



University of Fort Hare

Together in Excellence

**Personality and Interpersonal Competence Skills of newly qualified
Midwives and Psychosocial Challenges Affecting Competence: A
Descriptive Study**

By
Mzuku, Nozuko Faith
201315269

University of Fort Hare

A dissertation submitted in fulfilment of the requirements for the degree of

Masters in Nursing

In the Faculty of Health Sciences

Department of Nursing

University of Fort Hare

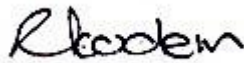
Supervisor: Prof V C Nikodem

Co-supervisor: Ms T Mtise

August 2024

Certification

This dissertation titled: Personality and Interpersonal Competence Skills with impending psychosocial challenges of newly qualified Midwives: A descriptive study, meets the regulations governing the award of the degree of Magister Curationis (Midwifery Nursing) of the University of Fort Hare and is approved for its contribution to the scientific knowledge.

**Signature of the Supervisor.....****. Date: 04/03/2025.....****Signature of the Co-Supervisor:****.....****Date: 04/03/2025.....**

University of Fort Hare
Together in Excellence

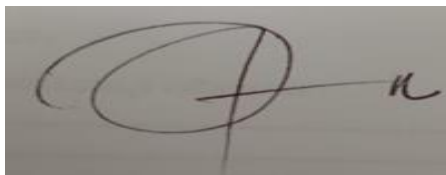
Declarations

I, Mzuku, Nozuko Faith (201315269), hereby declare that I am fully aware of the University of Fort Hare's policy on plagiarism, and I have taken every precaution to comply with the regulations.

I am fully aware of the University of Fort Hare's policy on research ethics, and I have taken every precaution to comply with the regulations. The Ethical clearance certificate number is: NIKO51SMZU01.

The dissertation titled, Personality and Interpersonal Competence Skills with impending psychosocial challenges of newly qualified Midwives: A descriptive study, is my own work and has not been submitted for a degree at any university.

Signature:



Date: August 2024

Disclaimer and Conflict of Interest

University of Fort Hare
Together in Excellence

I, Mzuku, Nozuko Faith (201315269) declare that: This work is based on the research supported in part by the National Research Foundation (NRF) of South Africa Grant recipient: Prof V C Nikodem, National Foundation Indigenous Knowledge, Maternal and Child Health Research Grant. Reference: CSUR13091843239, Grant No: 87693. As well as the University of Fort Hare (UFH) through a partial fee waiver. Furthermore, any opinion, finding and conclusion, or recommendation expressed in this material is that of the author(s) and the NRF nor UFH do accept any liability in this regard.

There is no conflict of interest.

Abstract

Introduction

Transitioning from a student nurse to a newly qualified professional midwife can be a challenging experience. Newly qualified midwives often need to prepare to meet all professional expectations. While clinical competence is commonly measured and discussed in the literature, information on personality and interpersonal competence skills is seldom reported. These skills, including emotional intelligence, teamwork, empathy, integrity, and social boldness, are crucial for effective practice but are often overlooked.

Objectives

The objectives of this study were to:

1. Measure and describe personality competence skills using the 16-item PF psychometric test.
2. Measure and describe interpersonal competence skills (such as emotional intelligence, teamwork, empathy, integrity, and social boldness) using the open-resource Psychometric 50-Item Interpersonal Skills Questionnaire.
3. Identify psychosocial challenges in the workplace that may impede newly qualified midwives' acquisition of personality and interpersonal competence skills.

Methodology

The study employed a quantitative technique and a descriptive, non-experimental design to achieve these objectives.

Results

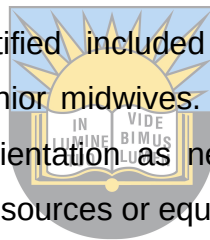
A total of 21 newly qualified midwives participated in the study. Most participants reported isiXhosa as their home language and had completed a bachelor's degree

in nursing. Interestingly, the mean age of participants was 32, older than typical newly graduated students, and most reported being single.

Personality competence skills varied among participants. The mean score on the interpersonal competency skills assessment indicated that most newly qualified midwives effectively utilised their own emotions and those of others. The results suggested that participants were more adept at working individually than in teams, although teamwork was noted to enhance their performance. Participants were generally more aware of others' emotions and more cognizant of their emotional states than the average person.

The group scored highly on integrity, showing a strong alignment between their actions and personal principles. Social boldness scores indicated that participants were likelier to demonstrate courage and assertiveness in social interactions.

Psychosocial challenges identified included staff burnout, low morale, and insufficient recognition from senior midwives. Participants expressed a need for more informal teaching and orientation as newly qualified staff. Additionally, a shortage of staff and a lack of resources or equipment were significant obstacles in the workplace.



University of Fort Hare
Together in Excellence

Conclusions and Recommendations

The study underscored the importance of systematically measuring personality and interpersonal competence skills to integrate newly qualified midwives into clinical settings better. Senior midwives are recommended to create a supportive environment to foster the development of these skills. Persistent challenges, such as inadequate resources and support, continue to hinder the effective transition of newly qualified midwives into the workforce. Improving the performance and preparedness of recently qualified midwives depends on resolving these problems.

Keywords:

Competence, newly qualified midwives, interpersonally skills, personality skills, psychosocial challenges.

Acknowledgements

I am thankful to The Almighty for accompanying me through this extensive journey.

I would be thoughtless to forget my family, my son Mnoneleli Wandile and my late parents; their strong belief in me has kept my spirits and motivation high during this process.

I positively acknowledge Professor Cheryl Nikodem, my supervisor, for her love, warmth, composure, dedication, empathy, sacrifices, and trustworthiness. Her support is highly appreciated, but primarily for being there when I was in despair, clouding my intellectual knack.

Mrs. Tobeka Mtise, thank you for being there in times of need; your guidance and patience are appreciated.

Warm appreciation to the Department of Nursing, University of Fort Hare, Govan Mbeki Research, Development Centre for financial support and educational workshops, and to the Fort Hare Library, Librarians, and research assistants for their continuous, compassionate service and valuable support; thank you.

University of Fort Hare
Tormentum in Excellencia

Thank you to the Department of Health, Eastern Cape Province, for allowing me to conduct this study in their healthcare institutions.

Last, a special note of appreciation to the participants for agreeing to participate in the study and completing the questionnaires.

Dedication

I dedicate this work to my late father Phafukayobela, Qwathi, mother Mphankomo, Jolinkomo, and daughter Athenkosi, may their souls rest in peace.

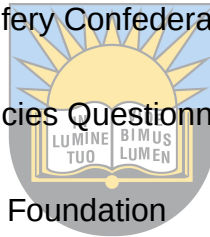
I also dedicate the work to my sister Bongiwe, nephews and nieces.



University of Fort Hare
Together in Excellence

Acronyms

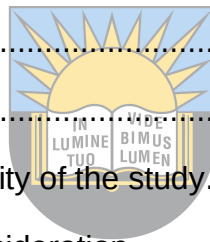
CONO	College of Nurse of Ontario
CPD	Continuous Professional Development
CSUR	Computing Serial Unique Code
EBSCO-	Elton B Stephen Company Database
DOH	Department of Health
Epi 7	Economic Performance Index
GMRDC	Govan Mbeki Research and Development Centre
ICM	International Midwifery Confederation
NCQ	Nursing Competencies Questionnaire
NRF	National Research Foundation
NWI	Nursing Work Index
PES	Practice Environment Scale,
PF	Personality Factor
SANC	South African Nursing Council
UFH	University of Fort Hare
WHO	World Health Organization



University of Fort Hare
Together in Excellence

Table of contents

Declarations	i
Disclaimer and Conflict of Interest.....	ii
Abstract	iii
Acknowledgements	v
Dedication	vi
Acronyms	vii
Table of contents	viii
Chapter One.....	1
1.1 Introduction	1
1.2 Background and research problem statement	6
1.3 Aim	8
1.4 Objectives.....	9
1.5 Significance and rationality of the study.....	9
1.6 Intellectual property consideration.....	11
1.7 Delimitation of the study.....	11
1.8 Permissions to conduct the study	11
1.9 Chapters overview.....	12
1.10 Summary Chapter One	12
Chapter Two.....	13
2.1 Introduction	13
2.2 Competence and competency	14
2.3 Personality competence skills.....	22
2.3 Personality and interpersonal competence skills	26
2.3.1 The 16 Factor Personality Competence Skill definitions	26
2.3.1.1 Factor A Warmth	27
2.3.1.2 Factor B Intellect or reasoning	27



University of Fort Hare
Together in Excellence

2.3.1.3	Factor C Emotional stability	27
2.3.1.4	Factor E Dominance or aggressiveness	28
2.3.1.5	Factor F Liveliness	28
2.3.1.6	Factor G Consciousness or dutifulness.....	28
2.3.1.7	Factor H Social boldness or assertiveness	28
2.3.1.8	Factor I Sensitivity	29
2.3.1.9	Factor L Vigilance or paranoia	29
2.3.1.10	Factor M Abstractness.....	29
2.3.1.11	Factor N Privateness or introversion	29
2.3.1.12	Factor O Apprehension or Anxiety.....	30
2.3.1.13	Factor Q1 Open mindedness	30
2.3.1.14	Factor Q2 Self-reliance or independence	30
2.3.1.15	Factor Q3 Perfectionism.....	31
2.3.1.16	Factor Q4 Tension.....	31
2.4	Interpersonal competence skills	31
2.5	Professional requirements	34
2.6	Psychosocial challenges affecting competence.....	35
2.7	Theoretical and conceptual framework.....	37
2.8	Summary of Chapter Two	39
Chapter Three		40
3.1	Introduction.....	40
3.2	Objectives.....	40
3.3	Research approach and design.....	41
3.4	Setting, population, sampling strategy and sample size	41
3.5	Data collection and collection instrument.....	43
3.6	Reliability and validity	44
3.7	Data analysis	45



3.8	Ethical principles.....	45
3.9	Summary of Chapter Three	46
	Chapter Four	47
4.1	Introduction.....	47
4.2	Demographic Information	47
4.3	Findings of the personality competence skills test.....	49
4.3.1	Warmth	49
4.3.2	Reasoning.....	50
4.3.3	Emotional stability	51
4.3.4	Dominance.....	52
4.3.5	Liveliness	53
4.3.6	Rule-consciousness.....	54
4.3.7	Social boldness.....	55
4.3.8	Sensitivity.....	56
4.3.9	Vigilance	57
4.3.10	Abstractness.....	58
4.3.11	Privateness	59
4.3.12	Apprehension.....	60
4.3.13	Openness to change	61
4.3.14	Self-reliance	62
4.3.15	Perfectionism	63
4.3.16	Tension	64
4.3.17	The mean scores of the 16-item PF psychometric test.....	65
4.4	Interpersonal skills competence test.....	67
4.4.1	Findings from the individual interpersonal skills competence test.....	67
4.4.2	Mean scores of interpersonal skills competence skills	71
4.5	Questions related to impediments	72



University of Fort Hare
Together in Excellence

4.6	Summary of Chapter Four	75
	Chapter Five.....	76
5.1	Introduction	76
5.2	Discussion on research objectives one.....	76
5.3	Discussion on research objective two.....	79
5.4	Discussion on research objective three	81
5.5	Recommendations.....	83
5.5	Chapter summary	84
	References.....	85
	Annexures	96
Annexure A	University of Fort Hare Ethical Committee.....	96
Annexure B	Buffalo City Metropolitan Health District	98
Annexure C	Health Facilities.....	99
Annexure D	Informed consent.....	103
Annexure E	Questionnaire	106



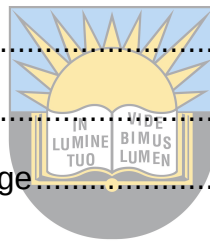
University of Fort Hare
Together in Excellence

Tables

Table 2.1	Definitions of competence.....	17
Table 2.2	ICM Performance Competency Measurement (ICM, 2019:4)	20
Table 2.3	16PF dimensions	24
Table 4.1	Demographic information.....	48
Table 4.2	Mean score categories	65
Table 4.3	Interpersonal competent skills scores	69

Figures

Figure 2.1	Conceptual framework	38
Figure 4.1	Warmth	49
Figure 4.2	Reasoning.....	50
Figure 4.3	Emotional stability	51
Figure 4.5	Liveliness	53
Figure 4.6	Rule-consciousness.....	54
Figure 4.7	Social boldness.....	55
Figure 4.8	Sensitivity.....	56
Figure 4.9	Vigilance	57
Figure 4.10	Abstractness	58
Figure 4.11	Privateness	59
Figure 4.12	Apprehension.....	60
Figure 4.13	Openness to change.....	61
Figure 4.14	Self-reliance.....	62
Figure 4.15	Perfectionism.....	63
Figure 4.16	Tension	64
Figure 4.17	Mean totals of the 16 PF psychometric test	66
Figure 4.18	Interpersonal skills competence skills of participants.....	70
Figure 4.19	Psychosocial challenges.....	72
Figure 4.20	Insufficient teaching opportunities.....	73
Figure 4.21	Organisational challenges.....	74



University of Fort Hare
Together in Excellence

Orientation to the study

Chapter One

1.1 Introduction

Transitioning from a student midwife to a newly qualified midwife can be an overwhelming and devastating experience for newly qualified midwives (Nkosi & Ndaba, 2015). Simane-Netshisaulu (2022) has underlined the crucial role of senior nurses' supervision, mentoring, and support in facilitating the transitioning process and minimising the stress and anxiety associated with transitioning. Moreover, the role of midwifery educators is of utmost importance in influencing the profession's trajectory, as educators' responsibilities lie in cultivating midwives who possess a comprehensive understanding of midwifery and the ability to engage in critical analysis and decision-making (Mattison et al., 2020).

Nursing education programmes in South Africa are developed to cultivate diverse nursing and midwifery skills. The primary objective of nursing education programmes is to produce newly qualified midwives who are critical thinkers with personality and interpersonal competence skills, knowledge, and the ability to solve problems independently (Bvumbwe & Mtshali, 2018). In the ever-evolving clinical setting of midwifery, it is crucial for recently qualified midwives to consistently enhance and broaden their range of abilities to fulfil the essential competencies required of proficient practitioners (Ngcobo et al., 2021).

Every newly qualified midwife must maintain competence as an essential skill value (Budiarti et al., 2020). Hastings-Tolsma et al. (2021) emphasised midwifery's significant role within the healthcare system in that midwives' proficiency and interpersonal skills are vital in guaranteeing secure and favourable childbirth encounters for women and their infants. Incompetent midwives who lack personality

and interpersonal competence skills cannot integrate theoretical knowledge into practice and do not have cognitive, affective, and psychomotor competencies, frequently violating patients' right to receive competent care from competent midwives (Hastings-Tolsma et al., 2021).

The significance of personality and interpersonal competency must be considered when competence skills are evaluated since these attributes substantially enhance the standard of care delivered to expectant mothers and their families (Karami et al., 2017). Regrettably, there are situations in which the integrity of the essential rights of patients to get high-quality care is compromised due to midwives who demonstrate incompetence and a deficiency in the requisite personality qualities and interpersonal competence skills. Moreover, incorporating theoretical knowledge into practical application and exhibiting critical thinking abilities, personality, and interpersonal competence skills are fundamental components of proficient midwifery provision (Fukada, 2018).

Furthermore, Budiarti et al. (2020) clarify that the hallmark of midwifery is self-regulation, as, through self-regulation, midwives strive to protect society from being exposed to incompetent practitioners. Professional self-regulation refers to clinical competence and knowledge and includes: Motivation, caring, professional wisdom, self-development, interpersonal competence skills, personality competence skills, and professional competence (Budiarti et al., 2020). Thompson (2022) echoed this and stated that professional self-regulation encompasses aspects beyond clinical proficiency, such as motivation, compassion, professional expertise, personal growth, interpersonal skills, and professional aptitude.

To provide excellent care during the delicate process of childbirth, newly qualified midwives must possess a unique set of personality and interpersonal competence skills and need to offer their unwavering compassion and empathy to labouring women who rely on their abilities to create an environment of trust and emotional support (Krausé et al., 2020). These midwives must exhibit warmth as a distinctive characteristic as they greet pregnant women with genuine empathy and kindness, promptly creating a comfortable connection in a trusting relationship (Sengane, 2013).

Additionally, newly qualified midwives who exhibit good personality competence skills can navigate unexpected challenges and high-stress situations gracefully and with composure (Gauci & Parascandalo, 2023). Moreover, they are inclined to embrace change, acknowledging the ever-evolving character of the labour ward and the significance of adjusting to every emergency and new regime that may be implemented to improve maternal and infant health (World Health Organization [WHO], 2018).

Competent midwives' ability to communicate effectively with the interdisciplinary team and clients, including their active listening skills, ensures they can comprehend the diverse needs of labouring women (Chang et al., 2018). Good practical communication skills foster good interpersonal skills and collaboration and empower the woman to enjoy her birthing experience, even though it may be a painful experience (Chang et al., 2018).

Emotional stability is a fundamental foundation, enabling newly qualified midwives to maintain a composed demeanour even in elevated stress levels (Lartey et al., 2020). Their sense of anxiety compels them to keep a state of constant vigilance, refraining from underestimating the inherent dangers associated with childbirth. This quality provides reassurance to both moms and families. Simultaneously, their prevailing influence is moderated by a considerate approach, guaranteeing their ability to exercise their authority when required but consistently prioritising the independence and choices of the person giving birth. Moreover, they must exhibit assertiveness in their interactions, cultivating a cooperative environment within the birthing space and engendering a sense of inclusion and worth for families (Yurtsal & Özdemir, 2025). Therefore, adherence to rules, policies, and practices ensures that every part of care is methodically addressed, maintaining safety and professionalism.

Perfectionism is a compelling factor that can assist newly qualified midwives to pursue excellence throughout several domains of their professional practice, encompassing meticulousness in midwifery procedures and effective communication with families. Despite the inherent physiological and psychological challenges associated with the birthing process, midwives always exhibit a calming

and comforting demeanour, fostering a profound sense of safety and reliance among the individuals under their care.

