


A Tracer Study of Psychosocial Counselling Graduates Working in Different Healthcare Facilities Across Malawi

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Background: Graduate Tracer Studies plays a key role in informing higher education institutions worldwide about the effectiveness of their programs and preparing graduates for the job market. The study aimed to trace its psychosocial counselling graduates working in different healthcare facilities across Malawi.

Methods: The tracer study employed a descriptive cross-sectional research design where the quantitative research method, specifically a survey was used. Data was gathered from Psychosocial counselling graduates of Saint John of God College of Health Sciences using a questionnaire. The data were analyzed using Statistical Package for Social Sciences (SPSS).

Results: Out of 123 participants, 72 responded, yielding a response rate of 59%. Of these, there were 40 (55.6%) females and 32 (44.4%) males. Results indicated strong belief among participants that the program provided them with valuable skills. The majority of graduates reported successful employment outcomes, with an impressive 62 (86.1%) securing jobs, often within a short period. Many participants effectively utilized the knowledge and skills acquired during the program within their workplace settings. However, a subset of graduates faced challenges in applying their training. Recommendations for program improvement included the addition of courses such as Project Management and Monitoring and Evaluation. The identified key challenges encompassed low staffing levels and limited resources.

Conclusion: The study confirms program effectiveness based on positive outcomes reported by graduates in job relevance, skill development, and knowledge use. Addressing identified gaps and implementing recommended improvements can enhance graduates' employability, meet market demands, and improve the psychosocial counselling health sector in Malawi. The study recommends that the College should consider collaborating with industry partners, monitoring employment outcomes, and proactively adapting the curriculum is vital for program success and professional development.

Keywords: graduate tracer study, Saint John of God College of Health Sciences, higher education, psychotherapy, alumni, Malawi

Introduction

Graduate Tracer Studies (GTS) are commonly becoming a recognizable practice worldwide.¹⁻³ In general, tracer Studies play a pivotal role in informing universities worldwide to accredit their study programmes to better prepare their graduates to meet the demands of the job market.⁴ In addition, tracer studies assist in showing the uniqueness and positioning of higher education institutions in their respective countries to make informed and evidence-based decisions about improvements and quality education; and services in higher education.¹ There is a growing body of literature that recognizes the importance of graduate tracer studies in the identification and follow-up of graduates from higher education institutions (HEIs) worldwide so that they express how they view the experiences they underwent during their studies and their transition to the job market.^{1,2,5}

A tracer study is employed to investigate the trajectories and outcomes of alumni who have completed a specific educational or training programme.^{6,7} The context of conducting a tracer study resides in the educational and workforce development domains, where it serves as an invaluable tool for program evaluation and enhancement. The rationale stems from the imperative to assess the programme's effectiveness, its alignment with labour market demands, and its impact on graduates' career paths and professional development. Tracer studies provide essential data to inform programme improvements, ensure quality assurance, guide policy formulation, and offer career guidance to students, thereby fulfilling a vital role in optimizing the relevance and effectiveness of educational and training endeavours.^{6,7} The data from the tracer study can be used to give feedback for further action and communicate any appropriate gaps and evidence-based action to be undertaken. The financial crisis and unemployment rate are increasing globally and in Malawi, one intervention is to produce highly competent and knowledgeable graduates who have their skills aligned with workplace needs.⁸ The intervention could only be achieved if the curriculum is aligned to match the needs of the industry.

In general, literature reveals that several academics and institutions across the world have conducted tracer studies in various fields. For instance, in the United States of America, Laguador and Dotong (2013)⁹ conducted a Tracer study on computer engineering graduates. The study found that most graduates worked in the field related to computer science jobs. The study also established specific subjects that were more relevant and crucial to the industry. According to Heidemann (2011., p10)¹⁰ analysis of 45 German higher education institutions, "tracer studies give information regarding the entry into the labour market and workforce as well as retrospective evaluations of study programs." In the Philippines, Rizal Technological University (RTU), research conducted by Ramirez et al¹¹ discovered that graduates were employable and that there was a strong correlation between specialization and employment.

A synthesis of the literature review shows that related studies have also been carried out in Africa. The Uganda National Council for Higher Education (2013)¹² advises higher education institutions to assess the marketability of their programs by conducting tracer studies that provide feedback loops for responding to the needs of the industry. There is a need to strike a balance between theory and practice abilities in all undergraduate and diploma programmes. There is a need for universities to review and reflect on their curricula, teaching and assessment methods, and teaching personnel to ensure that graduates are prepared to meet the needs of the labor market.¹² Fentiman (2007)¹³ conducted a tracer study of the Namibia College of Open Learning graduates to determine how much the college had contributed to creating employment opportunities and found that 56% of their graduates were employed while 41% were not.

In the context of Malawi, it is evident in the literature that tracer studies have also been conducted by some scholars in the country. Manda and Matidza (2016)¹⁴ conducted a tracer study on Land Management program graduates of Mzuzu University. The study established that 19 (49%) graduates were employed by the Malawi government. At the same institution, Chipeta and Chawinga (2018)¹⁵ carried out a study on library and information science graduates from 2005 to 2018. The study found that 19 (30.2%) graduates were employed by parastatals. Nyasulu et al⁸ conducted a Tracer Study of Mzuzu University ICT Graduates. The main findings from the study were that the ICT program is relevant to the industry. The study also established that the curriculum should be strengthened by revising it through the addition of courses that are more relevant to the current job industry.

The conceptual framework used in this study is the input-process-output-outcomes model (Figure 1). On the input aspect, there are the students (now graduates). Their individual motives, performances, biodata, and experiences are at the focal point. The second category of input are the institutional resources committed to educating students (teaching staff, institutional resources). Both of these inputs can influence the teaching and learning process and determine the outcome. The process variable includes teaching, learning styles, curriculum, etc.). On the "result" side, it can distinguish between the "output" and the "outcomes" constructs. Output measures refer to the explicitly targeted results such as competencies, skills, grades and knowledge gained. The output produced can completely shape graduates' character and competence. The outcomes "are measures of desired or likely impacts beyond mere output, for instance status, work assignment, job satisfaction and service to society."¹⁶

The field of psychology and counseling in Malawi encompasses a range of professionals dedicated to promoting mental health and well-being. To practice as a registered psychologist or counsellor, individuals typically require a minimum of a Diploma in academic programmes such as: Psychology, Psychosocial counselling, Psychotherapy or equivalent

