

Exploring midwives' experiences regarding quality intrapartum care

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DECLARATION

I, **Dineo Cathrine Moroka**, declare that the thesis titled **“Exploring Midwives’ Experiences Regarding Quality Intrapartum Care in a Public Hospital in the North-West Province”**, submitted for the degree **Magister of Nursing Sciences** at the **North-West University (NWU)** is my own work. All the sources that I have used or cited have been indicated and acknowledged by means of complete references. This thesis has never been submitted previously for a degree to this or any other institution.

The study has been approved by the Ethics Committee of the North-West University (Mafikeng Campus) and the North West Department of Health. The ethical standards of NWU (Mafikeng Campus) have been considered during the conduct of the study.

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DEDICATION

I would like to dedicate this study to my father, Ontshebile, and my mother, Pontsho Moroka, for their role in my upbringing, encouragement and support. They taught me to believe in myself. A special dedication is due to my mother who is a breast cancer survivor—she spends most of her time as a role model in exercising patience and perseverance in the face of life's challenges. She continues to be my source of inspiration.

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ABSTRACT

Nationally literature reveals that South Africa (SA) is also one of the developing countries with a high maternal mortality ratio estimated at 3814 in 2014-2016, which demonstrates poor quality intrapartum care (SA, 2018:85). North West Province (NWP) and Ngaka Modiri Molema (NMM) district as part of SA also experience high rate of maternal deaths (SA, 2018). These large numbers of maternal deaths are worrying largely because (CARMMA: 2012) mandate is that no woman should die while giving life. The majority of maternal deaths are preventable and have many common preventable factors (SA, 2018:85). Literature continues to highlight the challenges faced by midwives during intrapartum care that may influence quality. The challenges faced by midwives during intrapartum care that may influence quality in other countries, seems to be the shared sentiments with SA. The challenges faced by midwives inadvertently affect their service delivery with respect to providing quality intrapartum care.

This research was conducted in an effort to make a meaningful contribution to the body of knowledge, specifically knowledge related to the experiences of midwives regarding the quality of intrapartum care in a public hospital in the North West Province, and to propose guidelines to enhance the quality of intrapartum care.

A qualitative study design was used and data was collected through the use of semi-structured in-depth interviews. Purposive sampling was used to select participants who represent the target population. The sample used for the study included the midwives with 6 months and above experience in intrapartum care unit. A trial run was conducted and the interview schedule was finalised. Twelve semi-structured in-depth interviews were done until data saturation had been reached. Trustworthiness was ensured according to the principles of credibility, dependability, conformability and transferability. A tape recorder was used to capture data and the data were transcribed verbatim. Field notes were written down for each interview. Data analysis was done by means of content analysis by the researcher and an independent co-coder. Themes, categories and sub-categories were identified. The findings indicated that most of the midwives experienced challenges, which might affect quality of intrapartum care. The identified challenges experienced by midwives were both managerial and clinical in nature. Identified areas of concern are lack of resources and challenges in providing quality care.

Conclusions drawn from the findings and integrated literature that was conducted stressed that midwives' experiences regarding quality intrapartum care were that quality is not of the highest standard, and is often compromised. Therefore, since midwifery care has an essential contribution to enhancing high- quality maternal and new-born services, it indicates that

midwives are the backbones of midwifery services as they are capable of bringing about change that will enhance quality of intrapartum care and reduce Maternal Mortality Rate (MMR). Guidelines were proposed for nursing practice, nursing education and nursing research, for enhancing the quality of intrapartum care in public hospital.

Keywords: quality of intrapartum care, experiences, midwives.

LIST OF ABBREVIATIONS AND ACRONYMS

BANC	Basic Antenatal Care
CARMMA	Campaign in Acceleration in Reduction of Maternal Mortality in Africa
ESMOE	Essential Steps in Management of Obstetric Emergencies
MDG	Millennium Development Goal
NCCMDE	National Committee for Confidential Enquiries Into Maternal Deaths
NDoH	National Department of Health
NMM	Ngaka Modori Molema
MMR	Maternal Mortality Rate
NWP	North-West Province
SA	South Africa
SANC	South African Nursing Council
UNDP	United Nations Development Programme

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CHAPTER 1

Overview of the Study

1.1 Introduction

Quality intrapartum care remains a global concern especially in the public hospitals. The World Health Organization (WHO) reported 303,000 maternal deaths yearly, about 830 women die from pregnancy or childbirth related complications every day around the world and this maternal mortality is unacceptably high (WHO, 2015:17).

The World Bank (2015:17) indicated that most of these maternal deaths that occurred globally in 2015 were occurring in developing countries (1.700), Sub-Saharan Africa (201.000) and South Asia (66.000). Many countries still experience high maternal mortality rates and it is also indicated that these deaths could have been avoided through timely, effective interventions. WHO (2015:20) has seen poor quality care as a major contributing factor to these large number of institutional deaths which suggests a negative impact on midwives and quality intrapartum care.

International studies have indicated that improved quality intrapartum care can contribute towards reduction of maternal mortality rate. A study

conducted in UK suggested that maternal mortality rate could only be reduced when there is an overall improvement in quality of intrapartum care (Renfrew et al., 2014:1129).

Similarly, a study conducted in Turkey revealed that proper adherence to the guidelines can assist in improving quality of intrapartum care (Karacam et al., 2017). Another study conducted in sub-Sahara countries also emphasized that accountability is needed in improving quality intrapartum care to prevent maternal mortality (Sharma et al., 2015). A study done in Kenya also indicated that quality intrapartum care could be improved when there is availability of necessary resources and adequate supervision in order to reduce maternal mortality (Owili et al., 2017). In Ethiopia a study also identified unavailability of essential physical resources as an obstacle in providing quality intrapartum care to improve maternal health (Yagzaw et al., 2017).

A study conducted in South Africa also indicated that best practice is needed to improve quality intrapartum care to ensure safety of women in labour (Chabedi et al., 2017). Another study confirmed that collective involvement from the hospital management, midwives and community in addressing the shortcomings of the institution could help to improve quality intrapartum care (Sumbane et al., 2017). Maputle (2018) further emphasized that quality

intrapartum care can improve when Batho-Pele principle is put into place whereby a person is more involved in-patient care than technology in order to provide woman centred care during delivery.

All these studies stress the fact that quality intrapartum care is critical in reduction of maternal mortality. Hence the researcher saw a need to explore and describe the midwives' experiences regarding quality intrapartum care as they are the once expected to provide quality intrapartum care. Further evidence in literature on the quality of intrapartum care, also refers to the importance of the availability of an adequate number of midwives who are competent (Fullerton et al., 2005:3). This is supported by McFaden et al. (2014:388) who reported that quality intrapartum care could improve when provided by midwives who were qualified, well trained, licensed, and regulated. It was further indicated that there is a growing consensus among public health professionals that midwifery care has an essential contribution in ensuring high quality maternal and new-born services (Lancet, 2014:384). Furthermore, it is stated that even though midwives are capable of bringing about change that will enhance quality of care in midwifery practices, those changes cannot emerge from a vacuum (Lancet, 2014:384).

High quality intrapartum care requires a professional nursing practice environment embedded in high quality leadership and management, good

staffing, trustful mutual nurse-physician relationship, reasonable workloads and favourable working conditions services (Lancet, 2014: 384). Since midwifery care has an essential contribution to enhancing high quality maternal and new-born services, this indicates that midwives are the backbones of midwifery services as they are capable of bringing about change that will enhance quality of care in midwifery practices.

However, study conducted in United States of America revealed that midwives are facing the challenges of misunderstanding between them and managers, which lead to lack of support, and ineffective leadership hence quality intrapartum care is compromised (Bedwell et al., 2015). Similarly, Hoogenboom et al. (2015:8) also revealed that midwives are experiencing lack of support from management, they are not adequately equipped with knowledge and skills during intrapartum care which causes delay in management of intrapartum emergency. The same situation was also reported in a study conducted in Sweden when they found out that lack of information about the progress of labour was one of the challenges that compromised quality intrapartum care (Haines et al., 2013). Contrary to that another study conducted in Thailand indicated that the skilled birth attendances were complying with evidence-based guidelines but they still need support from management in order to improve quality intrapartum care (Hoogenboom et al., 2015). A study done in Pakistan has identified that

midwives are not adequately prepared and the working environment was not conducive which resulted in poor quality intrapartum care (Sarfraz & Hamid, 2014:15).

Similarly, a study conducted in Uganda indicated that there was a knowledge gap amongst the midwives as the patients were not evaluated the same, which causes the delay in decision making which in turn compromise quality intrapartum care (Kanye et al., 2015:6). The challenges faced by midwives inadvertently affect their service delivery with respect to providing quality intrapartum care. It based on this understanding that the researcher intends to ascertain and describe how do midwives experience their work in intrapartum care based on rendering the services for which they were engaged in.

South Africa (SA) is not immune to the challenges faced by midwives during intrapartum care that may influence quality internationally. Nationally literature reveals that South Africa is also one of the developing countries with a high maternal mortality ratio estimated at 3814 in 2014-2016, which demonstrates poor quality intrapartum care (SA, 2018:85). Literature have identified that poor quality intrapartum care is when, labour can be a hazardous journey for the foetus and the woman if close monitoring was not done (Campbell & Lees, 2002:101).

Therefore, the reported maternal deaths suggested that this high maternal mortality ratio could be due to lack of close monitoring of the women during intrapartum care by the midwives. This also indicates that midwives are faced by challenges related to the management of patients during intrapartum care.

The SA Health Department has identified Partogram as one of the most important strategies used to ensure quality intrapartum care, therefore it is imperative in monitoring woman during intrapartum period (NDoH, 2007a:37). However proper plotting of the partogram seemed to be a problem in most of the hospitals (NDoH, 2002: 42). This is supported by a study conducted in Limpopo province, when they found that there was poor quality intrapartum care because participants failed to monitor and plot the maternal and foetal conditions on the partogram during the intrapartum phase (Shokane et al., 2013:166).

Similarly, another study conducted in KwaZulu-Natal province also revealed that there was poor quality intrapartum care due to often poor recording of observations, lack of close monitoring of pregnant women during intrapartum care which lead to poor decision-making (Gcawu & Stellenburg, 2012:49). When looking at the challenges faced by midwives that may influence quality intrapartum care, the report of NDoH 2014-2016 indicates that the increasing numbers of maternal deaths can be prevented (SA, 2018:85).

Assessors classified 61% of these maternal deaths to be potentially preventable indicating mostly poor quality of care during the antenatal, intrapartum and postnatal periods. There was lack of appropriately trained doctors (17.7%) and midwives (11.3%), hence, most health care providers were not following standard protocols shown by improper initial assessment, poor problem identification, incorrect management, infrequent monitoring and prolonged abnormal monitoring with no action taken. There was significant sub-optimal care in 2293 cases, where 1222 possibly affected the outcome and 1071 probably affected the outcome (SA, 2018). This information above has raised the researcher's concern hence the researcher wanted to explore and describe the midwives' experiences regarding quality intrapartum care as they are expected to provide quality of care.

Since quality intrapartum care therefore remains a global concern especially in the public hospitals, WHO safe motherhood initiative has developed several strategies to ensure quality intrapartum care for reduction of maternal mortality reduction. South Africa also as one of the countries with high rate of maternal mortality is expected to implement those strategies. If one looks at literature on available strategies to enhance quality care in South Africa, CARMMA (2012) mandate to SA is that no woman should die while giving life. Additionally, SA is mandated to ensure healthy lives and promote well-being for all ages (United Nations Development Programme, 2015:5).

However, South Africa is still one of the developing countries with high maternal mortality ratio, which is a concern. In response to that, South Africa Department of Health has applied the following strategies to enhance quality intrapartum care which are MDG (2005), NCCMDE key recommendations (1998), BANC (2008), Maternity guideline and Partogram (NDoH, 2007a), PMTCT (2010), ESMOE (2010), CARMMA (2012), aimed at reducing maternal and infant mortality rates.

Regardless of all these strategies in place to improve quality, maternal mortality rates are marginal as it has been slow to fall (NDoH, 2015). This high maternal mortality ratio may also be stressful for midwives providing the care and having to deal with this on a daily basis and this has made a researcher want to explore and describe midwives' experiences regarding quality intrapartum care, since they are expected to contribute a great deal in reducing maternal mortality.

Table 1.1: Estimated Maternal Mortality Rate (MMR) per 100 000 lives between the year 2014 and 2016 in South Africa

Study area	Percentage (%)
South Africa	3814 (3.85)
North West Province	293 (7.68)
Ngaka Modiri Molema	84 (28.67)
<i>Source: SA, 2018:89-93</i>	

These high numbers of maternal deaths should be a concern because losing one woman is like losing a nation. Experiences of patients regarding quality intrapartum care in other provinces and countries have been documented, but the midwives' experiences regarding quality intrapartum care in NWP had not been described as satisfactory as those of patients had. Hence, the researcher's focus is on midwives' experiences regarding quality intrapartum care.

1.2 Problem Statement

Looking at the global maternal deaths statistics as stated above, it is clear that many countries still experience high rates of maternal death mainly caused by poor quality of care (WHO: 2015). South Africa is also one of the developing countries with a high maternal mortality that demonstrates poor quality of intrapartum care. The report of NDoH 2014-2016 indicates that the increasing numbers of maternal deaths can be prevented (SA, 2018:85). North West Province (NWP) and Ngaka Modiri Molema (NMM) district as part of SA also experience high rate of maternal deaths (SA, 2018).