Moreover, newly qualified midwives must possess the cognitive capacity for abstract and critical thinking to integrate intricate midwifery knowledge (Carter et al., 2017). In addition, their commitment to ongoing education and flexibility allows them to stay up-to-date with the most current midwifery methods and provide care based on solid evidence. This ultimately improves the whole childbirth experience and results for mothers. The individual's ability to rely on themselves enables them to make decisions promptly and knowledgeably, when necessary, thereby safeguarding the welfare of both the mother and child (Carter et al., 2017). In brief, the personality competence skills exhibited by recently qualified midwives comprise a wide array of characteristics that collectively contribute to their remarkable capacity to deliver safe, empathetic, and patient-focused care during the transforming process of birthing.

The foundational element of a midwife's capacity to deliver excellent care and assistance to pregnant mothers and their families lies in their mastery of interpersonal competency skills. Social boldness is crucial in facilitating effective engagement between midwives and a wide range of individuals, such as patients, families, and healthcare colleagues (Hastings-Tolsma et al., 2021). This display of boldness promotes a setting conducive to transparent communication and cooperative efforts, guaranteeing that all individuals with a vested interest are acknowledged and appreciated.

In conjunction with emotional intelligence, midwives exhibit the aptitude to appreciate and regulate their own emotions while also demonstrating compassionate comprehension of the feelings and requirements of others. Emotional intelligence is crucial for effectively managing the frequently intense and demanding circumstances during the birthing process, enabling midwives to offer comprehensive support, including physical and emotional well-being (Patterson & Begley, 2011). The capacity to effectively collaborate with various healthcare practitioners, including obstetricians, neonatologists, nurses, and anaesthetists, is vital in promoting the comprehensive welfare of both the mother and the infant.

Newly qualified midwives must demonstrate steadfast integrity by adhering to the most stringent ethical principles and prioritising patient trust and safety (Haddad & Geiger, 2023).

Empathy, often seen as a fundamental interpersonal competency for midwives, enables them to establish profound connections with their patients, offering emotional support and fostering the development of trust (Moudatsou et al., 2020). The capacity for empathy encompasses comprehending every pregnant woman's distinct culture and requirements, guaranteeing that midwifery care is not solely based on medical expertise but also considers cultural sensitivity and prioritises the patient's needs (Moudatsou et al., 2020).

Thus, interpersonal competency skills required from newly qualified midwives will be to exhibit social boldness, emotional intelligence, teamwork, honesty, and empathy, which all contribute to establishing a compassionate and supportive atmosphere for mothers and their families throughout the childbirth experience.

The midwifery profession is subject to various psychosocial elements that notably influence newly qualified midwives' personality and interpersonal competency skills. These elements can affect their professional growth, emotional welfare, and capacity to deliver quality treatment. Stress and burnout are a reality in midwifery labour wards due to the challenging and frequently unpredictable demands placed on midwives (Sidhu et al., 2020). Continuous exposure to intricate high-risk obstetric scenarios can influence a midwife's personality competence skills, potentially leading to heightened levels of anxiety or irritability. Additionally, the experience of stress can harm individuals' interpersonal competence, as it may impede their ability to exhibit empathy and engage in effective communication during periods of overwhelming distress (Sidhu et al., 2020). Establishing a conducive work environment enhances employee well-being and improves organisational productivity. The presence of a conducive work environment characterised by strong cooperation and mentorship programmes has the potential to exert a favourable impact on midwives' personalities and interpersonal skills (Wisseemann et al., 2022). Midwives are inclined to demonstrate empathy and teamwork, crucial for providing excellent care when they perceive value and support (Wisseemann et

al., 2022). Fatigue and emotional tiredness can be attributed to an excessive workload, extended working hours, and an insufficient work-life balance (Chemaly, 2023). This phenomenon can impact the mental stability and social interactions of a midwife. Fatigue may result in decreased patience and a diminished ability to connect with labouring women and co-workers (Chemaly, 2023).

The acquisition of ongoing education and access to professional growth opportunities can have a beneficial influence on the character and proficiency of a midwife (Tanaka et al., 2015). Midwives should continuously be encouraged to enhance their knowledge and abilities, as they will be more inclined to demonstrate receptiveness to change and a dedication to providing care based on empirical facts (Tanaka et al., 2015).

The psychosocial aspects of the midwifery work environment influence the development of newly qualified midwives' personality and interpersonal competency skills. Providing a supportive atmosphere, implementing appropriate stress management strategies, and the availability of growth opportunities can significantly augment newly qualified midwives' capacity to deliver compassionate and patient-centred care.

University of Fort Hare

This study explores recently qualified midwifery practitioners' personality and interpersonal competency skills and the psychosocial challenges they may experience in the workplace. Chapter One serves as an overview to acquaint the reader with the background of the research problem and the problem statement and formulate the dissertation's aim, objectives, research methodology, and structural layout.

1.2 Background and research problem statement

The current research inquiry is compound and emphasises the urgent necessity to examine the complexities of personality and interpersonal competency skills among recently qualified midwives in East London, South Africa. The progression from being a student midwife to assuming the role of a professional midwife is a crucial stage in the professional development of midwives (Dewar et al., 2020). It is

imperative to recognise the profound influence that clinical, personality and interpersonal competence skills have on newly qualified midwives' skill development during this transitional period (Ngcobo et al., 2021).

Moreover, The Department of Health (DoH) emphasises that patients have a constitutional right to receive care from healthcare professionals with the required skills and competencies (Department of Health [DoH], 2001). This entitlement must be maintained as set out by the Constitution of South Africa (1996), Section 28 (The Constitution of South Africa, 1996, Section 28). The DoH took a stance and stated, "No [midwife] member of staff should undertake tasks unless they are competent to do so" (DoH, 2001:3). Consequently, clients can claim the service of a competent midwife as their constitutional right to health care.

The competence, including personality and interpersonal competence skills, of newly qualified professional midwives is questioned, and new curriculums aim to address the shortcomings. Years ago, Khoza and Ehlers (1998) stated that newly qualified nurses [midwives] must be more proficient in clinical competence and capable of functioning independently. Recent publications still demonstrate that newly qualified midwives have a deficiency of competence, including professional, personality and interpersonal competence skills, which may place clients at risk (Netshisaulu & Maputle, 2018; Shopo et al., 2023).

Black (2018) emphasised that there "is an evident lack of primary research into newly qualified midwives, preceptorship, and gaining competence and confidence." There is a shortage of information about midwives' personality and interpersonal competence skills and the psychosocial challenges they may experience. Most authors concentrate on clinical competence and neglect other skills, such as personality and interpersonal competence skills, essential to becoming a competent professional midwife (Heydari et al., 2016). Despite several interventions, the research problem is that professional midwives' express concerns that newly qualified midwives need more competence to work independently and must display more professional, personality and interpersonal competence skills in clinical settings (Heydari et al., 2016).

The research problem is that there is a lack of empirical research examining the precise personality and interpersonal competence skills that may either enhance or impede a newly qualified midwife's capacity to fulfil the necessary competencies expected of a registered professional midwife in South Africa (Dewar et al., 2020).

The research problem presented in this study emphasises the urgent need to contribute to the current scholarly literature by investigating the specific characteristics that impact personality and interpersonal competence and their ultimate effect on providing safe and high-quality midwifery services. Despite research on personality competency skills, behaviour styles, and emotional intelligence of qualified health professionals becoming increasingly popular in empirical studies, there is a dearth of information related to newly qualified midwives' personality and interpersonal competency skills.

This study endeavours to assess newly qualified professional midwives' personality and interpersonal competence skills using validated measuring scales. As a sub-question, psychosocial challenges impeding newly qualified midwives' competence in the workplace were also assessed.



University of Fort Hare
Together in Excellence

1.3 Aim

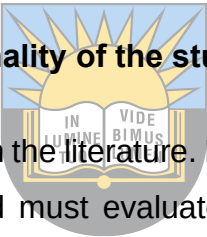
This study aimed to use a descriptive design within a quantitative approach to determine and describe personality and interpersonal competency skills as well as factors that affect the psychosocial challenges experienced by newly trained midwives at public labour and birthing services in East London.

1.4 Objectives

The objectives were to:

- Measure and describe the personality competence skills by applying the 16-item PF psychometric test.
- Measure and describe interpersonal competence skills such as emotional intelligence, teamwork, empathy, integrity, and social boldness by applying the open-resource Psychometric 50-Item Interpersonal Skills Questionnaire:
- Determine psychosocial challenges within the workplace that may impede newly qualified midwives' personality and interpersonal competence skills acquisition.

1.5 Significance and rationality of the study



The research discovered a gap in the literature. Researchers often only concentrate on clinical skill competency and must evaluate essential competencies such as personality and interpersonal competence skills. There needs to be more literature measuring these competencies among newly qualified nurses and midwives. Personality and Interpersonal competence skills are more important than competence for newly qualified midwives. Due to the information scarcity, the researcher was stimulated to evaluate newly qualified midwives' personality and interpersonal competencies. Information about newly qualified midwives' personality and interpersonal competence skills is scarce in the academic literature. It was envisaged that forth-coming recommendations from this study could enhance strategies to improve newly qualified midwives' personality and interpersonal competence skills (Škodová, 2016).

- **Health care practice**

The significance of personality and interpersonal competency abilities among recently qualified midwives is essential in South Africa's healthcare system, as interpersonal skills are vital for establishing and sustaining significant personal

interactions in the professional environment. Individuals with strong interpersonal communication skills can develop and sustain favourable interpersonal connections with their peers, enhancing their collective effectiveness as a cohesive team (Herrity, 2023).

- **Women in partum and postpartum women**

Interpersonal skills enable effective communication, empathy, and collaboration, improving parturients' outcomes and satisfaction. Interpersonal communication enables nurses to understand parturients' needs, conditions, and emotions (McNulty & Politis, 2023).

Midwives' personalities and interpersonal competency abilities are essential for improving patient compliance and satisfaction during labour and birthing. The role of newly qualified midwives in ensuring safe and satisfying birthing experiences necessitates empathy, patience, and compassion to deliver emotional support to women during labour and birth (Kaur, 2020). The process of childbirth can evoke feelings of apprehension and intense emotions, and midwives who possess skilled interpersonal abilities can play a role in easing anxiety and fostering a sense of confidence and reliance among their parturients. In addition, acquiring competent personality and interpersonal competence skills equips newly qualified midwives to engage with participants of various cultural backgrounds proficiently, facilitate effective communication, overcome language obstacles, and foster culturally sensitive healthcare practices. This is especially pertinent in the context of South Africa's multicultural society.

- **Policymakers**

By acknowledging the importance of these competencies, policymakers may allocate resources and emphasise the education and enhancement of midwives in these specific domains. Implementing policies that facilitate the development of these abilities can foster a patient-centred approach to maternity care, effectively addressing the current abuse of patients within the healthcare system.

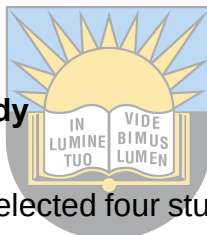
- **Nursing education and research**

Incorporating personality and interpersonal competency skills within the context of midwifery education can effectively mitigate maternal and neonatal death rates and enhance the overall standard of maternity care in South Africa (Amod & Mkhize, 2022). The findings of this study will be submitted to an accredited journal and may contribute to expanding the academic knowledge of midwives in the field of personality and interpersonal competency skills.

1.6 Intellectual property consideration

No intention of using the intellectual property for economic profit is anticipated, and the material will be freely distributed to policymakers and submitted to a recognised, accredited journal for publication.

1.7 Delimitation of the study



The study was delimited to the selected four study sites in East London, as they are the only public facilities that offer birthing facilities to pregnant women in East London. Twenty-one newly trained midwives were identified at the four sites and requested to participate in the research study. Financial and transport limitations restricted the researcher from enrolling participants outside the demarcated area.

1.8 Permissions to conduct the study

The researcher submitted the research proposal to the nursing department and the University of Fort Hare (UFH) Ethical Committee to obtain ethical permission to conduct the study. (Annexure A).

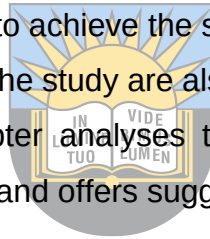
An ethical clearance certificate was issued with the number NIKO51SMZU01. Authorisation was obtained from the Buffalo City Metropolitan Health District (Annexure B) and the tertiary hospitals (Annexure C). The UFH ethical committee approved the informed consent form (Annexure D).

Ethical principles are discussed in Chapter Three.

1.9 Chapters overview

The structure of this dissertation contains five main chapters. The chapters are preceded by the preamble pages and followed by the references and the annexures.

Chapter One introduces the reader to the study by stating the background that relates to the research problem. Chapter One also formulated the research questions and the objectives. Chapter Two reviews the literature on newly qualified midwives' personality and interpersonal competence skills and the psychosocial challenges affecting competence. The conceptual framework is explained, and terminology is defined. Chapter Three engages and explains the research methodology used in this study to achieve the set objectives. The ethical principles applied during the execution of the study are also explained. Chapter four presents the data. The concluding chapter analyses the study's findings and additional research conducted in this field and offers suggestions for policymakers and future research endeavours.



University of Fort Hare
Together in Excellence

1.10 Summary Chapter One

Chapter One acquaints the reader with the research problem, aim and objectives. The significance of the study is mentioned, and the ethical principles have been discussed.

Literature Review

Chapter Two

“Being a [competent] midwife is being prepared to help women in very difficult conditions.” (Baba et al., 2020).

2.1 Introduction

Efron and Ravid (2019) state that a literature review systematically evaluates scholarly articles to place the research topic within the current context and demonstrate the researcher’s skills to critically analyse, evaluate, and synthesise the appropriate literature. The literature review offers a comprehensive assessment of contemporary and historical research findings about the competencies required for newly qualified midwives (Houser, 2018). The researcher reviewed the literature to assess the status of knowledge on newly qualified midwives’ personality and interpersonal competence skills. Furthermore, the literature related to psychosocial impediments affecting competence was reviewed. Several online databases, such as BioMed Central, CINAHL, Cochrane Library, EBSCO, ERIC, Medline, PsycINFO, PubMed, Scopus, and Science Direct, were used to gather literature for review.

A gap was found in that very few articles had been published on personality, interpersonal competence skills, and psychosocial impediments that may affect the competence acquisition of newly qualified midwives. Moreover, literature has revealed that most midwifery curricula do not provide skills to develop personality and interpersonal competence but focus more on practical competence. Those newly qualified midwives who lack personality and interpersonal competence skills may experience burnout or be unable to provide the care that perinatal women and their infants require (Means, 2017).

Moreover, the South African Nursing Council (SANC) in Circular 5/2023 stated clearly that the recommended lecturer: student ratio for the Bachelor of Nursing

should be 1:50 for general nursing and 1:10 for the midwifery component (SANC, 2023). Sadly, at the local university in East London, the midwifery lecturer-student ratio was 1:80 between 2012 and 2020. The international nursing lecturer-to-student ratio varies between 1:8 and 1:12 (Russel, 2023).

Researchers recognise the concerns about the quality and quantity of clinical supervision during student years and emphasise that there is also a need for more competent educators, especially to promote personality and interpersonal competence skills. The development of personality and interpersonal competence skills are authentic requisites of professionalism. However, educators and preceptors mainly concentrate on clinical and safe practice skills, which leaves a vacuum in the literature related to professional midwives' personality and interpersonal competency skills. (WHO, 2014; Škodová, 2016; Schneider, 2019).

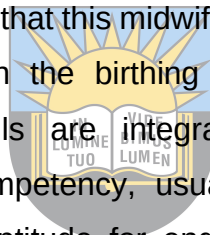
The student endeavoured to analyse and synthesise the literature to set the current study's context and explore the most appropriate research methodology to gather new information (Aveyard, 2018). Chapter Two aimed to clarify key concepts and critically analyse and synthesise literature that debates competencies in general but more specifically related to personality and interpersonal competence skills required for true professionalism and psychosocial impediments that may affect competency levels for newly qualified midwives.

2.2 Competence and competency

Byrne and Schroeter (2009) asserts that many definitions for 'competence and competency' are available, but there is little consensus concerning the definition and application of competence in nursing and midwifery (Byrne & Schroeter, 2009). There is a need to develop a consistent definition of competence in nursing and midwifery. Schneider (2019:1938) states that competence is a "combination of the capability to perform in terms of proficiency, mastery, ability, and the right to perform, in terms of legal authority, licensure, certification, institutional, organisational, cultural, or regulated power, approval, or assignment to act, decide, (dis)approve, or regulate."

Competence and competency are vital to all the areas of midwifery, including education, legislation, regulation, and the placement and retention of professional midwives. Competence and competency are often interchangeable, although competence is usually used to describe a person's general ability. In contrast, competency describes a person's ability to perform a specific task. Competence is obligatory before achieving competency and focuses on skills and standards to attain what is measured. In contrast, competency focuses on actual performance, behaviour-based performance, and how the standard is achieved in that specified situation (Byrne & Schroeter, 2009). Several authors have tried to conceptualise a definition of competence in nursing and midwifery. However, again, the terms are used interchangeably.

The ability to build and maintain reciprocal relationships is essential for professional midwives. In midwifery, the trust relationship is crucial, as women put their lives in the hands of a midwife and trust that this midwife will be competent to communicate effectively and safely assist in the birthing of the newborn. Personality and interpersonal competence skills are integrated into standard definitions of competence. Interpersonal competency, usually called people skills or social competence, pertains to the aptitude for engaging with perinatal women, their families, and the interdisciplinary team.



University of Fort Hare
Together in Excellence

Norman (1985:330) argued that newly qualified midwives need to possess clinical competence in five critical areas, namely: "i) clinical skills; ii) knowledge and understanding; iii) interpersonal attributes; iv) problem-solving and clinical judgement; and v) technical skills." Brenner (2004) describes competence according to the five levels of the 'novice-to-expert' model. The first level refers to the novice midwife, who is a person who has little experience and needs to be assisted in completing required performances. Level two refers to the advanced beginner and includes those midwives who combine their learning with their experience and can demonstrate the application of performance in real-life situations. Level three refers to a competent midwife. At this level, midwives can observe their actions, self-regulate, and be consciously aware of them. They demonstrate competence to diagnose and can formulate an appropriate treatment plan through the knowledge, skills, and experience that they have gained.

