PERCEPTIONS OF PATIENTS ABOUT POOR ATTITUDES AND BEHAVIOURS OF MIDWIVES IN THE MATERNITY SECTIONS IN A PUBLIC HOSPITAL OF EAST LONDON SOUTH AFRICA

BY

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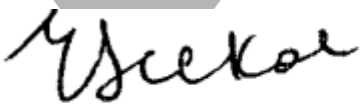

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DECLARATION OF ORIGINALITY

Declaration:

I, Nombeko W. Lawrence, with student number 201315583 hereby declare that this research report is the product of my own work, and that where I have used the ideas and words of others, I have referenced these correctly. I also declare that, as advised by my supervisor, the responsibility for referencing correctly is my responsibility.

Signed ……Date: 05 April 2022

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DEDICATION

This research is dedicated to all those who supported me and stood by me during this milestone. These are my darling children my late son Mpumelelo, his brother Steven, my daughters Chantelle, Azakhiwe and Leandrea. Without you, I could have not achieved this milestone. Above all, I dedicate this whole project to the person who gave me the power, wisdom and knowledge to complete this project, the One and Only, MY ALMIGHTY GOD.

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ABSTRACT

Midwives are largely responsible for maternity care in hospitals. As such, they play a significant role in ensuring the health and well-being of pregnant women and newborn babies. To perform that duty effectively, midwives need to be professional in their conduct. However, there are reports that midwives have displayed poor attitudes and behaviour in South Africa. The main research question was "*what are the perceptions of patients about attitudes and behaviours of midwives in the maternity section in a public hospital in East London, South Africa?"* The aim of the study was to explore the reasons behind poor attitudes and behaviour of midwives in midwifery practice and suggest interventions that can be introduced to promote professional attitudes and behaviour by midwives in a public hospital in East London. This study used a qualitative approach to collect data. The research instrument that was used for this study was semi-structured interviews. The sample of 20 participants which was purposively selected consisted of women that have used the East London public hospital maternity section. Data was collected using coding and themes emanating from the data generated. Midwives are valued and play a very significant role in providing maternal care. Be that as it may, midwives exhibit poor attitudes and behaviours such as being rude, lack sympathy, and lack of empathy. On the other hand, midwives act professionally and are supportive of patients. There is, therefore, a need for the provision of professional etiquette training services, stress counseling, use of work development strategies and performance management systems, technical training, linkage system of traditional and modern midwives, and the use of internet platforms to increase interaction between midwives and those that need maternity care services.

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LIST OF ABBREVIATIONS

AIDS - Acquired Immune Deficiency Syndrome

DoH - Department of Health

HIV - Human Immunodeficiency Virus

ICM - International Confederation of Midwives

ICN - International Council of Nurses

LMICs - Low- and Middle-Income Countries

MMR - Maternal Mortality Rate

MDG - Millennium Development Goal

NQF - National Qualifications Framework

NSTIH - NEPAD Agency Science and Technology Innovation Hub

SANC - South African Nursing Council

SGB - Standard Generating Body

WHO - World Health Organization

UNFPA - United Nations Population Fund

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CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 INTRODUCTION AND BACKGROUND

The focus of the study was on the perceptions of patients' attitudes and behaviours of midwives in the maternity section of a public hospital. Midwives are at the forefront of maternity units worldwide. Client-care or patient-care in maternity, starting from the antenatal clinic to postnatal units, is expected to be done by a midwife. Moreover, the midwife has a responsibility to promote the health and well-being of both the pregnant woman and newborn baby within their families and communities (International Confederation of Midwives (ICM), 2014:1). The midwife is renowned as a responsible and accountable professional who works in partnership with the pregnant woman to render the necessary support, care, and advice during pregnancy, labour, and the postpartum period (ICM, 2017:1). Additionally, the midwife conducts births and provides care for the newborn and the mother. The care includes the promotion of normal births, prevention and early detection of complications in both mother and fetus, and appropriately providing access to medical care **and midwives** also render preventive and promotive strategies in midwifery and monitor progress during the antenatal period (Regulation 2488 of October 1990 amended).

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Midwives are expected to constantly maintain their required competence and expertise in the provision of good quality maternal and child health. Furthermore, the quality of midwifery practice includes making the patient comfortable, teaching and informing the patient about health-related matters relevant to the patient's condition, and meeting their emotional needs. The quality of care has recently received great attention as a key reason for maternal mortality and morbidity remaining high in several countries despite the substantial increase in coverage of maternal health services (Mannava, Durrant, Fisher, Chersich & Luchters, 2015:2). Furthermore, quality midwifery practice includes making the patient comfortable, teaching and informing the patient about health-related matters relevant to the patient's condition, and meeting their emotional needs.

It is assumed that a midwife is respectful of individuals and their culture and customs, regardless of status, ethnic origin, or religious belief, and should maintain the confidentiality of all information shared by the patient. The scope of practice of midwives is outlined in the International Confederation of Midwives. The ICM (2017:1) mentions that a midwife is responsible for giving women necessary support, care, and advice during pregnancy, labour, and the postpartum period. The conducting of births is the midwife's responsibility, and she must provide care for the newborn and the infant. The ICM (2017:1) also asserts that midwives provide care that includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance, and the carrying out of emergency measures. Furthermore, ICM (2017:1) also posits that midwives have the task of providing health counselling and education not only to pregnant women but also to the family and the community. Additionally, according to the code of ethics of the International Council of Nurses (ICN) (2012:4), one of the crucial components is the way nurses and midwives ensure that they carry out their work responsibly, are accountable for nursing practices, and maintain competency, also ensuring and ensure that the care provided is not compromised.

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According to Holmes and Goldstein (2012:5) nurses are not always seem to be respectful, but sometimes their attitudes include a lack of sympathy and empathy, and there are reports of neglect, rude and verbally abusive behaviour, physical abuse, lack of respect, humiliating behaviour and lack of control, judgemental and punishing behaviour, and lack of attention to privacy and confidentiality. It is believed that most maternal and neonatal deaths may be prevented by better obstetric care and rapid response to reduce intrapartum complications including reducing delays in recognition of complications at home (Serbanescu *et al*., 2019:28). An increase in negligent behaviour by midwives may influence maternal and neonatal care. Doctors and midwives are normally very abusive towards women and women who have gone through this abuse and maltreatment get discouraged to go for the next visit and this may lead to few women delivering in health facilities leading to high maternal mortality (Holmes & Goldstein 2012:47). Disruptive behaviour in the healthcare environment may have a significant impact on staff relationships, communication efficiency, and patient outcomes of care. Therefore, the negative attitude of nurses

and midwives, lack of respect for the birthing mothers' views, and, stigmatized sexual activity by the nurses are some of the barriers reported to influence the non-utilization of healthcare services.

Globally, despite the noted impact of other factors affecting the quality and safety of patient care, the healthcare industry has been faced head-on with the issue of disruptive behaviour. Mannava *et al*. (2015:2) affirm that a lack of respectful care from providers, such as doctors and midwives, may lead to dissatisfaction with the health system, diminishing the likelihood of women seeking antenatal delivery and postnatal services. Consequently, poor professional behaviour could compromise the quality of care and the women's essential right to dignify and respectful maternal health care.

In South Africa, midwifery practice is regulated by the Nursing Act, 2005 (Act No. 33 of 2005) which stipulates that midwives are expected to promote, maintain, restore and support the health status of a woman and her child during pregnancy, labour and puerperium; process scientific knowledge, skills and judgment within a caring therapeutic relationship; provide comprehensive care of a woman and her child during pregnancy, labour, and puerperium in all healthcare settings; provide emergency care; ensure the safe implementation of maternal and child care; and delegate obstetric care, ensuring that such care is delegated only to competent practitioners or persons. The South African Nursing Council (SANC) which is a body that regulates nurses and midwives in South Africa, also encourages professional practice by midwives. SANC (2015:1) indicates that under Regulation 2598 of the SANC, the Scope of Practice outlines the acts and procedures which may be performed by a midwife to safeguard maternity by setting standards of conduct for all midwifery and nursing practice. SANC (2015:1) highlights that disciplinary actions may be taken against midwives and nurses who exhibit professional misconduct like failure to give required treatment to a patient, abuse, assault, leaving a patient unattended, harassment of health care users and colleagues, neglect, or any other conduct bringing the profession into disrepute. In South Africa, midwives could either be employed in public or private hospital settings or they could practice independently (Wibbelink & James, 2015). Wherever midwives are employed they are expected to deliver quality maternity care. The Department of Health (DoH) in

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South Africa (2016:4) states that it is the priority of modern maternity services to render high-quality maternal care that is safe for all women.

However, in South Africa, studies in maternity facilities have documented staff rudeness, arbitrary acts of unkindness, clinical negligence, and verbal and psychological abuse (Honikmana, 2015:284). According to Haskins, Phakathi, Grant and Horwood (2014:32), in a rural hospital in KwaZulu-Natal complaints were received about nurses' poor attitudes from patients and external health service users. These complaints were reported in the local press and received in a "complaints box" at the hospital's entrance. The authors further state that poor attitudes of nurses, resulting in poor patient care, could severely undermine the ability of the health system to provide quality care and improve outcomes for patients. Mkhwanazi (2012:1) also posits that long queues, drug shortages and poor attitude of health personnel are a big challenge at Daveyton Main clinic, Ekurhuleni District. Mhlongo (2016:48) also mentioned as well that various media reports in South Africa highlight the lack of professionalism and a rise in unethical behaviour by midwives as characterised by poor communication and incidents of violence and abuse. Sedeeka (2018:3) also found that in a hospital in Cape Town in the Western Cape Province midwives are demotivated and dissatisfied, which results in poorer care for women. Therefore, it appears as if there is an increase in the lack of respect by nurses and midwives towards patient care in the hospital environment within South Africa.

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In the Eastern Cape, there have been complaints by patients concerning poor attitudes and behaviours of midwives. According to Alabi, O'Mahony, Wright and Ntsaba (2015:7), in a hospital at King Sabata Dalindyebo Local Municipality in Umtata, mothers expressed concerns about nurses' attitudes and behaviour such as shouting at patients and a lack of prompt attention during antenatal care. Another study in the Eastern Cape by Stellenberg and Ngwekazi (2016:4) found that some midwives lack knowledge about certain maternal care services. The authors mentioned that although all the participants were fully qualified midwives, the majority did not know the appropriate position for correct reading of Blood Pressure (BP). A study by James, Rall and Strümpher (2012:1) purported that in the Eastern Cape some of the teenagers who fell pregnant were treated as inferior by midwives.

However, the DoH (2016:2) states that health workers must demonstrate respect and a genuine interest in their clients with a non-judgemental attitude.

The attitudes and behaviours of maternal health care providers are an important element of quality as they influence both positively and negatively how women and their partners and families perceive and experience maternal health care (Mannava et al., 2015:2). According to Mhlongo, (2016:49) litigation keeps on rising in volume and amount. Most litigation arises from unprofessional and substandard care rendered by midwives. Furthermore, the Department of Health (DoH) faces huge costs because of such litigations. Despite methodological challenges, there is clear evidence that poor provider attitudes have a variety of adverse impacts on patient care and health outcomes (Holmes & Goldstein, 2012:7).

1.2 PROBLEM STATEMENT

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There is a growing trend of bad conduct by midwives which affects the delivery of maternal services to pregnant women. This has been echoed by Muzeya (2015:4) who argues that incompetence and negative attitudes of maternal care staff have a negative influence on patients' decisions to visit the institutions. Poor behaviour and the attitude of midwives which results in low-quality maternal care are likely to increase the rate of maternal deaths. Haskins et al. (2016:33) argue that health workers' attitudes affect behaviour, quality of care and health outcomes. Additionally, according to Ngxongo (2018:6), improvement in access to good-quality maternal care services could make a major contribution to reducing perinatal and child deaths. Therefore, midwives are key role players in the prevention of maternal deaths (Sedeeka, 2018:24). In light of this problem, the study sought to investigate the attitude and behaviour of midwives in the Eastern Cape, in a local East London based public hospital.

The DoH (2014:15) also reports that maternal mortality has increased in the Eastern Cape, Free State and Northwest. The DOH (2012:4) also asserts that about 40% of all maternal deaths are avoidable and related to community, administrative, and clinical factors. Of the avoidable factors, the most common factor, according to the

DOH (2014:17), is due to maternal care staff not assessing the patient properly and not following standard protocols. Adding to this, Ngxongo (2018:4) also argues that the majority of preventable deaths during pregnancy and childbirth are attributed to poor maternal care. Low-quality maternal care is associated with maternal complications and deaths.

The professional conduct of midwives has become an area of scrutiny due to the concerns about low-quality maternal care. Brighton *et al*. (2013:225) assert that midwives are perceived to be uncaring, lacking empathy, exposing women to shame, and restricting the expression of feelings. Peprah *et al*. (2018:68) also mention that midwives are described as insensitive and impatient. Adeyemo et al. (2014:3) also argue that women who receive maternal care complain about midwives' attitudes and practices. Additionally, according to Cerulli (2016:37), a Harvard School of Public Health report on midwives indicated that in South Africa, women report being beaten, threatened with beatings, and slapped during childbirth at midwifery units, clinics, and hospitals.

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1.3 RESEARCH QUESTION

1.3.1 Main Research Question

- What are the perceptions of pregnant women about attitudes and behaviours of midwives in the maternity section in a public hospital in East London, South Africa?

Sub-research questions

1) What are the roles and responsibilities of midwives in a maternity section in a public hospital in East London, South Africa?
2) What are the factors that contribute to poor attitudes and behaviour of midwives in a maternity section in a public hospital in East London, South Africa?
3) What interventions could be instituted to promote professional attitudes and behaviour of midwives in a public hospital in East London, South Africa?

1.4 AIM OF THE RESEARCH

The aim of this study was to explore and describe the perceptions of pregnant women about the attitudes and behaviour of midwives in a public hospital in East London, South Africa

1.4.1 Research Objectives

The specific objectives of the study were as follows:

1) To determine the roles and responsibilities of midwives in the maternity section of a public hospital in East London, South Africa

2) To explore perceptions of pregnant women of poor attitudes and behaviour of midwives in the maternity section of a public hospital in East London, South Africa.

3) To assess the various interventions that the pregnant women suggested can be introduced in order to promote professional attitudes and behaviour by midwives in a public hospital in East London.

1.5 SIGNIFICANCE OF THE STUDY

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Brink (2012:64) suggests that when conducting the study, its outcomes should contribute meaningfully to practice, for instance, to health sciences, the health of the community, and the profession as a whole.

The recommendations of the study may help the managers to formulate and review the policies to reinforce the implementation of good professional behaviour to uplift the professional image and identify strategies to improve and promote professionalism in the maternity section.