These large numbers of maternal deaths are worrying largely because (CARMMA: 2012) mandate is that no woman should die while giving life. Additionally, South Africa is mandated to ensure healthy lives and promote well-being for all ages (United Nations Development Programme, 2015:5). In

response to these increasing number of maternal deaths, several strategies were implemented by the Department of Health to empower midwives in providing quality intrapartum care but despite all these strategies, maternal, stillbirth and neonatal deaths still remain high in the NWP and NMM health district. Several studies have shown challenges faced by midwives, which may have an influence on quality intrapartum care as discussed in the introduction and background.

Looking at these challenges faced by midwives which among others include; poor quality of midwifery care, consistent poor recording of observations, poor management during labour and poor decision-making, and report on NDoH 2014-2016, whereby most health care providers were not following standard protocols shown by improper initial assessment, poor problem identification, incorrect management, infrequent monitoring and prolonged abnormal monitoring with no action taken. All these statements above raised researcher's concern.

Experiences of patients regarding quality of intrapartum care in other provinces and countries have been documented, but the midwives' experiences regarding quality of intrapartum care in NWP had not been described as satisfactory as those of patients had. Hence, the researcher has an interest to explore and describe midwives' experiences regarding quality

intrapartum care in a public hospital in the NWP. Exploring and describing midwives' experiences regarding quality of intrapartum care in a public hospital in the NWP and proposing guidelines can be beneficial in enhancing the quality of intrapartum care in the province.

1.3 Research Questions

- What are the midwives' experiences regarding rendering quality of intrapartum care in a public hospital in the NWP?
- What guidelines can be proposed to enhance quality of intrapartum care in a public hospital in the NWP?

1.4 Research Objectives

- To explore and describe midwives' experiences regarding rendering quality of intrapartum care in a public hospital in the NWP;
- To propose guidelines to enhance quality of intrapartum care in a public hospital in the NWP.

1.5 Significance and Rationale of the Study

There is a growing consensus among public health professionals that midwifery care has an essential contribution to make to high- quality maternal and new-born services. Even though this is the case, midwives working in

intrapartum care wards are faced with challenges on a daily basis that may have an influence in quality intrapartum care. The experiences of practicing midwives on rendering quality intrapartum care had not been identified, particularly for midwives practicing in public hospitals in the NWP. Exploring and describing midwives' experiences regarding quality intrapartum care can offer an understanding in this occurrence, and also help in proposing guidelines towards improving quality of intrapartum care.

1.6 Paradigmatic Perspective

A specific paradigm is used in all scientific research for reviewing research project materials and the direction to take for the project (Brink *et al.*, 2012:25). Therefore, the researcher should decide about the paradigm she or he is in work with. The paradigmatic perspective of this study is grounded on the meta- theoretical, theoretical and methodological assumptions that will guide the researcher and is discussed below.

1.7 Meta-Theoretical Assumptions

The meta-theoretical assumptions of this study comprise of a person, health and environment. The researcher based this on a Christianity perspective, based on her believe in God and that she and participants are creatures of God according to the Bible.

1.7.1 Person

The researchers view a person as an important human being that should be respected, supported and treated with dignity. In this study a person refers to the midwife and pregnant woman. The midwife is constantly interacting with patients and is guided by the rule to be responsible and accountable for his/her acts and omission. The midwife is expected to administer quality of care to pregnant women during all stages of labour with her acquired knowledge and skills which include demonstration of respect and genuine interest in them, and avoiding an arrogant, rude or judgmental attitude even in a context of a poor working environment. Pregnant woman has the right to make informed decisions about the safety of her unborn baby during process of child birth guided and supported by a midwife who has knowledge and clinical skills.

1.7.2 Health

According to (WHO) health is a condition of being well physically, mentally, spiritually and socially without any disease. The health of a pregnant woman can be regarded as being on a scale of health or illness that ranges from minimum to maximum health. The pregnant woman in labour can experience good health in one aspect and less health in another. A healthy midwife is able to provide quality intrapartum care. Therefore, the researcher believes that the health of a midwife is also important for provision of quality

intrapartum care to this pregnant woman. That is why midwives are entitled for day-offs and annual leaves for their physical wellbeing according to The Labour Relations Act, including job satisfaction, teamwork and support as they will reduce stress related to work and enhance mental, spiritual and social well-being.

1.7.3 Environment

The researcher believes that the environment involves the internal and external situation. In this study, the internal environment includes midwife's knowledge, technical skills, competency and experiences on providing quality intrapartum care. The external environment refers to the physical and social structure of the ward. Physical structure includes infrastructure and accessibility of equipment whereas social include interaction with other members, teamwork, and support given to her and her relationship with the patient. The internal environment of the pregnant woman includes what she expected towards the quality intrapartum care she receives during intrapartum care period. The external environment includes the physical and social arrangement of the intrapartum care unit that can make this woman to outlook the quality intrapartum care that she receives in a negative or positive way.

The physical structure refers to enough space for privacy, beds, linen, meals,

toilet and cleanliness of the unit, whereas the social includes qualified, knowledgeable and skilled competent midwife that gives emotional support and adequate information and involve her in decision making towards the progress of her labour. A positive environment will also contribute towards positive outcome of the mother and baby during intrapartum care.

1.7.4 Theoretical Assumptions

Theory is defined as systematic concepts that explain a certain phenomenon and their relationship (Brink *et al.*, 2012:21). The focus of this study is based on quality intrapartum care so this study is guided by quality intrapartum care and midwives which are the key concepts. The Maternity Guideline for South Africa will also guide this study. The key concepts are discussed below.

1.7.4.1 Quality Intrapartum Care

The WHO (2016) definition of quality intrapartum care is “the degree to which health care services provided to individuals and patient populations improve desired health outcomes.

In order to achieve desired health outcomes, it is essential to deliver health services that meet quality criteria. In this study quality, intrapartum care includes rendering a least level of care to entirely low risk pregnant women and an advanced level of care to entirely high-risk pregnant women during intrapartum period with a desired health outcome which is the delivery of a

healthy mother and baby. In order meet quality criteria, health care must be; safe, effective, timely, efficient, equitable and people-centred.

Safe. Delivering health care that minimizes risks and harm to service users, including avoiding preventable injuries and reducing medical errors. In this study safe means proper initial assessment to detect any risk factors or harm for proper management and action.

Effective. Providing services based on scientific knowledge and evidence-based guidelines. In this study effective means close monitoring of woman in labour, following protocols and guidelines.

Timely. Reducing delays in providing and receiving health care. In this study timely is ensured by early detection of complications for relevant action to be taken.

Efficient. Delivering health care in a manner that maximizes resource use and avoids waste. In this study effective means use of the resources properly and relevantly for the benefits of the patient.

Equitable. Delivering health care that does not differ in quality according to personal characteristics such as gender, race, ethnicity, geographical location or socioeconomic status. In this study equitable means treating all the patients same way in totality.

People-centred. Providing care that takes into account the preferences and aspirations of individual service users and the culture of their community. In this study people-centered is ensured by treating patients with dignity, respecting their cultures and values and including them in decision making with their conditions.

When looking at the concepts of quality intrapartum care above, it indicates that quality intrapartum care can only be achieved when following Maternity Guideline for South Africa. Therefore, the Maternity Guideline for South Africa is also used to guide this study. According to the Maternity Guideline for South Africa (2010), monitoring of pregnant woman in labour to ensure quality intrapartum care is as follows:

Routine monitoring of labour includes close monitoring of maternal condition, foetal condition and progress of labour during all four stages of labour which are: First stage made up of three phases, latent phase, active phase and transitional phase. Second stage from fully dilatation to delivery of the baby. Third stage of labour, delivery of placenta, membranes, and fourth stage which is an hour after complete delivery then begins puerperium.

In this study, quality intrapartum care is ensured by following the Maternity Guideline for South Africa in progress of woman in labour during all four stages of labour.

1.7.4.2 Midwife

Du Preez (2011:10) define midwife as a registered nurse with professional behaviour to care for the patient with educational ability and clinical experience to attain best health, through communication and useful activities intended at keeping, raising and restoration of health. In this study a midwife is a person who is qualified, competent and has an experience in monitoring woman during intrapartum period which refers to all four stages of the intrapartum period.

1.7.5 Methodological Assumptions

The methodology is based on applied research. Applied research is conducted to find a solution to an immediate practical problem (Brink, 1996:205). The researcher believes that the findings on midwives' experiences regarding quality intrapartum care can lead to proposed guidelines that can facilitate positive changes in practice that can improve quality intrapartum care.

1.7.6 Research Methodology

Research methodology is the process or plan for conducting specific steps of a study (Burns & Groove, 2009:719). The researcher followed the research steps in order to reach the objectives of the study. It comprises of the design and methods that are used in the study. The research design and method are briefly discussed below and a detailed discussion is provided in Chapter 2.

1.7.6.1 Research Design

The study was conducted as an explorative, descriptive and contextual research design. The qualitative research approach is used to gain an understanding of a phenomenon in its natural context (Creswell, 2007:39). This approach is relevant for this study as it aimed at exploring the experiences of midwives regarding rendering quality Intrapartum care in a public hospital in the North West Province. Midwives that were requested to take part in this study have worked in that unit for six and above months and regarded as having experience in providing quality intrapartum care.

1.7.6.2 Research Methods

Research methods refer to the techniques used by the researchers to gather and analyse data relevant to the research question (Polit *et al.*, 2001:13). In this study the research methods comprise of the sampling method, data collection, the role of the researcher and data analysis which assists the researcher in achieving the research objectives. A brief discussion follows below.

1.7.6.2.1 Population

The population of this study was all midwives working in a selected public hospital in NWP.

1.7.6.2.2 Sampling

Purposive sampling method was used. Midwives with an experience of at least 6 months working in intrapartum care unit in a selected public hospital in NWP have been recruited in the study as they are regarded as information-rich participants and are considered the best resources in answering the research questions of this study.

1.7.6.2.3 Sample Size

Sample size denotes the number of participants to be included in the research study, which also depends on data saturation. In this study sixteen interviews were planned. Interviews were conducted until data saturation occurred on the twelfth interview when no new information was provided and a pattern of data repetition was reached (Burns & Groove, 2009:508).

1.7.6.2.4 Data Collection

Data collection is a piece of information that the researcher gathers and is relevant to the purpose of the study (Polit & Beck, 2013). The researcher arranged an appointment with the hospital managers and informed them about the study who acted as mediators to inform the midwives of the research. An appointment was made for the dates that best suited the participants that were eager to participate in the study at a venue of their convenience. Semi-structured in-depth interview was used as the relevant method to collect data with the aim of exploring the experiences of the

midwives regarding the quality intrapartum care in a public hospital in the NWP. The researcher conducted an interview more like a normal conversation and the participants were able to describe their experiences regarding the quality intrapartum care more freely.

The researcher also took field notes in order to retain the process of the interviews that were conducted until data saturation was reached (Babbie & Mouton, 2009). During interview, the researcher was able to observe the behaviour of participants and asked for clarity when needed which also added to rich data obtained.

1.7.6.2.5 Trial- Run

A trial-run is a small version of a proposed study conducted prior to develop or refine the methodology, such as sampling, instruments or data-collection process and analysis (De Vos, 2005:207). A trial run was done with a person that meets the criteria to ensure that the researcher has the skills for interviewing and also to determine if the questions are easily understood, user friendly, and the approximate time it takes to complete the interview. The researcher used the following two main questions to facilitate the discussion with the participants and to bring about the wanted details of the study occurrences (quality intrapartum care):

- 1. How do you experience your work in intrapartum care?*

2. What would you suggest to enhance the quality of intrapartum care?

Interviews were conducted in a private room and tape-recorded. The tape recorder with the trial run semi-structure in-depth interviews were given to the supervisor to listen and make comments. The supervisor was satisfied with the interview but then suggested that the researcher needed to use more communication methods like probing to get more information on the experiences, for example 'could you please share with me that negative experience' and how do you feel about that? The comment received from the supervisor as well as the researcher's own reflection on the individual interview, made the researcher ready for the real individual interview. Completed interview was also used as data for the study.

1.7.6.2.6 Data Analysis

The data collection records (verbatim transcription) were analysed and prearranged in harmony with the method of content analysis by two independent analysts. A consensus discussion was held between the researcher and independent co-coder who has expertise in coding and a conclusion was reached on the themes, categories and sub-categories that emerged from the written text (Brink et al., 2006:119, De Vos et al., 2005:335). The researcher and co-coder adopted the generic steps recommended by Creswell (2009:184) to analyse data as outlined in protocol for data analysis (Addendum: F).

1.7.7 Trustworthiness

Trustworthiness is the degrees of confidence qualitative researchers have in their data (Polit & Beck, 2004:734). According to, Babbie and Mouton (2009) model is made up of four criteria: credibility, dependability, conformability as well as transferability which are appropriate and applicable to qualitative research. The researcher used these criteria to ensure the trustworthiness of the findings as briefly discussed below:

The researcher ensured credibility by prolonged engagement with the participants and building trust and rapport with the participants. Dependability was ensured by the data being verified for authenticity and accuracy to confirm whether it was the actual data recorded during the interview. The audit procedure was done by the promoter to validate whether the transcripts resembled raw data on the tape and were transcribed verbatim for confirmability and the researcher achieved transferability by providing sufficient descriptive findings within the context of the study.