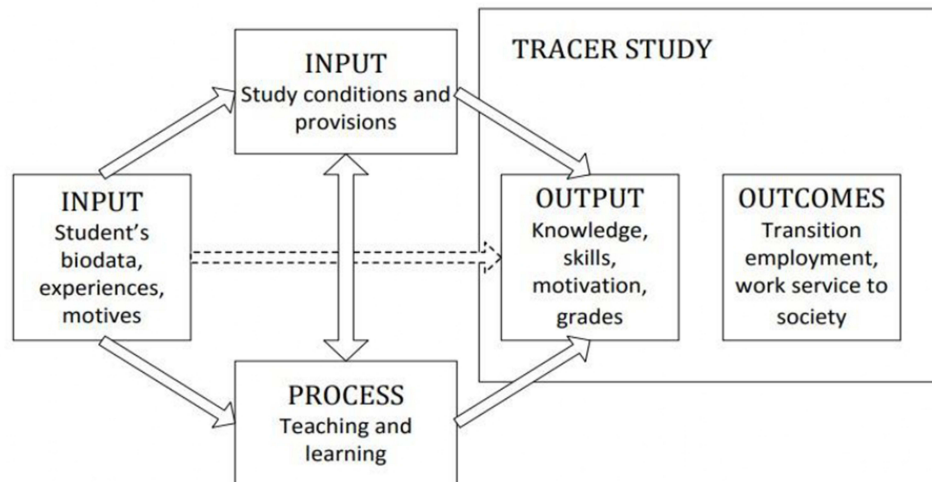


Figure 1 Conceptual framework of tracer study (Schomburg, 2010).

qualification recognized by the Medical Council of Malawi. In Malawi, such academic programmes are only offered by the University of Malawi (UNIMA) and Saint John of God College of Health Sciences. Chima et al¹⁷ argues that the Diploma in Psychosocial Counselling program was introduced at Saint John of God College of Health Sciences when Malawian citizens were facing a lot of psychological and emotional problems that required professional psychosocial counsellors. Psychosocial counsellors also provide HIV counselling and testing services (HTS).¹⁷ In addition, the HIV and AIDS pandemic and its psychological, emotional, relational, and spiritual impact led to an increased number of orphans and the situation regarding drug and alcohol abuse needed to be addressed urgently using psychosocial counsellors. The need for professionally trained counsellors has also become imperative for the many personal, social, and cultural challenges faced by adults as well as adolescents and children.^{18,19} Furthermore, the COVID-19 pandemic exposed Malawians to mental health challenges requiring psychosocial counselling due to high transmission and mortality rates.²⁰ Recognizing the urgent need for professionally trained Counsellors, the College started offering Counselling Training Course at a certificate level, which was later upgraded to a Diploma level. This was to give a more solid academic and practical foundation to counsellors, which included clinical practice. Saint John of God College of Health Sciences diploma in psychosocial counselling program has graduated 179 students since its inception in 2004. The following were the specific objectives of this tracer study: to determine graduates' satisfaction with the provision of the psychosocial counselling programme at Saint John of God College of Health Sciences, to determine the graduate's utilization of knowledge and skills acquired at Saint John of God College of Health Sciences in their respective workplaces, to assess the graduate's employment status after graduating at Saint John of God College of Health Sciences, to identify gaps in the delivery of the psychosocial counselling program at Saint John of God College of Health Sciences and to establish improvement areas on the delivery of psychosocial counselling program at Saint John of God College of Health Sciences.

In Malawi, education regulatory bodies such as the National Council for Higher Education (NCHE), the Nurses Council of Malawi, and the Medical Council of Malawi encourage institutions of higher learning to be conducting graduate tracer studies to be obtaining feedback.²¹ The feedback obtained assists institutions in improving their curricula and aligning them to the needs of the industry. The major concern is that since 2004 when the College started graduating students, a tracer study has never been conducted to trace its psychosocial counselling students. It is against this background that the researchers conducted a study that aimed to trace the psychosocial counselling graduates working in different healthcare facilities across Malawi.

Materials and Methods

The tracer study employed a descriptive cross-sectional research design where the quantitative research method, specifically a survey was used. Employing a survey in this study is aligned to tracer study best practices.^{6,7} This provides a more objective and systematic understanding of the phenomenon being studied at a particular point in time.^{22–24}

Study Setting

The study was conducted in the northern, central, and southern regions of Malawi at institutions where Saint John of God College of Health Sciences graduates were employed. This is because Saint John of God College of Health Sciences Psychosocial counselling graduates are working with different non-governmental organizations placed in different health facilities under Malawi government and Christian Health Association of Malawi (CHAM) health facilities across Malawi.¹⁷

Study Participants

The study participants included only Psychosocial Counselling graduates of Saint John of God College of Health Sciences in Malawi.

Inclusion and Exclusion Criteria

The study excluded all non-psychosocial counselling graduates of the institution and included those that completed their studies from 2004 to 2022.

Sampling Methods

To ensure that the graduate cohorts were represented in the sample, the study employed a combination of convenient and snowball sampling methods. Convenient sampling and snowballing techniques were used because of a lack of contact information for some graduates. Some chances were there that some graduates may have changed some of their contact numbers over time. Related studies by Chipeta and Chawinga (2018),¹⁵ Manda and Matidza (2016),¹⁴ and Ocholla and Shongwe (2013)²⁵ also adopted the convenient sampling and snowballing technique because they lacked graduate contact details. In such situations, relatives, friends, and employers were used to get contact details of other graduates.

Sample Size

In this study, the target population was 179 Saint John of God College of Health Sciences Psychosocial Counselling graduates. Since the population of graduates being targeted was known (179), the formula shown below as developed by Cochran (1963)²⁶ was employed in calculating the minimum sample size for the study.

$$n_o = \frac{(Z^2 p(1 - q))}{e^2 de}$$

where n_o is the sample size to be estimated;

Z is the selected critical value of desired confidence (1.96 for a 95% level of confidence);

p is the estimated proportion of an attribute present in the population (this was, set at default at 50%)

$q = 1-p$

e is the desired level of precision or margin of error in the results, which we tolerated as 0.05

de is the Design Effect of the sampling strategy and we assume it to be 1, on the assumption that there is likely to be minimal variation in the survey target population characteristics.

Using this formula, the minimum sample size for the survey was 123 graduates. Probability proportionality to size was used to spread 123 graduates across 11 cohorts to ensure that a representative sample size was obtained. [Table 1](#) shows the sample size distribution by graduate cohorts.

Twenty-nine healthcare facilities were contacted and 25 gave permission. Out of 123 graduates who were contacted as a minimum sample, 82 gave permission and 72 responded (34 hardcopies were received and 38 responded online).