Level four refers to the proficient midwife, who can observe a situation thoroughly, not as separate units, and draw inferences from other situations or knowledge. Finally, at level five, Brenner refers to the expert (Brenner, 2004). The expert midwife comes with a vast background and experience and can grasp a situation intuitively because of her competence to comprehend the situation within a few seconds and react to the situation because of her extensive knowledge and experience. Changing from novice to expert demonstrates that experience, knowledge, and skill development are on a continuum with time.

Marshall and Raynor (2020) state that competence is the ability of the midwives to function effectively and efficiently through knowledge and skills acquired throughout their training and the ability to practice confidently about preventing incidences during pregnancy, labour, and puerperium. Furthermore, the SA Nursing Act, 33 (2005), mentions that midwives should be able to work independently as they are recognised as responsible and accountable professionals. Midwives work in partnership with women and the multidisciplinary team to give the necessary support, care, and advice to low- and high-risk women during pregnancy, labour, and the postpartum period. Midwifery competencies include assessment and screening as well as preventive measures, management and rendering of care, advocating for natural childbirth, and identifying any difficulties that may arise in both the mother and child, the referral and accessing of medical care, appropriate carrying out of emergency measures and ensuring emotional and psychosocial care (SANC Competencies – Midwife Specialist, 2014).

The literature has been scrutinised, and Table 2.1 below summarises definitions of competence extracted from the literature.

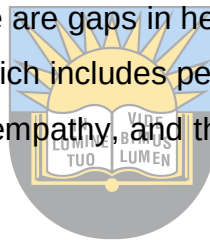
Table 2.1 Definitions of competence

Year	Definition
2002	Competence is an effective application of available knowledge, skills, attitudes, and values in complex situations (Calhoun et al., 2002:14).
2002	Competence refers to the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served” (Epstein & Hundert, 2000:226).
2004	Competence is the “integration of several domains of knowledge, and the use of experience and judgement” (Epstein & Hundert, 2000:226).
2005	Competence can be simply defined “as the ability to operate to an adequate, safe standard” (Clements & MacKenzie, 2005:516).
2005	The notion of competence “incorporates professional judgement, is relational and involves complex structuring, bringing together disparate attributes and tasks required for intelligent performance in specific situations” (Cowan et al., 2007:355).
2006	Competence is defined as “demonstrated cognitive, affective and psychomotor abilities required for the performance of specific activities” (Hlongwa et al., 2006:61).
2007	“Defining competence in midwifery has proved difficult, with definitions ranging from those that take a narrow performance-based approach (the ability to perform a particular skill or activity) to more detailed definitions that include a combination of knowledge, attitudes, skills and behaviour” (Hundley et. al., 2007).
2007	Competence refers to “the ability to do something successfully” (Ten Cate & Scheele, 2007:542).
2010	Definitions of competence are abounding and “most refer to adequacy of qualification, ability, skill, and knowledge. The word ‘perform’ is often seen in ‘competence’ definitions” (Wood, 2010:1176).

From the above definitions, one can deduce that personality and interpersonal competence skills are an integrated part of general competence and are acquired through knowledge, skills, and experience throughout midwifery training. These skills also involve the ability to practice with confidence and self-regulation. Competence in midwifery can thus be briefly summarised as the capacity to complete the task of caring effectively and efficiently for women during the perinatal period and the newborn for up to 42 days.

Alternatively, competence can be viewed as the ability of midwives to function effectively and efficiently on their own. It includes domains such as professional personality and interpersonal competence skills, education, research, policymaking, professional practice, ethics, the ability to advocate for midwifery philosophy, and the ability to demonstrate confidentiality, autonomy, and accountability in aspects of care.

Butler et al. (2018) researched the essential competencies a midwife requires during professional registration. They reported three critical competencies: self-reliance, evidence-based updated knowledge, and practice of professional awareness. Thus, know what you know and what you do not know. In the Butler et al. (2018) study, participants responded to having an appropriate level of confidence when a midwife has reached a level of competence and confidence to be able to fulfil the role of the midwife but is also willing to ask for help and has the confidence to admit to colleagues that there are gaps in her abilities. This was emphasised by referring to the right attitude, which includes personality competence skills such as caring, kindness, compassion, empathy, and the ability to relate to women (Butler et al., 2018).



The South African Nursing Act, 33 of 2005, suggests midwives should be able to carry out work independently as they are recognised as responsible and accountable professionals. They need to work in partnership with women and the multidisciplinary team to give the necessary support, care, and advice to women and their families during pregnancy, labour, and postpartum. The SANC views the competence of a midwife practitioner as “a level of performance demonstrating the effective application of knowledge, skills, judgement, and personal attributes required to practise safely and ethically in a designated role and setting.” (South African Nursing Council [SANC] Regulation 786, 2013:3). In other words, competence is not only a midwife’s ability to apply or perform a task safely, but a midwife also needs to know the risks that occur through negligence or incompetence and the severe consequences that relate to incompetence.

Over the years, the international health community has implemented numerous initiatives to accelerate progress toward reaching the Millennium Development

Goals and the Sustainable Development Goals (SDGs) for improving maternal health. A skilled and competent midwife at every birth has been recognised as an indispensable component in reducing maternal and neonatal morbidity and mortality. The International Confederation of Midwives (ICM) released a document entitled “Essential Competencies for Basic Midwifery Practice” to reduce maternal and neonatal mortality and morbidity (International Midwifery Confederation [ICM], 2019). The aim was that this document would serve as a core policy statement that documents the domains and scope of standard midwifery practice competencies.

The ICM competency framework divided the required competencies into four inter-related categories, namely:

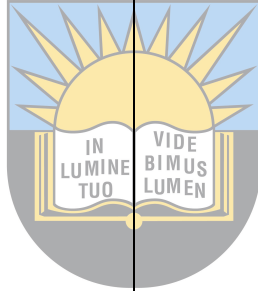
- “General competencies;
- Competencies specific to pre-pregnancy and antenatal care;
- Competencies specific to care during labour and birth;
- Competencies specific to the ongoing care of women and newborns. “

(ICM, 2019:4).

The framework further displayed a list of indicators under each category that outlined the necessary knowledge, skills and behaviours required to achieve the performance measurement of the four competencies (ICM, 2019:4). Personality and interpersonal competence skills are prevalent in each of the four competencies, as shown in Table 2.2.

Table 2.2 ICM Performance Competency Measurement (ICM, 2019:4)

1. General competencies	2. Pre-pregnancy and antenatal	3. Care during labour and birth	4. Ongoing care of women and new-borns
“1.a Assume responsibility for own decisions and actions as an autonomous practitioner. 1.b Assume responsibility for selfcare and self-development as a midwife. 1.c Appropriately delegate aspects of care and provide supervision. 1.d Use research to inform practice 1.e Uphold fundamental human rights of individuals when providing midwifery care. 1.f Adhere to jurisdictional laws, regulatory requirements, and codes of conduct for midwifery practice 1.g Facilitate women to make individual choices about care. 1.h Demonstrate effective interpersonal communication with women and families, health care teams, and community groups.”	“2.a Provide pre-pregnancy care. 2.b Determine health status of woman. 2.c Assess foetal well-being. 2.d Monitor the progression of pregnancy. 2.e Promote and support health behaviours that improve well-being 2.f Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and change in the family. 2.g Detect, stabilise, manage, and refer women with complicated pregnancies. 2.h Assist the woman and her family to plan for an appropriate place of birth. 2.i Provide care to women with unintended or mistimed pregnancy.”	“3.a Promote physiologic labour and birth. 3.b Manage a safe spontaneous vaginal birth; prevent, detect and stabilise complications. 3.c Provide care of the new-born immediately after birth.”	“4.a Provide postnatal care for the healthy woman. 4.b Provide care to healthy new-born infant. 4.c Promote and support breastfeeding. 4.d Detect, treat, and stabilise postnatal complications in woman and refer as necessary . 4.e Detect, stabilise, and manage health problems in new-born infant and refer if necessary. 4.f Provide family planning services.”

1.i Facilitate normal birth processes in institutional and community settings, including women's homes 1.j Assess the health status, screen for health risks, and promote general health and well-being of women and infants. 1.k Prevent and treat common health problems related to reproduction and early life. 1.l Recognise conditions outside midwifery scope of practice and refer appropriately. 1.m Care for women who experience physical and sexual violence and abuse."			
--	--	--	--

2.3 Personality competence skills

The assessment of personality has been used for many years to understand how individuals fit into and organisation (Means, 2017). In other words, a test to evaluate person-job fit. It is essential for newly qualified midwives to possess the personality competence skills to fit in the midwifery profession (Means, 2017). Gordon Allport was one of the first psychologists that focused on the study of personality and defined personality as “the dynamic organisation within the individual of those psychological systems that determine his/her unique adjustment to his or her environment” (Allport, 1961:28). It is believed that the word ‘personality’: originates from the Latin word ‘persona’, which stems from the different persona performers used to masked and project their different theatrical roles (Cherry, 2020). An individual’s personality is composed of several traits, and authors claim that personality traits influence job satisfaction (Chang, 2010) and can contribute to ‘burnout’ (Shimizutan et al., 2008). Heydari et al. (2016) claim that nurses’ competence is associated with personality traits, and recently more researchers are given attention to personality competence than just clinical competence in the clinical workplace.

University of Fort Hare

Personality competency skills refers to the consistent way in which newly qualified midwives expresses their feelings, thoughts, and behaviours in various settings (Louwen et al., 2023). Understanding personality competency skills of newly qualified midwives has assisted clinicians in aligning vocational choices with personality traits, matching job demands, routines, and incentives (Louwen et al., 2023). Personality qualities can impact how a person views things, their attitudes, and behaviours, ultimately affecting how they handle situations or conflicts (Louwen et al., 2023).

Good personality competence skills are essential attributes for enhancing rapport between the interdisciplinary team and the people in need of care (Heydari et al., 2016). Good personality competence skills assist in critical life and death decisions. Midwives with competent personality skills can understand and navigate the ambience in the clinical setting and provide quality care and empathy whilst controlling their own emotions (Heydari et al., 2016). Every person has their unique

personality, which is determined by genetic-physiological as well as socio-cultural influences and is characterised by “patterns of thoughts, feelings, and behaviours” (Cherry, 2020), which usually remain with an individual throughout the person’s life (Heydari et al., 2016). Cherry (2020) asserts that theorists base personality competence skills on genetic, social-cultural and internal factors.

Raymond Cattell, who originally developed the Sixteen Personality Factor Questionnaire (16PF®) in 1949, narrowed the lists of traits down to about 171 traits but stated that personalities are all traits that measure competence skills (Bahner & Clark, 2020.). The difference in personality competence skills is reflected in the degree to which the specific trait is expressed and not if it is absent or present (Bahner & Clark, 2020.)

The 16F Questionnaire has been modified over years and is now in its fifth version (Bahner & Clark, 2020). The 16PF® test is used in psychology to measure behaviour in occupation and provide feedback to a person on the person’s character (Bahner & Clark, 2020). The current 16PF5® test is trait-based and assesses normal personality competence skills and consists of 185 items classified under 16 primary factors and five higher-order factors (van Eeden et al., 2013). The 16 personality dimensions that are tested in the 16PF test are described in table 2.3. The table is a combination of various authors’ explanations.

Table 2.3 16PF dimensions

#	Factor	Dimension	Low score	High score
1	A	Warmth	Aloof, cool, detached, distant, formal, impersonal, reserved.	Attentive, easy-going, kindly, likes people, outgoing, participating, supportive, warm.
2	B	Intellect/Reasoning	Concrete thinker, fewer reasoning abilities, less intelligent, lower general mental capacity, unable to handle abstract problems.	Analytical, Abstract-thinking, bright, fast-learner, higher general mental capacity, reasoning ability.
3	C	Emotional stability	Affected by feelings, easily upset, emotionally changeable, irritable, moody, reactive.	Adaptive, calm, emotionally stable mature.
4	E	Aggressiveness/Dominance	Accommodating, avoids conflict, careful, cautious, cooperative, deferential, docile, easily led, humble, submissive.	Aggressive, assertive, bossy, competitive, controlling, dominant, forceful, stubborn.
5	F	Liveliness	Introspective, prudent, restrained, serious, silent, somber, taciturn,	Adventurous, animated, cheerful, enthusiastic, expressive, happy-go-lucky, impulsive, lively, spontaneous.
6	G	Dutifulness/rule consciousness	Expedient, non-conforming, unreliable, disregards rules, self-indulgent.	Conscientious, conforming, dutiful rules, moralistic, rule-bound, staid.
7	H	Assertive/social boldness	Hesitant, intimidated, restrained, shy, threat-sensitive, timid.	Bold, thick-skinned, venturesome, uninhibited.
8	I	Sensitivity/	No-nonsense, objective, rough self-reliant tough-minded, unsentimental.	Aesthetic, caring, intuitive, refined, sentimental, sensitive, subjective, tender-minded.

9	L	Paranoia/vigilance	Accepting, easy, trusting, unconditional, unsuspecting.	Distrustful, oppositional, sceptical, suspicious, vigilant, wary.
10	M	Abstractness	Conventional, grounded, practical, prosaic, solution oriented, steady.	Absentminded, abstract, absorbed, idea oriented, imaginative, impractical, theoretical.
11	N	Introversion/privateness	Artless, candid, forthright, genuine, guileless, involved, naïve, open, straightforward, unpretentious.	Astute, diplomatic, discreet, non-disclosing, polished, private, shrewd, worldly.
12	O	Anxiety/apprehension	Confident, complacent, confident, free of guilt, secure, self-assured, self-satisfied, unworried.	Apprehensive, guilt-prone, insecure, self-blaming, self-doubting, worrying.
13	Q1	Open mindedness	Attached to familiar, closeminded, conservative, respecting, traditional ideas, values the familiar.	Analytical, critical, curious, experimental, flexibility, freethinking, liberal, open to change.
14	Q2	Independence/self-reliance	Affiliative, dependent, group orientated, joiner and follower.	Individualistic, self-reliant, self-sufficient, solitary, resourceful.
15	Q3	Perfectionism	Casual, careless of social rules, disorganised, flexible, impulsive, lax, undisciplined.	Control, compulsive, exacting will power, organised, perfectionistic, precise, self-disciplined, self-sentimental.
16	Q4	Tension	Composed, low drive, patient, placid, relaxed, tranquil, sluggish.	driven, high-energy, frustrated, impatient, over-wrought, tense, time-driven, stressed.

The factors, dimensions and descriptors were adapted from several publications namely: Conn & Rieke, 1994; Cattell, 1996 and van Eeden et al., 2013.

2.3 Personality and interpersonal competence skills

For this dissertation, **personality and interpersonal competence skills** refer to an integrated part of general competence acquired through knowledge, skills, and experience throughout midwifery training and involve the ability to practice with confidence and self-regulation. Competence in midwifery can thus be briefly summarised as the capacity a person needs to complete the task of caring effectively and efficiently for women during the perinatal period and the newborn for up to 42 days.

Personality competence refers to “the dynamic organization within the individual of those psychological systems that determine his/her unique adjustment to his or her environment” (Allport, 1961:28). Personality is a mirror of “what you do and say”. Personality defines who you are, your behaviour reflects your Personality and informs how different you are from others (Gepp & Ferguson, 2022). In midwifery, newly qualified midwives are expected to have an understanding and caring attitude and the ability to get on well with colleagues and patients from diverse backgrounds.

Barakat (2007:152) defines **interpersonal competence** as “those essential skills involved in dealing with and relating to other people, largely on a one-to-one basis”. Interpersonal competence skills may mean different things to different people. However, there is an agreement that interpersonal competence skills refer broadly to the ability to interact and communicate well within a team (interdisciplinary team) and with other people (perinatal women, the newborn and family) (Škodová, 2016).

2.3.1 The 16 Factor Personality Competence Skill definitions

The 16 Personality Factor Competence Test is a self-assessment tool for measuring personality traits, created through extensive empirical study conducted by Raymond B. Cattell, Maurice Tatsuoka, and Herbert Eber over many years (Schuerger, 1995). The 16PF assesses personality traits that are relevant to clinical and counselling processes, including insight, self-esteem, cognitive style, internalisation of standards, openness to change, empathy, interpersonal trust, attachments,

interpersonal needs, attitude towards authority, reaction to power dynamics, frustration tolerance, and coping style (Cattell, 1996).

2.3.1.1 Factor A Warmth

“Warmth is the preference for interpersonal closeness and empathy and inclination to present an approachable exterior” (Yuan, 2022). Thus, it indicates how pleasing the midwife is to her patients. Newly qualified midwives must show kindness and a caring attitude when caring for their patients; their compassionate and encouraging actions will comfort women needing care. When providing care to their patients, newly qualified midwives must always maintain a pleasant and caring attitude; their compassionate and encouraging behaviours will soothe women needing care.

2.3.1.2 Factor B Intellect or reasoning

Reasoning demonstrates the ability to think abstractly. “Reasoning is using quantitative measures to arrive at several different conclusions and considering possible extraneous variables” (Yuan, 2022). A newly qualified midwife can think outside the box and call the doctor or emergency team when problems arise, using her critical thinking and judgmental skills to solve problems. A newly qualified midwife must think outside the box, summon a doctor or an emergency team when complications develop, and solve problems using critical thinking and judgement.