1.7.8 Ethical Considerations

Ethics is a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations to the study participants (Polit & Beck, 2004:717). Ethical issues could be noticeable in any study and the researcher should be thoughtful to this and should be alert of what is right and wrong in any given situation (Babbie,

2007:65). Caution was taken on different ethical issues that may influence the relationship with midwives taking part in the study. Continuous awareness of the ethical consideration was sustained throughout the research process and participant's rights were respected as follows:

1.7.8.1 Permission

Permission to conduct the research was obtained from the following structures: Approval from Ethics Committee of the North-West University (Mafikeng campus), Addendum A; permission from the North West Provincial Department of Health, Addendum B and the Chief Executive Officer of the hospital, Addendum C. The researcher obtained permission from the participants by first explaining the research and got the informed consent, Addendum D before the onset of the individual interviews. The researcher abided by the three fundamental ethical principles for protection of human rights throughout the study as they follow below: (Brink et al, 2013: 31).

1.7.8.2 Respect for Persons

Autonomy was ensured by informing participants that their participation in the study is voluntary and that they have the right to withdraw from the study at any given time when they wish to do so.

1.7.8.3 Informed Consent

The informed consent was obtained by providing the participants with a

consent form and information sheet, which explains the purpose and objectives of the study. The information sheet was written in English, which is the language understood by all. The researcher gave the participants the contact details of the study supervisors for in case they have further questions or complaints.

1.7.8.4 Principle of Beneficence

The principle of beneficence was ensured when the participants were not forced to participate. The researcher explained to them that they are not obliged to participate and that their participation should be completely voluntarily. To prevent harm, the participants were informed that they are allowed to draw from the study at any stage and to omit any question, which made them uncomfortable.

1.7.8.5 Risk benefit ratio

The risk benefit ratio was ensured by informing the participants that their participation in research is voluntarily and there is no any compensation. The researcher did not choose the participants because they would specifically benefit from the research. Their participation may benefit them when achieving the research objectives; however, benefits derived from participating in the study will be communicated to the participants, the hospital management and authorities of the North West Department of

Health.

1.7.8.6 The Principle of Justice

This principle was maintained by sticking to the following rules below:

1.7.8.6.1 Right to Fair Selection and Treatment

The participants who meet the inclusion criteria were invited to participate in the study. Information about the research study were explained to the midwives and hospital managers to promote voluntary participation.

1.7.8.6.2 Right to Privacy

Privacy was maintained by observing the following: Anonymity and confidential procedures: The researcher informed the participants that their names are going to be written in the consent forms and not in the transcripts. Participants were asked not to introduce themselves in order to safeguard their anonymity. The right to confidentiality was ensured by telling the participants that the information provided would not be made available to parties other than those involved in the research.

1.7.8.7 Data management plan

The completed interview documents will be placed safely in the computer with password protection, each will be in a separate file with the field notes and encoded. After completion of data analysis, the completed interview documents together with the signed informed consent will be safely locked in

the university achieves for the duration of five years.

1.7.8.8 Dissemination plan

After obtaining informed consent, each participant had the choice of whether they wanted to be informed individually or as a group about the results by the researcher. The results of the research would thus be shared in the form of a report with all the participant as well as with hospital management and North West Department of Health. The research results will be distributed to other scientists and service provider (hospitals and midwives) through journal articles, workshops and congress papers.

1.7.8.9 Researcher expertise

Planning, implementing and reporting on research were carefully conducted. The proposal for the research was approved by the research committee of the school of nursing science and the work was supervised by an experienced researcher. Various point of view found in literature and during data collection are spelt out; no results have been disguised, fabricated or copied. All participants and all those who have contributed towards making this research study to be successful have been acknowledged. Policies regarding plagiarism and copyright as described in the manual for Postgraduate Studies (North- West University, 2013:15) are acknowledged.

1.8 Thesis Outline

Chapter 1: Overview of the Study

Chapter 2: Research Methodology

Chapter 3: Discussion of the Findings

Chapter 4: Conclusions, Limitations and Proposed Guidelines

1.9 Summary

This chapter presented an overview of the study about Exploring midwives' experiences regarding quality intrapartum care in a public hospital in the North West Province. The introduction, background of the study and the problem statement were discussed. The research questions and the study objectives allowed the researcher to state the meta-theoretical, theoretical and methodological assumptions. The research design and research method as well as the trustworthiness and ethical consideration appropriate to this research were drawn. This chapter was concluded by the ethical consideration and the outline of all the chapters. A detailed explanation of the research methodology used in this study is provided in chapter two.

CHAPTER 2

Research Methodology

2.1 Introduction

In this chapter a detailed description of the research methodology is provided followed by literature integration, trustworthiness and ethical considerations. Research methodology is the process or plan for conducting specific steps of a study (Burns & Groove, 2009:719). The researcher has followed these research steps in order to reach the objectives of the study. It comprises of the research design and methods that were used in the study.

2.2 Research Design

A **qualitative research design** is a systematic, interactive subjective approach used to describe life experience and give it meaning (Burns & Grove, 2009:51). This design is chosen for this research because is fitting for this study as it focused on the experiences of the midwives. The study is also exploratory, descriptive and contextual in nature. **Exploratory** research investigates the full nature of the phenomenon, the manner in which it is manifested and other factors to which it is related (Polit & Beck, 2004:20). In this study exploratory research aimed at exploring the dimension of the phenomena which is quality intrapartum care and the way in which they manifest. The central question was asked and the researcher probed more

information on midwives' experiences regarding quality intrapartum care.

Through this, the researcher was able to gain a full understanding of midwives' experiences regarding quality intrapartum care in their natural setting.

The **descriptive design** involved the exploration and description of the experiences within its practical setting as it happens in actual life (Burns & Groove, 2009:45). In this study, the midwives were able to offer a thorough description on their experiences regarding the quality intrapartum care within its practical context as they happen in natural setting. Describing findings explored from the realm of the participants through qualitative data collection, meant that communication and information sharing took place between the participants and the researcher, who understood and reflected on midwives' experiences regarding quality of intrapartum care.

The **research context** referred to the place where the context of the occurrence under study unfolds (De Vos et al., 2011:65). In this study the context in which the midwives' experiences quality intrapartum care was explored and described as follow. The midwives' experiences were explored and described within the context of specific setting which is intrapartum unit in a selected public hospital. The research was conducted in Ngaka Modiri Molema (NMM) District in a public hospital of the NWP. NWP is mostly rural

and is one of the nine provinces in Republic of South Africa. The NWP is home to 3 787 978 people. The NMM District is situated in the NWP and comprises five health sub-districts, namely Ditsobotla, Mahikeng, Ramotshere Moiloa, Ratlou and Tswaing. The selected public hospital caters for all these sub-districts which consist of sixteen (16) community health centres and seventy-six (76) clinics. The deliveries conducted per month are 400 – 500.

2.3 Research Method

The research method is the systematic method of events and practises that are followed when an occurrence is explored (Polit & Beck, 2006:765). Detailed information of the research method is discussed below, namely, the population, sampling, data analysis and data collection method that was used.

2.3.1 Population

The population consisted of all the midwives working in a selected public hospital in the NWP. They have worked in this hospital for more than six months and are willing to participate in the research study. The managers acted as mediators to inform the midwives of the study in order for them to decide if they wanted to participate.

2.3.2 Sampling

The sample was selected from a population of all the midwives who worked for more than six months and are willing to participate in the research study in a public hospital in the NWP to obtain information on a phenomenon (intrapartum care) that represent the population of interest (Brink *et al.*, 2008:124). Purposive sampling was used which allowed the researcher to select information-rich participants, or those participants from who the researcher could learn a great deal about the main focus of the study (Burns & Groove, 2009:355). The focus of the study is quality intrapartum care, so the experiences regarding quality intrapartum care required to be explored hence the participants were selected from the midwives working in intrapartum care unit. The midwives that were selected were both basic midwives and advanced midwives of all ages with an experience of 6 months and above for the researcher to can propose the guideline to improve quality intrapartum care.

2.3.3 Sample Size

The sample size depends on data saturation. In this study data saturation was reached after twelfth interviews were completed with no new information and a pattern of data repetition was reached (Burns & Groove, 2009:508).

2.3.4 Data Collection

Data collection is the accurate, logical gathering of information relevant to the

purpose of the research study (Burns & Grove, 2009:43). In this study, twelve (12) semi-structured in-depth interviews were conducted from July – September 2018, in which the researcher obtained the responses from the participants in a face-face contact (Brink *et al.*, 2012:157). An interview schedule was compiled and a trial run was conducted prior to the actual data collection (Burns & Grove, 2009:404). The physical setting for data collection was prepared in advance within which human behaviour was presented with no constraints (Polit & Beck, 2006:16). The physical setting was a quiet private room in post-natal ward, which provided privacy, and non- threatening environment. The participants were free to speak openly.

Before data collection, permission to conduct the research was obtained from the following structures: Approval from Ethics Committee of the North-West University (Mafikeng campus), Addendum A; permission from the North West Provincial Department of Health, Addendum B and the Chief Executive Officer of the hospital, Addendum C. The managers acted as mediators between the researcher and the midwives and they gave written consent, Addendum D. The researcher explained clearly the necessary information and stated that their dignity and privacy will be respected and protected. Your participation in this study is voluntary and you have the right to withdraw from the study at any time. It was also explained that they are going to be tape-recorded.

2.3.5 Trial-Run

A trial-run is a small version of a proposed study conducted prior to develop or refine the methodology, such as sampling, instruments or data-collection process and analysis (De Vos, 2005:207). Interviewing is a skill that is a prerequisite for a researcher before starting an interview in a study (Burns & Grove, 2009:510). A trial run was done with a person who meets the criteria for the study and to ensure that the researcher has the acquired skills for interviewing and also to determine if the questions are easily understood, user friendly, and the approximate time it takes to complete the interview. This interview was also used as part of the study.

The researcher used the following two main questions to facilitate the discussion with the participants and to bring about the wanted details of the study occurrences (quality intrapartum care):

1. *How do you experience your work in intrapartum care?*
2. *What would you suggest to enhance the quality of intrapartum care?*

Semi-structured in-depth interview with open-ended questions that enabled the participants to speak freely during the interviews was used as the relevant method to collect data with the aim of exploring the midwives' experiences regarding the quality of intrapartum care in NWP public hospital. The

interviews were conducted in a private room and was tape-recorded. The researchers also took field notes immediately after the interviews in order to recall the process of the interviews that was conducted until data saturation was reached (Babbie & Mouton, 2009).

2.3.6 Data Collection Method

Data collection steps include setting the boundaries for the study, collecting information through unstructured or semi-structured observation and interview, documents, and visual materials, as well as establishing the protocol for recording information (Creswell, 2014:189). The semi-structured in-depth interview was used as the relevant method to collect data with the aim of exploring the midwives' experiences regarding the quality intrapartum care in a public hospital in the NWP (Brink, 2004:158). The researcher conducted interviews more like a normal conversation and the participants were able to describe their experiences regarding the quality intrapartum care more freely.

2.3.6.1 Interview Setting

The interview setting should provide privacy, be comfortable, non-threatening and easily accessible (De Vos, 2002:300). The researcher prepared physical setting for data collection in advance (De Vos, 2005:195). The room was clean and comfortable with enough light and conducive temperature, and the interviews were conducted in privacy free from noise with no distractions. The

setting was easily accessed by the participants. The researcher provided herself with two reliable voice recorders, a notepad to take field notes, more pens, an address book or diary to keep participants' contact information and information on appointments. The participants were made ready for the interview. Interview was conducted at a time suitable for both researcher and participants. After the procedure had been explained to the participants who had voluntarily agreed to participate, were asked to sign the consent form before the interview started. Information and consent they provided was explained to ensure that they know their rights and can withdraw from the study at any time.

2.3.6.2 Interview Procedure

The researcher greeted each participant into the identified room, made her comfortable, introduced topic and explained the purpose of interview in order to gain trust. The researcher showed a respectful manner and made the participant to feel as an essential part of the research. The researcher started the interview by asking two broad open-ended questions, which were formulated previously to the interviews during interview schedule which allowed the participants to answer freely on their own explanation:

- 1. How do you experience your work in intrapartum care?*

2. *What would you suggest to enhance the quality of intrapartum care?*

2.3.6.3 Clarifying

Researcher asked for further description of what was said by the participant and for some clarifications on concepts used to check whether the researcher understood what was said by the participant for example: could you explain what you mean by 'there was no enough time'.

2.3.6.4 Probing

Probing is the technique interviewers use to obtain more information in a specific area of the interview (Burns & Grove, 2009:716). Probing is eliciting more useful information from the participant than in the first volunteered reply. The researcher asked probing questions during the interviews to allow the participant to give a dense description of their experiences regarding quality intrapartum care such as 'how did you feel about that'.

2.3.6.5 Reflecting

Researcher used reflection to indicate to the participants that their concerns and perspective were listened to. During data collection, researcher repeated some statements that were said by the participants to find out whether the understanding was the same and for the participants to provide further clarity where needed. The researcher listened attentively to what the participants were telling her throughout the interview. Towards the end of the allocated

time the researcher rounds off the interview and ask if there is anything the participants still wish to add. At the end of the interview, the researcher thanked the participants for their cooperation and participation.

2.3.7 Field Notes

Field notes were written on account of the things that the researcher hears, sees, experience and reflects about in the course of interviewing (De Vos, 2005:298). Field notes may include a daily record of events but tend to be broader, more analytic and more interpretative than simple listing of occurrences (Polit & Beck, 2008). Field notes were written and marked accordingly with a number to link them to the specific interview information relating to environmental factors. The following types of field notes are categorized into descriptive and reflective observation (Polit & Beck, 2004:382).