Table 1 Sample Size Distribution by Graduates' Cohorts

Cohort	The Number of Graduates	Proportions	Sample Size Distribution
2004	12	0.067	8
2005	13	0.073	9
2006	14	0.078	10
2007	16	0.089	11
2008	27	0.151	19
2011	17	0.095	12
2012	4	0.022	3
2014	15	0.084	10
2015	17	0.095	12
2017	19	0.106	13
2022	25	0.140	17
Total	179	1.000	123

Data Collection Instruments

A self-developed questionnaire was used to collect data from the alumni. The questionnaire had closed and open questions to comprehensively capture the required information. The researchers had printed and online questionnaires. In the visited sites, the researchers collected the data physically using printed ones. For those that were not reachable for hardcopies, online questionnaires (used Google forms platform) were sent to them through a link on their Facebook inbox, WhatsApp personal numbers, WhatsApp groups, and emails. Once the web-based questionnaires were filled and submitted, they were automatically stored on the principal investigators' server. This was also possible because the College has a database of its graduates.

The development of the data collection instruments involved a comprehensive and systematic process that incorporated insights from the literature, expert input, and pilot testing to ensure their quality and appropriateness for the study's objectives. The instruments were rigorously assessed for content validity, reliability, construct validity, and face validity to uphold the highest standards of research methodology.

The data collection instruments were pretested on Saint John of God College of Health Sciences Psychosocial Counselling graduates working with Saint John of God Hospital Services in Mzuzu, Malawi to test their validity and reliability. Thereafter, the tools were amended accordingly based on feedback.

Data Management Methods

Data were collected in June 2023 for three weeks from the respondents. To ensure privacy and confidentiality, participants' data were stored in a locked cabinet and only accessible to the researchers. Data collection instruments were in the English language and were not translated into any local language. This is because the study was conducted among Psychosocial Counselling graduates who completed their training at Saint John of God College of Health Sciences in English and participants were expected to be conversant with the language. After the study, the data were archived in the institution's repository.

Data Analysis Methods

The data were analyzed using a software package called Statistical Package for Social Sciences (SPSS) version 23 to present charts, graphs, and tables. The study utilised frequency distributions as one of the specific descriptive statistics to analyze the gathered data. This approach allowed researchers to gain insights into the distribution and frequency of data points, which was relevant to the research objectives.

Ethics

Ethical approval was obtained from the National Commission for Science and Technology (NCST) (Approval number: P.10/22/682) and permission was sought from the Ministry of Health, which confirmed the principles embodied in the Declaration of Helsinki. Official permission was also obtained from the management of the health facilities before approaching the study participants. The objective and purpose of the Tracer study were clearly explained to the study subjects to obtain informed consent before data collection. Written informed consent were obtained for hard-copy respondents while online informed consent were obtained for online respondents. Participants were also informed that they could discontinue or decline to participate in the study at any time. The confidentiality of the information was maintained, and the data were recorded anonymously throughout the study. Participants were also informed that their responses would be published anonymously in a scientific journal.

Results

Out of 123 participants, 72 responded, yielding a response rate of 59%.

Demographic Characteristics

Of these, there were 40 (55.6%) females and 32 (44.4%) males. On the place of work, an analysis of findings shows that the majority 55 (76.4%) graduates were working with non-government organizations, and 27 (37.5%) were in the age range of 35 years and above. On the number of years in the post, 49 (68.1%) had worked for 5 years and below. In terms of qualifications, 51 (70.8%) were at the Diploma level. As regards to job title, 43 (58.1%) graduates were working as psychosocial counsellors, 12 (16.2%) were working as HIV Diagnostic Assistants, and 6 (10.80%) were working as HIV Testing Services Providers (See [Table 2](#)).

Table 2 Descriptive Statistics of the Participants' Demographic Characteristics

Dimension	Category	Frequency	Percentage (%)
Gender	Male	32	44.4%
	Female	40	55.6%
Place of work	Malawi Government Hospital	3	4.2%
	CHAM hospital facility	5	6.9%
	Non-Governmental Organization	55	76.4%
	Academic Institution	5	6.9%
	Religious organization	1	1.4%
	Self-employment	3	4.2%
Age range	20–24 years	13	18.1%
	25–29 years	22	30.6%
	30–34 years	10	13.9%
	35 years and above	27	37.5%
The number of years in the post	5 years and below	49	68.1%
	6–10 years	14	19.4%
	11–15 years	2	2.8%
	16 years and above	7	9.7%

(Continued)

Table 2 (Continued).

Dimension	Category	Frequency	Percentage (%)
Qualification	Certificate level	2	2.8%
	Diploma level	51	70.8%
	Bachelor's Degree	15	20.8%
	Master's degree	2	2.8%
	Doctorate of Philosophy (Ph.D.)	2	2.8%
Job title	Business	1	1.4%
	Care and Treatment Coordinator	1	1.4%
	Coordinator	1	1.4%
	District Education Management Information Systems Officer (planning section)	1	1.4%
	District lead or District Coordinator	1	1.4%
	Field Officer	1	1.4%
	Head of Programs	1	1.4%
	Headteacher	1	1.4%
	HIV Diagnostic Assistant	12	16.2%
	HIV Testing Services Provider	6	10.8%
	Lecturer	1	1.4%
	Nurse midwife technician	1	1.4%
	Pastoral Worker	1	1.4%
	Psychosocial counsellor	43	58.1%
	Specialist Teacher (Specialised in Visual Impairment)	1	1.4%
	Primary School Teacher	1	1.4%

Graduates' Satisfaction with the Provision of the Psychosocial Counselling Program The Relevance of the College Studies on the Current Job

Overall, out of the total 72 respondents, 64 (88.9%) strongly agreed that the studies at Saint John of God College of Health Sciences were relevant to their current job, 7 (9.7%) agreed that the studies were relevant, 1 (1.4%) expressed a neutral opinion regarding the relevance of their studies to their current job. Specifically, respondents were asked nine questions to describe their level of agreement concerning the relevance of the College studies on their current job in a five-scale response format from “strongly disagree” to “strongly agree”. The 5-point Likert scale response options scored from 1 to 5, were strongly disagree, disagree, neutral, agree, and strongly agree. It is apparent from the results that the majority 64 (88.98%) of respondents strongly agreed that their studies at Saint John of God College of Health Sciences equipped them to perform professional practice, 63 (87.5%) strongly agreed that their studies made them knowledgeable in their professional discipline, 64 (88.9%) strongly agreed that their studies have led to increased skills in their professional discipline, 41 (56.9%) strongly agreed that their studies have created opportunities for pursuing further studies, a substantial proportion 43 (59.7%) strongly agreed that their studies have created more employment opportunities, 50 (69.7%) strongly agreed that studies created a desire for recognition in their profession, 63 (87.5%)

strongly agreed that studies brought enhanced empathy and care for others, 63 (87.5%) strongly agreed about their ability to apply professional and ethical principles gained from their studies (Table 3).