1.6 DEFINITION OF CONCEPTS

1.6.1 Midwives

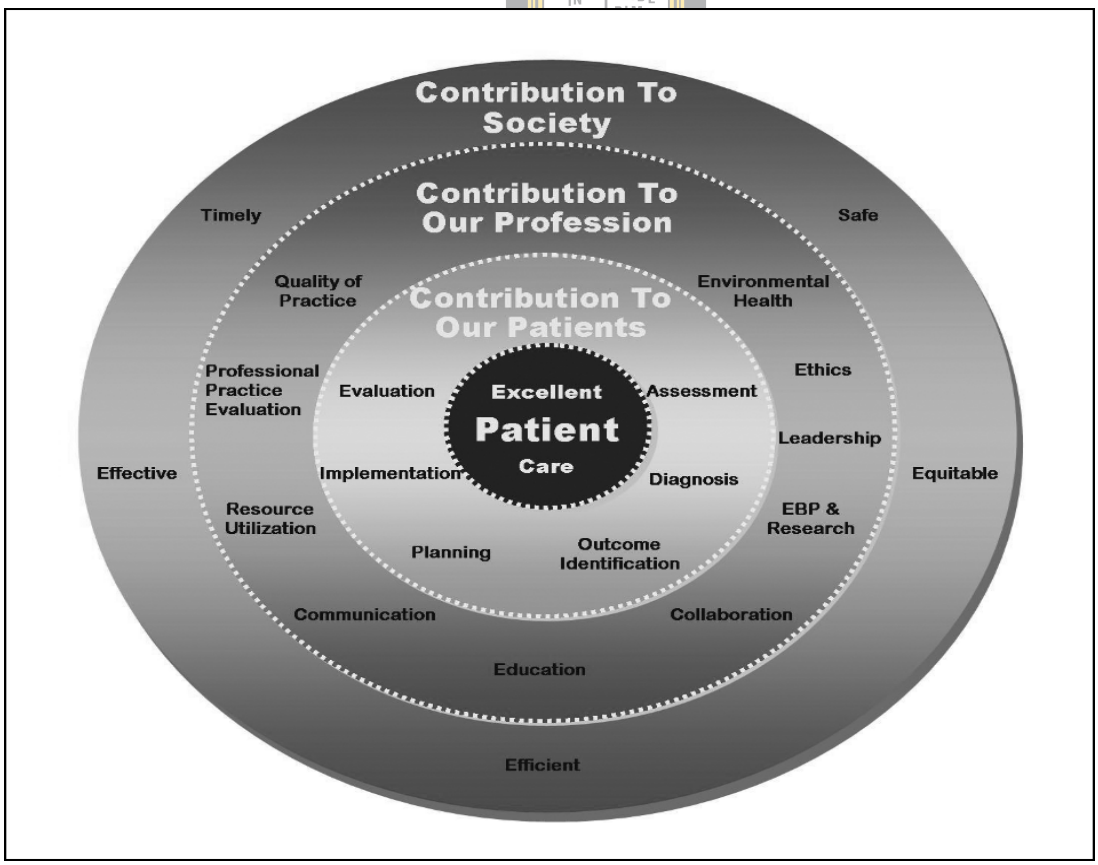
“Midwives refer to a person who has been admitted to a midwifery educational programme, duly recognised in the country in which it is located, who has completed the prescribed course of studies in midwifery, and who has acquired the requisite

qualifications to be registered and/or legally licensed to practice midwifery' (International Confederations of Midwives' Council Meeting, 2005:1). In this study, midwives refer to people who are registered with the South African Nursing Council as nurses and midwives and who are also rendering their duties in the maternity set-up.

1.7 CONCEPTUAL FRAMEWORK

A framework is an abstract, logical structure of meaning that guides the development of the study for a researcher (Burns & Groove, 2009:39). The conceptual framework drawn demonstrates the linking of concepts that gave meaning to the processes which guided the researcher in conducting the study. Therefore, this study was guided by the conceptual framework for professional nursing practice and development, see Figure 1.1 below:

Figure 1.1*: Conceptual Framework*



Framework for professional nursing practice and development (Mensik, Scott, Martin & Horton, 2011)

A nursing practice framework in a healthcare setting demonstrates that the organisation embraces nursing as a professional development therefore a set of guiding principles was discussed when drafting the straw model of nursing professional practice and development. This framework consists of three interconnected circles around the patient. These three circles were named Contribution to the Society, Contribution to the Profession and Contribution to the Patient.

1.7.1 Contribution to the society

The outer part of the circle consists of six dimensions of quality which include safe, timely, efficient, effective, equitable, and patient-centered care. The impact made by the nurses on these dimensions of quality demonstrates their integral role in our healthcare system. The dimensions of quality are noted in the outer and the innermost circles. It is expected that organizations maintain a strong community presence and midwives are seen as productive corporate citizens (Menslik, Scott & Martin, 2011). However poor attitude and behaviours of midwives, access, and perceptions of pregnant women about public hospitals, antenatal wards, labour wards, and post-natal ward environments, deter this notion.

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1.7.2 Contribution to the profession

The circle also represents the investment that nurses place in themselves and their contribution back to the nursing profession. The framework development team felt strongly that professional nurses affect and influence health care through professional performance.

1.7.3 Contribution to the patients

The nursing process is how the nurse should be organising and thinking about the daily care of the patient, therefore, it encompasses all significant actions taken by registered nurses and forms the foundation of each nurse's decision-making. This is the nurse's direct contribution to the patient.

The major concepts in this study link with those constituting the model hence it was found to be an appropriate model for the study. The following are ten concepts in the circle of contribution to the profession, namely: Education, Communication, Collaboration, Evidence-based Practice and Research, Ethics, Resource utilisation, Quality of practice, Leadership, Environmental Health, and Professional practice. Good professional behaviour encompasses these dimensions of the contribution to the profession and eventually leads to improved healthcare services to the patients and society. Therefore, these concepts link with professional behaviour which is the focus of the study.

1.7.4 Excellent patient care

In a society where pregnant women come from, midwives have to get into an agreement of signing an oath. Midwives must take their clients as their first consideration irrespective of colour, religion, and creed. Midwives are professionals and are expected to have an accepted attitude and behaviour according to ethics and professional practice.

Pregnant women are to be engaged in communication in the language they understand as they will require vital information from their conception until post-delivery. Good relations between pregnant women and midwives are essential.

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CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter focuses on the literature review underpinning the study on the perceptions of patients about poor attitudes and behaviours of midwives in the maternity sections in a public hospital in East London South Africa. The relevance of the literature review is that it helps the researcher come up with informed decision-making in trying to meet the objectives of the study. In addition, the literature review in trying to answer the research questions of the study helps fill the existing gap in the literature that the current research seeks to determine. This means that the literature review is a comprehensive yet ideal structure of the research study. About the study, the literature review is comprehensively structured to focus on the roles and responsibilities of midwives within a maternity hospital, the perceptions of pregnant women of poor attitudes and behaviour of midwives, and the various interventions that can be introduced to promote professional attitudes and behaviour by midwives in a public hospital.

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2.2 ROLES AND RESPONSIBILITIES OF MIDWIVES IN A MATERNITY HOSPITAL

This section seeks to comprehensively understand the roles and responsibilities of midwives to understand the research problem. In a bid to determine that, there is a need however to conceptualize what midwives entail.

2.2.1 The term Midwives

In ancient African history, where the notion of hospitals and health facilities was still foreign, midwives played a critical role in the delivery of newborn babies. Mutasa (2018) is of the view that in these ancient times, there was a relatively low rate of child mortality as midwives were experienced in the art of delivery. However, through civilisation, the art of being a midwife has constantly changed. Being a midwife in contemporary society has become a profession with qualifications required for one to be able to practice this role.

The International Confederations of Midwives' Council Meeting (2005) define midwives as a person who has been admitted to a midwifery educational program, duly recognized in the country in which it is located, who has completed the prescribed course of studies in midwifery, and who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery. In South Africa, the Nursing Act (Act no 33 of 2005) postulates that a midwife is a person registered under this act as a midwife and can render nursing care to pregnant women during pregnancy, labour, and puerperium. This, therefore, means that midwives refer to people who are registered with the South African Nursing Council as nurses and midwives and who are also rendering their duties in the maternity set-up.

The practice of midwives in South Africa is in accordance with the Government Gazette (GG) R2598 (SANC, 1990). The Government Gazette (GG) R2598 states that the midwives shall diagnose the health of the mother and the child during pregnancy, labour, and puerperium and that there is a need to keep on all health records and related information. In addition, Regulation R2488 prescribes the registry conditions and practice of midwives in which the regulation states that the midwife that is registered has to conform to the rules and principles within this regulation. The SANC (1990) also presents that the midwife has to be ready and have all materials required in their practice.

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2.2.2 Roles and Responsibilities of Midwives

Since it has been established what the term midwife relates to, there is, therefore, a need to conceptualize the roles and responsibilities of midwives. This study however focuses on the four stages of pregnancy since these stages are critical for midwives as they ought to make sure that informed decisions and practices are conducted. It is also within the se stages that complications in the pregnancy may arise.

Labour can be divided into four stages according to Mutasa (2018), the first stage commences with contractions and dilatation of the cervix, lasting until full dilatation of the cervix. De Kock and Van der Walt (2004) are of the view that the latent phase starts from the onset of the labour till the cervix is 3 cm dilated. This phase is where there is progress in effacement of the cervix and minimal descending of the presenting part. From 4cm cervical dilatation until full dilatation which is 10cm is the

active phase. The transition phase is the period between 8cm to 10cm cervical dilatation. Cronjé, Cilliers, and Pretorius (2011) are of the view that it is during the first stage of labour that there is a longer engagement between a midwife and the pregnant woman. Figure 2.1 below presents the four stages of pregnancy

Figure 2.1: Four Stages of Pregnancy

Stages of labour	Characteristics
The first stage of labour	The interval between the onset of labour and full dilatation of the cervix
The second stage of labour	The period from full dilatation of the cervix until the delivery of the infant
The third stage of labour	Comprises the interval between the delivery of the baby and the delivery of the infant
The fourth stage of labour	An hour post-delivery of the placenta, that incudes monitoring of the woman and baby and the examination of the placenta

(Source: Cronje et al., 2011)

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As guided by the scope and practice of midwifery, the responsibility of the midwife is to monitor the maternal and fetal well-being of the pregnant woman. The importance of having a fetal heart rate monitoring tool is that it monitors any deviations in the fetal well-being (McDermott, 2017). This is postulated in various pieces such as the National and Provincial Policies as the Maternity Guidelines, The Batho-Pele Principles, and the Patient's Right Charter to mention just but a few. The monitoring of fetal and maternal wellbeing by the midwife is classified under antenatal, intrapartum, postnatal, and neonatal care.

The midwife is also liable for taking care of the newborn baby. According to De Kock and Van der Walt (2004), there is a need to identify the baby immediately on both limbs indicating the family name, sex, weight, and data of birth. The midwife is also responsible for the initial assessment in terms of heart rate, respiratory efforts, muscle tone, and skin colour of the child.

Amongst the duties of the midwives is also the need to develop themselves so that they remain relevant with the latest competencies and evidence-based practices. As reported by SANC (2011), the rising litigations in obstetric units are arguably a sign that the skills of some midwives have been outdated. As of 2011, the National Nursing Summit in South Africa outlined that there is a need for New National Qualifications, Advance Scopes, and Standards for Practice and the Introduction of Continuous Professional Development (CPD) to ensure that midwives are still relevant in the contemporary nursing practice. Currently, in South Africa, all midwives and nurses have been advised to begin with a portfolio of evidence so that they are ready and comply with SANC's requirements for the Continuous Professional Development (CPD) model.

McDermott (2017) is of the view that improved communication is also among the roles and responsibilities of nurses in which coordination and delivery of quality obstetrical care require optimal communication amongst members of the multi-disciplinary team. This, therefore, means that the midwife has an increasing communication role to play in communicating any relevant information in their findings to the physician. In addition, the midwife has a role to carefully record all their progress because it assists in the continuity of care. Ho (2009) argues that omissions in recordkeeping can lead to speculations that something is not being done carefully. Midwives, therefore, have to have an open communication avenue with women during delivery about the care being provided, but literature has often shown that there are limited open avenues of communication between the midwife and the mother (Maputle and Hiss, 2010).

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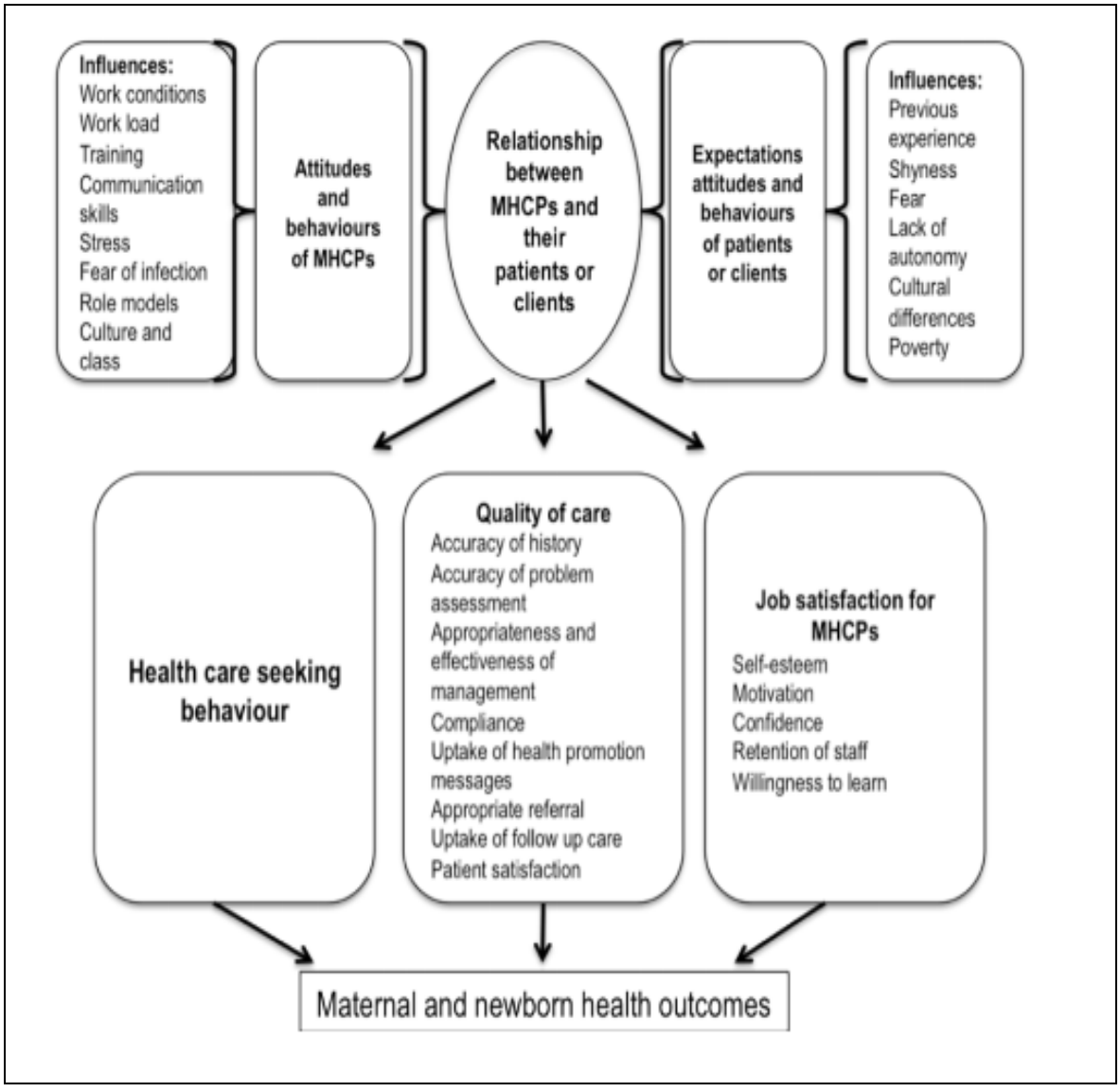
2.3 THE PERCEPTIONS OF PREGNANT WOMEN OF POOR ATTITUDES AND BEHAVIOUR OF MIDWIVES

The midwife and the mother during the pregnancy have an open communication channel which in some cases, this communication channel is limited leading to antagonism between the midwife and the mother. Ho (2009) therefore is of the view that there are poor perceptions by pregnant women of the attitudes and behaviour of midwives. According to Leap (2015), child delivery is associated with pain that mothers experience albeit in varying degrees irrespective of their ethnic, financial, social, or financial background. This pain arguably is associated with the psychological termination of pregnancy at term to bring about motherhood. Be that

as it may, various schools of thought have argued that the attitudes and behaviours of midwives have a profound effect on the experience of a mother in giving birth. Figure 2.2 below shows the relationship between maternal health care providers and patients to determine the influences and effects for easy comprehension of the perceptions of mothers on the behaviour and attitudes of midwives.

