice in the country that educated them. In the exploration of their motivation for continuous practice in Ghana, 10 out of 12 participants admitted that family ties were a major reason for staying back. This was supportive of a study on the challenges and rewards of working in remote communities in Australia in which one of the motivators that kept the midwives and nurses going under the harsh and hostile conditions they faced was the support network that kept them connected to their families (Anderson, 2012). Nurses and other healthcare workers including midwives seem to be willing to tolerate unfavorable conditions so long as they can stay with or in touch with close family relations (Price, 2005; Taylor et al., 2015, Wakelin & Skinner, 2007). However, improvements in information technology and the internet may affect the inclination for employees in all professions to leave their home countries because they are now able to stay in touch with family and friends virtually (Taylor, 2015). Nine out of 12 participants attributed their stay to the sense of security they felt in living in a known environment. These findings from the participants confirm similar findings in research studies by Rouleau, Fournier, Philibert, Mbengue and Dumont (2012). Unexpectedly, 50% (n=6), despite complaints about supervisors, attributed their continuous stay and work to motivation from their supervisors. This form of motivation to stay which relates to supervisors' support confirms the findings of Duval and Andrew (2010), Bakuwa, Chasimpha, and Masamba (2013) who established that supervisors positively influence retention when they take interest in encouraging their

subordinates in their jobs. In this current study, the six midwives (50%) who had decided to stay in Ghana to practice did so because their supervisors provided immense support when they wanted to further their studies.

The midwives in this study however, refused to let their poor experiences with their managers affect their stay on their jobs as midwives. This finding does not support earlier research found in the literature review (Bakuwa et al., 2013; Hayes, Bonner & Pryor, 2010). Midwives' responses to the poor treatment from most of their supervisors do not support Vroom's Expectancy theory that was used as a theoretical framework to guide this study. In Vroom's theory, negative rewards (which include dissatisfaction) tend to de-motivate employees and could cause them to reject their jobs. In this current study, the midwives however, expressed willingness to stay on their jobs to fulfill the needs of their clients, which made the midwives earn the respect of their clients. This supports Maslow's theory on the Hierarchy of needs where recognition and respect from others place fourth on the five levels of needs.

Midwives in the study, who felt unmotivated by anything to stay and practice in Ghana, but continued to practice in the country anyway said they did so because they had no option than to stay and alleviate the sufferings of their clients. Such midwives formed one third of the participants. Similar to research evidence on midwives from Pakistan, the responses of these midwives in this current study reported feelings of helplessness and abandonment of support (Mohammad et al., 2015).

The reasons respondents gave for staying were primarily due to family, fear of the unknown, and love for the work. The respondents were willing to stay despite dissatisfaction with working conditions including, but not limited to how they are treated by their supervisor. However, a tipping point may be reached that could cause them to change their minds and seek employment outside the country.

## Implications

This study establishes that the midwives are willing to stay and practice their profession in Ghana primarily because they want to remain close to their families despite the poor working conditions and lack of

opportunity to advance. Midwives' decisions to stay are also influenced by their managers' encouragement. While all participants indicated they had a strong desire to serve and care for people, they candidly expressed emotional upset, dissatisfaction and frustrations about the poor conditions associated with practicing midwifery.

Several recommendations could be gleaned from the study for management and leadership of midwifery in Ghana to take action to help address retention. It is important to put measures in place to ensure that midwives gain access to possible areas for advancement in their career after graduation as respondents in this study expressed their wish to do further studies, as one of the opportunities for advancement they wanted. Provision of sponsorship to advance their studies therefore could fulfill such opportunities. It will be helpful for the Nursing and Midwifery Council of Ghana in collaboration with the Ghana Registered Nurses and Midwives Associations to dialogue with the Ghana Health Services on such issues.

Managers and leadership of midwifery also need to hold discussions with the midwives to listen to their grievances and work together to address them and improve the working conditions of the midwives. Issues beyond local levels need to be addressed by higher policy makers including the Nursing and Midwifery Council of Ghana, which is the regulatory body for midwives. From the findings of the study, midwives' salary scales also need a review in comparison with other comparable professions, such as medical assistants, who like midwives in Ghana, also work autonomously in the Ghanaian medical system. There is also the need for concerted efforts towards recognition and affirmation of outstanding efforts of midwives because from the study, the participants placed high premium on positive affirmation from their supervisors, as an important motivator. Deliberate measures must also be put into place to make midwifery leaders assume higher positions on the policy making table to encourage midwives that issues on midwifery could find a place on the agenda for development.

As Taylor and others (2015) found in their studies, improvement in technology could be loosening the hold of family ties on participants because they can now stay in touch with their families if they relocate to an-

other country. Midwifery leaders therefore may be faced in the future with losing an even higher percentage of health care and midwifery practitioners. Specifically, policy makers must be urged to improve communication with practitioners of midwifery, and to provide more incentives in the form of ongoing professional development opportunities, better salaries, and recognition for jobs well done. The findings from this study should therefore serve as a clarion call for the midwifery leadership in Ghana to consider how to meet the needs of midwives in Ghana, and in the process motivate those who may be considering leaving, to stay.

Given the narrow scope of this qualitative phenomenological study, additional research will help to validate the key themes and invariant constituents that emerged through interviews with the 12 Ghanaian-educated, practicing midwives. This study can be replicated in different regions in Ghana and extended to other LMICs in Africa to confirm or disconfirm these findings

Future research to replicate the study within other LMICs need to consider contextually relevant issues to make their results more generalizable. Further research also needs to integrate the role of midwifery leadership to provide additional insight. Existing knowledge on retention of midwives will be enhanced if further research is extended to include midwife managers to provide better understanding of the phenomenon of staying to work or immigrating to high-income countries. Additionally, comparative studies between midwives who chose to leave, with existing studies of those who chose to stay, would provide useful information to address retention of midwives.

## Conclusion

This study was conducted to garner understanding of the lived experiences of Ghanaian educated midwives who chose to stay and work within the country after graduation. Through phenomenological analysis, one major theme with four sub-themes and five other themes that materialized as supplemental issues emerged that highlighted the importance of personal attributes and the gains made based on motivation from policy makers through their interactions with the midwives. The themes and supplemental issues provide a framework for improving the retention of midwives in LMICs. Furthermore, the

study findings establish the need for the midwifery leadership and stakeholders of maternal and child health in Ghana to use the themes and the emerging issues as framework for improving the retention of midwives within Ghana.

The midwives in this study expressed their dissatisfaction with remuneration, incentives, relationship with their supervisors and lack of requisite equipment for work. In spite of all these grievances, participants indicated that the reasons for staying and working in Ghana were mainly due to family ties. However, with the global surge in social media communication, relating with families and friends virtually is nearly like face-to-face meetings. This calls for re-envisioning the strong bond of family ties, which may soon lose its capacity to make midwives stay. The midwifery leadership in Ghana must therefore engage in sustainable strategies, which ensure that midwives educated in Ghana are supported to engage in optimal practice.

## Conflict of Interest

The authors declare that there is no conflict of interest.

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