2.3.1.3 Factor C Emotional stability

Emotional stability measures how well participants can control their emotions during periods of stress (Yuan, 2022). In difficult situations, newly qualified midwives must maintain their composure, suppress negative emotions, and continue to be more prepared, effective, and capable—mainly if the patient or another multidisciplinary professional is to blame. Newly qualified midwives must remain calm in stressful situations, not entertain negative sentiments, and be better equipped, productive, and capable under pressure, especially if a member of the multidisciplinary team or the patient creates it. Emotional stability in this context

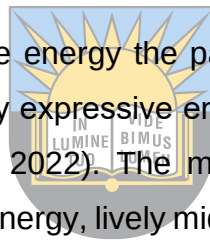
refers to the ability of newly qualified midwives to be aware of, recognise and control their own emotions and recognise the emotions of their patients and the interdisciplinary team members to handle interpersonal relationships judiciously and empathetically (Midwifery Business Consultation, 2022).

2.3.1.4 Factor E Dominance or aggressiveness

Dominance refers to assertiveness, the “ability to assert power over a situation and be proactive” (Yuan, 2022). Newly qualified midwives should be able to engage professionally with team members and with patients, displaying warmth, empathy, and a caring attitude, and use their experience wisely and generously.

2.3.1.5 Factor F Liveliness

The **liveliness** trait refers to the energy the participant displays when interacting with people; thus, “the outwardly expressive energy and action—the drive to keep excitement levels high” (Yuan, 2022). The midwifery environment needs newly qualified midwives who radiate energy, lively midwives with a good sense of humour who can cope under pressure.



University of Fort Hare
Together in Excellence

2.3.1.6 Factor G Consciousness or dutifulness

Rule-consciousness refers to how participants tolerate authority or “uphold pre-established rules and systems and expect the community to do the same” (Yuan, 2022). Newly qualified midwives should have self-esteem, respect their patients, the public, and the multidisciplinary team, and do the right things at the right time. There is a need to be able to apply the operational standards and precautionary measures at their disposal.

2.3.1.7 Factor H Social boldness or assertiveness

Social boldness refers to confidence and the “inclination to initiate social gatherings and quickly establish familial relationships” (Yuan, 2022). Newly qualified

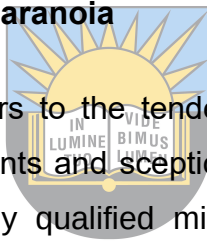
midwives should be inquisitive, adventurous, and risk-takers within limits. They should be able to take on challenges to learn and perfect their skills in a practical setting and model and learn from the senior midwives.

2.3.1.8 Factor I Sensitivity

The quality of **sensitivity** refers to how much a participant can be affected by people or surroundings. It refers to the tendency to be swayed and affected by emotions and feelings – and intensely experience them all (Yuan, 2022). Sensitivity, or being able to pick up on the feelings of others quickly, is suitable for those who are cared for but time-consuming for newly qualified midwives as empathy is the most needed attribute in nursing care.

2.3.1.9 Factor L Vigilance or paranoia

Vigilance or watchfulness refers to the tendency of participants to “possess a cautious outlook toward life events and scepticism towards peoples’ motives and intentions” (Yuan, 2022). Newly qualified midwives should watch for possible danger or difficulties in their maternity wards. This will assist in preventing incidences and hazards in labour wards.



University of Port Harcourt
Together in Excellence

2.3.1.10 Factor M Abstractness

Abstractness refers to how preoccupied the participant is with something to the exclusion of everything else or able to “read between the lines’ (Yuan, 2022). Thus, midwives should not be easily distracted from tasks delegated to them. They should be disciplined and not use their mobile phones when on duty.

2.3.1.11 Factor N Privateness or introversion

Privateness is a personality trait that refers to how honest participants are about themselves and whether they tend to withhold revealing information to protect themselves (Yuan, 2022). Newly qualified midwives who score below two are open,

honest, and transparent about the nursing philosophy and care they render. They should openly and honestly collaborate with the multidisciplinary team. Should be able to give feedback after doctor ward rounds to disseminate the information about patients.

2.3.1.12 Factor O Apprehension or Anxiety

Apprehension refers to how “troubled” people are; in other words, their “fear of the future” and the use of coping mechanisms (Yuan, 2022). When patients fear what will happen, newly qualified midwives must be able to inform them and calm their fears appropriately.

2.3.1.13 Factor Q1 Open mindedness

Openness to change refers to how stuck the midwife is in her ways, thus resistant to change or unwilling to accept new views (Yuan, 2022). Newly qualified midwives must be open to learning, changing, and adapting to the new environment and patients' needs. They need to be transparent in their communications with their patients and be open with every question the woman asks about her pregnancy and procedures. Willing to learn from the multidisciplinary team.

2.3.1.14 Factor Q2 Self-reliance or independence

Self-reliance refers to how contained one is with one's needs. It is the “preference for autonomy and control over personal decisions and actions holding only one accountable for results” (Yuan, 2022). Newly qualified midwives should be self-sufficient, think independently, knowledgeable, responsible, autonomous, and accountable. They should be able to embrace their individuality, especially when they are expected to be shift- leaders to run the maternity wards by themselves without fear. To support women and provide women-centred care, midwives need to develop self-awareness, become emotionally intelligent and not avoid addressing emotional issues in midwifery practice.

2.3.1.15 Factor Q3 Perfectionism

Perfectionism refers to the “pressing need to uphold high standards in work, relationships and life” (Yuan, 2022). In maternity wards, newly qualified midwives should strive for precision when executing tasks, giving feedback, and writing reports. The information must be precise and up to date.

2.3.1.16 Factor Q4 Tension

The **tension** trait is similar to stress, although tension can present in feelings of anxiety (Yuan, 2022). Newly qualified midwives must be able to cope with stressful situations and seek help when they exhibit physical symptoms of tension. Thwarting feelings cause hesitation to execute their duties successfully. Hence, newly qualified midwives must recognise the tension in their personalities.

2.4 Interpersonal competence skills



Byrom and Downe (2010) reiterate that professional competence includes personality and interpersonal competence skills. The authors emphasised that competent midwives “are required to have a good attitude, such as caring, warm, friendly, empathetic, sympathetic, caring, respectful, responsible, ethical, understanding, listening attentively [and], not judgmental” qualities (Byrom & Downe, 2010;126). Furthermore, teamwork, collaboration, and communication between the interdisciplinary team and mothers contribute significantly to effective care (Munabi-Babigumira et al., 2017). Interpersonal competence skills are one of the competency skills required to interact cohesively with others in a social and professional setting. Newly qualified midwives interact with women, their families and the newborn throughout pregnancy, birth, and postnatal. Additionally, newly qualified midwives interact with several members of the interdisciplinary team.

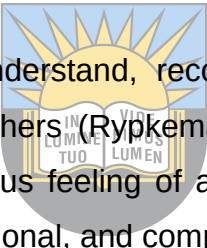
To be effective communicators, newly qualified midwives must apply self-awareness and understand their values, personal characteristics, and interpersonal skills (Rypkema, 2017). Competency in personality and interpersonal skills allows newly qualified midwives to build a trusting relationship with women and ensure

practical problem-solving. Newly qualified midwives will have the skills to elicit problems for which appropriate treatment plans can be implemented (Rypkema, 2017). Škodová (2016:509) systematically reviewed available evidence to evaluate the effectiveness of education to enhance interpersonal competence skills in midwifery practice. The author concluded that there is a lack of research focusing on training programmes that enhance interpersonal skills for midwives.

Serrat (2017:329) defines emotional intelligence as the ability, capacity, and skill to identify, assess and control emotions of oneself and others. People with high emotional intelligence are sociable, resilient, optimistic and able to sense the emotions of others because they know their own emotions well (Serrat, 2017; Heydari et al., 2016). Emotional intelligence can be categorised into five primary domains: self-awareness, self-management, self-motivation, social awareness and relationship management (Serrat, 2017). Moreover, midwives with high emotional intelligence can identify and react to others' needs.

Bekmezci et al. (2014) asserted that emotional intelligence enables individuals to comprehend their feelings and those of others. A midwife utilises emotional intelligence to succeed in their job and deliver effective care to women, enhancing the quality of care received by the women and their families. Effectively utilising emotional intelligence is crucial for success in all life areas. Emotional intelligence is a notion that helps individuals understand and regulate their own emotions, comprehend others' feelings, show empathy, boost motivation, and enhance self-confidence. Emotional intelligence can facilitate establishing professional relationships in midwifery practices and considering various perspectives in intricate scenarios. When midwives empathise with pregnant women, they can better assess their needs and achieve favourable outcomes. The midwife's understanding can make the individual feel valued, trusted, and respected. This situation will allow the midwife to connect with the individual, facilitating acceptance of care. Emotional intelligence is crucial for success in one's professional career. Improving emotional intelligence will boost healthcare professionals' abilities, such as critical thinking, critical analysis, questioning, and decision-making, to excel in their careers.

The definition of teamwork in this study refers to the explanation given by Xyrichis and Ream (2008), who defined teamwork as; “a dynamic process involving two or more healthcare professionals, with complementary backgrounds and skills, sharing common health goals and exercising concerted physical and mental effort in assessing, planning, or evaluating patient care”. The ability of newly qualified midwives to work together and cooperate with co-workers to achieve a common goal, empathy and self-control, personality and interpersonal competence is essential for both parties. The ability of newly qualified midwives to collaborate with co-workers to reach a similar goal, empathy and self-control, personality and interpersonal competency are all vital for both parties. Moreover, teamwork refers to the collaborative effort of a group that displays the ability to cooperate to achieve a common goal most effectively and efficiently. Heydari et al. (2016) believe midwifery leaders who display emotional intelligence can bring together motivated, synergised teams to promote good quality care.

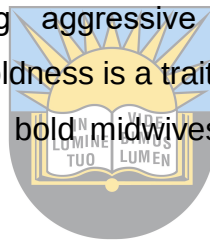


Empathy is the capacity to understand, recognise, or be aware of emotions experienced by yourself and others (Rypkema, 2017). Rypkema (2017) further states that empathy is a vicarious feeling of an experience, and components of empathy include cognitive, emotional, and compassionate elements. Bariso (2018) refers to cognitive empathy as the “ability to understand” how the client feels and can be improved by enhancing our communication. Emotional empathy refers to the midwife’s ability to share the client’s feelings, and compassionate empathy refers to the process when the midwife acts and does not merely understand and feel with the client (Bariso, 2018). Yu et al. (2022) defined empathy in the healthcare setting as the capacity to comprehend or share another person’s feelings from their perspective. In other words, try to step in the other person’s shoes to experience their feelings. Empathy is the essence of humanity. Newly qualified midwives would be competent if they could demonstrate that they understand and feel the client’s emotions and do something about it, like offering to rub her back when in pain.

Integrity is often misunderstood, but the easiest way to explain integrity is to ensure that your ‘yes’ and your ‘no’ are no. Thus, be consistent in your actions, values and principles, and be honest and authentic. In the labour ward, integrity is applied when you apply sound judgement and advocacy for your client. If you do not hear a foetal

heart, say so, be honest, and ask someone else to listen, but do not lie as you will be very embarrassed if the woman gives birth to a macerated foetus and you have recorded that you heard the foetal heart a half-hour ago. Thus, be trustworthy, honest, and reliable, and take responsibility for your actions (Barker, 2016). Integrity is integral to the midwife–client relationship and is “essential to the care and healing of your patients, mind, body and soul” (Barker, 2016). Integrity is the trait of being honest and having strong moral principles (Huberts, 2018). Trustworthiness of newly qualified midwives, especially when taking and writing patient history, reports and belongings, honesty in rendering care to her patients, team members and multidisciplinary team.

Social boldness or assertiveness refers to people who have courage, are confident and directed, and often inspire others to grow and progress. Competent in social boldness means “being able to stand up for your own or other people’s rights calmly and positively, without being aggressive or passively accepting wrong” (Skillsyouneed, 2020). Social boldness is a trait of interpersonal competence skills; social boldness measures how bold midwives express their competency in the clinical setting.



University of Fort Hare

2.5 Professional requirements

The South African Nursing Council (SANC) describes a midwife as a registered professional nurse/midwife with advanced expertise in midwifery, holds an additional qualification in midwifery and is registered with the SANC (Nursing Act 33 of 2005). Midwives act as leaders, clinical specialists, consultants, managers, researchers, change agents, advocates and educators in midwifery, including neonatal care, and give direction at local, national, regional and international levels as they are knowledgeable. SANC defines competence as: “the combination of knowledge, psychomotor, communication and decision-making skills that enable an individual to perform” (South African Nursing Council [SANC], 2016). Midwives need to demonstrate clinical reasoning, problem-solving skills, clinical judgment, critical thinking skills, communication, and interpersonal skills, and be dexterous with their hands to execute practical tasks (SANC, 2013).

2.6 Psychosocial challenges affecting competence

The shift from a student midwife to the role of a practising midwife can be thrilling for some newly qualified midwives and overwhelming for others. Research indicates that newly qualified midwives experience a transition to practice that involves learning, adapting and developing competence to a new position, changing their identity, taking on new duties, and gaining independence in their practice (Mtegha et al., 2022). Experienced midwives play a crucial role in teaching midwifery until they reach a competent level (Mtegha et al., 2022). Several challenges are faced by newly qualified midwives during the transition period, impacting their ability to smoothly adapt to their new role and build competence and confidence.

The obstacles include workplace conflicts, lack of experienced mentors, bullying, reality shock, high workloads, performance anxiety, and poor job satisfaction (Mtegha et al., 2022). These factors have led to significant turnover rates worldwide. As expected, educational level, working experience, and deficiency of informal teaching all influence core midwifery competence (Li et al., 2021). James et al. (2019) concluded that environmental factors such as workload, ward environment, and clients' risk influence midwives' competence. They believe staff levels, workload, and skill mix are essential as they contribute to midwifery competence.



Hansen-Salie and Martin (2014) used the 'Competency Inventory for Registered Nurses to measure seven dimensions of competencies. The inventory included interpersonal factors and critical thinking and found that factors mentioned in the literature, such as work environment, shortage of staff, lack of equipment, poor leadership, and lack of mentors and preceptors, influence the competence of newly qualified nurses. Bogren et al. (2020) also emphasise the importance of a supportive organisational structure and enough resources and personnel as leading environmental factors influencing midwives' competence. Clark and Holmes (2007) emphasised recognising newly qualified midwives as interdisciplinary team members to enhance interpersonal competence.

Maslach and Leiter (2016) assert that lack of personality and interpersonal competence skills are related to burnout. The authors define 'burnout' as a "psychological syndrome emerging as a prolonged response to chronic

interpersonal stressors on the job" and assert that work overload is one of the main contributors to burnout. The personal and institutional costs of burnout are high (Maslach & Leiter, 2016). Whitehead (2013) further argues that preceptorship programs should be mandatory to assist in the transition from a nursing student to a professional registered nurse. Bogren et al. (2021) did an integrative systematic review on "facilitators of and barriers to providing high-quality midwifery education in South-East Asia". The authors reported that an essential factor in assisting newly qualified midwives is competent, adequately qualified educators to provide preceptorship in clinical settings.

Ngcobo et al. (2021) reported that incompetence could be attributed to graduates being assessed in simulation laboratories rather than natural clinical settings. So, there is a considerable disparity in demonstrating personality and interpersonal competence skills on actual patients versus a mannikin in a skills laboratory. Another barrier is the support of newly qualified midwives from professional nurses in the clinical setting (Ngcobo et al., 2021). The assistance varied greatly from eagerness to help to indifference, even ignoring if questions were asked (Ngcobo et al., 2021).

Nurse Managers must orient newly qualified midwives through their transition phase when allocated to their respective clinical practice areas to arm them with practical skills (Ngcobo et al., 2021). Whether the newly qualified midwives receive support in the Eastern Cape Province is still being determined. Wentzel (2008:282) states that clinic managers need more time to carry out their managerial roles, resulting in poor personnel empowerment supervision and support.

Hundley et al. (2007) explored the challenges of newly qualified midwives that may impede their competence acquisition. They reported that the difficulty of getting time off and funding to attend continuous professional learning impedes competence. The authors reported that rural midwives were more competent in handling emergencies such as breech deliveries, and urban midwives had less motivation or interest in improving their competence. The negative attitude of professional midwives toward providing onsite training and lack of support from management were also reported as barriers to gaining competence (Hundley et al., 2007).

2.7 Theoretical and conceptual framework

The International Confederation of Midwives define a midwife:

“a person who has completed a midwifery education program that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education and is recognized in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; and who demonstrates competency in the practice of midwifery” (International Confederation of Midwives, 2023).

For this study, newly qualified midwives refer to midwives that has completed a four-year diploma or degree in nursing (R425) and completed one year of community services within the last 12 months.

The competence theoretical framework developed by the College of Nurses Ontario [CoNO] (2011:5) served as the foundation for developing a conceptual framework which guided this study. The client, midwife, and inter-professional health care team overlap, showing their interconnection in the patient’s total care plan. The patient is central to nursing practice (CoNO, 2011:5). To ensure quality care, midwives must be aware of their level of competency, including personality and interpersonal competence skills. Midwives must recognise their limitations and seek guidance from experienced inter-professional healthcare team members (CoNO, 2011:5). Collaboration and interdisciplinarity are essential for enhancing the care delivered in midwifery healthcare units.

The conceptual framework (Figure 1) depicts no entry point and no single competence category. All categories of competence are of equal importance. Safe, competent, and ethical midwifery practice requires integrating and performing many competencies, including personality and interpersonal competence skills. The chronological order in which the competence statements are presented is not an indication of importance; instead, the framework presents the required integration of competencies (Butler et al., 2018). The competent midwife would have enough

skills to evaluate whether any interaction or midwifery intervention was effective and had achieved the required outcome (Butler et al., 2018).

Thus, from the framework, it can be deduced that newly qualified midwives' education should embrace a holistic approach that includes personality, interpersonal, clinical, ethical, legal, professional, knowledge spiritual competence skills.