Figure 2.2: Relationship between maternal health care providers and patients: Influences and Effects



(Source: Leap, 2018)

Leap (2018) is of the view that women need to be encouraged during the process of delivering a child. In as much as nurses and midwives have been trained to improve their service delivery and providing care, it has been observed that in South Africa,

mothers still complain about the attitudes and behaviours of midwives. Adesokan (2010) is of the view that it seems as if the midwives do not take into consideration the views of mothers on how to give care and the provision of a client-centered service is important for it ensures that women can express their opinion.

In a study conducted by d'Oliveira and Schraiber (2012), it was discovered that there is a wide range of attitudes and behaviours documented that define the perceptions of pregnant women on midwives. Amongst these include neglect, verbal and physical abuse as well as sexual abuse in some cases. There is a prevailing notion that the midwife is always shouting at mothers and act like an individual that is not open to communication (Leap, 2018). There are also some forms of violence taking place against women within health care services and these range from all forms of threats, scolding, shouting, and neglect, to the denial of pain relief, sexual violence, and over-medicalization (d'Oliveira and Schraiber, 2012). As reported by Human Rights Watch (2011), in South Africa, there are cases of women being turned away from clinics without being examined whilst in labour, women being ignored by midwives when they call for help, waiting long hours without being given care and also being denied referrals for specialised care. There are also cases of women being asked to walk with their newborn babies between wards immediately after birth when they are relatively weak (Leedy, 2018). Therefore, there is generally a perception of neglect in the behaviour and attitudes of midwives from mothers.

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There are also reported cases of lack of sympathy and empathy often pointed out in contrast to the caring and kindness associated with traditional birth attendants. In Leedy's (2017) systematic review of socio-economic differences in morbidity and access to health care in South Africa, women generally described that it was impossible to receive any form of appropriate response from a midwife whilst in labour suite in a public hospital. In addition, D'Ambruoso (2015) conducted an in-depth interview with 14 women in the Pretoria region who had delivered in the previous five years at a public hospital to explore their experiences with the midwives and it was discovered that there is a lack of genuine care and sympathy in delivery from these professionals. Some participants in this study accounted for the impatience of midwives as they were often angry at the mothers delivering children. Therefore, a lack of sympathy and empathy is accustomed to the perception of mothers on the attitudes and behaviours of midwives.

According to Belay (2007), there is a general perception of mothers that there is dissatisfaction with maternal health services offered within public institutions. This is because of poor provider attitude from nurses and midwives in the form of harassment and the absence of adequate attention. This is confirmed by the Human Rights Watch (2011) which is of the perception that labouring mothers are just left alone and not adequately attended to and service providers are not in any way supportive during the delivery. In an interview with a mother who had just given birth within a public hospital in South Africa, Belay (2007) noted that the mother felt that she was unimportant to the gossip and tea breaks of midwives and she felt to be treated as a nuisance. There is a prevailing feeling from mothers who give birth in public hospitals that they are often belittled b midwives and humiliated. This has led to the widespread perception that midwives are mean and unfriendly which is against their profession. Therefore, from the perceptions of mothers on the attitude and behaviour of midwives, there is a general dissatisfaction with the services provided.

> *Ah!, those (midwives) at the referral hospital are very rough, they take their time to attend to you and they often shout at patients. Their behaviour and attitude towards expecting mothers are very bad.*

This means that mothers perceive midwives as rude and abusive. Figure 2.3 below presents the summary of the poor behaviour and attitude of midwives in public institutions.

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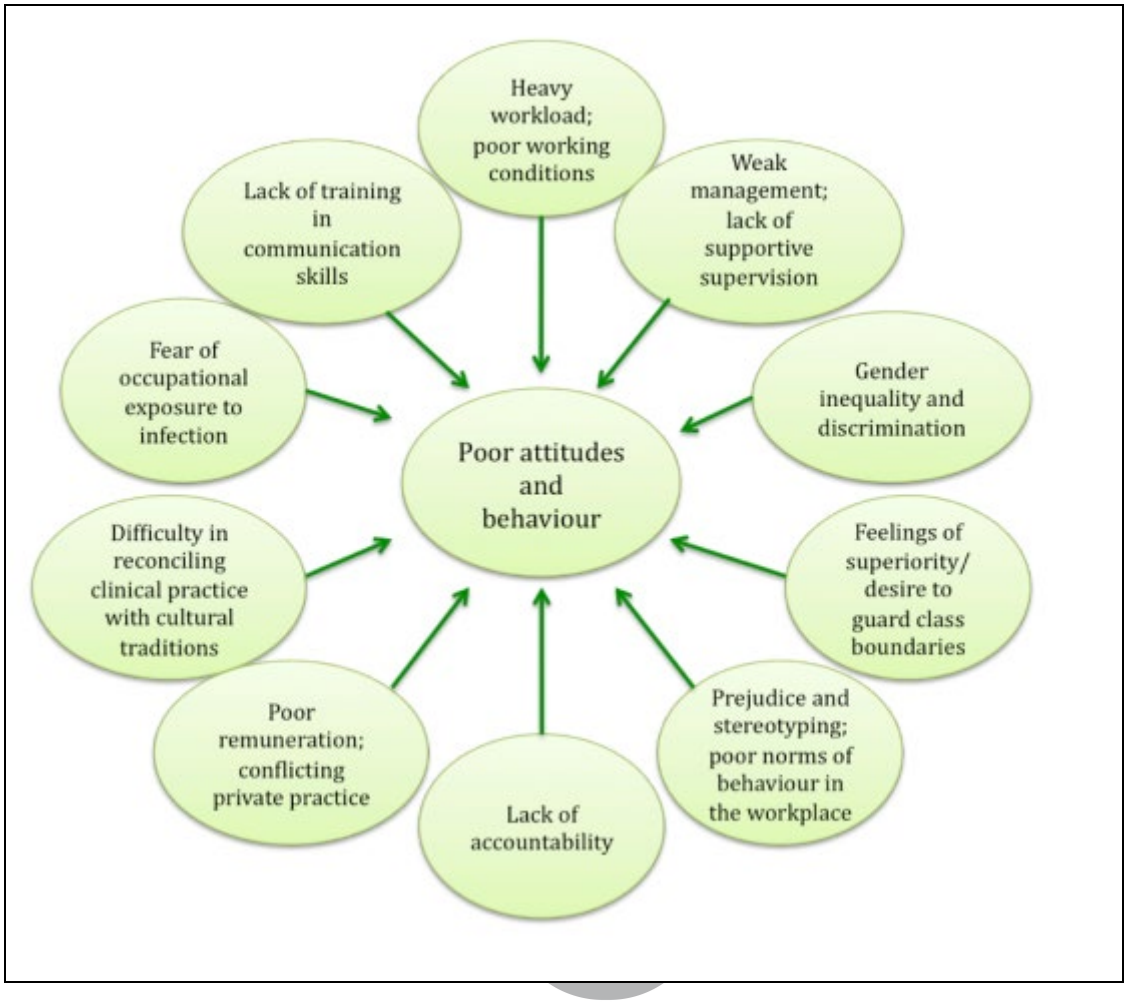
Figure 2.3 Summary of the poor behaviour and attitude of midwives in public institutions



(Source: Leedy, 2018)

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On the other hand, other studies in South Africa showed a better picture showing that poor attitudes and behaviour from midwives are not inevitable. This is because, in a study conducted by Leedy (2018), nearly all women in a rural public hospital in the North West Province expressed complete trust in the midwives and health practitioners within the local hospital. As postulated by one of the women, she expressed that she had delivered four of her five children within the local hospital and she often felt that her care was attended to and she was given advanced care at all times. In addition, there are other cases where interpersonal skills are more advanced and midwives are professional and helpful. This, therefore, shows that there is a positive picture associated with perceptions of women on the attitudes and behaviours of midwives.

2.4 VARIOUS INTERVENTIONS THAT CAN BE INTRODUCED TO PROMOTE PROFESSIONAL ATTITUDES AND BEHAVIOUR BY MIDWIVES IN A PUBLIC HOSPITAL

In this review, it has been established the poor behaviour and attitude of midwives, and thus for improved service delivery, there is a need to come up with solutions to address these negative perceptions. Be that as it may, Supratikto, Wirth, Achadi, Cohen, and Ronsmans (2002) are of the view that there is no single approach or universal approach that can be put across to improve the behaviour of midwives. This is because the attitudes and behaviours of midwives vary with context thus there is a need for different approaches in different situations. Leedy (2018) is of the view that in the need for South Africa to meet the Millennium Development Goals (MDGs), there has been a greater investment in several fields that are essential towards contributing to greater health work attitudes and behaviours. Amongst these measures include:

- Improved quality of care
- Patient satisfaction
- Strengthening the health system
- Human resources management
- Staff retention

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All these measures can ensure that healthcare services are provided effectively and that mothers in general experience the best care when delivering newborn babies.

There is a need for advocacy to ensure improved service delivery and address the negative review of poor attitudes and behaviour of midwives. According to the World Health Organisation (WHO) (2015), it has become an international issue of the challenges being faced by mothers at the hands of healthcare officials and this challenge cannot be easily measured for it is context-based. In this regard, WHO (2015) argued that there is a need for advocacy in which the midwife plays a critical role in a safe delivery. In this perspective, there is a need to ensure that there is an open channel of communication between the midwife and the patient so that there is the creation of holistic women-centered care. Be that as it may, to provide such

skilled care, skilled attendants need to cultivate effective interpersonal communication skills and an attitude of respect for the woman's rights to be a full partner in the management of her pregnancy, childbirth, and the postnatal period. The WHO has therefore ensured that there are widespread consultations within communities to ensure that childbirth is experienced most conveniently.

Improved planning, communication, and counseling are also among the interventions to improve the attitudes and behaviours of midwives. Achadi (2016) is of the view that this can be achieved through the training and development of midwives as the discipline is constantly evolving, thus there is a need to address their abilities and capabilities for effectiveness. In this regard, Achadi (2017) developed a comprehensive training, communication, and planning model that has to be followed by midwives especially those in the rural setting. Figure 2.4 below presents this model

Figure 2.4: Comprehensive Model to Improve the Role of Midwives

SKILL	DESCRIPTION OF SKILLS
Greeting	How the village midwife welcomes her client
Active listening	Clarification (asking the client to explain the problem), paraphrasing (rewording questions from patients), reflection (using the women's own words, and summarising the discussion)
Attitude	Includes patience, avoiding the use of a rude voice or criticism, maintaining eye contact
Physical exam	Explaining steps and results of physical exam
Body language	Non-verbal communication
Conversation style	Ability to use appropriate language
Next appointment	Explicit communication with woman to set up appointment

(Source: Achadi, 2016)

This model was developed as a response to the challenges of the poor attitude and behaviours of midwives in the rural setting. As postulated in this model, there is open communication between the mother and the midwife in which all procedures are

followed and adhered to. Therefore, to address the poor attitudes and behaviour of midwives, there is a need to come up with a comprehensive model including training, development, and communication.

Silén, Ramklint, Hansson, and Haglund (2016) are of the view that there is a need for midwifery practice so that the negative perceptions of their attitudes and behaviours are addressed. This midwifery practice commences with the ability of the midwives to take responsibility for working on their negative attitude, as a positive attitude or a good response informs the client that the practitioner is concerned about their wellbeing. In addition, midwifery practice is associated with effective communication amongst staff members so that there is the exchange of proper information and documentary on patient files. The role of effective communication is that there is continued care (Leedy, 2018). Furthermore, teamwork has to be ensured so that midwives assist each other in decision-making and affirming findings before caring out the task and the effect of this is that there are minimized mistakes. Silen et al. (2016) are further of the perception that there is also a need for midwives to conduct and participate in ethics rounds as a form of supporting healthcare personnel in handling ethical dilemmas that would lead to better insights concerning ethical issues.

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2.5 CONCLUSION

This chapter focused on the literature review underpinning the study on perceptions of patients about poor attitudes and behaviours of midwives in the maternity sections in a public hospital in East London South Africa. This chapter was born out of the conventional understanding that the literature review is a significant section within the research study postulating the existing gap in the literature that the study seeks to fill. It is within this perspective that this chapter presented the roles and responsibilities of midwives as postulated in various pieces of legislation and sources. Within this chapter, the perceptions of patients on the behaviour and attitudes of midwives in a public hospital were discussed in which most of the scholarly work paint a bad picture of the behaviour of midwives. In some studies, however, it seems as if in different contexts, midwives are a critical factor in delivery. This chapter also expressed the interventions that can be put forward to address the negative perceptions associated with the behaviour and attitude of midwives in the public sector.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This chapter focuses on the research methodology and design utilized for the processes of data collection, analysis, and interpretations of findings concerning the research on perceptions of patients about poor attitudes and behaviours of midwives in the maternity sections in a public hospital of East London South Africa. The research methodology and design are important in a research study for they detail the methods, procedures, and measures utilized to undertake the study and understand the particular research problem. In other words, the research methodology and design encompass what measures were utilized to select the participants, how information from the participants was collected, and how was that raw information processed to mean something. It is within this perspective that this chapter focuses on the fundamental attributes of the research methodology and design such as the research design, the research philosophy, research approach, sampling and target population, data collection, data analysis, limitations of the study, methods of ensuring the trustworthiness of the study and ethical considerations.

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3.2 RESEARCH DESIGN

A research design is a plan or framework that guides a researcher in studying processes conducted to solve a problem (Barbie, 2009). Flick (2016) is of the view that the research design is the blueprint of the study, postulating the data collection, data analysis, and data measurement approach utilized in the study. In this perspective, the research design is the guidelines, approach, and measures utilized in the study. There are a plethora of research designs utilized in research studies and among these include the cross-sectional research design, queasy-experimental research design, descriptive research design, case study research, and exploratory research design to mention just a few. The nature of the study in trying to gather the perceptions of patients ensured that the exploratory research design is utilized.

3.2.1 Exploratory Research Design

The exploratory research design explores and describes acts perceptions, emotions, understanding, and the meaning of the phenomenon as experienced by humans in their terms in their context (Brink, 2012). To Babbie and Mouton (2007), the exploratory approach is used when the researcher examines a new interest or when the subject of a study is relatively new. In addition, Brink and Wood (1998:312) affirm that the purpose of an exploratory design is to study that which has not been previously studied. The exploratory researcher is looking for new knowledge, new insights, new understanding, and new meaning (Brink & Wood, 1998:312). Kumar (2014:122) mentions that the research design is the road map that a researcher decides to follow during the research journey to find answers to the research. Hair et al (2015:147) purport that an exploratory research design is used when the researcher knows little about the problem or opportunity. The design is meant to discover new relationships, patterns, themes, and ideas among other things (Hair et al. 2015:147).

The exploratory research design is utilized in this study for the study seeks to explore the behaviour and attitude of midwives in the Eastern Cape. Through the exploratory research design, there is the understanding and interpretations of the possible reasons for poor professional behaviour and attitudes by midwives. In addition, the exploratory research design was utilized in the study because it explored the unknown experiences and views which might be contributing to the poor attitudes and behavior exhibited by midwives in an East London public hospital. Additionally, an exploratory design allows room for a collection of information from spontaneous interactions and observations (Martin & Hanington, 2012:109). It is utilized when a researcher intends to gain insights into the general nature of a problem and variables that need to be considered (Hair et al. 2015:147).

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Exploratory research is usually carried out without strong preconceived expectations of what will be found (Bradley, 2013:72). The starting point of the research was a dearth of knowledge on the poor attitudes and behaviour of midwives at the East London public hospital. Exploratory research is useful and appropriate when a researcher wants to gain insights into a problem that has little or no information that is known about it (Brown & Churchill, 2004:442). The exploratory research design was also in line with the research methods that were used in this study which

enabled the researcher to achieve the research's objectives. An exploration into the experiences of the participants helped to determine what contributes to their attitudes and behaviour which is why the researchers used the exploratory research design.