2.3.7.1 Descriptive Notes

Descriptive notes or observational notes are objective description of observed events and conversations; information about actions, dialogue and context that are recorded completely and objectively as possible (Polit & Beck, 2004:382). In this study the researcher reported, the time and place, the description of what the participants portray like non-verbal cues, the physical setting, the occurrence of particular events, and activities that took place during the interview (Polit & Beck, 2004:383).

2.3.7.2 Reflective Notes

Reflective notes involved the researcher's personal views such as thought about the incidents, feelings, personal experiences, problems encountered and progress while in the field (Polit & Beck, 2004:382). The three reflective notes were written as follow:

2.3.7.2.1 Methodological Notes

Methodological notes are reflections about the strategies and methods used in the observations and can also provide instructions and reminders about how subsequent observations will be made (Polit & Beck, 2004:382-383). In this study, the researcher took notes and the following method and strategies were used for data collection.

2.3.7.2.2 Theoretical Notes

Theoretical notes also known as analytic notes are the researchers' efforts to attach meaning to observations while in the field, and serve as a starting point for subsequent analysis (Polit & Beck, 2004:382-383). During data collection, the researcher made interpretations of what was observed in the field and as a result, the data collection, analysis and interpretation occurred concurrently.

2.3.7.2.3 Personal Notes

Personal notes are comments about researchers 'own feeling while in the

field and it can contain reflections relating to ethical dilemmas and possible conflicts (Polit & Beck, 2004:384). Record of emotions, feelings and reactions that was observed was done immediately after leaving the field whilst still remembered. The field notes were done immediately after leaving the field. They were typed and marked accordingly with a number to link them with specific interview information and attached to each transcript to serve as part of data analysis.

2.3.8 Data Analysis

Recorded interviews were verbatim transcribed meaning the interviewer's and interviewee's words from the taperecorder was typed capturing every word for the purpose of data breakdown. The researcher and co-coder used the generic steps recommended by Creswell (2009:184) to analyse data as outlined in protocol for data analysis (see Addendum F). The same steps were then used to analyse the rest of the transcripts. A professional nurse who is experienced in qualitative data analysis was appointed to act as the independent co-coder. Then the transcripts, field notes and work protocol were sent to the co-coder.

The work protocol included the following specifications:

-  The study objectives;

- ✎ A clear explanation of the data collection method,
- ✎ Data which was the transcriptions of the semi-structured in-depth interview together the field notes and;
- ✎ The relevant steps to the process of data analysis as a protocol.

A meeting was held between the researcher and the co-coder after the co-coder had completed her independent coding of the data. They brought along the tables that indicate the groupings they had independently compiled. Those groupings were then compared in order to identify the comparisons and the variances on the themes, categories and sub-categories.

A discussion was held and an agreement was reached about those themes, categories and sub-categories. A table of themes, categories and sub-categories was then finalised. See Table 3.1- 3.4 in Chapter 3.

2.3.9 Literature Integration

Literature integration required an extensive literature search to verify the research findings against the existing literature and to highlight the findings that came up from the research and those not found in the research that are distinctive findings (Burns & Grove, 2009:564). After data analysis, the findings were discussed and literature integrated.

2.3.10 Trustworthiness

Trustworthiness is the degree of confidence qualitative researchers have in their data (Polit & Beck, 2004:734). According to Burns and Grove (2007:91) trustworthiness in qualitative research is associated with openness, scrupulous adherence to a philosophical perspective, thoroughness in collecting data and consideration of all data in the subjective theory's' developmental phase. In this study the researcher ensured trustworthiness of data by adhering to the data collection techniques of the qualitative research design, which enabled the researcher to describe, explore and contextualize the experiences of midwives regarding quality intrapartum care in the NMM district public hospital. Babbie and Mouton (2009) model of trustworthiness is made up of four criteria: credibility, dependability, conformability as well as transferability which are appropriate and applicable to qualitative research. The researcher used these criteria to ensure the trustworthiness of the findings as outlined in Table 2.1.

Table 2.1: Outlined the criteria used to ensure trustworthiness of the findings

Heading	How it was done	Application
Credibility	☞ Credibility was established by verifying and validating the information with the participants to ensure that the data is not misinterpreted. ☞ The researcher did stay long in the field conducting interviews until data saturation is reached.	☞ Credibility was ensured by prolonged engagement with the participants to build trust and rapport with them in order to get an in-depth description of their experiences. ☞ Semi-structured questions were used during interview in order to explore the midwives experience regarding quality intrapartum care. ☞ The participants were allowed to narrate their experiences without being interrupted. ☞ Probing questions were asked to get in-depth understanding of the experiences of midwives regarding quality intrapartum care. ☞ Verification and validation of information was done through follow up interview. ☞ Several meetings were held with the supervisor to discuss the findings after the interviews and coding was done. ☞ Peer review of the study findings was done when consensus discussions with the co-coder who is also experienced in data analysis took place.

Dependability	✎ Dependability was ensured by the consistency of research findings being the same data if repeated elsewhere in intrapartum unit of midwifery practice in another public hospital. ✎ Data verification was done for authenticity and accuracy to confirm whether it was the actual data recorded during the interview.	✎ In this study both supervisors conducted an independent inquiry in all the interview materials and transcripts. ✎ A professional nurse who is experienced in qualitative data analysis was appointed to act as an independent co-coder. ✎ Coded data were compared until an agreement was reached with regard to the findings.
Conformability	✎ Conformability was ensured by the data being the true reflection of the participants, not from the researcher's perception or biases. ✎ The audit procedure was done by the promoter to validate whether the transcripts resembled raw data on the tape which was transcribed verbatim.	✎ Coding was rechecked by the supervisors for consistency of the findings. ✎ Conformability was achieved through external auditing of findings to exclude the biasness of the study.

Transferability	✎ Transferability was ensured by the research findings that can still be applied elsewhere in intrapartum unit of midwifery practice of another public hospital. ✎ The researcher achieved transferability by providing sufficient descriptive findings within the context of the study.	✎ Transferability was met by thoroughly explaining the research questions, objectives, the study design and method.
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2.3.11 Ethical Considerations

Ethics is a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations to the study participants (Polit & Beck, 2004:717). Constant awareness of the ethical consideration was maintained throughout the research process and the rights of the participants in this study was respected as follows:

2.3.11.1 Permission

Permission to conduct the research was obtained from the following structures: Approval from North-West University (Mafikeng Campus) Ethics Committee (refer to Addendum A); permission from the North West Provincial Department of Health, Addendum B and the Chief Executive Officer of the hospital, Addendum C. The researcher obtained permission from the participants by first explaining the research and got the informed consent, Addendum D before the onset of the individual interviews. The researcher abided by the three fundamental ethical principles for protection of human rights throughout the study as they follow below: (Brink et al, 2013: 31).

2.3.11.2 Respect for Persons

This principle involves two convictions being individuals are autonomous (that is, they have the right to self-determination and this right must be respected) (Brink, 2006:39). Autonomy was ensured by informing participants that their

participation in the study is voluntary and that they have the right to withdraw from the study at any given time when they wish to do so.

2.3.11.3 Informed Consent

The informed consent was obtained by providing the participants with a consent form and information sheet, which explains the purpose and objectives of the study. The information sheet was written in English, which is the language understood by all. The researcher gave the participants the contact details of the study supervisors for in case they have further questions or complaints.

2.3.11.4 Principle of Beneficence

The principle of beneficence was ensured when the participants were not forced to participate. The researcher explained to them that they are not obliged to participate and that their participation should be completely voluntarily. To prevent harm, the participants were informed that they are allowed to draw from the study at any stage and to omit any question, which made them uncomfortable.

2.3.11.5 Risk benefit ratio

The risk benefit ratio was ensured by informing the participants that their participation in research is voluntarily and there is no any compensation. The

researcher did not choose the participants because they would specifically benefit from the research. Their participation may benefit them when achieving the research objectives; however, benefits derived from participating in the study will be communicated to the participants, the hospital management and authorities of the North West Department of Health.

2.3.11.6 The Principle of Justice

This principle was maintained by sticking to the following rules below:

2.3.11.6.1 Right to Fair Selection and Treatment

The participants who meet the inclusion criteria were invited to participate in the study. Information about the research study were explained to the midwives and hospital managers to promote voluntary participation.

2.3.11.6.2 Right to Privacy

Privacy was maintained by observing the following: Anonymity and confidential procedures: The researcher informed the participants that their names are going to be written in the consent forms only and not in the transcripts. Participants were asked not to introduce themselves in order to safeguard their anonymity. The right to confidentiality was ensured by telling the participants that the information provided would not be made available to parties other than those involved in the research.

2.3.11.7 Data management plan

The completed interview documents will be placed safely in the computer with password protection, each will be in a separate file with the field notes and encoded. After completion of data analysis, the completed interview documents together with the signed informed consent will be safely locked in the university achieves for the duration of five years.

2.3.11.8 Dissemination plan

After obtaining informed consent, each participant had the choice of whether they wanted to be informed individually or as a group about the results by the researcher. The results of the research would thus be shared in the form of a report with all the participant as well as with hospital management and North West Department of Health. The research results will be distributed to other scientists and service provider (hospitals and midwives) through journal articles, workshops and congress papers.

2.3.11.9 Researcher expertise

Planning, implementing and reporting on research were carefully conducted. The proposal for the research was approved by the research committee of the school of nursing science and the work was supervised by an experienced researcher. Various point of view found in literature and during data collection

are spelt out; no results have been disguised, fabricated or copied. All participants and all those who have contributed towards making this research study to be successful have been acknowledged. Policies regarding plagiarism and copyright as described in the manual for Postgraduate Studies (North- West University, 2013:15) are acknowledged.

2.4 Summary

This chapter provided an overview of the research methodology, the research design, method as well as the trustworthiness and ethical consideration used in this study. In chapter 3, the researcher give feedback on the realisation of data collection and analysis, the research findings coupled with a thorough literature integration.

CHAPTER 3

Discussion of the Research Findings

3.1 Introduction

This chapter discussed, the findings in terms of the midwives' experiences regarding quality of intrapartum care in a public hospital in the NWP, which is based on participants' views, and the suggestions they made to enhance quality of intrapartum care followed by integrating literature which corresponds to the findings. The detailed realisation of data collection and data analysis are discussed below. The discussion of the research findings is enriched by direct quotations from the transcripts of the interview and references of current literature in order to confirm these findings in terms of the existing literature, pertaining to quality intrapartum care and identify unique findings if there are any. The process of data integration will add to the richness of the findings and crystallization on the conclusion of the experiences regarding quality of intrapartum care by midwives (Creswell, 2014).

3.2 Discussion of Data Collection and Data Analysis

3.2.1 Realisation of Data Collection

Sixteen participants that qualified according to the set inclusion criteria were recruited and agreed to participate in the study but only twelve, semi structured in-depth interviews were conducted. Some potential participants did not agree to take part, citing that they are not willing to participate.

The ages of the participants ranged from 29 to 55years. One was a male and eleven were females. The participants who confirmed their willingness to participate were visited in their work place at the date and time agreed upon with the researcher.

Before each interview the researcher obtained the signed consent form ((Addendum D). Data were collected using a battery-operated tape recorder. Field notes were written immediately after each interview whilst the researcher still remembered the interview setting. The interviews were guided by these two broad questions:

- 1. How do you experience your work in intrapartum care?*
- 2. What would you suggest to enhance the quality of intrapartum care?*

Data saturation was reached after twelfth interviews were done, followed by transcribing verbatim the recorded interviews for data analysis (Burns & Groove, 2009:405).

3.2.2 Realisation of Data Analysis

The tape recordings were played and replayed. The verbatim transcription of data was read and re-read so that the researcher becomes immersed in the data analysis (Burns & Groove, 2009:521). The data were reduced to small manageable parts, thoroughly examined and compared for similarities and differences (Burns & Groove, 2009:405). Words and themes were used as the units of analysis (See Table 3). The identified themes were grouped into themes, categories and sub-categories. The redundant information in the themes that do not specify, clarify or elaborate on the remaining themes by relating them to each other as a whole were eliminated.

A professional nurse who is experienced in qualitative data analysis was asked to act as an independent co-coder to analyse the data and code the transcripts independently from the researcher. After the co-coder and the researcher analysed independently, a meeting was scheduled to agree on the themes, categories and sub-categories that emerged from the data as discussed. The themes, categories and sub-categories are described in detail under Table 3.

3.3 Research Findings

The two questions used for the rich data produced in this study were.

Question 1: How do you experience your work in intrapartum care? Two main themes were identified, namely: Lack of resources and Challenges in providing quality care.

Question 2: What would you suggest to enhance the quality of intrapartum care?

Two main themes also emerged from this question and they are: Lack of resources and Challenges in providing quality care. Question 1 is discussed in detail under Table 3.1 (theme 1) and 3.2 (theme 2). Question 2 is discussed in detail under Table 3.3 (theme 1) and 3.4 (theme 2)

3.3.1 Summary of Research Findings of Question 1

Table 3.1 and 3.2 provides a detailed discussion of the qualitative findings based on question1, for each theme, category and the sub-category with relevant quotes from the interviews to describe the views of the participants. An integrated literature is also done to ground the qualitative findings in the context.