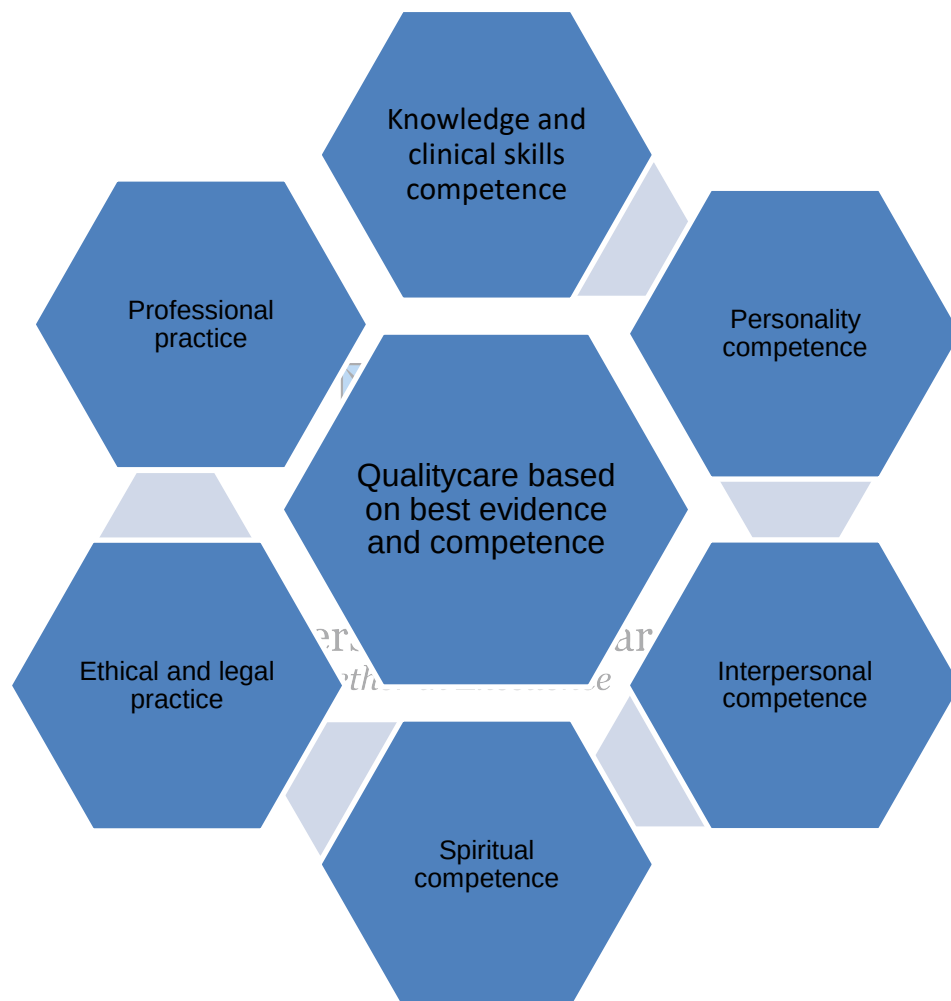


Figure 2.1 Conceptual framework

2.8 Summary of Chapter Two

The competence of newly graduated midwives was the focal point of the literature review. The researcher critically analysed the literature to formulate a concrete and dynamic definition of competence. Chapter Two focussed on the definitions of competence and newly qualified midwives' personality and interpersonal competence skills. Chapter Three engaged with research methodology.



University of Fort Hare
Together in Excellence

Research Methodology

Chapter Three

3.1 Introduction

Research methodology is the study of methods and refers to the specific procedures used to solve the research problem systematically and scientifically (Sileyew, 2019). This chapter engages with the research methodology applied to execute the study. During the execution of this study, the researcher reviewed the literature to identify gaps that allowed her to formulate aims and objectives. After that, she identified the setting and population sample. The data collection instrument was developed based mainly on validated tests.



3.2 Objectives

The purpose, aim and objectives were spelt out in Chapter One, but the objectives are repeated to clarify the research methodology.

The **objectives** were to:

- Measure and describe the personality competence skills by applying the 16-item PF psychometric test.
- Measure and describe interpersonal competence skills such as emotional intelligence, teamwork, empathy, integrity, and social boldness by applying the open-resource Psychometric 50-Item Interpersonal Skills Questionnaire:
- Determine psychosocial challenges within the workplace that may impede newly qualified midwives' personality and interpersonal competence skills acquisition.

3.3 Research approach and design

The researcher employed a quantitative approach within a positivistic paradigm to collect information based on facts. The quantitative approach involves collecting formal, unbiased information about the phenomenon under study (Saunders et al., 2023). The researcher used a quantitative approach and a descriptive, non-experimental design to obtain the information from the participants. The researcher was thus independent of the participants, and validated instruments were used during data collection to minimise bias. The primary reason for using a positivistic, quantitative approach is that such an approach can systematically evaluate the competencies of newly trained midwives, which provides results with measurable precision (Park et al., 2020). The data collection instrument gathered numerical data to describe newly qualified midwives' personality and interpersonal competence skills (Saunders et al., 2023). Siedlecki (2020:8) claims that using a descriptive design in a quantitative approach is to obtain information and describe the phenomenon, in this case, the newly qualified midwives' personality and interpersonal skills competence.



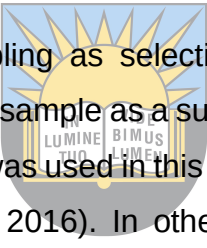
The researcher systematically gained the information without manipulation and accurately described it in the findings. The researcher was not interested in controlling or manipulating the facts and used a descriptive design to obtain the information via structured, validated questionnaires. Therefore, the researcher used a non-experimental descriptive design as there was no need to manipulate the independent variable (Saunders et al., 2023).

3.4 Setting, population, sampling strategy and sample size

The study aimed to determine personality and interpersonal competency skills and factors that affect the psychosocial challenges experienced by newly trained midwives who work in any of the public facilities in the Buffalo City Metropolitan Municipality, South Africa Eastern Cape Province, that offered labour and birth services. The setting was East London and Mdantsane. At the time of the study, only four sites in the Buffalo City Metropolitan Municipality offered labour and birthing services: one regional hospital and two community health centres in

Mdantsane and one regional hospital in East London. Mdantsane, situated about 15 km from East London, is the second-biggest urban township in South Africa and is home to over 160,000 residents (Busayo et al., 2019).

Allen (2018) asserts that 'population' refers to all the individuals, in this case, all the midwives in the selected settings, from which the statistical sample will be drawn to form part of the research study. The population thus meet the broader criteria that the researcher would seek information from. The population is usually significant; therefore, the researcher draws a smaller subset called the study sample (Allen, 2018). It was estimated that about 18,000 births occur at the four birthing centres annually (Hofmeyr et al., 2014). In non-experimental trials, the sample size does not need to be a statistically significant calculated sample size. However, it can be chosen purposefully and or conveniently, such as in the case of this study (Allen, 2018).



Bryman (2016) describes sampling as selecting a portion of the population to represent the population and the sample as a subset of population elements. A non-probability, purposive sampling was used in this study and referred to as judgmental or selective sampling (Bryman, 2016). In other words, it refers to using a non-random, conscious selection of participants by the researcher that meet specific inclusion and exclusion criteria. All the sites in the Buffalo City Metropolitan Municipality, South Africa, Eastern Cape Province that offered labour and birth facilities were sampled. There was a total of four sites. The four sites were visited to determine how many newly qualified midwives worked in each facility that met the inclusion and exclusion criteria.

The inclusion criteria for this study required that the participants:

- Needed to be a newly qualified registered professional nurse/midwife;
- With one year post community service, completed in the last 12 months;
- Possessing a four-year nursing degree or diploma;
- Working at any of the four healthcare facilities that offer maternity and delivery services in the Buffalo City Metropolitan Municipality, South Africa, Eastern Cape Province.

Two hundred and sixteen professional midwives were working in these four maternity institutes. A non-probable, purposeful sampling strategy was used to give all the newly qualified midwives who work in the selected sites a chance to participate in the research study. A total of 21 midwives met the specific inclusion criteria as stated above.

3.5 Data collection and collection instrument

After all permissions were obtained, the researcher visited every facility in person. She approached the newly qualified midwives in the labour and delivery unit during a tea or lunch break. After introducing herself, she explained the research project to the potential participant. The participant was given an informed consent form to read and was given time to ask clarification questions. Once the participant read the consent form and understood what was required, she was requested to sign the informed consent form. The researcher then hands her the self-administered questionnaire. The participants were asked to complete the questionnaire on their own time, which took about 40 minutes. The participants were instructed to place the filled-out questionnaires in the provided envelope and place the sealed envelope in a box that was left in the labour ward. To ensure anonymity and confidentiality, The researcher went to each facility to recruit participants and collect the completed questionnaires weekly between August and October 2016. The researcher could not trace the completed questionnaire to the participants, as no names were on the questionnaires.

Several instruments are available to assess the competency of nursing practitioners, such as the Practice Environment Scale of the Nursing Work Index (PES-NWI) and the Nursing Competencies Questionnaire (NCQ) (Watson et al., 2002). The researcher embarked on using a self-administered questionnaire encompassing the following sections (Annexure E). The first sections address biographical information, the second section included the questions related to the 16 Personality Factor Psychometric Test (16PF), the Third section included the Psychometric 50-Item Interpersonal Competence Skills Questionnaire and the last section inquired about environmental challenges within the workplace that may impede newly qualified midwives' acquisition of competence.

To operationalise personality and interpersonal competence skills, the researcher embarked on using a self-administrated questionnaire, which encompassed some general background information and the following validated questionnaires:

- The 16 Personality Factor Psychometric Test testing personality competence skills (Likert scale).
- Psychometric 50-Item Interpersonal Skills Questionnaire, testing interpersonal competence skills (Likert scale).
- In addition, a few questions were included that inquired about environmental challenges within the workplace that may impede midwives' acquisition of personality and interpersonal competence skills.

Pietrzak et al. (2015) The 16PF Fifth Edition is a personality test based on research designed to assess typical personality traits. The tool was created by analysing English adjectives related to personality using factor analysis (Cattell, 1989; Cattell et al., 1970; IPAT, 2009). The fifth edition was updated, utilising new psychometric techniques and norm-collecting methods to enhance the tool's linguistic and psychometric properties. The 16PF consists of 16 bipolar measures and multiple validity scales. Fifteen scales assess personality qualities, whereas one scale evaluates cognitive or reasoning abilities (see the previous discussion). The stability coefficients for the personality and validity scores vary from $r = .69$ to $r = .86$ over two weeks and from $r = .56$ to $r = .79$ over two months. The internal consistency of the personality and validity scores varied from $r = .66$ to $r = .87$.

3.6 Reliability and validity

A pilot study was not done to test for reliability and validity because validated scales were used (Moule, 2013). Reliability is the consistency with which an instrument measures the attribute under investigation, and validity refers to the criterion for evaluating the degree to which it measures what it is supposed to measure. Furthermore, reliability and validity are inseparable qualities of an instrument; an unreliable measuring device cannot be valid. The 16 PF® psychometric test and the Psychometric 50 Item Interpersonal Skills Questionnaire have been tested for reliability and validity internationally and in South Africa and found to be valid and reliable (van Eeden et al., 2013; Giromini et al., 2016).

3.7 Data analysis

Data analysis involves the systematic process of classifying, arranging, manipulating, condensing, and explaining the data in a comprehensible manner (Williamson & Johanson, 2018). In this study, the biographical and additional questions' information was captured on an Excel sheet and transferred onto Epi Info 7 for statistical analysis. Data were captured onto an Excel sheet and transferred onto Epi Info 7 for statistical analysis by two data capturers independently to check for correctness. Data was analysed by NRF DST student who completed his bachelor's degree in Statistics and verified by the co-supervisor. Descriptive statistics were used to analyse the information. Mean scores and proportions were applied to present the information. The investigator used descriptive statistics to analyse the information. Mean scores and proportions were presented in descriptive tables and graphs (Williamson & Johanson, 2018).

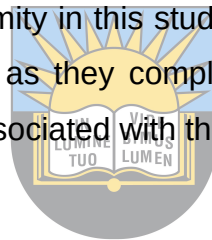
The information for the 16 PF® psychometric test and the Psychometric 50 Item Interpersonal Skills Questionnaire were collected on the hard copy and fed into an online programme that automatically analysed the information. The reports were then printed out and reported on in Chapter Four. Both validated tests used the Standard Ten (STEN test), a standard score system often used in personality tests and are calculated using the Sten formula 'Sten = $(Z \times 2) + 5.5$.' It is essential to emphasise that the tests solely relate to the degree of competence about personality and interpersonal competence skills and not to the absence or presence of personality or interpersonal competence skills.

3.8 Ethical principles

Approval was obtained from the Department of Health and facility administrators after receiving approval from the Human Research Ethics Committee (HREC). The approval letters were given to the facility managers of the health centres. Upon obtaining permission from the facility managers, the researcher convened with the potential volunteers. Participants in the study were asked to read and sign the informed consent form. Participants were informed of their ability to withdraw from the study at any moment without fear of discrimination. Non-participation will not

impact the assistance they receive from the health centre. The participants were guaranteed that steps would be implemented to safeguard their privacy, confidentiality, and anonymity. Participants were given the researcher's and ethics office's contact information for any additional clarifications regarding the study. Participants were briefed on the potential benefits, risks, and safety measures related to their participation in the study while going through the consent form. Participating in the proposed study was not expected to yield any direct advantages. There were no power dynamics between the researcher and the participants, as the participants were not under the direct supervision of the researcher.

Privacy is the concept of an individual's desire to manage who can access their personal information, as outlined in the Protection of Personal Information (POPI) Act 4 of 2013. Confidentiality pertains to how data is revealed, such as refraining from recording personal details like participant names on the data collection tool (Saunders et al., 2023). Anonymity in this study means that participants' personal information was not disclosed, as they completed surveys at a location of their choosing and individuals not associated with the study could not access client data (Saunders et al., 2023).



To maintain the privacy, confidentiality, and anonymity of participants, the researcher has taken the following measures. The informed consent was securely preserved in a locked cabinet. The completed questionnaires were put in a sealed envelope and deposited in the box specially reserved for the completed questionnaires. The questionnaires were not linked to the participants' names and could not be traced back to them. Participants did not get any reimbursement.

3.9 Summary of Chapter Three

The research methodology used to execute the study is addressed in Chapter Three. The results of the findings are presented in Chapter Four.

Results

Chapter Four

4.1 Introduction

Chapter Four presents the analysis, presentation, and interpretation of the findings of the study. As stated previously the aim of the study was to assess the personality and interpersonal competence skills that contribute to the competence of newly qualified professional midwives and determine possible challenges that may impede competency levels of newly qualified midwives who work in health care facilities that offer antenatal and/or birthing services.

4.2 Demographic Information



Twenty-one newly qualified midwives were identified, and all agreed to participate in the study. Most of the subjects were female (95%) of the Christian religion (90.5%) and reported that their home language was isiXhosa (90.5%). The mean age was 32.73 (Std Dev 8.36), ranging between 26 and 51 years. The mean age demonstrates that quite a few students started their nursing degree in their thirties. (Table 4.1).

Slightly more than half reported being single (57.0%), with more than a quarter (28.6%) reporting being married. Nearly twice as many completed a bachelor's degree (61.9%), with 47.1% obtaining their degree from the University of Fort Hare. Just over one-third (38.1%) completed a Diploma in Nursing and Midwifery at Lilitha College of Nursing. (Table 4.1).

Table 4.1 Demographic information

Outcome		n/N	%
Religion			
	Christian	19/21	90.5%
	Catholic	2/21	9.5%
Home language			
	Xhosa	19/21	90.5%
	Afrikaans	2/21	9.5%
Marital status			
	Married	6/21	28.6%
	Co-habitate	1/21	4.8%
	Divorced	1/21	4.8%
	Single	12/21	57.0%
	Widowed	1/21	4.8%
Sex			
	Female	20/21	95%
	Male	1/21	5%
Qualification			
	Bachelor's degree	13/21	61.9%
	Diploma in Nursing & Midwifery	8/21	38.1%
Where graduated			
	University of Fort Hare	10/21	47.6%
	Walter Sisulu University	2/21	9.5%
	Medunsa	1/21	4.8%
	Lilitha College of Nursing	8/21	38.1%

4.3 Findings of the personality competence skills test

Analysis of the 16 PF psychometric test resulted in the following findings. As discussed in Chapters Two and Three, the 16 PF psychometric tests the personality competence of newly qualified midwives. Several questions are posed to the participant. During analysis, the questions are grouped into 16 personality competence skills. The lowest score is one and the highest score is five.

4.3.1 Warmth

Warmth indicates how warm newly qualified midwives are towards their patients and colleagues. Only two individuals scored below two, indicating they need more warmth as a competency skill. These newly qualified midwives may be reserved, demonstrate detachment from their patients, are indifferent and prefer to mind their business. The mean score for the group was above two, indicating that most newly qualified midwives demonstrate warmth towards their patients and colleagues. One-third (33.3%) of the participants scored above 2.5, indicating that they are outgoing, people-orientated, kind, caring and attuned to the emotional states of their patients. (Figure 4.1).