3.3 RESEARCH PARADIGM

A paradigm in research postulates the assumptions and beliefs in research on ontology, epistemology, and methodological concerns (Kumar, 2014). The research adopted the interpretive research paradigm. The interpretive paradigm is normally used in a qualitative study. Interpretivist refers to the approaches which emphasize the meaningful nature of people's character and participation in both social and cultural life (Chowdhury, 2014:433). An interpretive paradigm is also described as a paradigm guided by a set of beliefs and feelings about the world and how it should be studied and understood (Denzin & Lincolin, 2013:26). The interpretive paradigm has its roots in the philosophical traditions of hermeneutics and phenomenology, and the German sociologist Max Weber is generally credited with being the central influence (Chowdhury, 2014:433). In this paradigm, the focus of the study was to understand lived experiences and to explore how people interpret and make sense of the world in which they live (Ormston, Spencer, Barnard & Snape, 2014:22). This focus was in line with what the study sought to do, understand the experiences of the participants. Interpretivism asserts that the subjective interpretation of reality enables reality to be fully understood (Dhingra & Dhingra, 2012:2). Supporting this assertion. Thanh & Thanh (2015:24) argue that interpretivism research seeks to understand the world of human experience. From understanding the different experiences of the participants, the study was able to look into the reasons the midwives behave the way they do at their workplace.

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As a result of the shortcomings and limitations of positivism, the interpretive paradigm was a shift away from positivism since it is aimed at capturing the lives of participants to understand and interpret the meaning (Nieuwenhuis, 2016:59; Du Plooy-Cilliers et al. 2014:45). Additionally, according to Nieuwenhuis (2016:61), human life can only be understood from within hence interpretivism focuses on people's subjective experiences by sharing meanings. The interpretive paradigm denotes that the methods of the research adopt the position that people's knowledge of reality is a social construction by human actors, and so it distinctively rules out the

methods of natural science (Chowdhury, 2014:433). The strength of the interpretive research paradigm is that it allows a researcher to gain a deeper understanding and insights into a person, situation, case, or community. Interpretivism assumes that if people understand their situation better, they would be able to take practical actions within it. In this regard, the understanding of the situation of the midwives' attitudes and behaviour was anticipated to provide practical interventions that can help the midwives to improve their conduct. Du Plooy-Cilliers et al. (2014:41) argue that interpretivism embodies the view that social reality is in a constant state of flux and is dependent on how individuals experience reality internally. Furthermore, as suggested by Chowdhury (2014:433), interpretivism, by its nature promotes the value of qualitative data in the pursuit of knowledge. This study sought to collect qualitative data so this paradigm was ideal. Since interpretivists aim to gain an in-depth understanding of multiple realities, they depend on qualitative research methods (Du Plooy-Cilliers et al. 2014:43). These methods include focus groups, in-depth interviews, ethnography, narrative inquiry, unstructured observation, open interviewing, idiographic descriptions, and qualitative data analysis (Du Plooy-Cilliers et al. 2014:41). Accordingly, the research used a qualitative research method to collect data.

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According to Chowdhury (2014:433), unlike positivists, interpretivism does not try to do value-free research in that they attempt to empathise with and share in the social values of those they are studying. Interpretivism insists that researchers should consider their points of view and feelings as part of the process of studying others (Du Plooy-Cilliers et al, 2014:45). In addition, interpretivism believes that reality is not objectively determined but is socially constructed (Nieuwenhuis, 2016:62). Chowdhury (2014:433) also asserts that interpretivism researchers not only look for the presence or absence of a causal relationship but also the specific ways in which it is manifested and the context in which it occurs. Thus, these researchers can go beyond what has occurred to see how it has occurred (Chowdhury, 2014:433). This paradigm, therefore, was used to explore and understand the views, feelings, and experiences of the women who have had encounters with midwives to get a deeper insight into their attitudes and behaviour within their workplace.

3.4 RESEARCH APPROACH

A research approach refers to a broad range of research designs and methods used to study the phenomenon of social action about which we do not have an understanding. (Brink, 2013:121). A research approach is a blueprint that guides a researcher concerning methods of data collection and the nature of data to be generated (Redman & Mory, 2009:67). Goddard and Melville (2004:34) defined a research approach as a plan that outlines when, where, and what data is to be collected and subsequently analysed. Furthermore, research approaches are plans and procedures for research that span the steps from broad assumptions to detailed methods of data collection, analysis, and interpretation (Creswell, 2014:1). There are three types of research approaches the qualitative approach and quantitative approach and mixed methodologies. The qualitative approach was used in this study.

Whereas quantitative research methods can be used to determine how many people undertake particular behaviours, qualitative methods can help researchers to understand how and why such behaviours take place (Sutton & Austin, 2015:226). Aptly, this qualitative research approach, as pointed out by these authors helped the researcher to understand how and why midwives behave the way they do in their workplace and what factors contribute to their attitude. Hammarberg et al. (2016:498) posit that in quantitative circles, qualitative research is commonly viewed with suspicion and considered lightweight because it involves small samples which may not be representative of the broader population. It is seen as not objective, and the results are assessed as biased by the researchers' own experiences or opinions. In qualitative circles, quantitative research can be dismissed as oversimplifying individual experience in the cause of generalisation, failing to acknowledge researcher biases and expectations in research design, and requiring guesswork to understand the human meaning of aggregate data (Hammarberg et al. 2016:498). However, the qualitative research approach as depicted in Table 3.1 below has more aspects that allowed the research to fully explore the subject under investigation in this study.

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Table 3.1: Summary Research Approaches

Quantitative	Qualitative
Tends to produce quantitative data	Tends to produce qualitative data
Uses large samples	Uses small samples
Concerned with hypothesis testing	Concerned with generating theories
Data is specific	Data is rich and subjective
Location is artificial	The location is neutral
Reliability is high	Reliability is low
Validity is low	Validity is high
Generalizes from a sample population	Generalizes from one setting to another

Source: Saunders et a.l (2007:145)

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The study utilized the qualitative approach to inquiry. The selection of a research approach is based on the nature of the research problem being addressed, the researcher's personal experiences, and the audiences for the study (Creswell, 2014:1). The research's objectives were focused on eliciting data from the personal experiences of the participants, and using the qualitative research approach was apt. Qualitative research is defined as research that uses words as data, collected and analysed in all sorts of ways (Braun & Clarke, 2013:46).

As argued by Sutton and Austin (2015:226), qualitative research can help researchers to access the thoughts and feelings of research participants, which can enable the development of an understanding of the meaning that people ascribe to their experiences. This quality-made the approach suitable for such an investigation which sought to understand the experiences of people who have been helped by professionals who have different emotions, attitudes, behaviours, and experiences. The qualitative approach can be used in a case where little information is known about the phenomenon being studied or can be used to gather new information on issues where much information is already known (Gray 2014:162). The qualitative research approach was used to examine how midwives do things, based on the

experiences of people who need their assistance and their experiences vary from person to person due to various and changing social factors.

What a qualitative study seeks to convey is why people have thoughts and feelings that might affect the way they behave (Sutton & Austin, 2015:226). This aspect of the approach was integral for this study as the researcher sought to understand the thoughts and feelings about the poor attitudes and behaviour exhibited by midwives at their workplace from the women who have dealt with the midwives. According to the authors, an important point about qualitative research is that there is no attempt to generalize the findings to a wider population (Sutton & Austin, 2015:226). More so, the approach provides rich, descriptive data required to be interpreted through the identification and coding of themes and categories, generating qualitative findings that provide theoretical knowledge and practical use (Boeije 2010:11). Insightful rich descriptive data is important for this study because it helps with the understanding of behaviours and attitudes that are depicted by the midwives in public hospitals.

Denzin and Lincoln (2013:13) purport that the qualitative approach allows the researcher to identify issues from participants' perspectives and understand meanings and interpretations provided by respondents with regards to behaviour, events, or objects, and providing an interpretive understanding of the human experience. Moreover, conducting qualitative research provides an in-depth understanding of complex issues; identifying and explaining social or cultural norms of a culture or a community; addressing 'why' questions to explain and understand issues and 'how' questions that define procedures or behaviours (Neuman, 2011:165). In qualitative research, questions are more exploratory and open-ended in nature, and respondents are required to answer the questions spontaneously using their own words (Grbich, 2013: 26). Due to these different facets that permitted the researcher to fully explore experiences, thoughts, and views, the researcher used the qualitative research approach to conduct her investigation into the attitudes and behaviour of midwives in a public hospital in East London.

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3.5 TARGET POPULATION AND SAMPLING

This section focuses on the target population and sampling techniques utilized in the study

3.5.1 Target Population

According to Brink (2012:131), a population is the entire group of individuals or objects that are of interest to the researcher to obtain information according to the phenomenon at hand. The population in this study consisted of all pregnant women in the anti-natal clinic, labour ward, and post-natal ward that use midwifery services in the maternity sections at an East London public hospital.

3.5.2 Sampling

Salkind (2017:34) argues that due to constraints such as lack of resources, time, and funds, the researcher cannot use the entire population. Resultantly, due to these reasons lack of resources, time, and funds, the researcher used a sample of the population as a representative of the total population. A sample is a selected group of people in a study who represent an identified population of people (Grove et al. 2015:249). According to Pandey and Pandey (2015:40), a sample works intending to obtain accurate and reliable information about the universe with minimum cost, time, and energy and to set out the limits of accuracy of such estimates. So the sample of this study was selected from the main research population of pregnant women.

A sample is needed as it makes an exhaustive and intensive study possible with much less time, money, and material (Pandey & Pandey, 2015:40). Additionally, Grove et al (2015:250) mention that a researcher should use an accessible population when selecting a sample for a study. Indeed, the researcher selected an accessible population. A sample is selected through a sampling process. Sampling means selecting a given number of subjects from a defined population as representative of that population (Pandey & Pandey, 2015:41). According to Grove et al. (2015:249) sampling involves a group of people, events, objects, or other elements with which to conduct a study. Two main categories of sampling techniques are used to select a sample which are probability and non-probability techniques.

This study used non-probability sampling. Babbie (2016:186) mentions that non-probability is any technique in which samples are selected in some way not suggested by probability sampling. More so, nonprobability sampling is a sampling technique where the samples are gathered in a process that does not give all the participants or units in the population equal chances of being included (Etikan et al.

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2016:1). Supporting this definition, Du Plooy-Cilliers et al (2014:137) state that with non-probability sampling, each unit within the population does not stand an equal chance of being selected as part of the research sample. Therefore, Etikan et al. (2016:1) argue that in non-probability sampling, randomization is not important in selecting a sample from the population of interest.

The non-probability sampling that was used for this study was the purposive sampling technique. Purposive or judgemental sampling, according to Babbie (2016:187), is a type of non-probability sampling in which the units to be observed are selected based on the researcher's judgment about which ones will be the most useful or representative. The purposive sampling technique, also called judgment sampling, is the deliberate choice of a participant due to the qualities the participant possesses (Etikan, et al. 2016:2). Purposive sampling was used in this study because it is a process whereby a researcher purposively selects specific information-rich cases, which will allow greater understanding or in-depth understanding of phenomena and will clarify the question under study (Salmond et al, 2017:83). Purposive samples are, therefore, used when people, events, or surroundings are selected because they provide significant information that could not be gained from other sampling designs (Gray, 2014:217). The purposive sampling was used by the researcher to select information-rich participants who had knowledge and experience about the attitudes and behaviour depicted by midwives.

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Sampling involves defining which groups, cases, or fields will be used in the study (Flick, 2011:50). The study had to identify elements or participants that were able to provide the researcher with the best information. Therefore, the inclusion criteria for this study were based on the participants being pregnant women in the public hospital of East London, and a person who has utilized the maternal service of the hospital. The participant had to be pregnant women who had encounters with midwives. The participants had to know what a midwife is. The sample contained the characteristics of the main population that will provide rich, insightful data. The sample selected through purposive sampling helped the researcher to gain insightful data about the situation or problem under study which allowed the researcher to attain the research objectives which is why the purposive was apt for this study.

Considering the nature of this study, the study used a sample of a various number of participants. Whitehead, LoBiondo-Wood, and Haber (2012:296) argue that a sample of 4-40 is considered sufficient for qualitative research, although it should be noted that sample size is not an indicator of the study's relevance or quality of the data generated from participants' narratives. The sample size, according to Kumar (2011:177), in quantitative and qualitative research is based upon the two different philosophies. In quantitative research, the researcher is guided by a predetermined sample size that is based upon several other considerations in addition to the resources available (Kumar, 2011:177). However, in qualitative research, the researcher does not have a predetermined sample size but during the data collection phase, the researcher waits to reach a point of data saturation (Kumar, 2011:177). Daniel (2012:10-13) also mention that content, size, homogeneity or heterogeneity, accessibility, spatial distribution, and destructibility of the population as well as the availability of resources help the researcher identify the right sample for a study. So in selecting the sample for this study factors such as content and accessibility were considered. The study used a qualitative approach so the sample size that was used allowed the researcher to select information-rich cases.

Furthermore, Saratankos (2012:183) argues that the more intense and in-depth the method of data collection, the smaller the sample size. The sample size was based on the need to deal with manageable sample size and focus on the specific parameters of interest of the study (Saratankos, 2012:185). The sample size was adequate to elicit different experiences from the different participants. The sample was selected from the main population, that is, pregnant women that used maternal services from a public hospital in East London.

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3.6 DATA COLLECTION

Qualitative research uses different data collection instruments. Hennink, Hutter, and Bailey (2011:72) mention that qualitative research methodology allows a researcher to examine people's experiences in detail, by using a specific set of research methods such as in-depth interviews, focus group discussions, observation, content analysis, visual methods, and life histories or biographies. The study used semi-structured interviews to collect data. Interviews are data collection instruments that are widely used in qualitative studies and they were used for this study to collect data. Qualitative interviews allowed the participants to tell their own stories in their

own words (Lichtman 2014:248). According to Stuckey (2013:56), interview styles range widely but share a defining characteristic of using questions to understand the thoughts, feelings, beliefs, and behavior of people. The study, therefore, used the interviews to make sure that the researcher was able to understand the participants' views, feelings, beliefs, and knowledge about the behavior and attitudes of midwives.

3.6.1 Data Collection Instrument

There are mainly three types of interviews in research, which are, structured, semi-structured, and unstructured interviews (Stuckey, 2013:56). From these three types of interviews, semi-structured interviews were used for this study. Clifford et al (2016:175) define a semi-structured interview as a verbal interchange where one person, the interviewer, attempts to elicit information from another person by asking questions. The authors further state that although the interviewer prepares a list of predetermined questions, therefore semi-structured interviews unfold in a conversational manner offering participants the chance to explore issues they feel are essential (Clifford et al, 2016:176). Semi-structured interviews are the most common form of interview used in qualitative research (Gray, 2014:385).

To obtain the participant's views and opinions about the issues that contribute to the understanding of the midwives' behaviour and attitudes, the researcher used semi-structured interviews to elicit the best and most information-rich responses as suggested by Gray (2014:382). As pointed out by Mills and Birks (2014:188), semi-structured interviews make use of open-ended questions, as such the open-ended questions were asked during data collection. A thorough literature study was done to ensure that the interview questions were relevant and aligned to the gaps that need to be covered in terms of bringing up new insightful information concerning the topic.