Development of Essential Skills Through a Psychosocial Counselling Academic Program

Table 4 present the development of important skills through the psychosocial counselling academic program. Generally, the majority 58 (80.6%) of participants reported that they developed the skills very much through the program and 11 (15.3%) indicated that their skills were developed a lot. On the development of specific essential skills, the majority 54 (75%) of participants reported very much development in verbal communication, 38 (52.8%) reported very much in written

Table 3 The Relevance of the College Studies on Their Current Job

Overall relevance of studies on the current job					
Response	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall relevance	64 (88.9%)	7 (9.7%)	1 (1.4%)	0 (0%)	0 (0%)
The relevance of the College studies on Specific Aspects of their Current Job					
Better perform a professional practice	64 (88.98%)	6 (8.3%)	1 (1.4%)	1 (1.4%)	0 (0%)
Knowledgeable in professional discipline	63 (87.5%)	7(9.7%)	2 (2.8%)	0 (0%)	0 (0%)
Increased skills in professional discipline	64 (88.9%)	6 (8.3%)	1 (1.4%)	1 (1.4%)	0 (0%)
Has created opportunities for further studies	41 (56.9%)	19 (26.4%)	12 (6.7%)	0 (0%)	0 (0%)
Has created more opportunities for employment	43 (59.7%)	20 (27.8%)	8 (11.1%)	1 (1.4%)	0 (0%)
To be recognized in the profession	50 (69.7%)	18 (25%)	3 (4.2%)	1 (1.4%)	0 (0%)
To get promotion	21 (29.2%)	27 (37.5%)	22 (30.6%)	2 (2.8%)	0 (0%)
To have empathy and care for others	63 (87.5%)	9 (12.5%)	0 (0%)	0 (0%)	0 (0%)
Ability to apply professional and ethical principles	63 (87.5%)	8 (11.1%)	1 (1.4%)	0 (0%)	0 (0%)

Table 4 Development of Skills Through Psychosocial Counselling Academic Program

Overall development of important skills					
Skill	Not at all	Very little	Moderately	A lot	Very much
	2 (2.8%)	0 (0%)	1 (1.4%)	11 (15.3%)	58 (80.6%)
Development of Specific Skills through Psychosocial Counselling Academic Program					
Verbal communication	2 (2.8%)	0 (0%)	1 (1.4%)	15 (20.8%)	54 (75%)
Written communication	0 (0%)	2 (2.8%)	10 (13.9%)	22 (30.6%)	38 (52.8%)
Independent learning	0 (0%)	2 (2.8%)	10 (13.9%)	22 (30.6%)	38 (52.8%)
Working with others	2 (2.8%)	0 (0%)	3 (4.2%)	12 (16.7%)	55 (76.4%)
Solving complex problems	2 (2.8%)	0 (0%)	1 (1.4%)	20 (27.8%)	49 (68.1%)
Critical thinking	1 (1.4%)	1 (1.4%)	2 (2.8%)	15 (20.8)	53 (73.6%)
Creativity	0 (0%)	3 (4.2%)	4 (5.6%)	21 (29.2%)	44 (61.1%)
Empathy	1 (1.4%)	1 (1.4%)	0 (0%)	11 (15.3%)	59 (81.9%)
Research	1 (1.4%)	6 (8.3%)	18 (25%)	24 (33.3%)	23 (31.9%)

communication, 38 (52.8%), indicated very much in independent learning, 55 (76.4%) reported very much in working with others, 49 (68.1%) reported very much in solving complex problems, 15 (20.8%) reported very much in critical thinking, 44 (61.1%) reported very much in creativity, 59 (81.9%) reported very much in empathy, 24 (33.3%) indicated that they developed a lot in research.

The Graduate's Employment Status

The findings revealed that the majority 62 (86.1%) of graduates were employed after graduating. Additionally, 5 (6.9%) reported not being employed, 2 (2.8%) reported being self-employed, and 3 graduates (4.2%) were engaged in piece work (See Figure 2).

The Period Taken to Find a Job After Graduation

The findings revealed that a high proportion of graduates secured employment within a relatively short period. Specifically, 18 (25%) graduates reported finding a job in less than a month after graduation, 33 (45.8%) within the time frame of 1 to 6 months, 5 (6.9%) graduates reported finding employment between 7 to 11 months after graduation, 16 (22.2%) graduates reported finding employment within the time range of 1 year to less than 2, and notably, no graduates indicated taking more than two years to find employment (Figure 3).

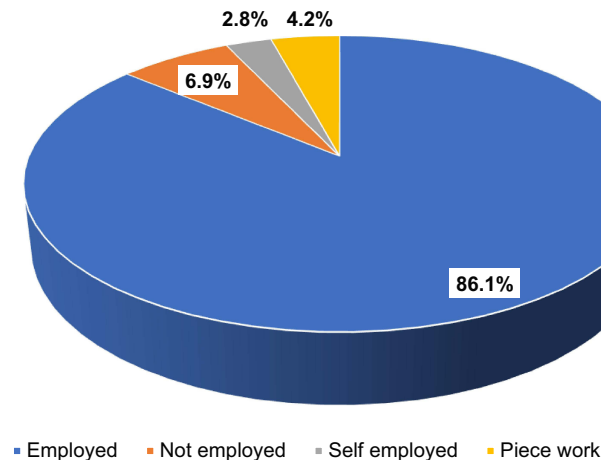


Figure 2 Employment status.

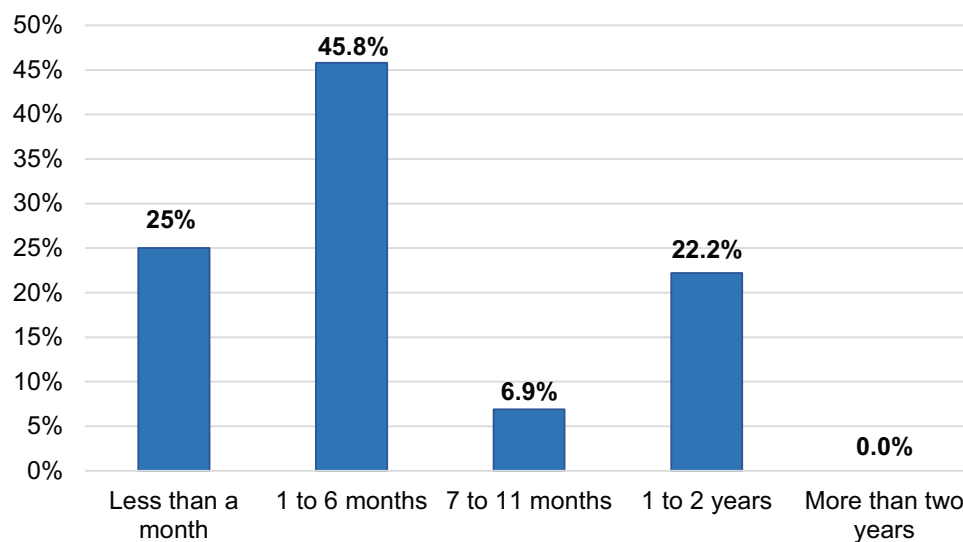


Figure 3 Period taken to find a job after graduation.