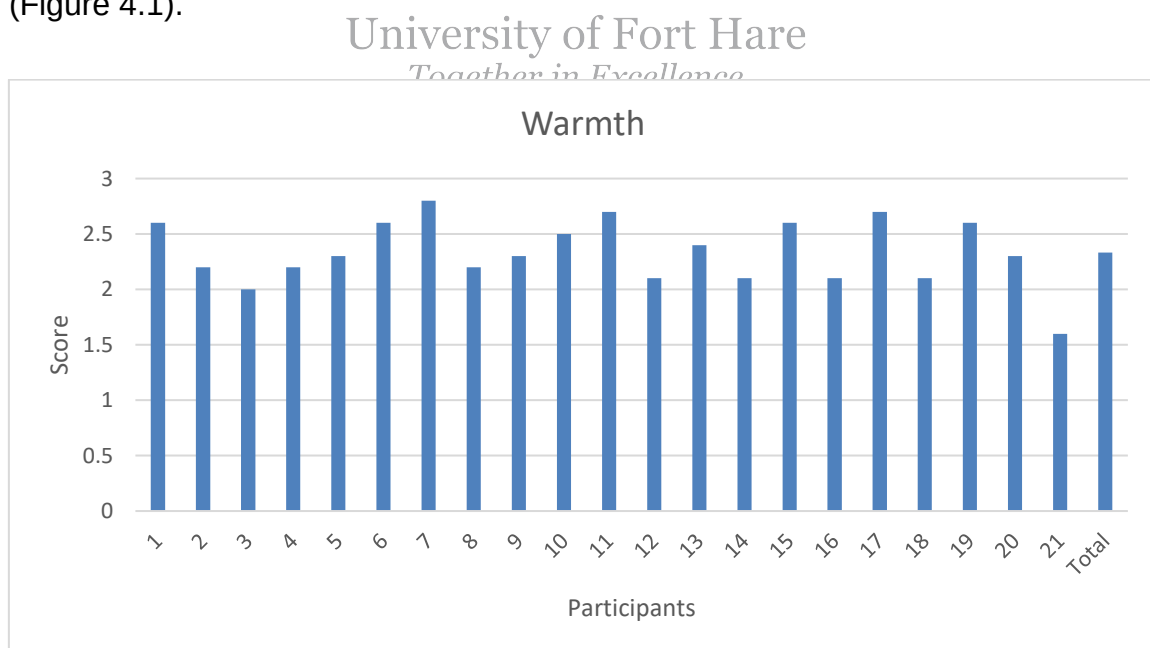


Figure 4.1 Warmth

4.3.2 Reasoning

Reasoning demonstrates the ability to think abstractly. Four newly qualified midwives scored two or below, indicating they are not competent to reason and use their gut instincts and emotions to make decisions. Participants who demonstrate high reasoning traits (above two) are more inclined to take time before they act and consider alternative options to assist in reasoning. These newly qualified midwives rely on evidence, facts and statistics to assist in reasoning. Most of the participants demonstrated competency in reasoning skills. (Figure 4.2).

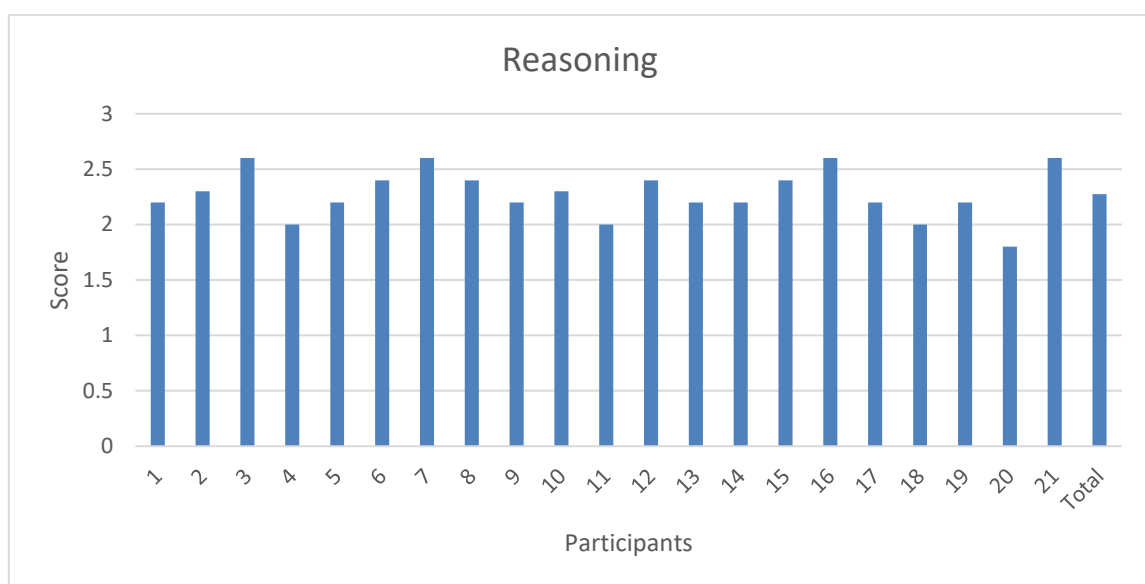


Figure 4.2 Reasoning

4.3.3 Emotional stability

Emotional stability measures how well newly qualified midwives can control their emotions under periods of stress. Low emotional stability demonstrates issues with self-esteem. Only two participants had a score of below two, indicating that they are emotionally labile, easily influenced by their emotions, reactive to emotions, and easily upset. Most of the newly qualified midwives demonstrated high emotional stability, which is indicative that they can control their emotions, are level-headed, generally calm, emotionally stable, have an adaptive mature personality and can face reality calmly. (Figure 4.3).

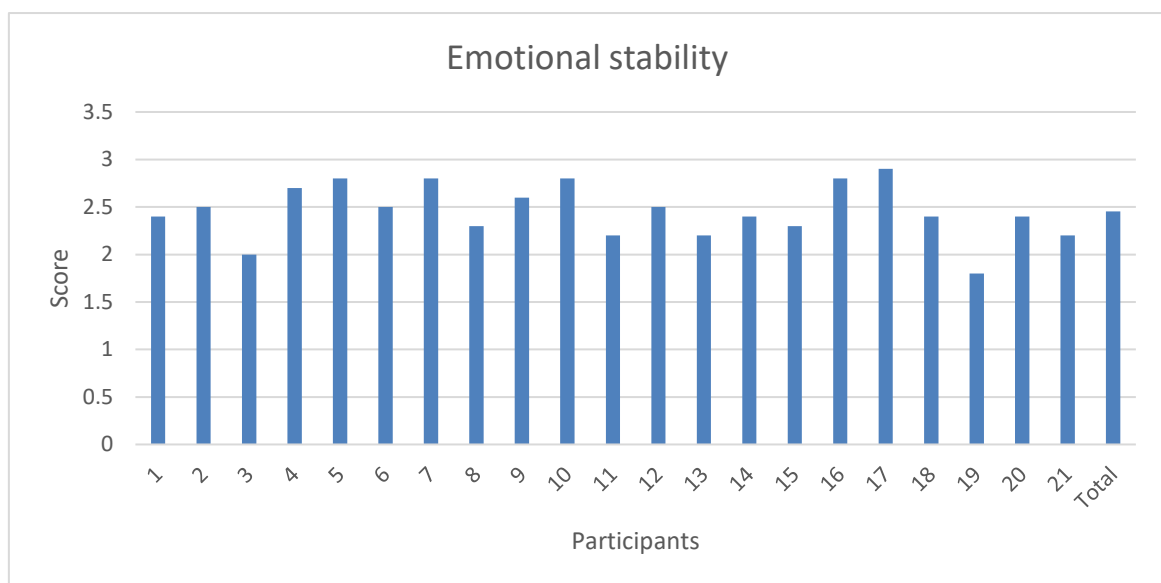


Figure 4.3 Emotional stability

4.3.4 Dominance

Dominance refers to assertiveness. As a competency skill, dominance assesses whether newly qualified midwives can assert power over a situation and be proactive, especially in executing patient care plans. Sadly, 38.1% of the newly qualified midwives lack assertiveness as a competency skill. These midwives exhibit a submissive personality and prefer to follow others' lead; they are cooperative and tend to avoid conflict, but they are not influential leaders. Participants who demonstrate high dominance are intense and passionate, prefer to lead, are competitive, and can think outside the box to create effective care plans for individual patients. (Figure 4.4).

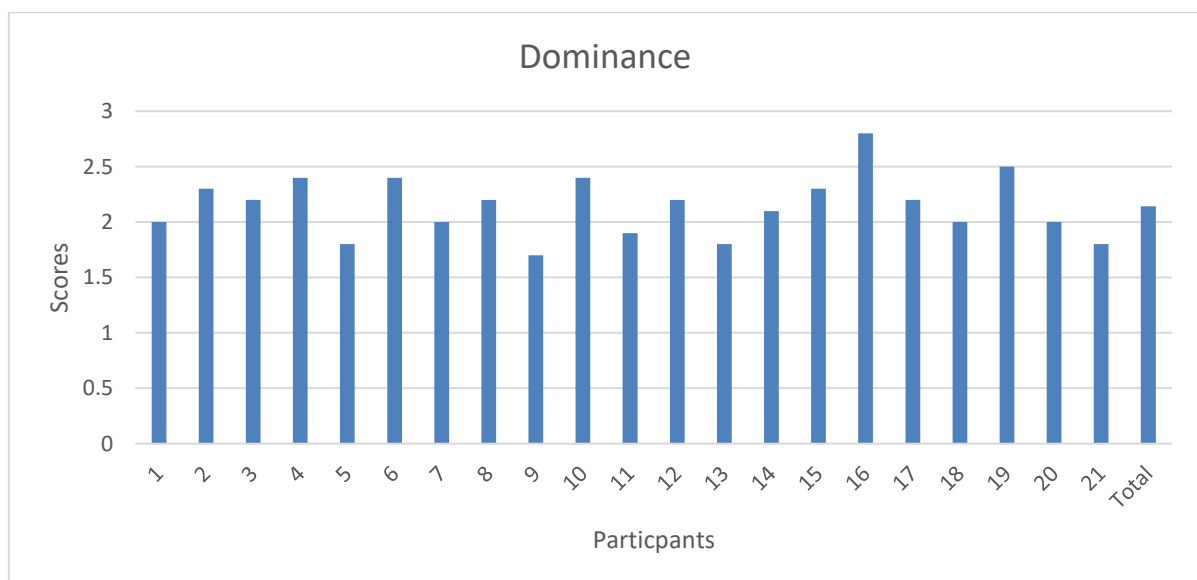


Figure 4.4 Dominance

4.3.5 Liveliness

The liveliness trait refers to newly qualified midwives' energy when interacting with their patients and colleagues. It refers to the internal energy that drives excitement. Therefore, newly qualified midwives with a high score can express themselves outwardly. Low liveliness levels demonstrate non-energetic behaviour. A high proportion (76.2%) of newly qualified midwives are withdrawn, restrained, silent, introspective, and not very lively. Significantly fewer participants (23.8%) demonstrated liveliness as a competency skill. (Figure 4.5).

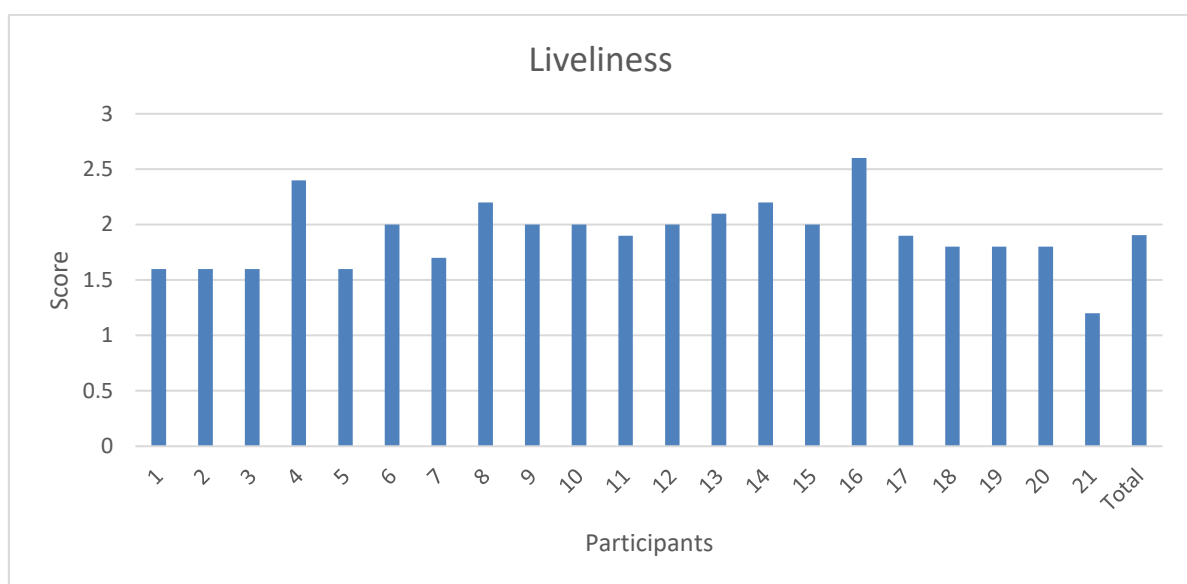


Figure 4.5 Liveliness

4.3.6 Rule-consciousness

Rule-consciousness refers to how newly qualified midwives tolerate authority or adhere to rules and policies. The results demonstrate that nearly a quarter (23.8%) of the participants are non-conforming, do not enjoy authority, and prefer to avoid adhering to rules and policies. Most (76.2%) of the newly qualified midwives demonstrated competence regarding rule-consciousness and felt that rules are essential. They are dutiful, conscientious, scrupulous and believe in upholding morals, values, law and order (Figure 4.6).

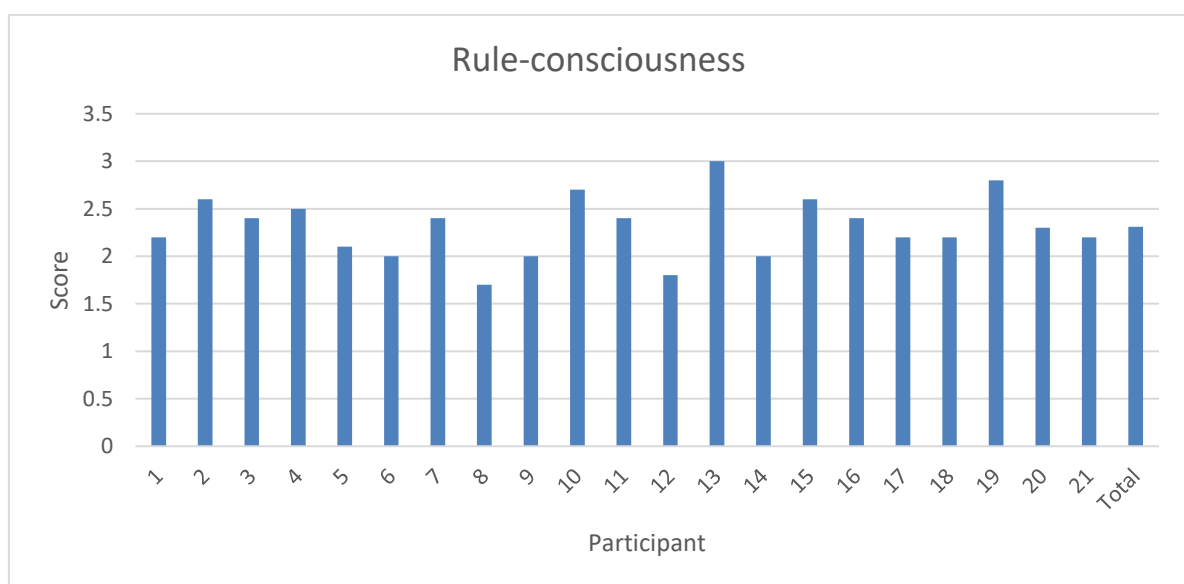


Figure 4.6 Rule-consciousness

4.3.7 Social boldness

Social boldness refers to confidence. Thus, newly qualified midwives are inclined to initiate social gatherings and can establish a good rapport with their patients and colleagues. The mean score demonstrated that participants have acquired social boldness competence skills and can initiate plans, ask questions, enjoy establishing rapport with others, and often use social media to communicate. Thirty-eight per cent of the participants had low scores, meaning they have shy, timid, threat-sensitive personality competence skills. They can be easily intimidated by colleagues and may struggle with self-esteem. (Figure 4.7).

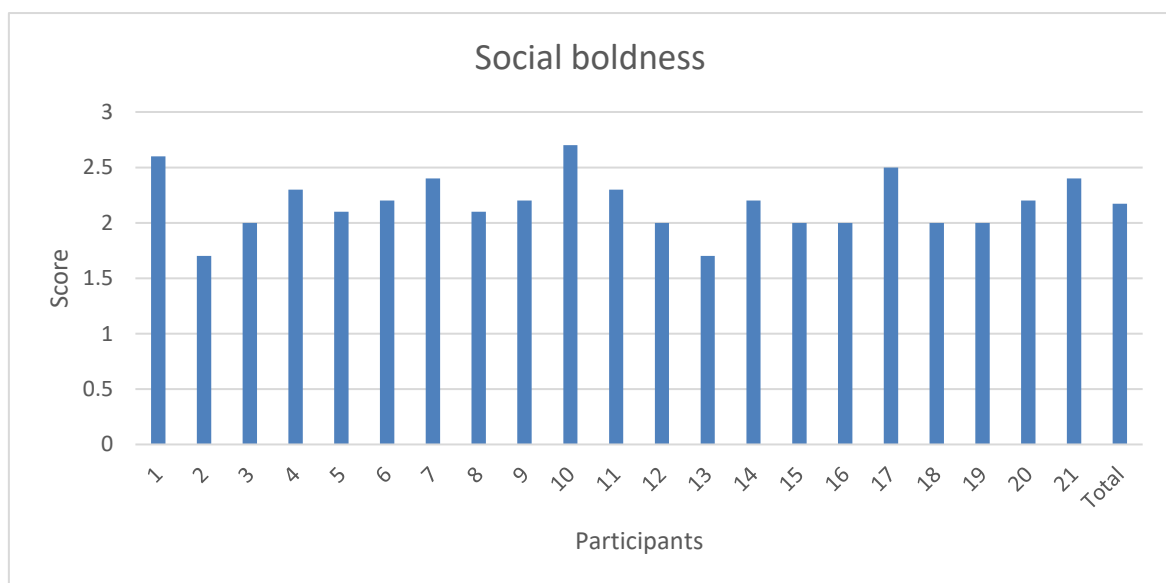


Figure 4.7 Social boldness

4.3.8 Sensitivity

The quality of sensitivity refers to how much newly qualified midwives can be affected by people or surroundings around them. Just under two-thirds of the participants (62%) demonstrated competency skills related to sensitivity. Sensitivity meant that they were open to reading and feeling the emotions of their patients and could deeply experience empathy. Participants who demonstrate sensitivity competence are tender-minded, intuitive, and refined. They are aesthetically aware and appreciative of those around them and can easily read non-verbal clues as they are attuned to their and others' emotional states. One-third demonstrated low sensitivity competence skills, meaning they were unsentimental, self-reliant, rough and utilitarian. These newly qualified midwives could display low sensitivity toward their patients and be tough-minded. (Figure 4.8).