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3.6.2 Data Collection Procedure

Semi-structured interviews provide structure and guidance to the interview; the researcher uses a guide to follow with many topics and a limited number of questions on which each respondent comments (Harding, 2013:31). The interview schedule was used as a guide that will ensure that the questions do not end up focusing on immaterial information but rather follow a directive pattern (Lichtman 2014:248). The researcher formulated predetermined questions based on the research questions and the aim of the research. Robson (2011:261) also adds that

semi-structured interviews include an interview schedule that reflects what the interviewer says in an introduction form, introductions to questions, or a group of questions. The formulation of the predetermine questions allowed the researcher to ask questions that were relevant to the topic under study. The information exchange nature of semi-structured interviews allowed participants to tell their own stories in their own words, allowing interaction between the researcher and the participants. This kind of data collection allowed the researcher to elicit the experiences and perceptions of the participants about the behaviour and attitudes of the midwives.

Before conducting the interviews, the researcher started by seeking permission from the responsible officials, to get permission to conduct the interviews. Appointments for the interviews were set in advance. Upon meeting the participants, the researcher introduced themselves and introduced the topic as well. The researcher provided an informed consent form for the participants to complete before participating in the interviews. The researcher also explained the fundamental aspects of the research, that is, the purpose of the study, what is expected of the researcher, how their participation will help with the study, and the ethical guidelines that help their participation to be ethical. The researcher conducted the interviews face to face with the participants. After seeking permission from the participants, the researcher recorded all interviews. Sutton and Austin (2015:227) posit that many researchers maintain a folder of "field notes" to complement audio-taped interviews. The responses by the participants were written down by the researcher as field notes and no fabrications were made. All interview records were kept for later reference and transcription. The interviews took approximately 20-25 minutes.

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The strengths of qualitative interviews raised by Morgan (2014:51) include the following: allowing the interview topics to emerge during the conversation; allowing the researcher to listen to other people's interpretations and perspectives, and allowing the researcher to collect depth and details on a range of factors related to a topic. As such semi-structured interviews were used to collect data for this study.

3.7 PILOT STUDY

A pilot study is a small-scale research project conducted before the final full-scale study (Ismail et al. 2018:1). Fraser et al (2018:2) also assert that the term 'pilot study' refers to a mini version of a full-scale study (also called a 'feasibility' study), as well

as the specific pre-testing of a particular research instrument such as a questionnaire or interview schedule. A pilot precedes and is closely related to a larger study (Fraser et al. 2018:1). In effect, pilots comprise a risk mitigation strategy to reduce the chance of failure in a larger project (Fraser et al. 2018:2). A pilot study is often viewed synonymously with a feasibility study intended to guide the planning of a large-scale investigation (Fraser et al, 2018:2). According to Ismail et al. (2018:3) piloting consists exclusively of pre-testing a particular research instrument, and giving the researcher a warning on where the main research project might fail. Therefore, the researcher conducted a pilot study to test the feasibility of the study's data collection instrument. The pilot study also helped to raise any possible challenges that might be encountered during the main research to seek ways to avoid the challenges. The pilot research is important because it confirms that the procedures used are suitable and helps to refine the research questions as well as makes sure that the questions used in the main research are appropriate (Zikmund et al., 2010:19). The pilot study, thus helped the researcher to assess if the research questions that were prepared for the study were in line with the research objectives.

Pilot testing is done preferably with people who share the same characteristics as the actual participants of the study community but who live outside the study community (Hennink et al. 2011:63). The researcher, therefore, carried out the pilot study in a public hospital with three pregnant women. The researcher focused on how the participants were answering the research questions to note any challenges or difficulties. Any questions that were not clear or challenging were rectified to make them understandable and easy to answer. The researcher also focused on changing non-verbal cues, noting the ones that encouraged participants to open up. The researcher also tried, by all means, to work on minimizing closed postures when talking to the participants during the pilot study so to allow the participants to be free. The researcher also checked the time taken to conduct each interview to have an estimation of the duration of the interviews. Knowing the timelines gave the researcher an idea of what to say to the participants when conducting the main study in terms of the expected time and also helped with the organization of interview slots. During this pilot study, the feasibility of the study, as well as the trustworthiness of the research instrument, were tested. Necessary changes were made accordingly.

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Resultantly, the pilot study helped the researcher proactively deal with other unforeseen circumstances that were likely to emerge during the main study.

3.8 DATA ANALYSIS

Bhattacharjee (2012:54) notes that qualitative analysis is the analysis of qualitative data such as text data from interview transcripts. Furthermore, unlike quantitative analysis, which is statistics-driven and largely independent of the researcher, qualitative analysis is heavily dependent on the researcher's analytical and integrative skills and personal knowledge of the social context where the data is collected (Battacherjee, 2012:55). In qualitative research, there exist general approaches to analysis that provide a useful framework as well as valuable knowledge about the nature of qualitative analysis (Spencer et al. 2014:272). Approaches to qualitative analysis also differ between different traditions in terms of the main focus and aims of the analytical process (Spencer et al. 2014:272). These include ethnographic accounts, life histories which is the approach adopted in the current study, narrative analysis, and content analysis among others (Spencer et al. 2014:271).

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The study used thematic analysis which is a qualitative data analysis method. Thematic analysis is a method for identifying, analysing, and reporting patterns within data commonly used in qualitative research (Cassol et al. 2018:2). This method promotes the classification of the data into thematic categories as well as the examination of all the cases in the study to make sure that all the manifestations of each theme have been accounted for and compared (Cassol et al. 2018:2). Kumar (2014:18) gives a brief breakdown of how to analyze qualitative data thematically. The following steps were used by the researcher to analyse data thematically:

- Identifying the main themes. After transcribing all the data, the researcher analysed the emerging themes from the interviews. The researcher went through the descriptive responses given by the respondents to each question to understand the meaning of their responses. From these responses the researcher developed broad themes that reflect the meaning
- Assigning codes to the main themes. The researcher counted the number of times a theme reoccurred and also judged the point of saturation by assigning

codes to the themes. Based on the number of times a theme reoccurred the researcher was able to identify the main themes.

- Classifying responses under the main themes. After identifying the main themes, the researcher went through the transcripts or notes from all interviews and classified the responses or contents of the notes under different themes.
- Integrating themes and responses into research findings.

Having identified responses that fall within different themes, the researcher integrated them into research discussions and findings. Field notes were used to complement the audio recordings from the interviews. Field notes allow the researcher to maintain and comment upon impressions, environmental contexts, behaviours, and nonverbal cues that may not be adequately captured through the audio-recording; they are typically handwritten in a small notebook at the same time the interview takes place (Sutton & Austin, 2015.227). Field notes can also provide important context to the interpretation of audio-taped data and can help remind the researcher of situational factors that may be important during data analysis (Sutton & Austin, 2015.227). The process of assessing the findings from the interviews was done with a coherent discussion on what contributes to the poor behaviour and attitudes of midwives. These findings were discussed in tandem with literature written on the same questions asked. The researcher then compared the participants' answers with each other and compared them with different authors who have written about the same issues. The researcher then integrated and presented the data, thereby providing a discussion that led to suggestions and recommendations.

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3.9 TRUSTWORTHINESS OF THE STUDY

Trustworthiness is defined as the criteria that guide researchers in producing findings that can be accepted as persuasive and worth paying attention to by others (Clark & Ivankova, 2015:163). According to Creswell (2014:201), in qualitative studies, the methodological quality of data is assessed based on whether the findings are accurate from the viewpoint of the participants, researcher, or the readers of the research. Therefore, Clark and Ivankova (2015:163) argue that researchers are interested in the trustworthiness and credibility of the qualitative findings.

Trustworthiness is mainly established as a result of four main domains which are credibility, dependability, confirmability, and transferability.

Credibility is one of the criteria of trustworthiness and refers to the extent to which the qualitative findings are perceived as accurately conveying the study's participants' experiences (Clark & Ivankova, 2015:163). Dependability refers to the consistency and reliability of the research findings and the degree to which research procedures are documented, allowing someone outside the research to follow, audit, and critique the research process (Moon et al., 2016:2). Confirmability refers to the objectivity and neutrality of the data which ensures congruent opinions between two independent people about the data's accuracy, relevance, or meaning (Elarousy, de Beer & Alnajjar, 2019:312). Transferability refers to the degree to which the phenomenon or findings described in one study are applicable or useful to theory, practice, and future research (Moon et al., 2016:3).

Strategies such as member checking, peer debriefing, data triangulation, and prolonged engagement are extensively used for ensuring the quality of the qualitative data (Clark & Ivankova, 2015:163). Creswell (2014:252) also add using rich, thick description to convey the findings, clarifying bias, presenting negative or discrepant information, spending prolonged time in the field, and using an external auditor as other strategies that can be used to ensure the quality of qualitative data. This research, used peer debriefing as one of the strategies to ensure quality data. The process of peer debriefing entailed a colleague reviewing and asking questions about the study especially focusing on the research questions that were in the interview schedule. The study also provided a rich, thick description of the findings. The researcher carried out a self-reflection as well which allowed the elimination of any bias. The researcher also prolonged the time spent in the field. She consulted an external auditor in the form of a doctoral candidate at the university to assess the study and provide objective feedback throughout the process. More so, the supervisor also acted as an external auditor who assisted in providing an objective assessment of the investigation and the steps that were taken to achieve the research objectives. Furthermore, the researcher used pilot research to enhance the trustworthiness of the data.

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3.10 ETHICAL CONSIDERATIONS

According to Walliman (2011:42) working with human participants in research always raises ethical issues about how the researcher treats them. Robson (2007:45) mentions that ethical considerations are essential as the researcher has to consider the rights, autonomy, and sensitivity of the participants. Kumar (2014:83) also argues that there are various players such as research partakers or subjects, the researcher, and funding bodies that are involved in research, whether quantitative, qualitative, or mixed methods. Kumar (2014) states that it is imperative to look at ethical issues concerning each of the players involved in the research. The study considered various ethical guidelines which are discussed below.

Informed Consent: Informed consent was sought from every participant. It ensures that respondents can decide whether or not to participate in the study, providing full knowledge of study risks and benefits and how respondents can actively participate (Boeije, 2010:45). Participants were made aware of the purpose of the research by outlining the aim and objectives before giving their consent to participate in the study. Tracy (2013:37) mentions that weak consent leads to poorer data therefore the researcher ensured that consent was sought from every participant in the right way by being honest and transparent.

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Voluntary Participation: Before conducting interviews, the researcher made the participants aware that they are not obliged to partake in the study. The participants were also informed about their option of partaking or declining to take part before the data collection process commenced. The participants in a research study have a right to withdraw from the study at any time, even if they signed informed consent (Boeije, 2010:45). Additionally, throughout the data collection process, the research subjects were afforded the chance to enquire about or raise any concerns they might have. Tracy (2013:39) also argues that members must know that their participation is voluntary and understand how to opt-out. The researcher explained to the participants that their participation was voluntary and if they feel that they were no longer willing to participate they were free to withdraw their participation.

Anonymity: All participants were assured that their identity would remain anonymous. The participants were made aware that the information from the research would not be used anywhere except for academic purposes. The

participants remained anonymous as the researcher did not ask for the participants' names so as not to link the responses to any individual.

Confidentiality: The researcher maintained the confidentiality of the research by making sure that the participants' names were substituted and used pseudonyms. When conducting research, researchers commit to maintaining participants confidentiality and anonymity by not disclosing the names of participants who have taken part in the research as well as not reporting participants' comments in ways that will make them identifiable (Webster et al. 2014:96). Furthermore, confidentiality involves an assurance made by the researcher not to reveal participants' identities or present the research findings in any way that would enable a participant's identity to be revealed (Saunders & Thornhill, 2012:667). Before participating in the research, the participants were assured that the information they provided would be treated with confidentiality.

Furthermore, none of the data enabled anybody to have access to any of the research participants and precautionary measures were taken to keep the digital data safe. The data was kept in a safe place after the study was conducted to ensure that it was properly disposed of after use.

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3.11 CONCLUSION

This chapter focused on the research methodologies, strategies, and design used in the study. It outlined procedures, participants, data collection tools, data collection, and analysis methods used to investigate this study. It discussed the population and sampling used in the research and also discussed the target population of the study, sample, and sampling technique. It outlined what makes up a population in a study and why it is necessary to select a sample when conducting a study. Furthermore, there is a discussion of instruments of data collection and their administration, and the data collected using these instruments was analysed. The chapter also gives an overview of the ethical considerations that guided the study during data collection and the whole research process. The next chapter provides a presentation of the study's findings and analysis together with the interpretation of the findings.

CHAPTER FOUR

PRESENTATION OF FINDINGS AND ANALYSIS

4.1 INTRODUCTION

The previous chapter presented the research design and methodology, which outlined how the data was collected, and how data will be analysed and presented. This chapter presents the research findings, interpretation of findings as well as the analytical discussions. The rationale of this chapter is that it answers the research questions of the study and seeks to achieve the related aims and objectives of the study. This chapter, therefore, is purposefully structured to present the biographical or demographical information of the participants which postulate their trait and characteristics, important for understanding the research problem. In addition, this chapter also presents and analyse the findings from the study as gathered from the data collection instruments utilised in the study. The findings are therefore presented thematically from the codes and categories discovered from the data collected. It is important to re-state the objectives of the study which are:

1) To determine the roles and responsibilities of midwives in the maternity section of a public hospital in East London, South Africa

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2) To explore perceptions of pregnant women of poor attitudes and behaviour of midwives in the maternity section of a public hospital in East London, South Africa.

3) To assess the various interventions that the pregnant women suggested can be introduced to promote professional attitudes and behaviour by midwives in a public hospital in East London.

4.2 BIOGRAPHICAL PROFILE OF THE PARTICIPANTS

The study captured the biographical information of the participants in a bid to understand the research problem. Of importance to note however before the discussion on the demographic details is the response rate of the study. Qualitative studies seek to understand a smaller sample and gather insights from them through interaction and within this perspective; the study identified ten (10) women as part of the sample. Ideally, all 10 of the women consented to be part of the study giving the

study a 100% response rate. As postulated by Creswell (2014), within qualitative studies, a response rate of more than 60% is ideal enough to structure that the sample is representative of the target population.

Understanding the biographical profile of participants is important in assessing a research problem because it presents the composition of the sample which shows the variation in perceptions and the type of information the researcher is going to obtain. The study, therefore, captured the following demographic details:

- Age
- Marital Status
- Occupation
- Highest Qualification

4.2.1 Age of the Participants

Age is an important aspect in the demographic details for it postulates the understanding and experience of an individual towards the research phenomenon (Kumar, 2014). In this perspective, the study captured the age of the participants

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Table 4.1: Participant's Age

Age	**Frequency**	**Percentage**
Below 30 years	6	60%
30-40 years	2	20%
Above 40 years	2	20%
Total	**20**	**100%**

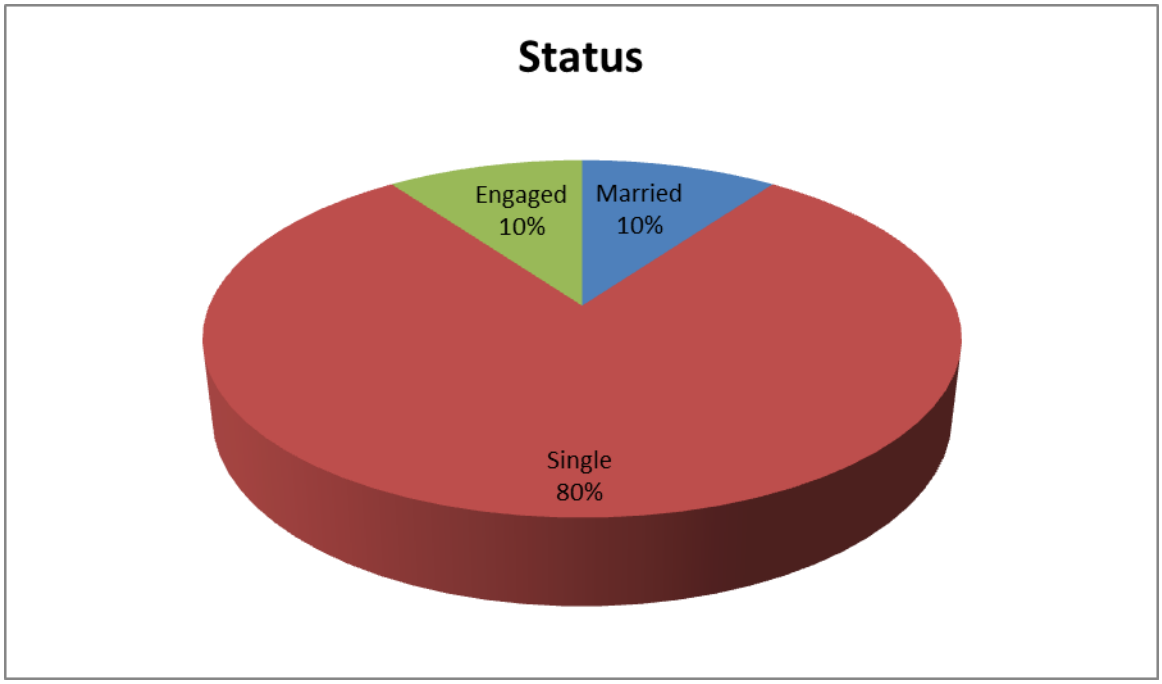
The study also established there were women of various ages who visited the public hospital. This is because 60% of the participants were aged below 30 years, 20% of the participants were aged between 30-and 40 years and 20% of the participants were aged above 40 years. The age meant that the participants' opinions also varied

due to the age variation. Hambuda (2017:151) states that the differences in age influence the participants' answers, interests, and opinions leading to response variation.