3.3.2 Summary of Research Findings of Question 2

The second question, namely: What would you suggest to enhance the quality of intrapartum care? used for the data produced also provides rich data with the main themes being lack of resources and challenges in providing quality care and is discussed in Table 3.3 and 3.4. With the themes, category and the sub- category. Relevant quotes from the interviews are included to portray the views of the participants. An integrated literature is done to ground the qualitative findings in the context.

3.4 Summary

The realisation of data collection and data analysis were described. The discussion of the study findings based on the two questions was done according to the themes, categories and sub- categories that emerged from the data analysis obtained through individual interviews with the participants. Relevant quotes from the interviews were used to portray the views of the participants. Literature control was done to ground the qualitative findings in the context. The conclusions on the findings will be discussed broadly in chapter 4.

Table 3.1: Theme 1 of Question 1: Lack of resources

Theme 1: Lack of resources Category 1: Lack of human resources Sub-Category 1: Shortage of staff	
Discussion	Participants' Views
The participant's greatest concern was shortage of staff which they indicated that is a long-standing problem. They stated that four midwives are allocated per shift to take care of two wards (high risk antenatal ward and labour ward) simultaneously.	"Shortage of staff affects our work in a way that we don't provide quality work, err...we don't take care of patients holistically, you just do what you can, so that you go to the next patient" (Prt.9).
Midwife patient ratio is not equal which causes a delay in helping other patients. This makes the work to be unproductive and of substandard care which end up into complications and more litigations.	"By shortage of staff, I mean we don't usually progress patients the way we are supposed to do, we end up ignoring some other patients or neglecting some other patients. You will check the patient and find that she is 4 cm, you write the report, go to the next patient, when you come back you find that the patient is fully dilated without being progressed the progress that we are supposed to do in each patient" (Prt.10).
Literature Integration	
The above participant's views indicate that midwife patient ratio is not equal which has a great impact on quality intrapartum care, as patients are not monitored as they are supposed to be monitored. This is also confirmed by a study that stated that shortage of staff has negative impact on quality intrapartum care as midwives' ratio did not meet all the population that need their care (Tappis et al., 2016:394). Another studies conducted indicate	

that intrapartum care was incompetent because staff capacity was not enough to can follow evidence-based guidelines which resulted in a lot of malpractice within the facilities as monitoring of patients were not properly done and accountability was lacking hence most of maternal deaths occurred (Sharma et al. 2017:10; Moyer et al.2016:43 and Ekeroma 2015).

Theme 1: Lack of resources

Category 1: Lack of human resources

Sub-Category 2: Adverse effect of shortage of staff

Discussion	Participants' Views
The participants also indicated that shortage of staff affect them adversely and at the end, their work is of sub-standard care. The adverse effects amongst others include: overworked, stretching over the limit, work under pressure, sacrifice a lot coming on duty when they are off, deny their families leisure time, don't have tea breaks or lunch time, tiredness, fatigue, ill health (backache and knees problems), stressed, frustrated, anger, feel like quitting the job and fear of losing their certificates and their jobs.	"Mmm (sighing), the other experience is that one of shortage of staff, good people we are dying. (Becoming sad and rolling her eyes looking up) sometimes I become so arrogant and aggressive" (Prt.2). "I feel like quitting because now if you keep on doing wrong things being aware that you are doing wrong things, then next thing you lose your certificate. I feel like quitting, leave the job". (laughing loudly) (Prt.10). "Eish, we always feel tired, sometimes you feel not to come to work due to the pressure and even the management doesn't care of us. We complain and complain. They don't assist us" (Prt.11).

Literature Integration

The participants also indicated that shortage of staff affect them adversely and at the end, their work is of sub-standard care. This is supported by Ndwiga et al. (2017:62) who found that women's care was affected by poor provider-client interactions because of staff own emotional health

(burnout) due to poor working environment. Another study also indicates that there was poor retention of maternity staff due long-term burnout and distress, which worsens the problems, faced by personnel remaining and increases pressure on them (Filby et al., 2016). In their study, Collins and Draycott (2015:1136), find that the challenges faced by staff on daily basis were not addressed, hence, the staff had burnout which affect quality in health care. Similarly, another study confirmed poor working condition as one of the barriers that prevent quality midwifery care (Filby et al. 2016).

Theme 1: Lack of resources	
Category 2: Lack of other resources	
Sub-Category 1: Lack of materials	
Discussion	Participants' Views
The participants indicated that they experience lack of materials that make their work to be difficult. Lack of materials include: beds, pharmaceutical stores and other equipment which make it difficult for them to render quality intrapartum care.	"It affects my work very bad because we are referral hospital then sometimes there is no enough accommodation for these women, there is nothing like blankets and there are no beds. So, it is difficult to carry out your nursing duty as a midwife properly even if you can have a knowledge. These are the consequences that I experienced" (Prt.7). "Lack of resources are the things that we are working with like, sometimes there will be no gloves, err we have to compromise, sometimes the water goes, there will be lack of water, electricity or the plugs are not working properly, then CTG and BP machines will also not work." (Prt.8). "We are running short of the stock from pharmacy, for an example oxytocin, maybe the doctor has prescribed augmentation of labour or the patient is bleeding post-

	delivery you may end up with maternal death, if you have seen that cause of bleeding is uncontracted uterus" (Prt.4).
Literature Integration	
The participants indicated that they experience lack of materials, which make their work to be difficult. This is supported by a study conducted, which indicate that one of the challenges facing Uganda in reducing maternal mortality was lack of equipment (Edward, 2018). Iravin et al. (2016) also identify lack of equipment in the birth setting as one of the barriers to implementing quality intrapartum care. According to Yigzaw et al. (2015:14) unavailability of resources, poor performance and lack of quality improvement strategies contributed to poor quality. Similarly, another study conducted, indicate that 20 women die every day despite making considerable progress in reducing maternal mortality due to major barriers which include lack of resources both human and equipment (Edward, 2018:226).	

Table 3.2: Theme 2 of Question 1: Challenges in providing quality care

Theme 2 : Challenges in providing quality care	
Category 1: Limited infrastructure	
Sub-Category 1: No enough space	
Discussion	Participants' Views
According to the participants, there is an influx of the patients due to the referrals from District hospitals, clinics and most of the patients are self-referrals. The infrastructure of the ward is limited, there is no enough space to accommodate many patients. In ward capacity of 20 beds they	"Ja (yes) because we are running two (2) wards with same staff, there is ANC (antenatal unit), there is labour room which is being run by the same staff and it affect our work specifically on ANC because if we have many deliveries, we end up not attending to ANC patients and most of them are

turn to admit up to 48 patients (two wards in one, ANC wards and labour ward).	high risk patients as we are level two, they are all high risk so we end up not attending to them” (Prt.4). “It affects intrapartum care adversely, because you will find that there will be more complications and as there are more complication there will be more litigations” (Prt.5). “So, we end up putting more beds so that the patients can be accommodated in maternity theatre and then we are having another unit, maternity high care unit 4 bedded, we put other patients there and then no one is going to monitor those patients, and then the other patients, the beds are squeezed in a four bedded room to make six beds. We become overworked and the unit becomes overcrowded and I cannot perform up to standard (laughing). Substandard care. It will automatically lead to litigations” (Prt.10).
Literature Integration	
According to the participants, the infrastructure of the ward is limited; there is no enough space to accommodate many patients. The studies conducted also indicate that human dignity was not maintained during childbirth as there was no enough space and staff allocated to each mother to enhance family- integrated care, the physical structure was inappropriate to implementing quality intrapartum care (Mselle, et al., 2018:42; Iravin et al., 2016). Another study conducted by Koblinsky et al. (2016:2317) find that referral system was not functional which may improve respectful maternal health care.	

Theme 2 : Challenges in providing quality care Category 2: Lack of knowledge	
Sub-Category 1: Knowledge gap	
Discussion	Participants' Views
Participants also stated that they experience knowledge gap especially in basic midwifery and they were concerned about the partogram, which is not known, by most of midwives.	"Midwifery, when I say midwifery is not child's play, is because we are dealing with the lives of two people and then you have to be able to identify any problems that may arise during intrapartum care in order to prevent mortality and morbidity that is why I am saying, midwifery is not child's play." (Prt.1). "The other experience is about teaching and learning of students that are allocated in our maternity. It affects me a lot because I am wondering what kind of midwives that are coming tomorrow since we are unable to provide the good relevant information. I don't know whether you understand what I am trying to explain" (Prt.5). "If I can just put on the last point. Err, personally I feel that we need a guideline separately, a guideline I am not sure if it's there already but we need a guideline that specifically teaches, remind, not only teaches but

	remind, those who know but forgotten to remind them those who still don't know will teach them. We need a guideline that exclusively speak about the partogram. Most of the patients are referred to the hospital, really the partogram, they are really, and there is a problem, it shows that there is a lot of misunderstanding out there, midwives do not understand the partogram" (Prt.12).
Literature Integration	
Participants also stated that they experience knowledge gap especially in basic midwifery. Similarly, studies have identified problem with educational system as midwives were not in power with current information hence suboptimal care prevail and this lack of clinical skills and knowledge were amongst major barriers that contributed to the deaths of 20 mothers every day (Gameddze-Mshaisa et al., 2018; Edward.,2018:226). Other studies have also identified gaps in midwifery education that needed to be strengthen for the provision of high-quality midwifery care during childbirth and in-service training to be incorporated with respectful maternal care for skilled health personnel which is needed to change the culture in labour ward. (Yigzaw et al. 2015:14; Mselle et al., 2018:42).	

Theme 2 : Challenges in providing quality care	
Category 3: Lack of communication from other stakeholders	
Sub-Category 1: Lack of support from senior personnel and crisis management	
Discussion	Participants' Views
The participants raised the concerns of lacking support from senior personnel and crisis management is also lacking. They indicated that they have been crying with these demoralising situations, but they do not get help or any reassurance.	“Mmm..., sometimes you feel so demoralized, you also feel so angry, you feel so, that is everything. So, I think (sigh, looking sad), err..., our managers need to come to us as staff and talk to us, you know, just like you came to us, and ask me about my experience. They should also come to us and ask, how you feel guys, that is sort of debriefing or counselling because is so painful” (Prt.2). “This pressure from the community exactly, we are not happy about it and then we just amazed because we are not getting help from the senior personnel because if they get a report from us, they believe that this community tell the truth. That is a challenge” (Prt.7). “Like if we are having like overflow of the patients to find ways in which err...where can we take the patients to or maybe to refer to other hospitals, it seems like they just ..., the patients just come and then we will make a plan, the staff that is working, we have to come up with a plan on our own. If they can find strategies on, in which, how to handle the

	crisis” (Prt.8). “When we ask them to come and see what is happening in the ward especially when the ward is full they don’t come, at the end the patients are complaining, and when the patients are complaining, they come on running to us to hear what is going on just because of the patients, but we nurses, they don’t come to our rescue” (Prt.11).
Literature Integration	
The participants raised the concerns of lacking support from senior personnel and lack of crisis management. In their study Iravani et al. (2016:5), found that there was lack of clinical supervision by managers and strong leadership which make health care providers to have attitude towards implementing new innovation. A study conducted has identify that problem of working together and ineffective communication affect relationships which is essential to safe practice (Ekeroma, 2015:48). Ndwiga et al. (2017:62) stated that health care providers experienced challenging working environment which was not taken into consideration as they were not supported and these factors influenced their performance, management and lead to mistreatment.	

Table 3.3: Theme 1 of Question 2: Resources

Theme 1 of Question 2: Resources	
Category 1: Human resources	
Sub-Category 1: Adequate staffing	
Discussion	Participants' Views
According to the participants, adequate staffing is essential for the delivery of quality intrapartum care. They also wished policies for recruitment and retention of staff to be applied. They indicated that there is shortage of midwives, porters and cleaners. Shortage of porters force them to do non-nursing duties whereas shortage of cleaners affects the cleanliness of the ward, which in turn compromise quality of intrapartum care.	"My first suggestion is that if ANC ward be a standalone ward with its own staff, own doctors, it will be better for those patients to be taken care of correctly. Enough staff". (Part 4) "Firstly, it will be better if the management or the department hired more midwives, umm... so that you know that you are responsible for this number of patients and do take care of them holistically". (Part 8). "Yes, cleanliness of the ward is not up to standard". (Prt.4).
Literature Integration	
According to the participants, adequate staffing is needed for the delivery of quality intrapartum care. This is supported by a study conducted in Kenya when reveals that quality intrapartum care could reduce maternal death if provided by enough staff capacity (Sharma et al., 2017:10). Another study indicate that health workers were unable to provide high quality care to the patients because of overwork, stress and frustration related to inadequate staffing (Hodin, 2018). Similarly, another study also indicated that inadequate staffing lead to low basic maternal quality (Kruk et al., 2016).	

Theme 1 of Question 2: Resources	
Category 2: Other resources	
Sub-Category 1: Availability of materials	
Discussion	Participants' Views
The participants recommend the availability of appropriate materials. These materials include equipment and stock and these are enabling conditions for quality intrapartum care. They emphasised that availability of materials will make physical environment to be conducive to the midwives in delivering quality care to the patients.	"I think management should also follow on medication from the pharmaceuticals. You know a level two hospital can't just run out of certain medications, the pharmacist, the head pharmacist should know that I am left with this amount and I have to order this amount and if I can't get it here I have to go there. So, I think there is a bit of mismanagement" (Prt.9). "Mmm, to add on quality care, I can comment on diet. Post-delivery as a midwife you have to give the patient something warm maybe soft porridge or coffee which is not available. Just imagine being on night duty post-delivery you call a cleaner to give the patient soft porridge, then she brings the porridge that was cooked in the morning, even the microwave is not working, we don't have microwave we give the patient soft porridge which was cooked at around 7am, you give the patient that porridge at 12 midnight, even you at your place you can't eat that soft porridge" (Prt.4).
Literature Integration	

The participants emphasised that availability of materials will make physical environment to be favourable to the midwives in delivering quality care. According to the studies conducted, the availability of resources is needed to provide high quality midwifery care during childbirth whereas unavailability of drugs, supplies and equipment contribute to suboptimal care (Yigzaw et al., 2015:14; Hodin, 2018). Similarly, another study indicated that one of the imported measures to improve the midwives working conditions is the availability of enough equipment that can be provided by issuing larger supply or by modifying the ordering policies (Bremnes et al., 2018).