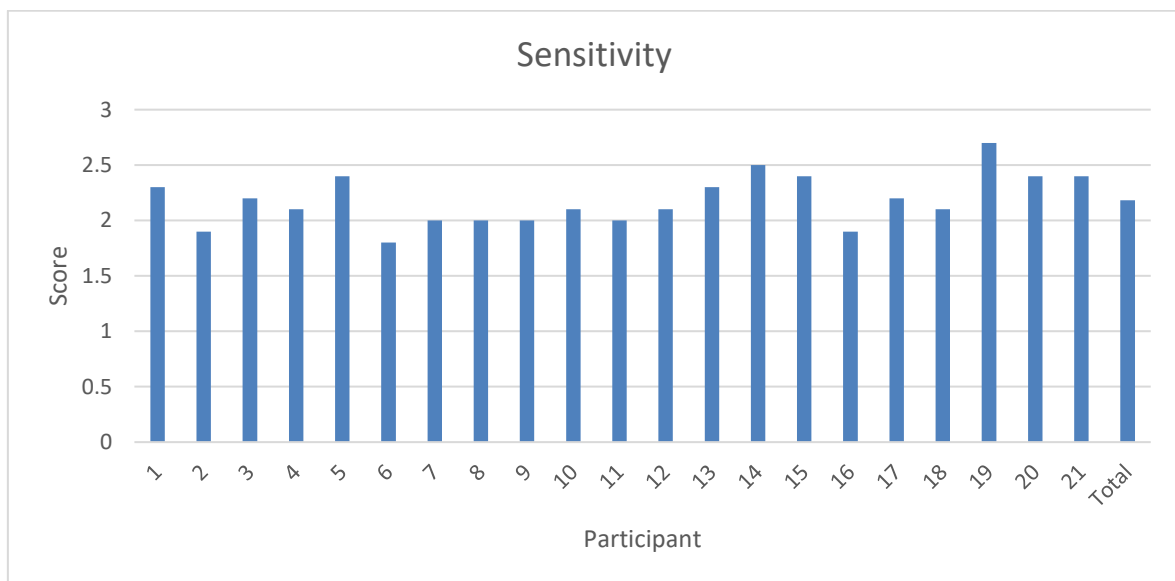


Figure 4.8 Sensitivity

4.3.9 Vigilance

High vigilance traits refer to newly qualified midwives who demonstrate scepticism of others' motives; they are not easily convinced, are distrustful and suspicious of others and may even show signs of paranoia. Slightly more than two-thirds (67%) of the newly qualified midwives demonstrate competency skills in vigilance in that they scored below two, which means that they trust their patients and colleagues. They mostly believe that people are honest. On the other side, newly qualified midwives may be naïve as they cannot recognise negative motives and intentions with whom they communicate. (Figure 4.9).

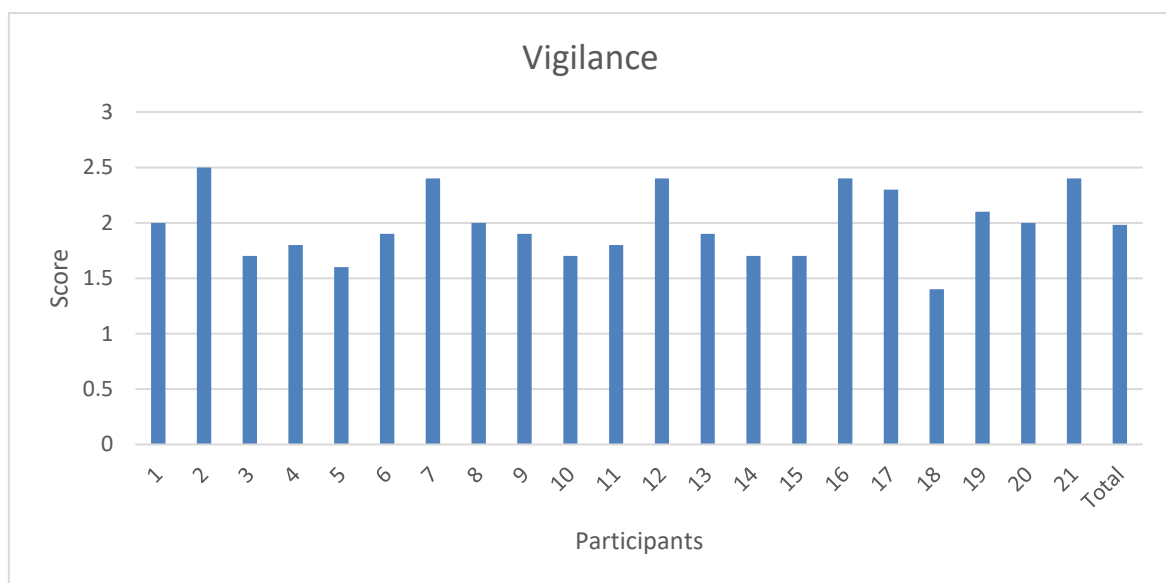


Figure 4.9 Vigilance

4.3.10 Abstractness

Abstractness refers to how preoccupied newly qualified midwives are with something to the exclusion of everything else, thus not paying attention to details. Most (86%) newly qualified midwives demonstrated competency in scoring low on abstractedness, meaning they prefer dealing with measurable and tangible things. They are practical, down-to-earth, steady, and conventional in their methodologies. (Figure 4.10).

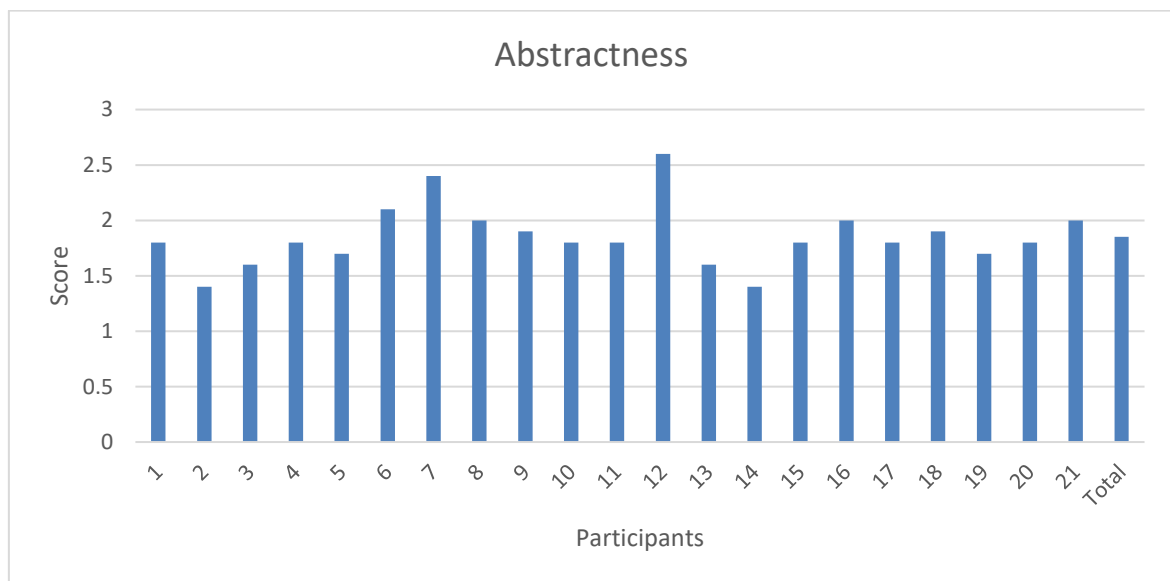


Figure 4.10 Abstractness

4.3.11 Privateness

Privateness as a personality competence skill refers to how honest newly qualified midwives are about themselves, whether they withhold information to protect themselves or share required information with other team members. Most (81%) participants scored low on privateness, which means they are sociable, outgoing, and emotionally expressive. Only a few (19%) demonstrated that they are wary of others and prefer not to share important information with others. (Figure 4.11).

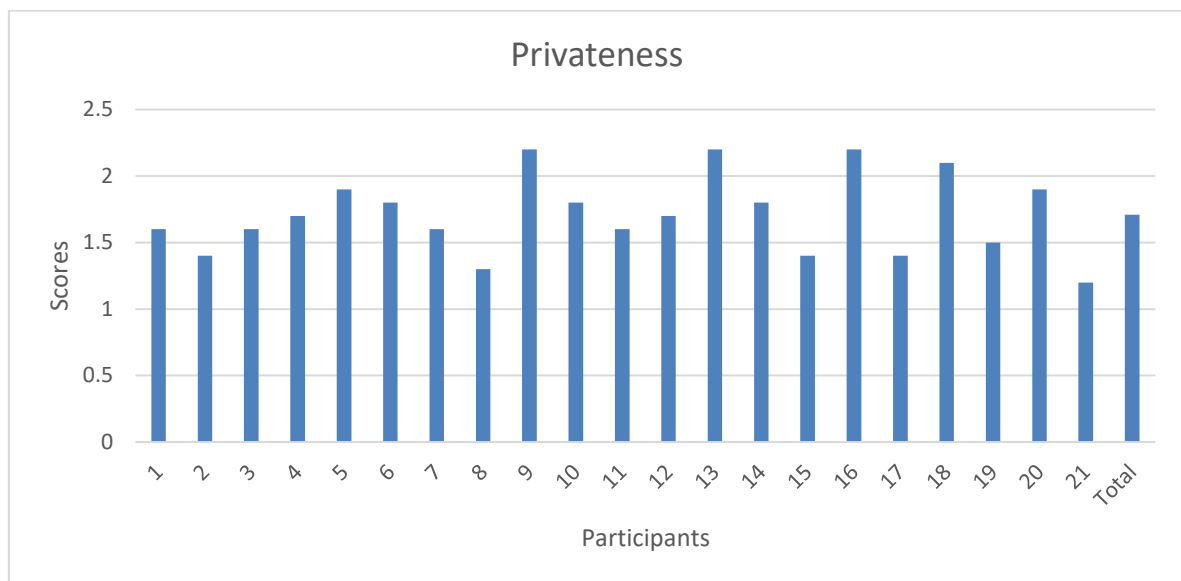


Figure 4.11 Privateness

4.3.12 Apprehension

Apprehension refers to how 'troubled' newly qualified midwives are or how much they 'fear the future' and how they use coping mechanisms. Fewer than half (48%) demonstrated they have sufficient competence skills in being self-assured, unworried, complacent, guilt-free, confident, and grounded. Sadly, 52% were not competent in this skill and were prone to self-blame, rumination, and feeling guilty, insecure, anxious, and self-defeating. (Figure 4.12).

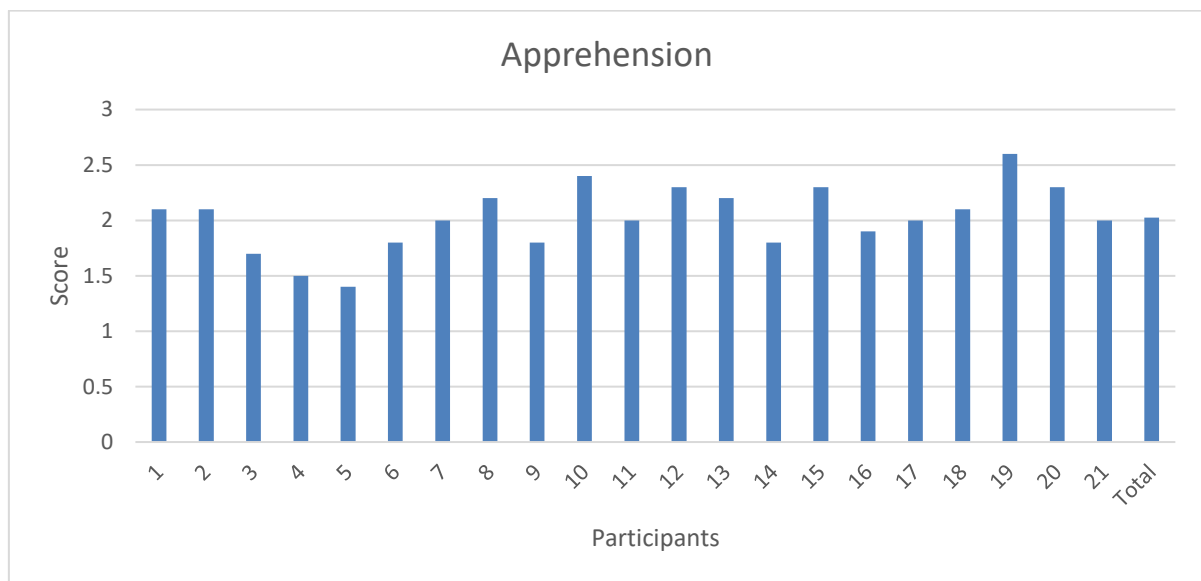


Figure 4.12 Apprehension

4.3.13 Openness to change

Openness to change as a competency skill refers to how resistant newly qualified midwives are to change and their unwillingness to accept new views. Few (10%) of the newly qualified midwives resisted change and preferred the status quo. The majority (90%) were competent and demonstrated liberal attitudes, were not scared to experiment with new ideas and were willing to try and adopt new procedures. (Figure 4.13).

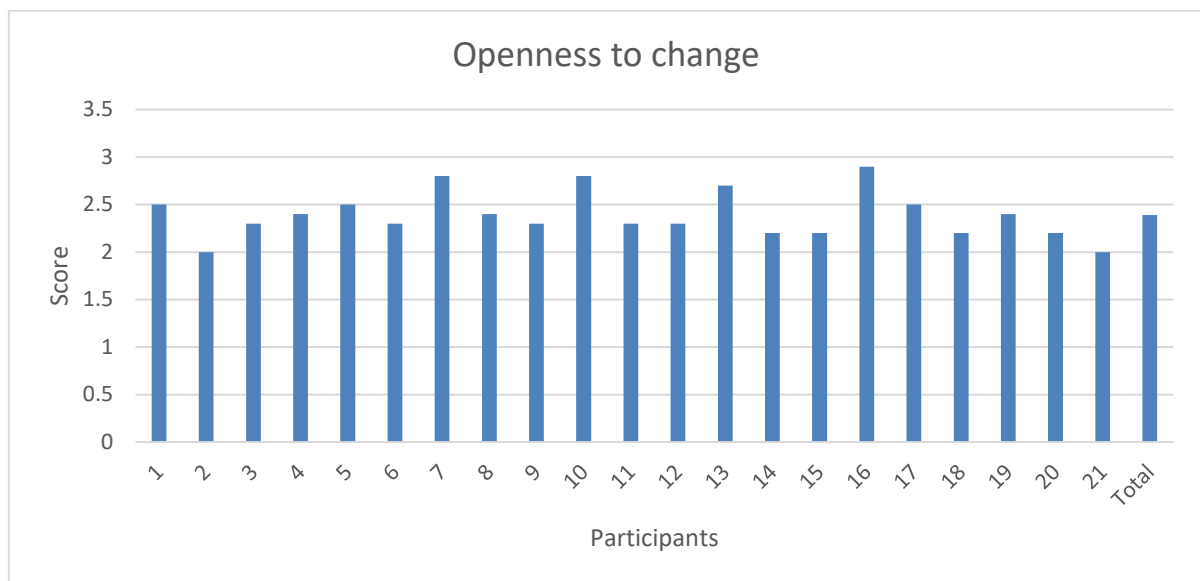


Figure 4.13 Openness to change

4.3.14 Self-reliance

Self-reliance refers to how contained newly qualified midwives are in satisfying their own needs. To be competent in self-reliance, newly qualified midwives must demonstrate the desire for independence and authority in making their own choices and taking responsibility for the outcomes of their decisions. Sixty per cent of the newly qualified midwives were competent in that they stated they acted resourcefully, individually, self-sufficiently, and comfortably, doing things independently and taking responsibility for their decisions. (Figure 4.14).

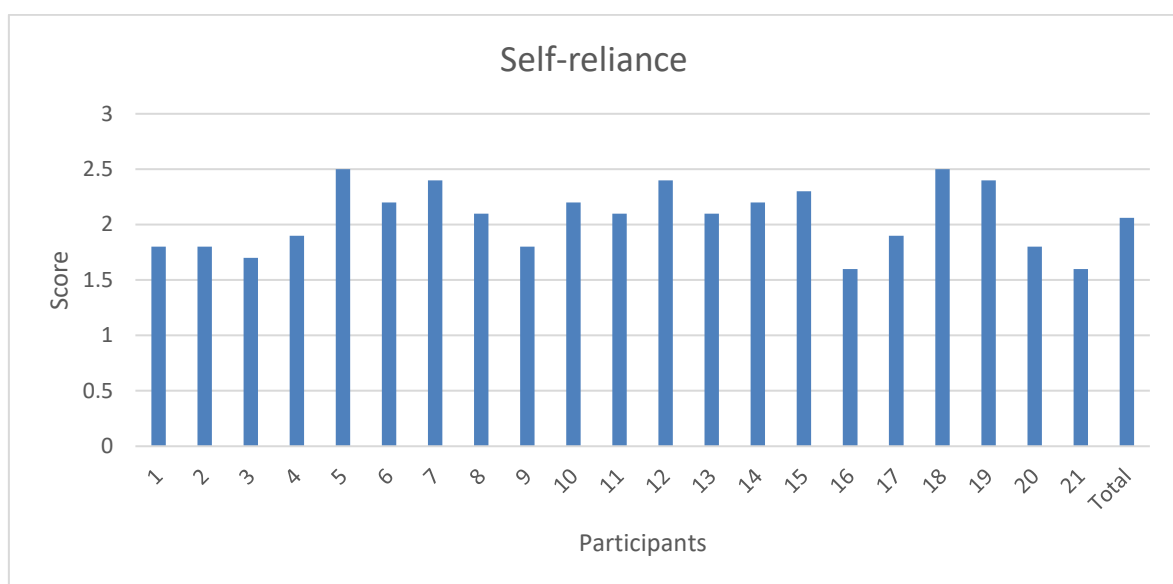


Figure 4.14 Self-reliance

4.3.15 Perfectionism

Perfectionism refers to newly qualified midwives' competence in demonstrating the need to maintain elevated standards in their careers, relationships, and overall lives. Most participants (95%) were competent because they stated they were time-sensitive, well-organised, self-disciplined, and had willpower. Only one participant had a low score, indicating she was not competent in this skill. (Figure 4.15).