4.2.2 Marital Status

The study also captured the marital status of the participants and the role this played in comprehending the research problem.

Figure 4.1: Participant's Marital Status



The participants who were selected for the study also indicated their marital status. It was discovered that the majority of the patients were single as they constituted 80% of the participant. On the other hand, those married constituted 10% of the participants, and those engaged also constituted 10% of the participants. This, therefore, imply that different perspectives are related to the participants' marital status and this affects the participant's view, opinion, or interest leading to a variation in answers.

4.2.3 Occupation

The occupation of an individual also plays a critical role in influencing the perceptions of a particular research phenomenon. From this perspective, the study gathered the occupation of participants

Table 4.2: Participant's Occupation

Occupation	Frequency	Percentage
Public Sector	2	20%
Unemployed	2	20%
Self-Employed	4	40%
Others	2	20%
Total	**20**	**100%**

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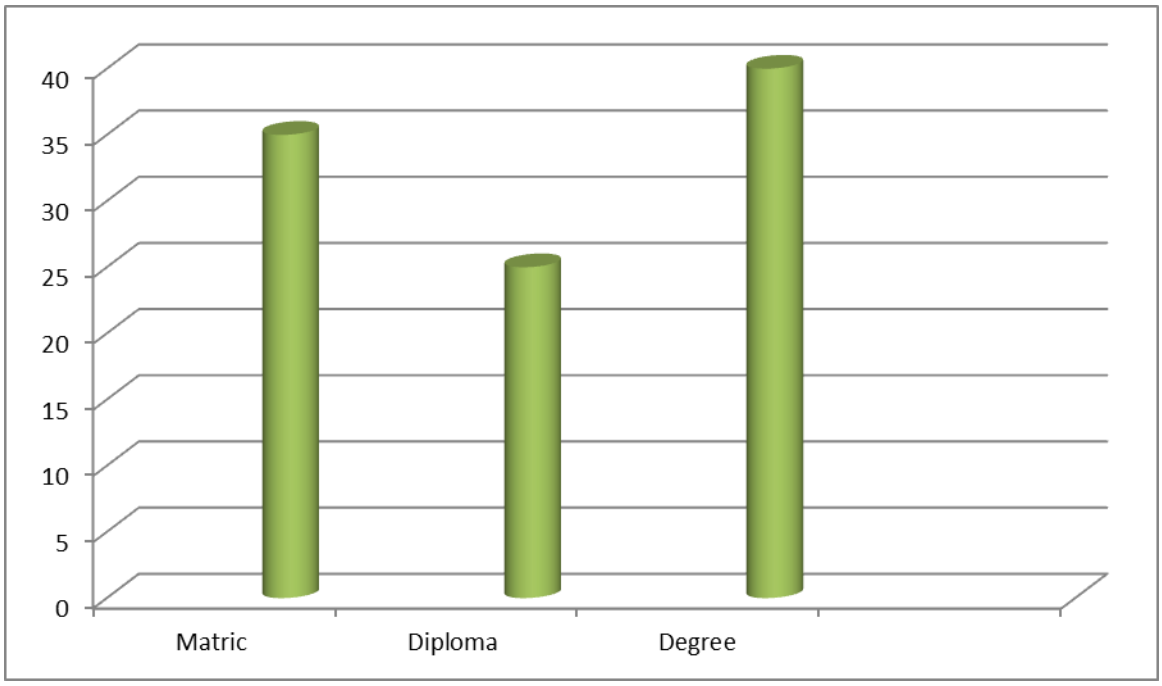
The study discovered that the participants had different occupations. This is because 20% of the participants are employed in the public sector, 20% of the participants are currently unemployed, 40% of the participants are self-employed and 20% of the participants are employed in the SMES sector, categorized as 'others' within the study. The variation in occupation by the participants implies that there was variation in views from women who are doing different things in their lives. The variation in occupation status of the participants also means that some of them understand the different demands that accompany a certain profession. Morris (2011:10) mentions that a factor like occupation influences a person's interest, opinion, or view which leads to the variation in responses provided by participants.

4.2.4 Highest Qualification

There is the conventional understanding that the education status of an individual enables them to comprehend a phenomenon differently. The study, therefore, captured the education status of the participants based on this assumption.

Figure 4.2: Participant's Highest Qualification



The study also established that the participants did have some form of formal education. The study looked at the highest level of education the participants have obtained and did not consider the qualifications they were enrolled for. In this regard, 35% of the participants had their matric certificates, 25% of the participants had Diplomas, and the majority of the participants, 40% had University Degrees in their possession. The differences in educational qualifications imply that there are variations in views based on the formal educational qualifications that are possessed by the participants. Hambuda (2017:151) mentions that variation in factors like education might influence a participant's reply, interest, and opinion which lead to variation in responses provided by participants.

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4.3 PRESENTATION AND DISCUSSION OF FINDINGS

Generally, qualitative data analysis is the process in which data is grouped, structured, and given meaning to the research (Babbie, 2010). Data analysis, therefore, is essential for it presents data in a coherent manner relevant to understanding how the study is framed and structured. The interview guide, therefore, was structured in a manner in which the research objective represented the core theme and the sub-questions presented on the sub-themes that help understand the main objective, and in totality, the research in general. Through following ethical considerations, the study structured respondents according to codes

such as Respondent One, etc. The following is therefore a presentation and discussion of the results gathered within this study.

4.3.1 Objective One: Roles and responsibilities of midwives in the maternity section of a public hospital in East London, South Africa

The first objective of the study sought to determine the roles and responsibilities of midwives in the maternity section of a public hospital in East London, South Africa. This objective was derived from the understanding that to detail the behaviour and attitudes of midwives, there is the need to first understand the roles and responsibilities of midwives. In trying to meet this objective, the study, therefore, sought to understand the principal roles and responsibilities of midwives as well as the challenges faced by midwives in conducting their related activities

Table 4.3: Schematic Representation of Emerging Themes under Objective One

Codes	Categories	Emerging Theme
Give confidence Are irreplaceable Prepare women for pregnancy, labour, and puerperium	Primary caregivers	Roles and responsibilities of midwives
Ensure fewer complications Ideas on what to eat and what to do during pregnancy	Health counseling	
Increased workload High patient-midwife ratio Lack of support resources	Tiredness due to burnout	Challenges faced by midwives

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4.3.1.1 Roles and Responsibilities of Midwives

The study discovered a plethora of roles and responsibilities of midwives within the public hospital in East London. Amongst these roles and responsibilities include the following:

- **Primary CareGivers**

From the perception of patients, the study discovered that midwives are valued personnel during pregnancy as there are primary caregivers. As postulated by the First Participant:

> *"Midwives are important professionals and I feel they help me to be confident about giving birth. I think they play a crucial in helping with pregnancy in general with issues like methods of delivery and they also help with preparations for delivery. They tell us what to expect when in labour. They also tell me about the proper weight I should expect for my baby. They also advised on what to expect when giving birth. They also explain to me the importance of breastfeeding the baby. They also help after you give birth."*

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Adding a similar sentiment, the Third Participant postulated that:

> *"Midwives are irreplaceable, in my opinion, yes they have been before modern technology in the old times… they are still very essential now even though we have all this technology. They play a huge role in ensuring that baby delivery happens with fewer complications. Their role in my view is remarkable they make sure they help us, women, to have safe maternity. They help women with what to eat when they are pregnant. They know all the stages of labour, baby delivery, and suturing. They are also able to tell when the baby is going to be born."*

Within this perspective, midwives are valued in the delivery process as they ensure that women have safe maternity. As pointed out by Menage et al. (2017:567) midwives work in partnership with women when providing care and support, and compassionate care happens in such partnerships. The partnership can only be effective if people involved in the partnership know the value of their partner.

- **Health Counselling**

The study also discovered that midwives among their roles and responsibilities offer health counselling to pregnant women. As postulated by the Second Participant:

> *"The role of the midwife is providing health counselling and education to pregnant women before and soon after birth. Midwives also help with preparation for labour and the postpartum period and sure that there is proper care for the newborn baby. This is done when women visit the hospital for periodical check-ups, midwives help to detect any problems or complications that might be experienced by the pregnant women".*

In conformity, the Seventh Participant argued that

> *"Usually when I come for visitation due to pregnancy-related issues, midwives are sometimes available to just check us for any issues that might cause complications during delivery. Recalling one of the encounters I had with them…. I was going through a mental complication because I was trying to adjust to the whole process of being pregnant. I think we build a bridge from some form of relationship with midwives. I can open up to her because of that relationship we have, that mutuality".*

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This means that there is a likelihood of a connection between the midwife and the pregnant women since midwives provide health-related counselling. The roles of midwives encompass providing care and information on the methods of delivery, health counselling, and promoting well-being. The roles mentioned by participants are in line with the argument raised by Bruce (1990:61) who states that quality maternal care is comprised of six elements which are choice of methods, the information given to clients, technical competence, follow-up and continuity mechanisms, interpersonal relations, and an appropriate constellation of services. When pregnant women know about the roles that midwives play they establish a bond with the midwives. The concerning attitudes and behaviour of the midwives are not instigated by the pregnant women's lack of understanding of the role of the midwives.

4.3.1.2 Challenges faced by Midwives in their Roles and Responsibilities

The study also sought to understand the perception of patients on the challenges faced by midwives in conducting their principal roles and responsibilities. Following are the challenges discovered in the study.

- **Tiredness due to workload**

As discovered from the study, the participants mentioned that midwives are not able to attend to them due to tiredness that emanates from their workload. The participants mentioned that the midwives are not able to fully assist them at the time because they are tired. The 10th Participant argued that:

> *"The midwives sometimes look and sound tired. They sometimes complain that they are tired. They say they have too much workload. You can see sometimes that they are tired. They just want to rush through what you need help with so that they can rest. Sometimes they don't even care to check if you are fully satisfied with the assistance that they provided. You tell them something and they just say they will check it when you come next time".*

The response above depicts how tiredness is affecting midwives' attitudes and behaviour. Another participant stated how the midwives are failing to deal with the stressful conditions of their work which might be a contributing factor to the attitude and behaviour of midwives. The Fifth participant related this:

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> *"I sometimes feel sorry for these midwives. One of the biggest challenges that they have is stress. I feel that most of them are stressed. They are always dealing with pregnant women of different ages, from different backgrounds. You know that pregnancy is sometimes stressful for us women. With that stress, we have due to hormones or other things like anxiety and depression we come and offload that stress on these midwives. I believe that is one of the reasons most of these midwives react the way they do when dealing with pregnant women. They know that some of us 'siyageza' are troublesome. The other midwife that was helping the other day told me how they are stressed by pregnant women who visit the hospital for assistance. I feel that this contributes a lot to the way they deal with us."*

The response above shows that sometimes midwives' poor attitude and behaviour are triggered by the stressful nature of their work due to complications that are

experienced by women who are pregnant. As postulated by SANC (2015), the patient-midwife ratio in public health facilities in South Africa is worrisome. This is because one midwife has to attend to several patients which strains their capabilities as an individual. This, therefore, means that tiredness due to increased workload is among the challenges facing midwives in service delivery.

4.3.2 Objective Two: Perceptions of pregnant women of poor attitudes and behaviour of midwives in the maternity section of a public hospital in East London, South Africa.

The main objective of the study was to capture the perceptions of pregnant women of poor attitudes and behaviour of midwives in the maternity section of a public hospital in East London, South Africa. This objective was derived from the understanding of the roles and responsibilities of the midwives and the challenges facing patients in the care of midwives. In this perspective, the study, therefore, captured both the positive and negative perceptions of patients on the attitudes and behaviors of midwives as well as on the challenges that may result in negative attitudes and behaviors from midwives

Table 4.4: Schematic Representation of Emerging Themes from Objective Two

Codes	Categories	Emerging Themes
Scolding patients Not attending to patients Not being friendly to questions	Rude and unwelcoming attitude and behaviour	Negative attitude and behaviour of midwives
Scolding patients Not sympathising with patients Lack of patience with young mothers	Short-temper with young patients	

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Cold attitude and behaviour of midwives Calling women names and leaving them in their time of need	Lack of empathy and sympathy	
Advising on how to handle pregnancy Urging the mother and being there when needed	Acting as role models	Positive attitude and behaviour of midwives
Conducting themselves in a professional manner	Supportive and professional	
Frustration with not understanding their duties Lack of comprehension of tasks at hand Lack of training and development	Lack of technical skills	Challenges faced by midwives that influence their negative attitude and behaviour

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4.3.2.1 Negative Attitude and Behaviour of Midwives

The study discovered that patients perceive the attitude and behaviour of midwives negatively. This is due to the following perception of participants

- **Rude and unwelcoming attitude and behaviour**

In a bid to establish the quality of maternal care within the institution, the study discovered that patients perceive midwives as rude and unwelcoming. As postulated by the 9th Participant:

"I know midwives play a crucial role in making sure that our pregnancy does not have any complications. However, I should I am not very happy with the quality of maternal care. These midwives are very rude and they don't care…. they are scolding us at times. I am sure they are stressed most of the time because the way they behave at times is very uncaring. I sometimes hesitate to be checked by the midwives because the encounters are not usually pleasant. But we know how important they are so I just try to understand them and work with them to ensure that I receive the assistance I need.

The same sentiments were also echoed by the 4th Participant:

With the pain and complications when you are pregnant you do not want to experience bad maternal care, especially from women who are supposed to provide professional care. However, sometimes being with a midwife can be terrifying. It is an experience that you do not look forward to. They treat you like it's a bad thing to be pregnant. They are always shouting and they make you hurry when doing something. Sometimes they are very good but on other days you wonder what is happening because they act badly, shout at us. I think sometimes it's because they have to deal with a lot of people and also they don't care about the services they provide."

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The responses from the participants reveal that participants are not satisfied with the quality of maternal care service due to the bad attitude and behaviour that is exhibited by midwives at the hospital. The midwives are purported to be very rude and lack the care desired by pregnant women. Similarly, Ndwiga et al (2017:2) found that many women encounter uncaring and abusive treatment from health care providers during facility-based labour and delivery. The finding reveals that pregnant women believe that the lack of quality maternal care displayed through an uncaring attitude and behaviour is a result of midwives' lack of care to provide quality maternal care services.