Table 3.4: Theme 2 of Question 2: Challenges in providing quality care

Theme 2 of Question 2: Challenges in providing quality care	
Category 1: Infrastructure	
Sub-Category 1: Provision of enough space	
Discussion	Participants' Views
The participants indicated that the accommodation for the patients is limited as there is an overflow of the patients. They said they receive lot of patients from level1 hospitals of which two of them are currently not functioning properly, other patients are from the clinics and most of the patients are self-referrals. They indicated that it is difficult for them to manage	“Structure is irrelevant because we have more patients with err...limited structure or small structure” (Prt.10). “If the department can build a bigger maternity because this one is congested, the ward is full even if we take them to PNC is still full, no beds are available for them and we even put them in the corridor” (Prt.11). “My suggestion is that all the patients that are not having complication, must be delivered at the clinic and even those that refer themselves to the hospitals must be taken back to the clinic” (Prt.11).

this large number of patients. They therefore recommend a positive working environment, which may enhance productivity.	
Literature Integration	
The participants indicated that the accommodation for the patients is limited as there is an overflow of the patients. This is supported by a study conducted when emphasize that it is essential for the birth process to have human dignity, so to maintain this human dignity enough space is needed (Mselle, et al., 2018:42). Similarly, another study indicated that poor infrastructure contributed to low quality of maternal care and that that health workers' jobs can be more difficult when the physical layout is poor with little or no enough space (Kruk et al., 2016; Hodin, 2018).	

Theme 2 of Question 2: Challenges in providing quality care	
Category 2: Referral system	
Sub-Category 1: Strengthening referral system	
Discussion	Participants' Views
According to the participants there is no proper referral policy or guidelines and if it is there is not properly followed. They raised a concern that 50% of the patients are self-referrals with low risk conditions. They also indicated that patients are not properly assessed in the clinics as most of the patients deliver on arrival in the	"They could make it in this session because of this is level two public referring hospital, maybe if the clinics or CHC code, have complications or problems with whatever they are rendering during intrapartum, they can refer to level one, then level one, if they do have a problem then they can refer to level 2, I think that could solve many problems" (Prt.6). "Our community should also be educated about utilizing their resources

hospital without any complications. They suggested that referral system policy to be reviewed by policy makers, for the level 2 hospital to be as it is supposed to be a regional hospital not to look like a health centre. They also suggested availability of hospital transport for down referring of patients to the level 1 hospitals and the clinics.	because in a level two referring hospital you find so many self-referrals, they should utilize their clinics then their clinics will refer them to the level 2 institution, that could solve many problems of overcrowding". (Prt.5). "The low risk patients to deliver in the clinics including self-referrals and the patient in labour should be assessed by the midwife and a doctor and If there is no need for them to be admitted, they should be down referred either to level one hospitals or to the clinics using hospital transport" (Prt.10).
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Literature Integration

According to the participants there is no proper referral policy or guidelines and if it is there, is not properly followed. This is supported by studies conducted when indicate that an organised referral system is one of the measures that can improve the working conditions of the midwives and the potential pathways to high quality and effective service to ensure that the women with complications are appropriately managed in a timely manner (Bremnes et al., 2018; Campbell et al., 2016:45). Similarly, another study conducted by Koblinsky et al. (2016:2317), find that one of the maternal health strategies to improve high quality and respectful maternal health care is to respond to rapidly changing population by implementing functional referral system.

Theme 2 of Question 2 : Challenges in providing quality care	
Category 3: Knowledge	
Sub-Category 1: Development of staff members	
Discussion	Participants' Views
The participants suggested that the midwifery unit should have its own in-service education programme and mentor in order to guide midwives, update and develop midwifery skills.	"We should have more often training about the job that we are doing, in service training" (Prt.3). "If I can just put on the last point. Err, personally I feel that we need a guideline separately, a guideline I am not sure if it's there already but we need a guideline that specifically teaches, remind, not only teaches but remind, those who know but forgotten to remind them those who still don't know will teach them. We need a guideline that exclusively speak about the partogram. Most of the patients are referred to the hospital, really the partogram, they are really, and there is a problem, it shows that there is a lot of misunderstanding out there, midwives do not understand the partogram" (Prt.12).

Literature Integration

Continuous professional development is compulsory (Republic of South Africa, 2005). This is supported by a study conducted when reveals that midwifery education is one of the quality improvements strategies that needed to be strengthen for the provision of high-quality midwifery care during childbirth (Yigzaw et al., 2015:14). According to the study conducted, midwives working conditions can be improved by increasing their level of knowledge and providing training to them (Bremnes et al., 2018). This is also confirmed by another study when indicate that inadequate pre-service and in-service training limits health workers' ability to provide skilled care, especially for high risk deliveries (Hodin, 2018).

Theme 2 of Question 2 : Challenges in providing quality care

Category 4: Communication

Sub-Category 1: Support from managers

Discussion	Participants' Views
The participants indicated that the implementation of a proper support system for the midwives is needed, for harmonious work environment. They suggested that regular staff meetings should be held as required to give staff opportunities to express their concerns. The opportunities may include stability to discuss the problems encountered in the practice.	"And the last thing, I request that the department should give support to the senior, to the staff members, different hospitals by just coming and reassuring them about, like for example they can just come and say people we know that you are working hard, you got challenges, that is there should be an address of some sort by the department, but then if they are quite and people stucked, people have got problems and they are quite, so it means there is no communication" (Prt.5). "Yes, strategies on how to handle or plan in case of crisis, crisis

	management” (Prt.8). “Yes, the other thing, I am not saying that we are not having good relation but I think we need team building whereby we can go out and be trained on how to trust each other as staff members” (Prt.3).
Literature Integration	
The participants indicated that the implementation of a proper support system for the midwives is needed for harmonious work environment. This is supported by a study conducted when emphasize that working together and effective communication is important to improve the quality of relationships which is essential to safe practice (Ekeroma, 2015:48). According to the studies conducted health care providers challenging work environment must be taken into consideration and learn how to support them daily because these factors influence their performance, management and lead to mistreatment, hence, more supportive leadership style and understanding from them would be efficient measures that need to be taken in order to improve midwives’ demoralising working conditions (Ndwiga et al. 2017:62; Bremnes et al., 2018). These suggestions are supported by Cederfeldt, et al. (2016:57), in their study when they see a need for qualitative interview with health care professionals to gain understanding of their thoughts on how to perform intrapartum care as a basis to support positive changes in the provision of care.	

CHAPTER 4

Conclusions, Reflection of the study and Proposed Guidelines

4.1 Introduction

Chapter 3 provided a discussion on data collection and analysis including the findings. The findings were supported by direct quotations from the interviews with the participants. A literature was integrated into discussion to verify the research findings against the existing literature and also to highlight the unique findings from the research. Chapter 4 addresses a reflection of the study, contribution of the study and conclusions. Guidelines are proposed to enhance quality of intrapartum care in a public hospital in the NWP.

4.2 Reflection of the Study

A reflection of the study is provided at looking on the background, the objectives, the paradigmatic perspective, the appropriateness of the research methodology, the research findings and how researcher experienced the process. When looking on the background of this study, the literature showed that quality intrapartum care remains a global concern especially in the public hospitals. International studies have indicated that improved quality intrapartum care can contribute towards reduction of maternal mortality rate.

The focus of this study was based on quality intrapartum care as a key concept. The researcher believes that the findings on midwives' experiences regarding quality intrapartum care will bring changes to nursing practice which will improve quality intrapartum care.

The semi-structured in-depth interviews for data collection enabled the researcher to understand the experience of the midwives on quality of intrapartum care and the meaning they could make of the experience. The literature integration indicated research findings that were lack of resources and challenges in providing quality care in the intrapartum ward, which were the unique findings that make it difficult for them to render quality intrapartum care.

4.3 Conclusions Based on the Findings of Question 1

Below are the researcher's conclusions with regard to question 1: The midwives' experiences regarding quality of intrapartum care in public hospital in the NWP.

4.3.1 Lack of Resources

Lack of resources was found to be a major impediment in the provision of quality intrapartum care in this study, below are conclusions drawn from the findings under lack of resources. This includes human resource and materials.

4.3.2 Human Resources

It was apparent that shortage of staff is a main concern. Midwives ratio is not equal to patient ratio hence they are overworked and unable to provide quality intrapartum care. Patients are not monitored as they are supposed to be monitored. Literature that also refers to the Maternity Guideline for South Africa (2010), indicate that monitoring of pregnant woman in labour to ensure quality intrapartum care is close monitoring of maternal condition, foetal condition and progress of labour during all

four stages of labour. When looking at the findings on experiences of midwives regarding quality intrapartum care, it shows that Maternity Guidelines for South Africa was not followed and quality intrapartum care is compromised. Shortage of staff also has adverse effects on midwives, which include ill health of all sorts. Ill health leads to high rate of absenteeism, which furthermore increases shortage of staff and result as a vicious cycle. At the end, the quality of intrapartum care is continuously compromised.

4.3.3 Lack of Materials

In this study, it was evident that lack of materials is one of the challenges that the midwives are faced with. Lack of materials include beds, pharmaceutical stores and other equipment, which make it difficult for them to render quality intrapartum care. It was apparent that the hospital is running short of pharmaceutical stores like oxytocic drugs, which are mostly needed in some emergency cases. Regional hospital like this one need to be well equipped with materials for quality intrapartum care to be improved which in turn will reduce maternal mortality rate.

4.4 Challenges in Providing Quality Care

4.4.1 Limited Infrastructure

It was evident that the infrastructure of the ward is limited; there is not enough space to accommodate many patients. In ward capacity of 20 beds, they turn to admit up to 48 patients (two wards in one, ANC wards and labour ward). Apparently, there was an influx of patients as this is a referral hospital catering for five sub- districts.

Four midwives are allocated for two wards (ANC and labour ward) that run simultaneously per shift. One midwife is doing caesarean sections (receiving the babies), one midwife is responsible for ANC ward and only two midwives are admitting the patients, progressing labour, conduct the deliveries and prepare complications for caesarean section. It was evident that quality intrapartum care is of low standard as the midwives are unable to monitor the patients in labour properly as required.

4.4.2 Lack of Knowledge

One of the conclusions reached is that there is a knowledge gap especially in basic midwifery; therefore, midwifery unit should have its own in-service education programme and mentor in order to guide midwives, update and develop midwifery skills.

4.4.3 Lack of Communication from Other Stakeholders

A feeling of demoralization is particularly apparent. The main cause of this feeling is an absence of support and understanding from their leaders. Creating an arena for dialogue and implementing a more supportive leadership style would be efficient measures that can, and should, be taken to improve the midwives' working conditions.

4.5 Conclusions Based on the Findings of Question 2

The following are the researcher's conclusions with regard to question 2: the suggestions made by midwives to enhance quality of intrapartum care.

4.5.1 Resources

Resources include human resource and materials.

4.5.1.1 Human Resources

In this study, it was evident that adequate staffing is needed for the delivery of safe quality intrapartum care. There is shortage of midwives, porters and cleaners. Shortage of porters force the midwives to do non-nursing duties, whereas shortage of cleaners affects the cleanliness of the ward, which in turn compromise quality of intrapartum care. Hence, the recruitment and retention of staff policies need to be applied.

4.5.1.2 Availability of Materials

It was apparent that the availability of appropriate materials is recommended. Availability of materials will make physical environment to be favourable to the midwives in delivering quality intrapartum care. These materials include equipment and stock and these are enabling conditions for quality intrapartum care.

4.6 Challenges in Providing Quality Care

4.6.1 Infrastructure

One of the conclusions reached is that provision of enough space is needed to accommodate an overflow of the patients, as it is difficult to manage this large number of patients in a limited infrastructure. Therefore, a positive work environment is recommended as it may decrease frustration and enhance productivity.

4.6.2 Referral System

It was evident that referral system needs to be strengthened as there is no proper referral policy or guidelines and if there is one, it is not properly followed. Fifty percent (50%) of the patients are self-referrals with low risk conditions and those patients that are referred are not properly assessed in the clinics as most of the patients deliver on arrival in the hospital without any complications. Referral system policy to be reviewed by policy makers, for the level 2 hospital to be as it is supposed to be a regional hospital not to look like a health centre. Availability of hospital transport for down referring of patients to the level 1 hospitals and the clinics.

4.6.3 Knowledge

In this study it is apparent that development of the staff is essential. The Midwifery Department should have its own in-service education department and mentor in order to guide midwives, update and develop midwifery skills.

4.6.4 Communication

It was evident that support from managers is more needed especially during crisis or abnormal situations. Regular staff meetings should be held as required to give staff opportunities to express their concerns. The opportunities may include stability to discuss the problems encountered in the practice.