The Graduate Utilization of Knowledge and Skills Acquired at College in Their Respective Workplaces

The majority of respondents, 53 (73.6%), expressed using the knowledge and skills acquired from the College courses “very much” in their workplace, 14 (19.4%) respondents reported “a lot”, 3 (4.2%) graduates reported “moderately” and none (0%) reported “very little”. However, 2 (2.8%) respondents indicated that they did not use the knowledge and skills acquired from the College courses in their workplace (Table 5).

The Proposed Courses are to Be Added to the Psychosocial Counselling Curriculum

These results in Table 6 highlight the proposed courses to be included in the curriculum. The majority 60 (83.3%) of respondents strongly agreed to include a Project Management course, 59 (81.9%) respondents strongly agreed to include a Monitoring and Evaluation course, and 43 (59.7%) strongly agreed to the inclusion of an Entrepreneurship course.

Gaps and Improvement Areas in the Delivery of the Psychosocial Counselling Program

The analysis in Table 7 revealed several gaps and improvement areas in the delivery of the psychosocial counselling program. On gaps, fourteen (19.4%) of the respondents reported a shortage of lecturers and support staff, 11 (15.3%) of the respondents indicated a shortage of resources, such as cameras, screens, memory cards, and computers for practicum

Table 5 Using the Knowledge and Skills Learned in the Workplace

Relevance	Frequency	Percentage
Not at all	2	2.8%
Very little	0	0%
Moderately	3	4.2%
A lot	14	19.4%
Very much	53	73.6%

Table 6 Proposed Courses to Be Added to the Curriculum

Course	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Entrepreneurship	43 (59.7%)	13 (18.1%)	9 (12.5%)	6 (8.3%)	1 (1.4%)
Business management	36 (50%)	22 (30.6%)	10 (13.9%)	2 (2.8%)	1 (1.4%)
Project management	60 (83.3)	7 (9.7%)	4 (5.6%)	0 (0%)	1 (1.4%)
Monitoring and evaluation	59 (81.9%)	11 (15.3%)	1 (1.4%)	0 (0%)	1 (1.4%)

Table 7 Gaps Identified in the Delivery of the Psychosocial Counselling Program

Gaps	Frequency	Percentage
None	13	18.1%
Inadequate content covered in Research and other courses	3	4.2%
Contextualize curriculum to tackle local problems	1	1.4%
Shortage of lecturers and support staff	14	19.4
The shortage of resources such as cameras, screens, memory cards, and computers for practicum and supervision	11	15.3%

(Continued)

Table 7 (Continued).

Gaps	Frequency	Percentage
Inflexible mode of delivery	3	4.2%
No scholarships	1	1.4%
Internet problems	1	1.4%
Limited sites of clinical placements	7	9.7%
Psychosocial report writing is not well covered	1	1.4%
No Medical Council registration	1	1.4%
Absence of covering some courses and topics	10	13.9%
Late marking and releasing of end-of-semester examinations	2	2.8%
Lack of marketing of the program to prospective employers	1	1.4%
Too much content is covered in a short period	1	1.4%
Transport challenges during clinical placements	1	1.4%
Some lecturers have bad attitudes toward students	1	1.4%
Improvement areas		
Intensify and enhance counselling practicals	15	20.8%
Identify more clinical placement sites	6	8.3%
Introduce newer relevant courses	9	12.5%
Purchase more resources such as screens, cameras, memory cards, and computers	19	26.4%
Ensure flexibility in the mode of delivery by starting weekend and online classes	4	5.6%
Broaden and deepen the content of the courses to cover more information	4	5.6%
Lobby with the government to create an establishment with government through the Ministry of Health	4	5.6%
Market the program widely	2	2.8%
Recruit more lecturers and support staff	1	1.4%
Redesign the curriculum to have some breaks	1	1.4%
Reorganize research course	2	2.8%
Speed up releasing of end of semester examinations	1	1.4%
Upgrade the curriculum to a degree level	1	1.4%
Create more partnerships with other organizations and institutions	1	1.4%
Improve transportation that ferries students on clinical placements	1	1.4%
Show empathy to students of diverse backgrounds	1	1.4%

and supervision. In regards to improvement areas, a significant number of 19 (26.4%) respondents highlighted the need for additional resources such as screens, cameras, memory cards, and computers, 15 (20.8%) of respondents expressed the need to intensify and enhance the practical components of the counselling courses, 9 (12.5%) of respondents believed

that introducing more new relevant courses would be beneficial, 6 (8.3%) of respondents emphasized the importance of identifying additional clinical placement sites.

Discussion

According to Babbie and Mouton (2001: 261),²⁷ a response rate of 50% is considered adequate for analysis and reporting, 60% is deemed good, and 70% is considered very good. In this study, out of the 123 questionnaires distributed, 72 were completed, resulting in a response rate of 59%. Although slightly below the desirable 60% threshold, this response rate can still be considered good, especially considering the challenges associated with finding respondents in Tracer studies. It is worth noting that Tracer studies pose difficulties in obtaining high response rates because these studies involve tracking students who have left the institution, some of whom may have changed their contact details.^{2,28,29} In the same vein, it was argued that the average response rate for tracer studies is usually below 50% because of the reluctance of qualified learners (or other stakeholders) to participate.²⁸ Additionally, this study partly used online survey questionnaires, which are generally associated with lower response rates compared to paper surveys.³⁰ Despite these challenges, the achieved response rate of 59% provides a substantial number of participants for analysis and interpretation.