- **Short-temper with young patients**

The study also discovered that midwives tend to be short-tempered with young patients. When asked about the attitude and behaviour of midwives, the 8th Participant argued that:

> *"I feel that the midwives at this hospital just do not like people. I feel that they are always attacking us especially young ladies that are pregnant. We get the wrath of these midwives. They always have this bad attitude towards us. It feels like it's a crime to be pregnant. I feel it's a bit too much."*

The participant revealed that some midwives at the hospital have a negative attitude towards certain pregnant women. In the view of the 6th Participant:

> *I feel that the midwives have a negative perception of young and single ladies who get pregnant since they snap at you, shout at you, and are short-tempered when the patient fails to master the instruction or pain. They fail to acknowledge that it will be the first pregnancy and the young mother would need all the guidance she can get.*

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Leedy (2018) confirms the attitude and behaviour of midwives toward young mothers arguing that this behaviour is not ideal. In conformity, Leap (2018) postulates that this behavior may be attributed to the concern about young people engaging in unprotected and unsafe sex which constitutes risky behavior as they are prone to sexually transmitted diseases and infections as well as HIV/AIDS. According to Nove et al (2018:55) midwives are an important element of the health workforce; there is a wealth of recent, high-quality evidence demonstrating the impact and effectiveness of midwifery in improving high-quality sexual, reproductive, maternal, and newborn health care services outcomes. Be that as it may, midwives are expected to be professional and not show any negative attitude towards any group of people. They are supposed to behave in a manner that encourages pregnant women to seek maternal care so as avoid maternal complications and postnatal fatality.

- **Lack of empathy and sympathy**

Lack of empathy and sympathy is also a characteristic of the behaviour of midwives within public hospitals. As postulated by the Third Participant:

> *There is no empathy you can get from the midwives in which you start to have a feeling that it was a wrong idea to book maternity within public institutions. Midwives are supposed to make pregnancy a good experience but the way they scold you and call you names makes you consider that you did the wrong thing falling pregnant.*

In addition, the 7th Participant argued that:

> *Midwives do not show any genuine concern and I vividly remember during labour when one of the midwives scolded me and said that pregnancy is no joke and I should remember the experience when I am to make a second child. To me, that was cold and unprofessional and midwives are not supposed to act like that.*

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The study also found that pregnant women experience bad and good behaviour from midwives. The participants mentioned that some midwives are verbally abusive, insensitive, and negligent. In revealing this point of view, Sixth Participant argued that:

> *"How some of these midwives behave is appalling. I remember when I came to deliver my first child at this hospital…I was in so much pain and need the midwives' help but some of them were busy on their cell phones. I have also experienced neglect and insensitiveness with this pregnancy. I recall coming for a routine consultation, I needed help with some information about taking certain foodstuffs after I discussed with other colleagues of mine. I asked one midwife and she answered yelling telling me to stop irritating her with nonsensical questions".*

The profession of midwives requires that they are caring and kind but in contrast, most patients experience a lack of empathy and sympathy from midwives. In Leedy's (2017) systematic review of socio-economic differences in morbidity and access to health care in South Africa, women generally described that it was impossible to

receive any form of appropriate response from a midwife whilst in labour suite in a public hospital Some participants in this study accounted for the impatience from midwives as they were often angry at the mothers delivering children. # The remarks depict unprofessional behaviour from midwives. The participant stated the reason for the behaviour of the midwives was lack of care which is portrayed by the midwives as being busy with cell phones when the patient needed attention. Therefore, a lack of sympathy and empathy is accustomed to the perception of mothers on the attitudes and behaviours of midwives.

4.3.2.2 Positive attitude and behaviour of midwives

The study found that some midwives have a positive encouraging attitude towards their patients. This means that it is not inevitable to find midwives that have a caring, professional, and kind nature associated with their roles and responsibilities.

- **Acting as a role model**

In some cases, patients positively acclaim that midwives act as role models to young mothers, explaining how pregnancy should be managed. As postulated by the 5th Participant:

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> *"The attitude of some of the midwives is just amazing. I feel that without them my pregnancy would have been a nightmare. Why do I say this? I am young, I have no mother, and I have little support because my boyfriend left when he heard I was pregnant. The only support and advice I have been getting have been from the midwives from this hospital. We have formed some relationships. I can talk to them about the pains, anxiety, and other things I face. I try to listen because they offer good information that I find helpful. I always try to make sure that I am aware of the times that I am visiting because when it's busy the sessions might be short, when that happens I feel that I have not spent much time with my mothers."*

The response above reveals that some of the midwives in the hospital have a positive attitude that is helping some of the pregnant women to have confidence in the ability to assist them with any issues regarding their pregnancy. The study also found that a positive and good attitude is encouraging and enforcing a sense of mutuality and care among the patients. The fact that the pregnant woman felt that

she has formed some relationship and regards midwives as mother figures reveal that the pregnant woman trusts the midwives' capacity to help her with her pregnancy and that emanates from the positive attitude of the midwives.

- **Professional and Supportive**

The study also discovered that some midwives within public hospitals are professional and supportive of their capabilities. Some midwives in the hospital are known to be good to pregnant women. In responding to the question about the behaviour of midwives, the 4th Participant argued that:

> *"The midwives at this hospital are great. They do a lot to help people. They are always high levels of engagement with the patients that visit this hospital. What I mean is they can talk to every patient, every time I visit the hospital I see many pregnant women like me saying they have been helped and they look very satisfied. I am always satisfied because I get help from the midwives."*

The midwives' behaviour as revealed by the response is positive. The positive behaviour has culminated in some pregnant women feeling satisfied which might result in a more normal birth and reduced complications. Bartuseviciene et al. (2018:2) also share the same view, stating that a midwife appears to be the most appropriate and cost-effective type of health care provider to be assigned to the care of normal pregnancy and normal birth, including risk assessment and the recognition of complications. Integral to the midwives' positive behaviour is the level of engagement by which the midwives do their work. The midwives are expected to assist to ensure that pregnant women can deliver normally.

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4.3.2.3 Challenges faced by midwives influencing their negative attitudes and behaviours

The study however sought to understand why midwives act the way they do, especially their negative attitudes and behaviour. Lack of technical skills was discovered to be the major challenge leading to frustration, lack of empathy, and lack of sympathy.

- **Lack of Technical Skills**

Another challenge facing midwives in public institutions that are impacting their service delivery is the lack of technical skills. The world is evolving and being a midwife has become a technical profession but within public institutions, midwives are not capacitated to work with these technological developments. As postulated by the 1st Participant:

> *"At times when you ask a question hoping that the midwife will help you with that question they will refer you to another nurse, obstetrician, or doctor. The surprising thing is when the problem reoccurs and you ask a different midwife they may assist you with the problem. I guess due to the changes that occurred due to modern health facilities, midwives' role is no longer very clear. As a result, that might affect their attitude or behaviour when they assist you, you may be genuinely asking something the midwife might think that you are trying to undermine them or something. I feel that is one of the challenges that our modern midwives are facing. They are not sure about their roles."*

The retort above reveals that there is role confusion among midwives which is having an impact on their attitude and behaviour. The other challenge that was revealed in the study was the lack of technical skills and information, especially with the advent of technology. Elaborating on this point, Participant 5 echoed that:

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> *"I think the midwives are lacking technical skills. That is one very huge challenge for them. I think if they can be trained particularly to cope with the new technology and get good information on how to integrate their experience with the technology we might have better midwife personnel. You can see at times when you ask them about recent technological things like the apps on heart rate and their reliability with regards to the health of the fetus, they will mumble or react angrily."*

The excerpts above revealed the challenges experienced by midwives which are affecting their roles and responsibilities. Tiredness or burnout is a problem that affects employees' productivity. Holmes and Goldstein (2012:33) also purport that poor working conditions including heavy workloads, poor remuneration, lack of supportive supervision, weak management, and lack of equipment and supplies are especially common causes of stress that affect midwives' interactions with patients.

In this case, tiredness is affecting the midwives' ability to provide good maternal care. Due to tiredness, midwives are sometimes rude to pregnant women. Due to tiredness, some midwives exhibit unprofessional behavior. The midwives also suffer from stress due to their working conditions. The stressful nature of their work is causing the midwives to have a negative attitude and behaviour.

In addition, a lack of technical skills and information related to technology is affecting midwives impacting their attitudes and behaviour. Due to the lack of technical skills and information related to technology some midwives are hesitant to help pregnant women. Griffiths et al. (2012) are of that the uncaring behaviour displayed by nurses and midwives is caused by the working conditions with shortage of staff and use of technology being some of the contributing factors. Lack of knowledge also affects the midwives' attitude and behaviour as the midwives become rude and defensive when they are asked about things they do not know.

4.3.3 Objective Three: Various interventions that the pregnant women suggested can be introduced to promote professional attitudes and behaviour by midwives in a public hospital in East London.

Since the study established the perceptions of patients on the attitudes and behaviours of midwives, the study sought to determine the interventions that the pregnant women suggested can be introduced to promote professional attitudes and behaviour by midwives in a public hospital in East London. In capturing these interventions, the study sought to understand the general interventions as well as interventions to the government to ensure professional conduct by midwives

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Table 4.5: Schematic Representation of Emerging Themes from Objective Three

Codes	Categories	Emerging Themes
Training and development of technology Conceptualising technology in the training manual for midwives	Improved Conceptualisation of technology and skills	General interventions from women for professional conduct by midwives

Relief programs to understand the feelings of midwives Understanding challenges being faced by midwives	Enrolling work-related counselling	
Clarity on roles and responsibilities of midwives Task management initiatives	Clear Demarcation of Midwife Roles and Responsibilities	
Enough specialists Enough nurses Adequate machinery	Adequate personnel	Roles of the Government in improving the conditions for Midwives

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4.3.3.1 General interventions from women for professional conduct by midwives

The study captured the general interventions from women for professional conduct by midwives. Amongst these interventions include the following

- **Improved Conceptualisation of technology and skills**

The study found that the participants felt that midwives need to adapt to changes by improving their technical skills and gaining knowledge of technology. Participant Six noted that:

> *"I feel that some of the negative attitudes and behaviour that midwives have is from their inability to cope with changes, especially with regards to technology. I think they lack technical skills and knowledge about recent*

technology. I know there are a lot of applications on the phone that we used to check certain things about our health. However, when we come to the hospital and we ask them about the things that we got from our cell phones' applications they tell us to stop using those things."

From the participant's response, it is clear that midwives are not adjusting very well to the technological changes. There is a need for the hospital to consider training midwives particularly to improve their technical skills and knowledge about technology. Correspondingly, Konlan et al. (2016:3) also mention the inability of midwives to use partograms as inadequate knowledge of the tool was found to be affecting their work. The improvement of the midwives' technical skills and knowledge might have an impact on their attitude and behaviour. When the midwives are equipped with adequate skills and knowledge, they will be able to assist pregnant women better without being rude or defensive.

The study also found that there is a need to provide more training for midwives to deal with the challenge of lack of technical skills and information on technology. The participants mentioned that the hospital should provide training for midwives. However, the participants revealed that midwives are also supposed to enrol in those pieces of training. The participants believe that the midwives should make an effort to request or register for any training that is aimed at skills development. As presented by the 8th Participant:

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"I am surprised that in the seven months that I have come to this hospital I have not heard that the midwives I know are not there because they have gone for training. But you can see that some need to develop their technical skills. The world is changing fast, and some of these nurses are still stuck in the old way of doing things. I am not sure whether it's the hospital that does not provide training or it's the midwives that are not willing to take part in training programs that can help them with adapting to these new technological changes. I think midwives should now request to do more training, especially about things like cell phone applications that are used by pregnant women. Sometimes we fight because of small things that you have read online which is unnecessary."

The excerpt above reveals that the participants feel that the midwives need to get some form of skills development training to help them to adapt to the changes that are happening in the maternal care service. The training will help the midwives to develop and obtain knowledge about some of the technologies that are used by pregnant women. In essence, this will help the midwives to be able to deal with some cases that have to do with technically advanced matters without insulting or being rude to the pregnant women.

- **Enrolling in work-related Counselling**

The participants mentioned that to deal with the stress related to their work, the midwives should enrol for work-related counselling. The participants felt that midwives can be proactive in dealing with the stress they experience. As postulated by Participant 1:

> *"I believe that midwives should go for counselling. It is not easy dealing with women that are pregnant. I think sometimes they think they are superwomen. But they are human they are affected by tantrums and bad behaviour from other women. They must acknowledge that they need counselling to help them cope with the different encounters they face while helping pregnant women. I think they have to enroll in counselling. Yes, the hospital can help and organize the counselling unit specifically targeted at helping midwives but I feel the midwives themselves can take a step by enrolling for counselling".*

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The excerpt above reveals how the participant felt about the way that midwives can deal with challenges associated with stress. As aforementioned, due to stress, some midwives exhibit negative attitudes and unprofessional behaviour. The study found that there is a need for midwives to be enrolled in counselling programs that can help them deal with the stress they experience due to their demanding work. The participant highlighted that the hospital can play a role in assisting with the provision of counselling unit but the midwives have to take the initiative of enrolling in counselling.

- **Clear Demarcation of Midwife Roles and Responsibilities**

The study also found that one challenge faced by midwives that might result in them having a negative attitude and behaviour is role confusion. To deal with the role confusion, the study found that midwives should seek clarity on the demarcations of their roles and responsibilities as well as engage their immediate supervisors in their roles. The participants also suggested that the midwives should enroll for more training on task management and work plans. The 3rd Participant argued that:

> *"The midwives are frustrated by the work they do sometimes feel that they are doing the work they are not supposed to be doing. I remember one of the midwives once told me 'ayingo msebenzi wam lowo'. I had asked something about my urine which was looking funny. I am sure that there was a better way of answering my question. But I just thought to myself the source of her frustration and rudeness is coming from the fact that the midwives either does not know what I am asking about or avoiding the duty she has to play. I also remember there was a time when asked the other midwives the same question she explained that I do not have to worry it was a sign of dehydration nothing much. I think they should talk to their supervisors about what their roles and get clarity on what their roles are. However, I guess that is complicated because some of the problems we experience as pregnant women just happen in instant. But I think they need to know their roles."*

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The response above depicts the role confusion challenge encountered by midwives and how it affects their attitude and behaviour. The study found that to deal with the role confusion aspect, midwives have to be clear on their roles. The parameters of what makes up their work should be well defined. The study also found that the engagement between midwives and managers and supervisors should improve so that they can assist the midwives in outlining their roles and responsibilities. The First Participant also remarked that:

> *"The midwives need to have task management training. I feel that they are a bit unsure about what they should do. Remember the work of midwives has changed. Back in the day all the pregnancy work was done by midwives. Now they are other professionals who are involved. At times I find that it*

offends some midwives and more so it confuses them about what they are supposed to do and not do. So I feel that when they have a task management or work plan workshop or training that can help them."

The quotation above further explains another suggestion by a participant about dealing with the role confusion challenge encountered by midwives. The role confusion challenge affects the attitude and behaviour of the midwives. The study revealed that the changing roles from orthodox midwives to modern midwives might be affecting the ability of the midwives to know their roles. The study found that some women feel that midwives have to get task management and work plan workshops or training to help to be clear on their roles. Going through those pieces of training might help the midwives to know their roles clearly and, in turn, change their attitudes and behaviour.