4.7 Contribution of the Study

This study contributes to the body knowledge as experiences of midwives in their work place revealed the challenges they experienced which may had an influence on rendering quality intrapartum care. The findings of the study also added new knowledge on support needed by midwives in strengthening the rendering of quality intrapartum care.

4.8 Proposed Guidelines

The following guidelines are proposed to enhance quality intrapartum care rendered by midwives in public hospital. These guidelines are proposed for the nursing practice, nursing education and nursing research and are based on the findings of:

Table 4.1: Proposed guidelines for the nursing practice;

Table 4.2: Proposed guidelines for the nursing education; and

Table 4.3: Proposed guidelines for the nursing research.

Table 4.1: Proposed guidelines for the nursing practice

Theme 1 of Question 1: Lack of resources	
Category 1: Lack of human resources	
Sub-Category 1: Shortage of staff	
Participants' Views	Proposed Guidelines
The participant's main concern was shortage of staff which they indicated that is a long-standing problem. They stated that four midwives are allocated per shift to take care of two wards (high risk antenatal ward and labour ward) simultaneously. Midwife patient ratio is not equal which causes a delay in helping other patients. This makes the work to be unproductive and of substandard care which end up into complications and more litigations.	Adequate staffing and distribution of staff according to the need ☞ Adequate staffing is essential for the delivery of safe quality intrapartum care and the Department of Health should recruit more staff. ☞ The retention and recruitment of staff policies should be applied by adhering to the recruitment strategies and strengthening the retention strategies. ☞ The introduction of staffing norms will add value to the provision of adequate staffing, so the leadership or manager must be constantly aware of staffing issues such as the filling of vacant posts. ☞ Acuity of patients of the various wards and units within midwifery should be determined like ANC ward to be separated from labour ward and be a standalone ward

	with its own staff members to reduce workload on labour ward staff.
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Participants' Views	Proposed Guidelines
	There should be an equal distribution in expertise such as persons qualified in advanced midwifery then when there is a need for continuous professional development that should be done as required.

Theme 1 of Question 1: Lack of resources	
Category 1: Lack of human resources	
Sub-Category 2: Adverse effect of shortage of staff	
Participants' Views	Proposed Guidelines
The participants also indicated that shortage of staff affect them adversely. The adverse effects amongst others include: overworked, stretching over the limit, work under pressure, sacrifice a lot coming on duty when they are off, deny their families leisure time, don't have tea breaks or lunch time, tiredness, fatigue, ill health (backache and	Creating a positive environment ✎ A positive work environment includes enough staff and adequate materials is recommended which may decrease frustration and enhance productivity. ✎ Managers should provide a positive work environment to

knees problems), stressed, frustrated, anger, feel like quitting the job and fear of losing their certificates and their jobs.	the staff by making sure that they recruit more staff and enough availability of ward stock. ☞ There should be rest rooms for staff members to rest during tea and lunch hours.
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Theme 1 of Question 1: Lack of resources	
Category 2: Lack of other resources	
Sub-Category 1: Lack of materials	
Participants' Views	Proposed Guidelines
The participants indicated that lack of materials include: beds, pharmaceutical stores and other equipment which make it difficult for them to render quality intrapartum care.	Availability of adequate materials ☞ Adequate materials (equipment, stocks) is recommended as these are enabling measures for quality of care by issuing larger supply or by modifying the ordering policies ☞ The pharmacy should improve ordering of pharmaceuticals to supply with enough medication.

Theme 2: Challenges in providing quality care	
Category 1: Limited infrastructure	
Sub-Category 1: No enough space	
Participants' Views	Proposed Guidelines
According to the participants, there is an influx of the patients due to the referrals from Distinct hospitals, clinics and most of the patients are self-referrals. The infrastructure of the ward is limited, there is no enough space. In ward capacity of 20 beds they turn to admit up to 48 patients (two wards in one, ANC wards and labour ward).	Improving the structure of the ward ✎ Labour ward to be a standalone ward with admission room, progress rooms for latent phase, active phase and delivery. Strengthening of referral system ✎ The referral system policy to be reviewed by policy makers, to ensure that level 2 hospital operate like a regional hospital not to look like a health centre. ✎ The referral system should be more controlled and the patients are required to have a referral letter from their district hospital and the clinics before they can come to the referral facility, the workload may be reduced ✎ The district hospitals are recommended to reduce the overcrowding of level 2 hospital by referring serious complications that need level 2

	hospital care. ☞ Clinic staff are urged to comply with the referral systems in case of referring patients who are only legible for level 2 hospital management. ☞ The community should also be educated about utilizing their resources, they should utilize their clinics then their clinics will refer them to the level 2 institution that could solve many problems of overcrowding. Availability of hospital transport ☞ Hospital transport is needed for down referring the low risk patients and self-referrals who are not legible for level 2 hospital management.
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Theme 2: Challenges in providing quality care	
Category 2: Lack of knowledge	
Sub-Category 1: Knowledge gap	
Participants' Views	Proposed Guidelines
Participants also stated that they experience knowledge gap especially in basic midwifery and they were also concerned about the	In-service training and continuous professional development ☞ Staff development programme should be developed and

partogram which is not known by most of midwives.

implemented, main focus being on midwives as they are the backbones of midwifery services.

- ✎ The midwifery unit should have its own in-service education programme and mentor in order to guide midwives, update and develop midwifery skills.
- ✎ Managers and the departmental in-service mentor must identify the needs and changes that might give rise to in-service training.
- ✎ Midwives should be encouraged and given opportunities to attend workshops, seminars and congresses in midwifery.
- ✎ Each ward/unit must have a staff development policy, which stipulates that the midwife should be given an opportunity to attend the in-service education that is to be offered.
- ✎ Continuous professional development is compulsory (Republic of South Africa, 2005: R2488) therefore, managers are compelled by legislation to implement continuous development as it compels continuous development of staff. It is therefore proposed that nursing managers adhere to this R2488.

Theme 2: Challenges in providing quality care	
Category 3: Lack of communication from other stake holder	
Sub-Category 1: Lack of support from senior personnel and crisis management	
Participants' Views	Proposed Guidelines
During interview process, the participants raised the concerns of lacking support from senior personnel and crisis management is also lacking. They indicated that they have been crying with these demoralising situations, but they don't get help or any reassurance.	Availability of support from the supervisor ✎ The moral support from the management, debriefing or counselling is needed and should be done on regular basis. A monthly meeting schedule should be available whereby the staff will be able to raise their concern. ✎ The top management should at least once a month create a time to come down to the staff to listen to them and solve the problems encountered in the practice. ✎ Management should also reassure the staff about the problems they encountered and give them feedback on problem solving or crisis management. ✎ The management should also have a word of appreciation for hard work in demoralising situations.

- ✎ The implementation of a proper support system will be useful for midwives and may improve work environment by having regular debriefing sessions or counselling. A psychologist or social worker in the hospital can be used for counselling session for the staff to release tension and frustration on them at least on a quarterly basis.
- ✎ Formulation of support groups for the midwives may alleviate the pressure on them regarding the challenges they are faced with.
- ✎ An implementation of the employee assistance programme may be also effective in this regard.
- ✎ Supervisors should support this programme by referring employees and encourage self-referral to the employee assistance programme when necessary.

Creating a positive work environment

- ✎ A positive work environment is needed which may decrease frustration and enhance productivity.
- ✎ The rest rooms are recommended for staff members to rest during tea and lunch hours.
- ✎ Regular staff meetings should be held as required to give staff opportunities to express their concerns. The opportunities which include the stability to discuss the problems encountered in the

practice.

Team building

- ∞ Team building should be made to develop healthy relationships amongst staff members. This measure may consequently lead to the provision of good quality of care.

Staff motivation

- ∞ The introduction of incentives is needed as it may provide motivation for employees therefore reward staff for outstanding work performance should be considered.
- ∞ Every manager as a leader should take the responsibility to improve and sustain staff motivation in the maternity department by performing periodic assessment and performance of the staff.
- ∞ Discussions are recommended between staff and management to identify their needs, motives, perceptions and values.

Table 4.2: Proposed guidelines for the nursing education

Theme 2: Challenges in providing quality care	
Category 1: Lack of knowledge	
Sub-Category 1: Knowledge gap	
Participants' Views	Proposed Guidelines
Participants also stated that they experience knowledge gap especially in basic midwifery and they were also concerned about the partogram which is not known by most of midwives.	Revision of the curriculum ✎ The nursing education institutions should revise the curriculum for nursing training to allow the students to have a choice on which career to follow (Specialization) so that midwifery course should be done by a choice and with passion. ✎ Teaching in quality intrapartum care should form part of midwives' curriculum both in basic as well as advanced courses to set a standard to audit the quality of intrapartum care. ✎ Short courses relevant to improving the quality of intrapartum care should be developed for the midwives for their continuous professional development.

Table 4.3: Proposed guidelines for the nursing research

Theme 2: Challenges in providing quality care	
Researcher's view	Proposed Guideline
A shortcoming in this study is an audit of the patient documents that may have confirmed the responses of the participants on their experiences regarding quality intrapartum care	 Further research could be conducted on audit of the patient documents to confirm the midwives' response on their experiences regarding quality intrapartum care.

4.9 Conclusion

The objectives of the study were to explore and describe midwives' experiences regarding rendering quality intrapartum care in a public hospital in the NWP as well as to propose guidelines to enhance quality of intrapartum care in a public hospital in the NWP. These objectives have been achieved through the means of the semi-structured in-depth interview, which provided rich data. A thorough literature integration was used to verify the research findings then added to the proposed guidelines.

The findings showed that quality is not of the highest standard, and is often compromised as the midwives experienced challenges which might influence quality of intrapartum care in the hospital under study. Furthermore, the findings showed that the challenges experienced by midwives were both managerial and clinical in nature. Literature have indicated various quality improvement strategies that are in place in the public hospitals which need to be implemented in order to improve quality of intrapartum care for the reduction of maternal mortality rate. Guidelines were proposed to enhance quality of intrapartum care based on experience of midwives that may lead to improved health for both mothers and babies in NWP.

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ADDENDUM A

North-West University Research Ethics Clearance Certificate



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ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by the Health Science Ethics Committee (FAST-HSEC) on 30/01/2018 after being reviewed at the meeting held on 07/09/2017, the North-West University Research Ethics Regulatory Committee (NWU-RERC) hereby **approves** your project as indicated below. This implies that the NWU-RERC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: Exploring midwives' experiences regarding quality intrapartum care in a North West Province public hospital

Project Leader/Supervisor: Prof MP Koen, Ms SH Khunou & Ms PM Sithole

Student: DC Moroka

Ethics number: N W U - 0 0 6 9 0 - 1 7 - A 9

Institution: Project Number: Year: Status:

Subm: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation

Application Type: Single study

Commencement date: 2017-09-07 **Expiry date:** 2020-09-06 **Risk:** Minimal

Special conditions of the approval (if applicable):

- Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HSEC (if applicable).
- Any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HSEC. Ethics approval is required BEFORE approval can be obtained from these authorities.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principle investigator) must report in the prescribed format to the NWU-RERC via HSEC:
 - annually (or as otherwise requested) on the progress of the project, and upon completion of the project
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the HSEC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-RERC via HSEC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-RERC and HSEC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project;
 - to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the HSEC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.
- HSEC can be contacted for further information via Lesetja.Motlatse@nwu.ac.za or 018 289 2598.

The RERC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the RERC or HSEC for any further enquiries or requests for assistance.

Yours sincerely



Prof Refilwe Phaswana-Mafuya
Chair NWU Research Ethics Regulatory Committee (RERC)

ADDENDUM B

Request for permission to conduct the Study

I. North West Provincial Department of Health

P.O.BOX 1866
MAFIKENG
2745
Tel. 018392600 (w)
Cell.0826895765
14 February 2018

Policy, Planning, Research Monitoring and Evaluation office
North West Provincial Department of Health
Mafikeng
2745

Sir/Madam

REQUEST FOR PERMISSION TO UNDERTAKE RESEARCH IN MAFIKENG PROVINCIAL HOSPITAL.

I am a student at North West University (Mafikeng campus) and am currently registered for M. Cur Degree in Nursing Science.

My supervisors are: Prof D Koen; Dr H Khunou; Ms P Sithole

My research topic is:

Exploring midwives' experiences regarding quality intrapartum care in a North West Province public hospital.

The purpose of the study is to explore and describe the midwives' experiences regarding quality intrapartum care in a North West Province public hospital and to propose guidelines to improve quality.

This study has one phase which will be interviewing the midwives in that facility.

Dates and times for actual data collection and interviews will be decided upon by facility managers and the researcher.

Thanking you in anticipation.

Yours truly

Miss D.C Moroka (MCur student)

II. Public Hospital

P.O.BOX 1866
MAHIKENG
2745
Cell.0826895765
11 June 2018

The CEO
Mafikeng Provincial Hospital
Mahikeng
2745

Sir/Madam

REQUEST FOR PERMISSION TO UNDERTAKE RESEARCH IN MAFIKENG PROVINCIAL HOSPITAL.

I am a student at North West University (Mahikeng campus) and am currently registered for M. Cur Degree in Nursing Science. I am granted the permission to undertake the study by the North West Department of Health and approval by the North-West University Research Ethics Regulatory Committee.

My supervisors are: Prof D Koen; Dr H Khunou; Ms P Sithole

My research topic is:

Exploring midwives' experiences regarding quality intrapartum care in a North West Province public hospital.