The study sample consisted of slightly more females, which contrasts with the male-dominated admission rates at the College as seen in the recent studies conducted by Chima (2022)³¹ and Chima et al^{32,33} at Saint John of God College of Health Sciences in Malawi. This disparity may reflect a gender imbalance in the field of psychosocial counselling. The field of psychology and psychosocial counselling is internationally characterized by a predominance of female professionals. The majority of graduates found employment in non-government organizations (NGOs), indicating the important role of NGOs in employing psychosocial counselling professionals in healthcare facilities across Malawi. Most participants reported having worked for five years or less, indicating a relatively early stage in their careers, which may influence their experiences of growth within the healthcare sector. Studies indicate that experienced professionals bring valuable perspectives and practical knowledge to their work.³⁴ The educational qualifications of the graduates revealed that a majority held diplomas, indicating the prevalence of diploma-level education among psychosocial counselling professionals in Malawi's healthcare facilities. This calls for the need for upgrading of qualifications to meet evolving demands in the field of psychosocial counselling in Malawi.

The analysis of the psychosocial counselling academic program revealed a high level of skill development among participants. The majority of respondents reported a significant growth in essential skills necessary for professional practice in the field. The program successfully fostered communication, independent learning, teamwork, problem-solving, critical thinking, creativity, empathy, and research skills. The findings from this study align with existing literature, which emphasizes the importance of relevant and practical education in preparing graduates for their professional roles.^{35,36} This implies that the program successfully equips graduates with the comprehensive skill set required for successful practice in the field of psychosocial counselling. The positive outcomes reported by participants in terms of job relevance and skill development reflect the positive impact of the College's program and confirm its alignment with industry standards.

The most important result was that most graduates were employed after graduation. This high percentage suggests a positive outcome in terms of the employability of psychosocial counselling graduates in Malawi. Several studies have emphasized the growing need for mental health and psychosocial support services globally, including in developing countries such as Malawi.^{18–20,37,38} This implies that the high employment rate demonstrates the relevance and marketability of the skills and knowledge acquired through the academic program. It is worth noting that a small proportion of graduates reported not being employed. It is essential to explore the potential factors contributing to unemployment. Prior studies have noted factors such as limited employment opportunities, lack of work experience, lack of connections, or individual circumstances might have influenced their employment status.^{2,8,39–41} Identifying the challenges faced by this group can inform interventions to improve their employment prospects and address any potential gaps in the transition from education to employment.

In the Malawian context, St John of God College of Health Sciences Psychosocial Counselling curriculum is planned to prepare its graduates to be employed in the public and private sectors in the delivery of psychotherapy. Those that find

employment opportunities in government institutions work in health facilities (hospitals, health centres and clinics), schools, the army, the police service, orphanage centres, refugee camps and prisons. While others are employed in the private sector, including Non-Governmental Organizations (NGOs) and Christian Health Association of Malawi (CHAM) health facilities. In Malawi, the majority of psychosocial counselling graduates are employed by NGOs but are strategically placed in government and CHAM health facilities across Malawi.¹⁷ For example, some of the NGOs that employ Psychosocial counselling graduates include: Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Baylor College of Medicine and Children Foundation, Pakachere Institute for Health Development Communication, Lighthouse trust, Malawi AIDS Counselling and Resource Organization (MACRO), Medic to Medic, Saint John of God Hospital Services, Partners in Health, Partners in Hope, and SOS Children's Villages.¹⁷

A huge proportion of graduates from the College were able to secure employment within a relatively short period. This quick employment attainment suggests a favourable job market and high demand for graduates with psychosocial counselling qualifications in Malawi. These results corroborate the findings of a great deal of previous work, which emphasized the need for mental health professionals and the growing demand for psychosocial support services globally.^{18–20,38,42} The implications of these findings include highlighting the market demand for graduates, and confirming the effectiveness and significance of the program.

Perhaps the most striking finding of the study is that there is a strong alignment between the knowledge and skills acquired by graduates from the College and their use in the workplace. The majority of respondents reported using the acquired knowledge and skills to a great extent, indicating the effectiveness of the educational program. This aligns with existing literature on the importance of practical application and transferability of education.^{35,36} Studies highlight the need for ongoing collaboration with industry partners.^{41,43–45} This implies that collaboration can help identify and address any discrepancies between the curriculum and workplace requirements.

Another important finding is that the majority of respondents strongly agreed on the inclusion of specific courses that can enhance their professional competencies and broaden their skill set. The high agreement for a Project Management course reflects the recognition of the importance of organizational and project management skills in the practice of psychosocial counselling. In accordance with the presented results, previous reports have shown that professionals must have the capabilities to effectively manage projects, coordinate services, and ensure the efficient delivery of interventions.^{46,47} Similarly, the strong agreement for a Monitoring and Evaluation course highlights the growing emphasis on evidence-based practice and the need for professionals to effectively measure and assess the impact of their interventions. These results affirm the observations of a great deal of previous work in Monitoring and evaluation skills are essential for maintaining quality standards, improving program effectiveness, and demonstrating the value of psychosocial counselling services.^{47–49} The significant agreement for an Entrepreneurship course suggests an increasing recognition of the importance of entrepreneurial skills in the field. This aligns with literature that emphasizes the need for professionals to be proactive, innovative, and capable of initiating and managing their businesses.^{50–52} The implication is that incorporating courses on Project Management, Monitoring and Evaluation, and Entrepreneurship can enhance the graduates' skill set, increase their employability, and equip them with the competencies needed to address the evolving challenges in the field.

The analysis of the data revealed gaps in the delivery of the psychosocial counselling program at Saint John of God College of Health Sciences in Malawi. These include a shortage of lecturers and support staff, inadequate resources for practicum and supervision, absence of coverage of certain courses and topics, limited sites for clinical placements, inadequate coverage of research content, and an inflexible mode of delivery, which are consistent with previous studies.^{14,41,53–55} Addressing these gaps is crucial for improving the quality and effectiveness of the program, ensuring students receive comprehensive training, and meeting the evolving needs of the field of psychosocial counselling.

The analysis of the results revealed several improvement areas in the delivery of psychosocial counselling courses at Saint John of God College of Health Sciences in Malawi. These areas include the need for additional resources, enhancing the practical components of courses, introducing new relevant courses, identifying additional clinical placement sites, providing flexibility in course delivery, broadening and deepening course content, and lobbying with the government for establishment opportunities, which are consistent with the literature.^{14,53–55} Addressing these areas can enhance the quality of education and better prepare graduates for their professional careers in Malawi and beyond.

Limitations

The major limitation of this study is that it did not generate an adequate response rate. The minimum sample size for this study was 123 participants, but only 72 participants responded. This entails that the sample was not representative of the population; therefore, the findings of this study cannot be generalized to the population. In light of this, caution should be exercised when interpreting and generalizing the findings of this study. The tracer study mostly covered health facilities within urban and semi-urban, disregarding those in rural areas due to financial constraints.