4.3.3.2 Roles of the Government in improving the conditions for Midwives

The study also discovered that the government has a critical role to play in ensuring that midwives have a positive attitude and behaviour towards patients. The interventions from the government include the following:

- **Adequate Personnel within public hospitals**

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The participants also highlighted the need for midwives to improve the manner they relate with pregnant women as that will help improve their attitude and behaviour. A participant even went as far as suggesting that the government should hire etiquette specialists. As postulated by the Third Participant:

"I think some of the midwives need specialists. I think specialists teach them how to relate with people. I know it's usually assumed that since they have now professional courses it does mean that they need more help. I am not sure if they get help concerning the manner they handle themselves when dealing with people, especially pregnant women. They need etiquette specialists because I think back in the olden days, midwives were coached by those who have been midwives on how to behave. Now they go to school which means they are taught from books, not from the experienced people".

The participant's view brings up an interesting insight into the attitude and behaviour of midwives. The participant noted that there is a transformation in the manner the midwifery practice is being done as such some of the important practices have been lost in that transition. The participant claims that there is a need for the hospital to use specialists to train the midwives on how to relate and behave when dealing with pregnant women.

The attitude and behaviour of the midwives is to some extent a result of the working environment. The hospital, therefore, has a role to play in ensuring it helps midwives improve their attitude and behaviour. The areas that were mentioned by participants to be crucial in assisting midwives are the provision of a counselling unit, skills development training, and an additional workforce. The counselling unit will help the nurses deal with the stressful nature of midwives' work. The skills development training will help the midwives to enhance their technical skills and their knowledge about technological advancement.

The study also found that there is a need to employ more midwives to ease the midwives' workload. The study found that some midwives complain about tiredness and too much workload to the patients. Explaining this one, the 10th participant remarked that:

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> *"I feel that sometimes midwives have a negative attitude and behave unprofessionally because they have too much work to do. I think the hospital should employee more midwives".*

The response above reveals that the pregnant women feel that the midwives section of the hospital is understaffed. This finding supports the assertion by the NEPAD Agency Science and Technology Innovation Hub (2013:4) that there is a shortage of qualified nurses and midwives in Africa. As a result of the inadequate staff, the available workforce is overloaded with a lot of work, and sometimes they experience burnout as noted by the patients. The burnout is causing the midwives to have a negative attitude and behaviour. The pregnant women are therefore suggesting that the hospital should employ more midwives.

4.4 CONCLUSION

This chapter focused on the presentation of findings and discussion of the findings concerning the study. The study first presented and discussed on the meaning of demographic details as gathered from the study. In addition, the study discussed the findings from the study in which the first objective postulated the roles and responsibilities of midwives which is to act as primary caregivers to mothers. This role is challenged however by the increased workload on the midwives. The chapter also discussed the main objective of the study of trying to explore the reasons behind the poor attitude and behaviour of midwives and describe interventions that can be introduced to improve the conduct of midwives in midwifery practice in a public hospital in East London. The study found that too much workload, stress, poor communication skills, lack of technical skills, and information on technology are the main reason for the poor behaviour of midwives. The study found that there is a need for the hospital to increase the number of midwives at the hospital. Furthermore, there is a need for midwives to get counselling which will help them to deal with stress. There is a need to utilize etiquette specialists who will help with improving the conduct of the midwives. The study also found that there is a need to make use of training programs that can help midwives to improve their technical skills and knowledge of technology. Lastly, a structure that links traditional and modern midwives can be useful in improving the attitude and behaviour of the midwives.

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CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter focuses on the conclusions and recommendations from the study. The rationale of this chapter is that it acts as a summary of what the study discussed and presented. This chapter, therefore, is structured to present the conclusions from the study as discovered from both the literature review and the primary study. This chapter also focuses on the recommendations from the study. In addition, this chapter also presents areas for future research since this study acted as an exploratory study, presenting on the basis for future research.

5.2 CONCLUSIONS

This section focuses on the conclusions from the study

5.2.1 Conclusions from Objective One

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The first objective sought to understand the roles and responsibilities of midwives within public hospitals. A midwife can be understood as a person who has been admitted to a midwifery educational program, duly recognised in the country in which it is located, who has completed the prescribed course of studies in midwifery, and who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery (ICMCM, 2005). Amongst the roles and responsibilities of midwives is to act as primary caregivers in maternity. It is within this role that the relationship between midwives and patients is recognised. The fact that pregnant women value midwives is very essential with regards to the patient and maternal care provider relationship. The partnership between midwives and pregnant women can only be effective if people involved in the partnership know the value of their partner. The midwives' attitude and behaviour are affected by how they are treated by the patients they are assisting. If pregnant women value midwives, that implies that they are likely to be more accommodative towards the midwives. Considering that pregnant women and midwives are in partnership, the fact that pregnant women

value midwives implies that the attitudes and behavior of the midwives are not necessarily triggered by pregnant women undermining midwives.

The midwives are deemed to play an essential role in making sure that they provide health counselling and education to pregnant women before and soon after birth. Midwives also help with preparation for labour and the postpartum period. Furthermore, the midwives make sure that there is proper care for the newborn baby. As a result, pregnant women are inclined to cooperate with midwives as they know the value and role in ensuring successful pregnancy delivery. Therefore, the attitude and behaviour of midwives are not entirely caused by pregnant women if ever they contribute to it.

There are several challenges that midwives face in their duties and responsibilities. Midwives are not able to attend to them due to the tiredness that emanates from their workload. The midwives sometimes look and sound tired. They sometimes complain that they are tired. They say they have too much workload. As postulated by SANC (2015), the patient-midwife ratio in public health facilities in South Africa is worrisome. This is because one midwife has to attend to several patients which strains their capabilities as an individual. This, therefore, means that tiredness due to increased workload is among the challenges facing midwives in service delivery.

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5.2.2 Conclusions from Objective Two

The main objective of the study was to understand the perceptions of patients on the poor attitudes and behaviours of midwives at a public hospital in East London, South Africa. The midwives are purported to be very rude and do not deliver the desired care to pregnant women. The finding reveals that pregnant women believe that the lack of quality maternal care displayed through uncaring attitude and behaviour is a result of midwives' lack of care to provide quality maternal care services. Understanding the quality of maternal care is important as it reveals that there is embedded unprofessionalism which could be getting the midwives to behave in any manner that they deem fit.

Midwives display a bad attitude and poor behaviour. Some midwives are display negligence and an uncaring attitude because they are tired from too much work. Furthermore, due to a lack of information concerning how best to assist some

pregnant women, some midwives act in a manner that is unsatisfactory to some pregnant women. Some of the midwives are also stressed and as such they become unprofessional. In essence, some pregnant women have negative experiences due to the bad attitude of the midwives which is caused by tiredness, stress, lack of information, and too much workload.

More so, the study found that there is a negative attitude and behavior by some midwives directed towards young people because they engage in unprotected and unsafe sex. The midwives are more inclined to be against risky behaviour which makes young women be susceptible to sexually transmitted diseases, sexually transmitted infections as well as HIV/AIDS. Therefore, the midwives display a poor attitude and behavior towards young women who are pregnant. The midwives, however, are expected to be professional and not show any negative attitude towards any group of people. They are supposed to behave in a manner that encourages pregnant women to seek maternal care so as avoid maternal complications and postnatal fatalities.

On the other hand, the study also found that some pregnant women experienced positive experiences. The positive experiences were a result of factors such as open communication, sympathy, and attention to detail. The basis of good maternal care is open communication, sympathy, and attention to detail. Due to such experiences, some pregnant women feel that when the midwives exhibit poor attitude and behaviour it is because of external factors such as dealing with complicated pregnant women. In essence, some midwives have good attitudes and behavior but at times react to how some women behave because of their pregnancy. There is a need to focus on what creates positive experiences for pregnant women when dealing with midwives as this is essential when dealing with the causes of the poor attitude and behaviour of the midwives.

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The study also found that a lack of technical skills and information related to technology is affecting midwives impacting attitude and behaviour. Due to the lack of technical skills and information related to technology some midwives are hesitant to help pregnant women. Lack of knowledge also affects the midwives' attitude and behaviour as the midwives become rude and defensive when they are asked about certain things they do not know.

5.2.3 Findings from Objective Three

In a bid to address the negative attitude and behaviour of midwives, the study discovered that there is a need for midwives must formulate a work plan development strategy that can help the midwives manage their workload better. The duties and working hours might remain the same, however, the work plan can free up some time for the midwives to get interval breaks which might reduce the intensity of the workload. The study also found that there is a need for the hospital to employ more midwives to ease the midwives' workload.

The study found that stress related to their work is affecting the attitude and behaviour of the midwives and that midwives should enroll in work-related counselling. The counselling programmes can help them deal with the stress they experience due to their demanding work. The hospital can play a role in assisting with the provision of a counselling unit that assists midwives. However, the midwives must take the initiative of enrolling in counselling.

The study also found that role confusion affects the attitude and behaviour of the midwives, therefore, the midwives need to have clarity on the demarcations of their roles and responsibilities. The midwives have to engage with their immediate supervisors on their roles and duties. They have to enroll in more training on a performance management development system and work plan. The study found that some women feel that midwives have to get task management and work plan workshops or training to help to be clear on their roles. Going through those pieces of training might help the midwives to know their roles clearly and in turn change their attitude and behaviour.

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There is a need for the hospital to consider training midwives particularly to improve their technical skills and knowledge about technology. The improvement of the midwives' technical skills and knowledge might have an impact on their attitude and behaviour. When the midwives are equipped with adequate skills and knowledge they will be able to assist pregnant women better without being rude or defensive. However, the midwives are also to take an initiative and enroll in those pieces of training. Midwives should make an effort to request or register for any training that is aimed at skills development. The training will help the midwives to develop and obtain knowledge about some of the technologies that are used by pregnant women.

In essence, this will help the midwives to be able to deal with some cases that have to do with technically advanced matters without insulting or being rude to the pregnant women.

The study found that for midwives to improve their poor attitude and behaviour, how midwives relate to people can be improved. The government should therefore hire etiquette specialists. There is a transformation in the midwifery practice and as such, some of the important aspects like mannerisms have been lost in that transition. There is a need for the hospital to use specialists to assist the midwives in how to relate and behave when dealing with pregnant women.

5.3 RECOMMENDATIONS

Based on the findings and conclusion of this study, the following recommendations are suggested

5.3.1 Mandatory Counselling

There is a need for mandatory counselling for midwives to ensure that they exhibit professional behaviour and attitudes. The study found that due to the stress of the midwives' nature of work, some midwives display poor attitudes and behaviour. Based on this finding, there is a need for mandatory counselling for all midwives on a monthly or quarterly basis.

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5.3.2 Training and Development

There is a need for improved training and development to ensure that midwives upgrade their attitudes and behaviours. This is due to flawed communication and mannerism, some midwives exhibit poor behaviour and attitude. The study suggests that there be mandatory classes or pieces of training on improving communication, offered by etiquette specialists**. In addition, training and development should also cater to the lack of technical skills that midwives possess. There is therefore the need to ensure that midwives be trained by the hospital and also enrol in pieces of training, especially technical pieces training**. This include capacitating the midwives on the 4IR.

5.3.3 Human Resources for Health

Recruit more midwives or acchoucher/s in public hospital maternity units, as the attitudes of the current midwives are said to be attributed to burnout as a result of

staff shortage. Reviewing the current retention strategy could also be key in mitigating the attitude of the midwives. This can be done through automatically translation of midwives upon successful completion of a speciality qualification into speciality post. This should be done automatically not to allow them to wait for posts to be advertised, yet they are expected to perfume duties aligned to their advanced training.

5.3.4 Demarcations of roles and responsibilities

The study also recommends that there is a need for effective demarcation of roles and responsibilities for midwives and related staff. This is due to the amount of confusion on the tasks and responsibilities of midwives which are impacting their service delivery. There is therefore the need for the hospital to outline the areas designated to midwives as well as their responsibilities and duties. The study also suggests training programs that encompass performance management development systems and work plan development.

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5.4 AREAS OF FURTHER RESEARCH

The study also recommends areas of further research based on the findings:

- The study found that there are concerns due to issues of communication and how the midwives conduct themselves. This study, therefore, suggests an investigation into the assistance that can be provided by communication specialists to modern midwives in public hospitals.
- The study found that some midwives struggle to adapt or integrate technology into their practice. Therefore, this study suggests an assessment of the role of technology in modern midwifery practice.

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ANNEXURES

ANNEXURE A: ETHICAL CLEARANCE CERTIFICATE

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ETHICAL CLEARANCE CERTIFICATE
REC-270710-028-RA LEVEL 01

Certificate Reference Number:	**SEE0101SLAW01**
Project title:	**Attitudes of midwives in maternity sections in public hospitals in East London, South Africa**
Nature of Project	Masters in Nursing
Principal Researcher:	Lawrence NW
Supervisor:	Prof E Seekoe
Co-supervisor:	N/A

On behalf of the University of Fort Hare's Research Ethics Committee (UREC), I hereby give ethical approval in respect of the undertakings contained in the above-mentioned independent project and research instruments(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

The Principal Researcher must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

Special conditions: Research that includes children as per the official regulations of the act must take the following into account:

Note: The UREC is aware of the provisions of s71 o the National Health Act of 2003 and that matters pertaining to obtaining the Minister's consent are under discussion and remain unresolved. Nonetheless, as was decided at a meeting between the National Health Research Ethics Committee and stakeholders on 6 June 2003, university ethics committees may continue to grant ethical clearance for research involving children without the Minister's consent, provided that the prescripts of the previous rules have been met. This certificate is granted in terms of this agreement.

The UREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
  - Any unethical principal or practices are revealed or suspected
  - relevant information has been withheld or misrepresented
  - regulatory changes of whatsoever nature so require
  - the conditions contained in the Certificate have not been adhered to

- Request access to any information or data at any time during the course or after completion of the project.

- In addition to the need to comply with the highest level of ethical conduct principal investigators must report back annually as an evaluation and monitoring mechanism on the progress being made by the research. Such a report must be sent to the Dean of Research's office.

The Ethics Committee wishes you well in your research.

Yours sincerely

06/11/2018

Professor Eunice Seekoe
Dean of Faculty of Health Science
26 October 2018

Professor Pumla Dineo Gqola
Dean of Research
26 October 2018

ANNEXURE B: INTERVIEW GUIDE

ETHICAL CLEARANCE NUMBER: REC-270710-028-RA LEVEL 01

SECTION A: DEMOGRAPHIC INFORMATION
1. How old are you? 2. What is your marital status? 3. What is your occupation? 4. What is your highest qualification?
SECTION B: THE ROLES AND RESPONSIBILITIES OF MIDWIVES AT THE PUBLIC HOSPITAL IN EAST LONDON, SOUTH AFRICA
1 What is your understanding on the roles and responsibilities of midwives within the public hospital in East London, South Africa? 2 What are the challenges that midwives face in trying to meet on their roles and responsibilities?
SECTION C: PERCEPTIONS OF PREGNANT WOMEN OF POOR ATTITUDES AND BEHAVIOUR OF MIDWIVES IN THE MATERNITY SECTION OF A PUBLIC HOSPITAL IN EAST LONDON, SOUTH AFRICA.
1. What are your perceptions on the negative attitudes and behaviours of midwives in the maternity section of a public hospital in East London, South Africa? 2. What are your perceptions on the positive negative attitudes and behaviours of midwives in the maternity section of a public hospital in East London, South Africa? 3. What are the challenges facing midwives the maternity section of a public hospital in East London, South Africa that may influence on their negative attitudes and behaviours?
SECTION D: VARIOUS INTERVENTIONS THAT THE PREGNANT WOMEN SUGGESTED CAN BE INTRODUCED IN ORDER TO PROMOTE PROFESSIONAL ATTITUDES AND BEHAVIOUR BY MIDWIVES IN A PUBLIC HOSPITAL IN EAST LONDON.
1. What are the general interventions you think are essential to promote professional attitudes and behaviour by midwives in a public hospital in East

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London?

2. What is the role of the government in promoting professional attitudes and behaviour by midwives in a public hospital in East London?

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