The purpose of the study is to explore and describe the midwives' experiences regarding quality intrapartum care in a North West Province public hospital and to propose guidelines to improve quality.

This study has one phase which will be interviewing the midwives in maternity ward after they granted the consent.

Dates and times for actual data collection and interviews will be decided upon by facility managers and the researcher.

Thanking you in anticipation.

Yours truly

Miss D.C Moroka (M Cur student)

ADDENDUM C

Permission to conduct the Study

I. North West Provincial Department of Health

health
Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

3901 First Street
New Office Park
MAHALEDI, 2735

Eng. Nhlabiso Masego
Tel: 018 261 4304
Email: nhlabiso@nwhealth.gov.za
www.nwhealth.gov.za

POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

Name of researcher : Ms. D.C. Moroka
North West University

Physical Address
(Work/ Institution)

Subject : Research Approval Letter: Exploring midwife's experiences
regarding quality intrapartum care in a North West Province public
hospital.

This letter serves to inform the Researcher that permission to undertake the above mentioned study has been granted by the North West Department of Health. The Researcher is expected to arrange in advance with the chosen facilities, and issue this letter as proof that permission has been granted by the Provincial office.

This letter of permission should be signed and a copy returned to the department. By signing, the Researcher agrees, binds him/herself and undertakes to furnish the Department with an electronic copy of the final research report. Alternatively, the Researcher can also provide the Department with electronic summary highlighting recommendations that will assist the department in its planning to improve some of its services where possible. Through this the Researcher will not only contribute to the academic body of knowledge but also contributes towards the bettering of health care services and thus the overall health of citizens in the North West Province.

Kindest regards

Dr. FRM Reichel
Dr. FRM Reichel
Director: PPRM&E

[Signature]
Researcher

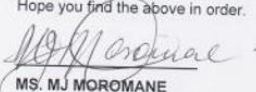
23/05/2018
Date

23.05.2018
Date

LEAPHA LA BOITSEANELO
DEPARTMENT OF HEALTH
KORREKORRE KOPPEL KOPPEL 100 43004
100 43004
23/05/2018
NORTH WEST PROVINCE
REPUBLIC OF SOUTH AFRICA

Healthy Living for All

II. Public Hospital

	health Department of Health North West Province REPUBLIC OF SOUTH AFRICA	 MAFIKENG/BOPHELONG Hospital Complex Care and Efficiency
Lichtenburg road corner Danville, Mafikeng Private Bag X2031 Mafikeng, 2735		Tel: (018) 383 2005 X 1014 Fax: (018) 383 3643 mmoromane@nwpg.gov.za www.nwhealth.gov.za
MAFIKENG PROVINCIAL HOSPITAL		
TO	:	Ms. DC. Moroka
FROM	:	MS. MOROMANE MJ Acting CEO
DATE	:	13 June 2018
RE	:	REQUEST FOR PERMISSION TO CONDUCT RESEARCH
This communiqué serves to inform you that your request for permission to conduct research on the topic: Exploring midwives' experience regarding quality intrapartum care in Mafikeng Provincial Hospital has been granted.		
Hope you find the above in order.		
 MS. MJ MOROMANE Acting CEO		
 Healthy Living for All		

ADDENDUM D

Consent Form



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
MAFIKENG CAMPUS

FACULTY OF HEALTH SCIENCES
SCHOOL OF NURSING SCIENCES

CONSENT FORM

TOPIC: Exploring midwives' experiences regarding quality intrapartum care in a North West Province public hospital

I _____ (Full name and surname) confirm that I am participating willingly in the study on Exploring midwives' experiences regarding quality intrapartum care in a North West Province public hospital. The purpose, procedure, risks, benefits of the study have been explained to me. I have had time to ask questions and have no objection to participate in the study. I fully understand the following which has been explained to me:

- That I will be interviewed for plus minus 45 minutes to 1 hour in the area chosen by me to ensure my privacy
- The tape recorder will be used to capture the information that I give to the researcher
- That should I wish to discontinue with the study, my withdrawal will not affect me in any way.
- I am aware that the results of the study including my personal details will be anonymously processed to research reports.

Signature of the Participant : _____ Date: _____

Signature of the Researcher : _____ Date: _____

ADDENDUM E

Semi-Structured In-depth Interview

Semi-structured In-depth interview questions for the midwives working in intrapartum care unit on their experiences regarding quality intrapartum care

- I. How do you experience your work in intrapartum care?
- II. What would you suggest to improve the quality of intrapartum care?

ADDENDUM F

Work Protocol for Data Analysis

Dear Mam

Thank you for agreeing to be my co-coder for the research data analysis.

The objectives of my study are:

- ☞ To explore and describe midwives' experiences regarding rendering quality intrapartum care in a public hospital in the NWP.
- ☞ To propose guidelines to improve quality of intrapartum care in a public hospital in the NWP

The following are included:

- ☞ The transcripts of interview and field notes;
- ☞ The steps for analyzing data

The following are the steps for analyzing data:

Getting a sense of the whole

Read all the transcripts of the interview and field notes in order to fully understand the information provided by midwives regarding, how do they experience their work in intrapartum care, reflect on the possible meaning and

relationship of data and thereafter the general thoughts about the data and write down.

Making list of all topics

Make a list of all topics from the interview and cluster similar topics together. Then arrange the topics in different columns of preference.

Taking the list of topics and go back to the data

Abbreviated the topics as codes from the original list and write codes next to appropriate segments. This step informed the researcher of new categories that emerged.

Turning topics into categories

The identified topics are then grouped into themes, categories and sub-categories in a table form. This table, when going through it again, you finalize your categories while looking at the spoken words and translating them into scientific language and also looking at whether you can refine your categorization. The redundant information in the themes that did not give sense on the remaining themes are eliminated.

I will appreciate if we can telephonically agree wit the date for our consensus discussion on data analysis,

Thank you

Dineo Moroka (M Cur student)

ADDENDUM G

Part of Transcription of Interview 9

R. Good afternoon Mam

P. Afternoon Mam

R. How are you

P. Fine thanks and you

R. I am also fine. Yes mam as you previously agree to take part on an interview, now today I have come for an interview. I am still saying that taking part in an interview is a voluntary participation. Do you still agree?

P. yes mam.

R. Ok, are you ready, can we start now?

P. Yes Mam I am ready.

R. How do you experience your work in intrapartum care?

P. It is very difficult firstly because we don't have, we are understaffed and we have to take care for lot of patients when there is only few of us. Another thing is that umm, the, the equipment or things that we work with are, we struggle with, at times they are not there, so is a struggle, day to day struggle.

R. So you talked about the understaffed, what do you mean by understaff.

P. Mmm, mostly there are 4 midwives in a shift where one has to work in ANC, other one has to go to theatre and then two have to work in labour to

progress the patients and deliver. Umm, so in a shift a maximum of deliveries is 12 per shift so it's a lot for two midwives.

R. So if you say 4 midwives and the other one has to work ANC, what do mean.

P. The other one, means that ummm, our ward is divided into two, that is ante natal care and then there is progress and labour, labour room meaning that ummm, the one at the back has to take care of the patients intrapartum and has to take care of patients who are still pregnant but not in labour, and the once in front are the once who progress labour and deliver the patients.

R. So you are working two wards simultaneously, labour and ANC.

P. Yes.

R. How do you manage to work being 4, working two wards simultaneously.

P. It's very difficult, very difficult.

R. Very difficult

P. Because at times you cannot finish working in ANC, or you don't finish the work in time like say the CTGs, you don't do the CTG and say you deliver patients in front and the doctor will be wanting the CTG.

R. So it is difficult for you.

P. Yes.

R. Ok, so you talked about lot of patients. Can you explain to me maybe what you mean by lot of patients?

P. ummm, we are a level two hospital meaning that the clinics refer to us and the level one hospitals and currently one of the districts, two of the districts hospitals are, operating theatre are not working. So all the inductions, all the

caesarean sections and all of the complications that may need c/section come to us, so we have an overflow of the patients.

R. Uhhh, so lot of patients, you are having district hospital referring to you, you are having clinics also referring to you, and then every complication is coming to you.

P. Yes.

R. So, how does this lot of patients affect your work?

P. It affect our work in a way that we don't provide quality work, err...we don't take care of patients holistically, you, you what, just do what you can, so that you go to the next patient.

R. So if you don't provide quality work as you are supposed to do, how does that make you feel?

P. It doesn't make me feel nice because err...your conscience keeps creping at you and when you go home you ask yourself what happened to that patient, so it doesn't sit well with you

R. Ok and the other thing that you talked about is the lack of resources, uhhh. Can you maybe explain further to me what you mean by lack of resources?

P. Umm. Like currently, now we don't have err, umm, administration sets, so in order for you to access to put a drip, you have to run around the hospital and ask for a drip set so that you can put a drip, and then say administer

medication, and a lot of medication has not been available, so we, we turn not to give patient medication as the required.

R. If you say administration set is not available, where. Is not available where.

P. We don't have in the hospital and now we have been administering, we have been giving blood with a normal set because there are no blood sets.

R. No blood sets in the ward or in the hospital.

P. In the hospital.

R. So, does the supervisors or your seniors know about this?

P. They do know, they called the pharmacist yesterday and he promised to make a plan. So I am not sure if he did already or, we are still waiting for him.

R. Ok, so is there anything else, any experience that you would like to share with me maybe.

P. Umm. Not that I can think for now.

R. Ok, so if maybe you don't have any other experiences, can we move to the next question which is. What would you suggest to improve the quality intrapartum care? Your suggestion as you said you are unable to provide quality care because of all those challenges, all those experienced that you have talked about.

P. Firstly it will be better if we, the management or the department hired more midwives, umm... so that you know that you are responsible for this, a number of patients and do take care of them holistically. The other suggestion

is for the management to follow up on the operating theatres of the two district hospitals that are not functioning so that they can see how far they are because at the end it's also patients that are suffering. The patient stayed here for a long time because they don't have money or their relatives don't have money to take them back so still the ward is full, and then the other suggestion

R. Before we move to another suggestion, you talked about the patient staying for a long time here, is another experience I think so.

P. Yes.

R. Patient staying for a long time, now how does this staying, long time staying of the patient in the hospital make you feel maybe.

P. It's sad because staying in the hospital is not nice and over the patients, they take their frustration out on you as they want to go home as if you are not doing anything. So, they cry constantly as they want to go home and there is nothing that you can really do.

R. Ok then you can continue with another suggestion.

P. I think management should also follow on medication from the pharmaceuticals. You know a level two hospital can't just run out of certain medications, the pharmacist, the head pharmacist should know that I am left with this amount and I have to order this amount and if I can't get it here I have to go there. So, I think there is a bit of mismanagement.

R. Improve management of...

P. Ordering pharmaceuticals.

R. Ordering pharmaceuticals. Ok is there anything else.

P. No.

R. So, maybe if I can go back a bit. You said you are running two wards simultaneously and it is difficult for you to can manage these two wards simultaneously. This difficulty, how does it make you feel? It is difficult for you, you are trying but it is difficult. How does that make you feel?

P. It's very, is stressful you know, it's very stressful and make me very angry because it seems as if the management is not doing anything, because we have been complaining and nothing is happening.

R. Uhhh, stressful, sometimes you become angry and now you are pointing the management at this.

P. Mmm.

R. Ok, is the anything else.

P. No.

R. Ok, so if there is nothing, let me repeat what you have said to make sure that is from you. ok, here you talked about the understaffed, you talked about the challenges or the experiences that you are going through, one of them is understaffed, lot of patients and lack of resources.so by understaffed you said you are 4 midwives working in labour ward and ANC with lot of patients and you said you are having a maximum delivery of 12 per shift, which is very difficult to can handle and then you also talked about lot of patients saying that this is a level two hospital and you got referrals from the clinics, from the district hospital, all complications are coming to you. These lot of patients

make it difficult for you to can provide quality care and this is not good for you because you feel guilty when you have not done your work that you are supposed to do. You also talked about lack of resources whereby you mentioned that sometimes medications are not available some equipment including blood administration set not available in the hospital, the management even called them but there is nothing in the pharmacy. And then with the suggestion, you talked about your wish which is that the department should hire more midwives to provide nursing care holistically so and make follow up on the district hospitals that not working as we are speaking, and also the management to make follow up on improving ordering of pharmaceuticals. The other thing that concerned you was the long staying of

patients in the hospital whereby the patients become tired of staying here, sometimes they are taking out their frustrations on you, and this situation will make you stressful and angry, and then you think management is not doing much. Is that what you have said?

P. Yes.

R. So if that is all that you have said I would like to thank you very much for your participation but I just want to make it clear to you that if there is a need for clarity from all what we have talked about, I can still come back to you for that clarity, that is known as the follow up interview.

P. Ok, no problem

R. Ok, on that note, thank you very much.

P. Thank you.

R. Ok, thank you.

ADDENDUM H

Language Editing and Typesetting Certificate

CONFIRMATION BY LANGUAGE EDITOR

Prof Donavon C. Hiss

Cell: 072 200 1086 | E-mail: hiss@gmx.us or | dhiss@outlook.com

18 November 2019

To Whom It May Concern

This serves to confirm that I have edited the language, spelling, grammar and style of the **Magister of Nursing Sciences** thesis by **Dineo Cathrine Moroka**, titled: **"Exploring Midwives' Experiences Regarding Quality Intrapartum Care in a Public Hospital in the North-West Province"** The manuscript was also professionally typeset by me.

Sincerely Yours



Cert. Freelance Journalism, Dip. Creative Writing, MSc (Medicine), PhD