Conclusion

The study aimed at tracing its Saint John of God College of Health Sciences Psychosocial Counselling Graduates working in different healthcare facilities across Malawi. The findings from this study have important implications for psychosocial counselling program evaluation, development, and enhancement. By working on the identified gaps and incorporating recommended improvements, the College can further enhance the employability of its graduates, contribute to the overall improvement of the psychosocial counselling workforce, and meet the demands of the field in Malawi. Addressing the “Gaps and Improvement Areas in the delivery of Psychosocial counselling program” such as procuring the required resources and recruiting academic and support staff are imperative for the benefit of future psychosocial counselling program development. After a critical analysis, theoretical and practical recommendations can be drawn to say that monitoring of employment outcomes, and proactive curriculum adaptation are crucial for the success of the program and the professional development of graduates in the field of psychosocial counselling in Malawi.

Acknowledgments

The researchers wish to express their gratitude to all the study subjects, - research assistants and individuals (Fr. Hermes Paononga, Catherine Mwale, Richard Banda, Blessings Chikasema, Wallace Lungu, Leah Kayange, Violet Luhanga, Thandie Mkandawire, Stella Mussa and Maggie Msimuko) who made this work a success.

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Disclosure

The authors report no conflicts of interest in this work.

References

1. Badiru EO, Wahome M. Conducting Graduate Tracer Studies for Quality Assurance in East African Universities: a Focus on Graduate Students Voices on Quality Culture. *J Educ Pract.* 2016;7(6):174–181.
2. Ssembatya V, Ngobi R. Employability of Graduates: makerere University Tracer Study of The 2012 Graduates. *Rep Qual.* 2015;1–56.
3. Mubuuke AG, Businge F, Kiguli-Malwadde E. Using graduates as key stakeholders to inform training and policy in health professions: the hidden potential of tracer studies. *African J Heal Prof Educ.* 2014;6(1):52–55. doi:10.7196/AJHPE.302
4. Kula-semos M, Aime F, Nasale P. *Graduate Tracer Study 2020.* Divine Word University; 2020.
5. Selamah AY, Muhamad Karimi S, Husna J, Zaireena WN. Balkumari College Tracer Study. *Univ Grants Comm.* 2017;106.
6. Schomburg H. *Handbook for Graduate Tracer Studies.* International Centre for Higher Education Research, University of Kassel; 2003. Available from: https://www.qtafi.de/images/schomburg/schomburg_2003_tracer_handbook_v2.pdf. Accessed October 4, 2023.
7. Senekal J, Munro N. Lessons learnt from two decades of Graduate Tracer Research: recommendations for the South African Context. *South African J High Educ.* 2019;33(2):230–248.
8. Nyasulu C, Chawinga W, Chipeta G. A Tracer Study of ICT Graduate Students at Mzuzu University. *Univ South Africa Press.* 2019;36(3):56.
9. Laguardor J, Dotong C. Tracer Study of BS Computer Engineering Graduates of Lyceum of the Philippines University. *Int J Manag IT Eng.* 2013;3(8):387–401.
10. Heidemann L Only successful Graduates Respond to Tracer Studies: a Myth? Results from the German Cooperation Project Tracer Studies, AlmaLaurea Working Paper No. 13 (ISSN 2239-9453); 2011. Available from: <https://ideas.repec.org/p/laa/wpaper/13.html>. Accessed October 4, 2023.
11. Ramirez T, Cruz L, Alcantara N. Tracer Study of the RTU Graduates: an Analysis. *J Arts, Sci Commer.* 2014;5(1):66–76.
12. The Uganda National Council for Higher Education. Tracer Study of 2005 Graduates from Five Universities and Four Colleges. 2013. Available from: <http://www.unche.or.ug/wp-content/uploads/2014/11/Tracer-study-of-2005-Graduates-from-five-Universities-and-four-Colleges.pdf>. Accessed October 4, 2023.
13. Fentiman A Tracer Study of former NAMCOL Learners; Research Report: Centre for Educational Research and Development, Von Hügel Institute, St Edmund’s College Cambridge CB3 0EQ. 2007.

14. Manda M, Matidza I. A Tracer Study of 2011-2015 Graduates From the Land Management Programme At Mzuzu University. *J Educ Soc South Africa*. 2016;3(3):45–67.
15. Chipeta G, Chawinga W. A Tracer Study of Library and Information Science Graduates of Mzuzu University, Malawi. *African J Libr Arch Inf Sci*. 2018;28(1):33–47.
16. Teichler U. Employment and Work in Selected European Countries. *Eur J Educ*. 2000;35(2):141–156. doi:10.1111/1467-3435.00013
17. Chima T. Employers Feedback on Psychosocial Counselling Graduates' Performance in Selected Healthcare Facilities in Malawi. *J Multidiscip Healthc*. 2023;2513–2526. doi:10.2147/JMDH.S425614
18. Chepuka L, Taegtmeier M, Chorwe-Sungani G, Mambulasa J, Chirwa E, Tolhurst R. Perceptions of the mental health impact of intimate partner violence and health service responses in Malawi. *Glob Health Action*. 2014;7(1):1–10. doi:10.3402/gha.v7.24816
19. Masulani-Mwale C, Kauye F, Gladstone M, Mathanga D. Development of a psycho-social intervention for reducing psychological distress among parents of children with intellectual disabilities in Malawi. *PLoS One*. 2019;14(2):1–13. doi:10.1371/journal.pone.0210855
20. Bloom DE, Cadarette D. Infectious disease threats in the twenty-first century: strengthening the global response. *Front Immunol*. 2019;10(549):1–12. doi:10.3389/fimmu.2019.00549
21. National Council for Higher Education. National council for Higher Education. 2022. Available from: <http://www.nche.ac.mw/>. Accessed October 4, 2023.
22. Creswell J. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 4th ed. Sage Publications.; 2014.
23. Creswell J. *Designing and Conducting Mixed Methods Research*. 3rd ed. Sage; 2018.
24. John C, Creswell D. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 6th ed. Sage Publications, Inc.; 2023.
25. Ocholla D, Shongwe M. An Analysis of the Library and Information Science (LIS) Job Market in South Africa. *South African J Libr Inf Sci*. 2013;79(1):35*43. doi:10.7553/79-1-113
26. Cochran W. *Sampling Techniques*. Wiley; 1963.
27. Babbie E, Mouton J. *The Practice of Social Research*. Oxford University Press; 2001.
28. Nofel projects Limited. The Belgian Technical Corporation (BTC) and the Transport Education and Training Authority (TETA) Tracer study on candidates funded for Maritime and logistics studies. *Int J Med*. 2016;2139(2):1–45.
29. Mainga W, Marlo M, Moxey R, Quddus A. administrative sciences Graduate Employability of Business Students. *Adm Sci*. 2022;12(72):1–35. doi:10.3390/admsci12030072
30. Nulty DD. The adequacy of response rates to online and paper surveys: what can be done? *Assess Eval High Educ*. 2008;33(3):301–314. doi:10.1080/02602930701293231
31. Chima T Utilisation of online databases by students at Saint John of God College of Health Sciences in Malawi. 2022. Available from: <http://repository.mzuni.ac.mw:8080/xmlui/handle/123456789/295>. Accessed October 4, 2023.
32. Chima T, Chawinga WD, Chipeta GT. Use of Online Databases by Undergraduate Students at a Health Sciences College in Malawi. *Int Inf Libr Rev*. 2023;1–18. doi:10.1080/10572317.2023.2192631
33. Chima T, Mkwinda E, Kumwenda S. The need for health information management professionals in Malawi health facilities. *Heal Inf Manag J*. 2023;1–8. doi:10.1177/18333583231180772
34. Du MR. A Tracer Study among Nursing Graduates of LPU. *J Multidiscip Res*. 2019;3(3):11–25.
35. Chiranjivi A, Parbati T, Aditi G, Ramesh G, Santosh G. Tracer study report-2018: school of Health and Allied Sciences, Pokhara University. *Univ Grants Comm*. 2019:56.
36. Mwakigonja AR. The Doctor of Medicine curriculum review at the School of Medicine, Muhimbili University of Health and Allied Sciences, Dar es Salaam, Tanzania: a tracer study report from 2009. *BMC Med Educ*. 2016;16(1):1–15. doi:10.1186/s12909-016-0745-7
37. Ng'oma M, Atif N, Meltzer-Brody S, Stewart RC, Chirwa E. Exploring the cultural appropriateness of a psychosocial intervention, the Thinking Healthy Programme-Peer delivered (THPP), for perinatal depression in Lilongwe, Malawi. *Malawi Med J*. 2022;34(2):87–94. doi:10.4314/mmj.v34i2.3
38. Nsona DA. Counselling in the African Context: experiences from Malawi. *Malawi Assoc Couns*. 2017.
39. Tutor M, Orbeta A, Miraflores J. The 4th Philippine Graduate tracer study: examining higher education as pathway to employment, citizenship, and life satisfaction from the learner's perspective. *Philipp Inst Dev Stud*. 2020;2019(26):1–80.
40. Nakata S, Chowdhury ARC, Nagashima Y, Rahman MM, Rahman T, Rahman MA. Graduate Employability of Affiliated Colleges New Evidence from Bangladesh. *World Bank*. 2019;1–68.
41. Vuksanović N, Santa R, Moisaner T, Mati Taskila V, Leen E Student Advancement of Graduates Employability. Employability with Students' Eyes.; 2014. Available from: <http://www.esu-online.org/wp-content/uploads/2016/07/Sage-EWSB-online-FINAL.pdf>. Accessed October 4, 2023.
42. Ng'oma M, Atif N, Samatha M-B, Robert S, Chirwa E. Exploring the cultural appropriateness of a psychosocial intervention, the Thinking Healthy Programme-Peer delivered (THPP), for perinatal depression in Lilongwe, Malawi. *Malawi Med J*. 2022;34(2):87–94. doi:10.4314/mmj.v34i2.3
43. Soundararajan G, Ravikumar A, Aro-Gordon S. Employers Perception on Graduate Skill Deficiency To Suit Productivity. *Humanit Soc Sci Rev*. 2020;8(3):1415–1421. doi:10.18510/hssr.2020.83142
44. Kanagavalli G, Gayathri M. Factor Affecting Employability and Hiring Decisions of Arts and Science Graduates: a Study of Employers Perceptions. *Indian J Econ Bus*. 2022;21(3):177–188.
45. Gaitte FTG, Arroyo RA, Lim PJ, Vergara PME, Doria JA. Employers' Feedback on Job Performance of Hotel and Restaurant Management Graduates. *Int J Acad Ind Res*. 2022;3(4):129–144. doi:10.53378/352944
46. Gomes Silva FJ, Kirytopoulos K, Pinto Ferreira L, JC S, Santos G, Cancela Nogueira MC. The three pillars of sustainability and agile project management: how do they influence each other. *Corp Soc Responsib Environ Manag*. 2022;29(5):1495–1512. doi:10.1002/csr.2287
47. Mohamud FI. Monitoring and Evaluation practice and performance of Health Projects in Isiolo County, Kenya. *Int J Soc Sci Manag Entrep*. 2023;6(2):278–287.
48. Marshall JH, Suárez D. The flow of management practices: an analysis of NGO monitoring and evaluation dynamics. *Nonprofit Volunt Sect Q*. 2014;43(6):1033–1051. doi:10.1177/0899764013494117
49. Basheka BC, Byamugisha AK. The state of monitoring and evaluation (M&E) as a discipline in Africa: from infancy to adulthood? *African J Public Aff*. 2015;8(3):75–95.

50. Sharma GD, Kraus S, Liguori E, Bamel UK, Chopra R. Entrepreneurial challenges of COVID-19: re-thinking entrepreneurship after the crisis. *J Small Bus Manag.* 2022;1–23. doi:10.1080/00472778.2022.2089676
51. Lasisi JO. Medical Entrepreneurship and Triple Helix Model in the Nigeria Health Sector. In: *Medical Entrepreneurship: Trends and Prospects in the Digital Age.* Springer; 2023:275–286.
52. Raimi L, Oreagba IA, Lukman FM. Medical Entrepreneurship: conceptualization, Perspectives, Scope, Dynamics, and Implications. In: *Medical Entrepreneurship: Trends and Prospects in the Digital Age.* Springer; 2023:13–23.
53. Ahmed H, Tessma T. Employers' Expectations and Perceptions of Business and Economics College Graduate's Competencies in Ethiopia. *IBMRD's J Manage.* 2020;9(2):37–50. doi:10.17697/ibmrd/2020/v9i2/156630
54. Mainga W, Daniel RM, Alamil L. Perceptions of Employability Skills of Undergraduate Business Students in a Developing Country: an Exploratory Study. *High Learn Res Commun.* 2022;12(1):28–63. doi:10.18870/hlrc.2022.v12i1.1257
55. Ofoha D, Iwuchukwu O. Employers' Perception and Expectations of Professional Competency of Distance Learning Graduates: a Tracer Study of Nursing Graduates of the National Open University of Nigeria (NOUN). *Open Prax.* 2018;10(3):265. doi:10.5944/openpraxis.10.3.796

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