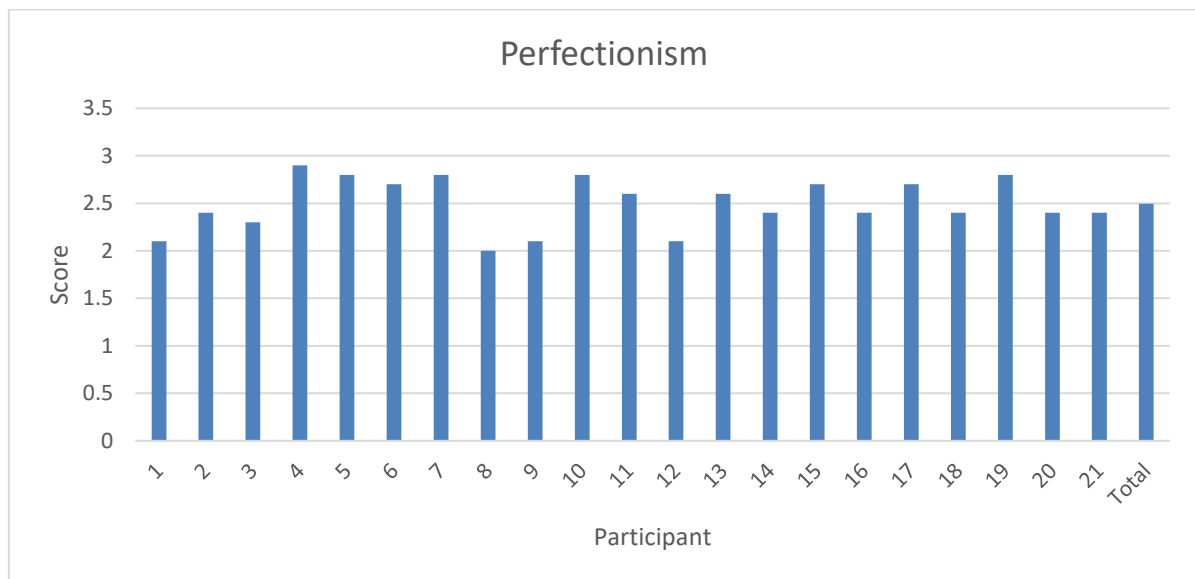


Figure 4.15 Perfectionism

4.3.16 Tension

The tension competency skill refers to the stress level exhibited by newly qualified midwives. Most (91%) participants demonstrated low scores, which means they are competent in addressing the tension in their lives. They are primarily relaxed, placid, tranquil, and easy-going. Participants with high tension scores often present with physiological symptoms such as headaches or hypertension and get easily frustrated, impatient, and tense. Only two participants demonstrated high tension scores. (Figure 4.16).

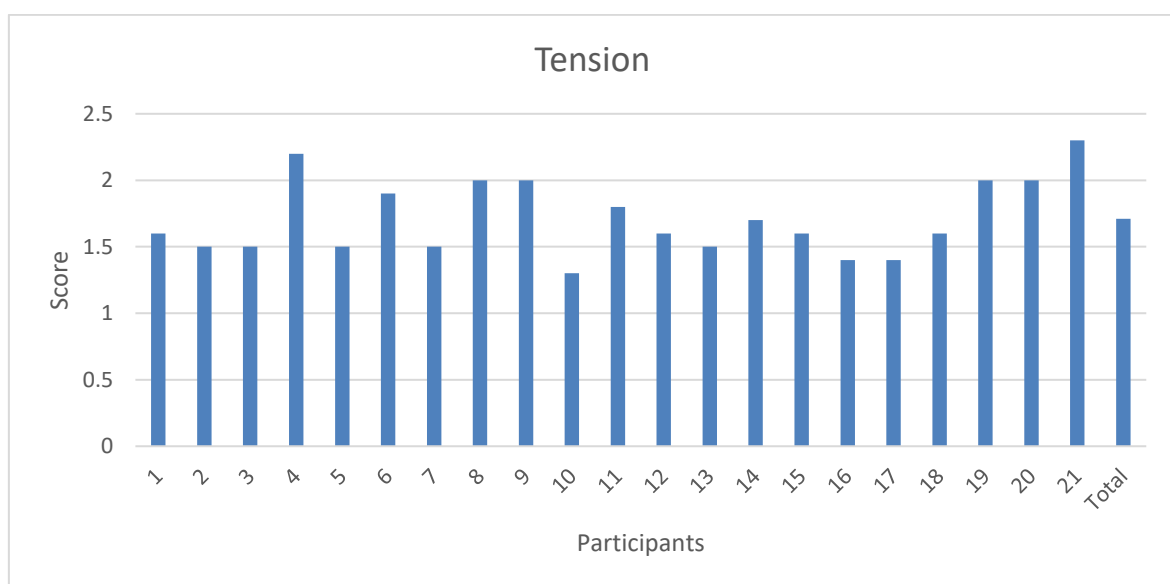


Figure 4.16 Tension

4.3.17 The mean scores of the 16-item PF psychometric test

Looking at the overall means of the 16-item PF psychometric test, newly qualified midwives scored high (above two) on eleven of the items and low (below two) on five items. (Table 4.2)

Table 4.2 Mean score categories

Scored above two		Scored below two
• Warmth	• Sensitivity	• Liveliness
• Reasoning	• Apprehension	• Vigilance
• Emotional stability	• Openness to change	• Abstractness
• Dominance	• Self-reliance	• Privateness
• Rule consciousness	• Perfectionism	• Tension
• Social boldness		



High vigilance traits refer to newly qualified midwives who demonstrate scepticism of others' motives. Therefore, it is good to note that the participants had a low vigilance score, meaning they trusted their patients and colleagues. Moreover, the results show that newly qualified midwives do pay attention to detail, as they scored low on abstractness. Furthermore, the total score of privateness is below two, which means they are open, honest, and transparent about the nursing philosophy and care they render. A low score on tension also demonstrates competence, as newly qualified midwives generally demonstrate that they are primarily relaxed, placid, tranquil, and easy-going. The only mean score that does not reflect personality competence is 'liveliness'. The mean score is low, meaning that newly qualified midwives are low on energy, withdrawn, restrained, and not very lively. This may be related to the psychological impediments that they experienced in the workplace. This cannot be concluded and is only a hypothesis, as this study did not evaluate the relationship between those variables and merely described the measurements. (Figure 4.17).

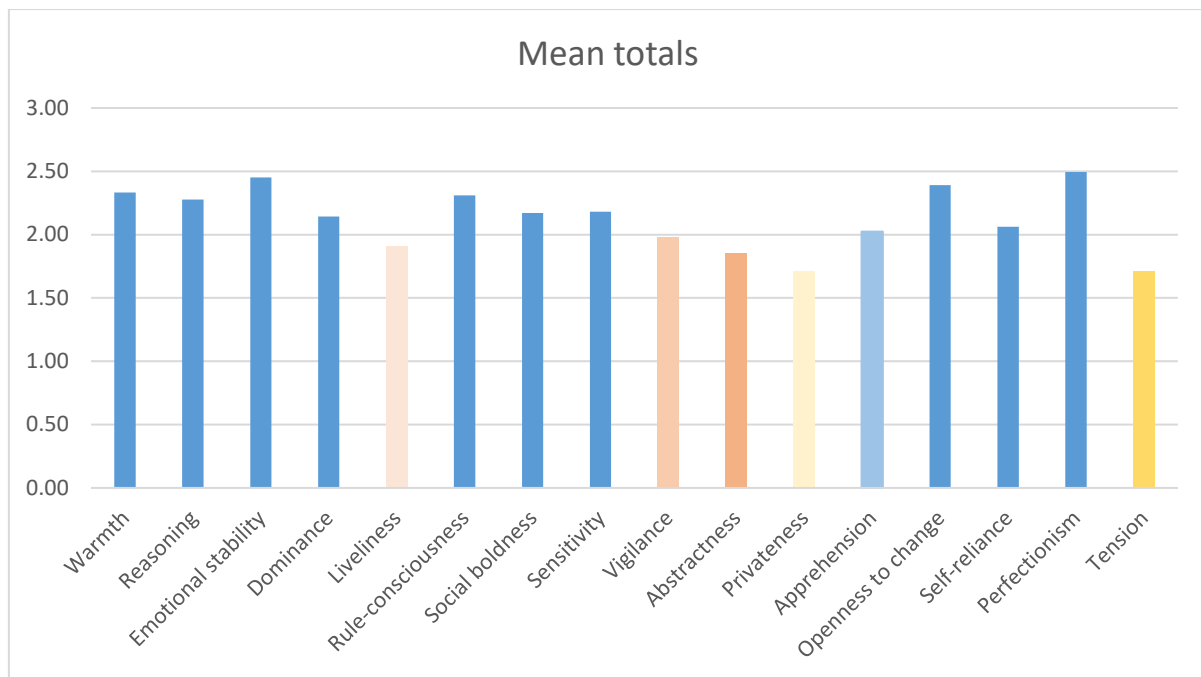


Figure 4.17 Mean totals of the 16 PF psychometric test



University of Fort Hare
Together in Excellence

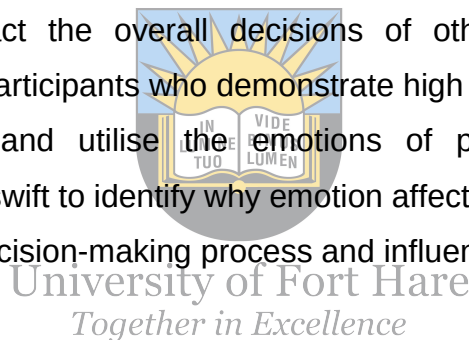
4.4 Interpersonal skills competence test

The researcher was interested in the interpersonal competence skills of newly qualified midwives. The following two sections present and describe the participants' individual scores (4.4.1) and the mean scores of the participants (4.4.2).

4.4.1 Findings from the individual interpersonal skills competence test

Emotional intelligence is the ability to access, identify and control emotions in oneself and those you engage with. The mean score for the group was 37, which falls in the range of a fairly high level of emotional intelligence. The range varied between 31 (fairly high) and 47 (high). The score indicates that the participants can reasonably evaluate and utilise the emotions of others and themselves. Participants can identify why an individual becomes emotional, and their decision-making skills can significantly impact the overall decisions of other interdisciplinary team members. Moreover, participants who demonstrate high emotional intelligence can effectively recognise and utilise the emotions of patients, colleagues, and themselves. They are swift to identify why emotion affects their behaviour. Emotion is significant in their decision-making process and influences their final action.

(Table 4.3).



Teamwork refers to the ability to work together and to co-operate with co-workers to achieve a common goal. The mean score for the participants was 38, which indicates a reasonably high preference to work together as a team. The range varied between 26 (average) and 46 (high). A score of 38 indicates that the participants could work well individually but have a reasonably high ability to work in a team. Moreover, teamwork enhances their working performance, and these newly qualified midwives can address those who are slack in the team by addressing them confidently to participate in teamwork.

(Table 4.3).

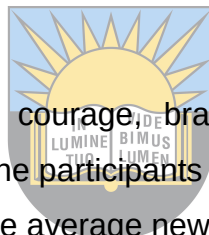
Empathy refers to the capacity to recognise emotions experienced by newly qualified midwives towards others. The mean score for the group was 35, which indicates a relatively high level of empathy. The range varied between 28 (average)

and 45 (high). A score of 35 indicates that overall, the participants find it easy to notice emotions in patients and colleagues but are more aware of their emotional state than their patients. Participants who demonstrated a high level of empathy can readily recognise the emotions of their patients through subtle emotional clues, like facial expressions.

(Table 4.3).

Integrity refers to the action, values, principles, and truthfulness. The mean score for the newly qualified midwives was 42, which indicates a high level of integrity. Thus, participants consistently base their actions on personal principles and values and almost always express honesty and truthfulness. The range varied between 34 (reasonably high) and 47 (high). Participants may find it easier to bend the rules if not based on honesty, and they will usually avoid situations that put them in morally questionable situations.

(Table 4.3).



Social boldness demonstrates courage, bravery and assertiveness in social situations. The mean score for the participants was 33, which indicates a relatively high level of social boldness. The average newly qualified midwife is likely to show courage during social interaction and be able to express assertiveness or some level of dominance during engagement with patients or colleagues. Participants with reasonably high levels are likely to be recognised as relatively bold people who are rarely shy. The range varied between 27 (average) and 40 (high). Participants who demonstrated average social boldness are likely to show courage and bravery in certain situations but may express shyness.

(Table 4.3).

Table 4.3 Interpersonal competent skills scores

Participant	Emotional Intelligence	Team working	Empathy	Integrity	Social Boldness
1	42	42	44	40	33
2	43	40	32	37	32
3	32	38	36	43	38
4	33	44	32	47	33
5	41	39	41	47	39
6	35	36	37	42	37
7	33	34	30	45	30
8	38	39	28	39	28
9	37	37	31	42	31
10	30	32	35	46	30
11	34	26	32	45	34
12	36	36	38	41	36
13	31	43	34	38	28
14	40	40	37	43	40
15	37	42	45	46	29
16	46	38	31	42	38
17	47	45	40	36	37
18	32	33	28	34	27
19	34	33	45	46	33
20	37	38	35	42	33
21	44	46	30	46	30
Mean scores	37	38	35	42	33

Figure 4.18 displays the individual interpersonal competence skills of the newly qualified midwives who participated in the study. Slightly more than half (53.3%) of the newly qualified midwives demonstrate a very high degree of integrity (>40). These newly qualified midwives are honest, can make decisions and stay with the decisions they make. On the other hand, slightly more than a quarter (26.7%) of the newly qualified midwives express low social boldness (<30). This means that they occasionally may shy away from taking the lead.

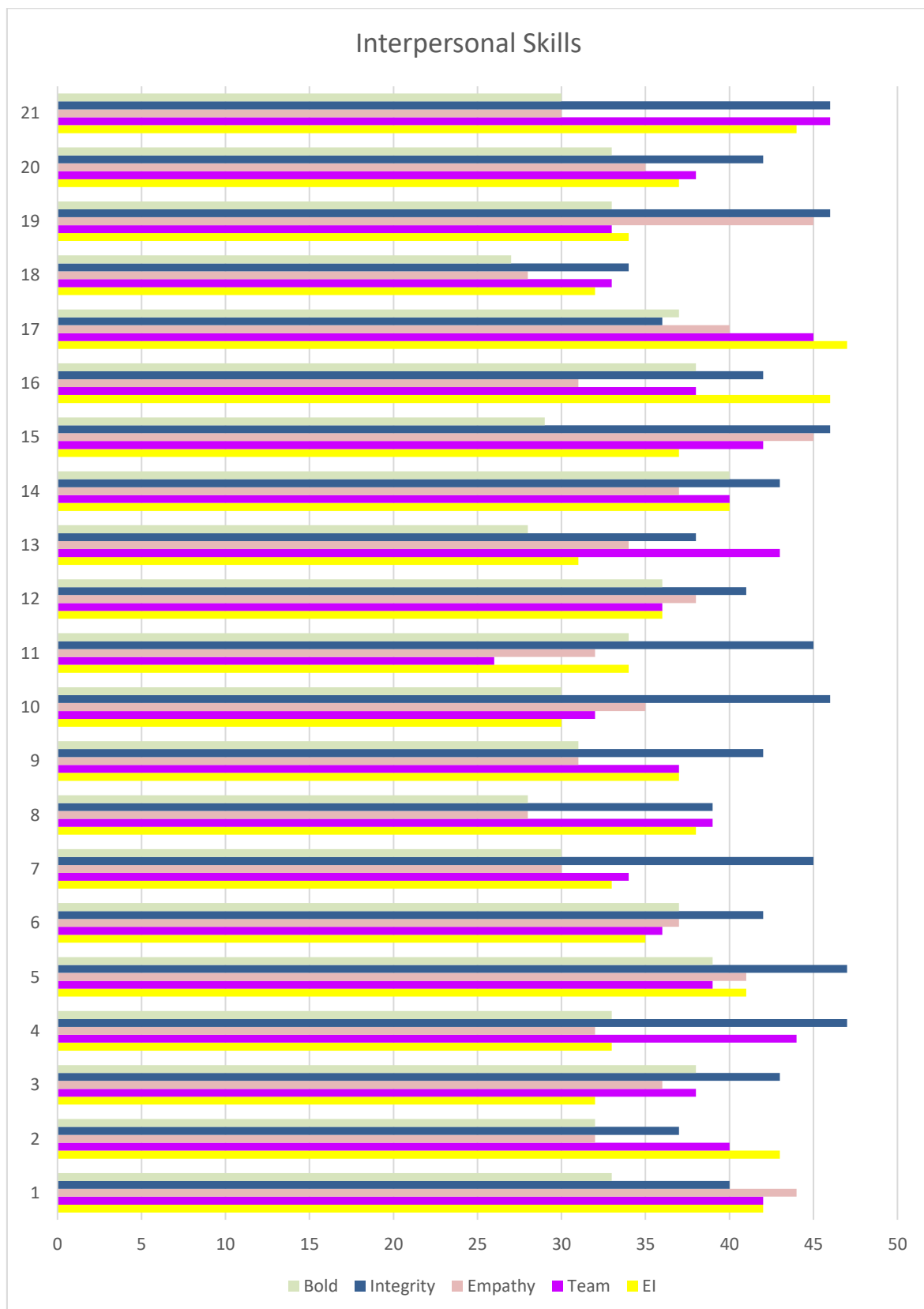
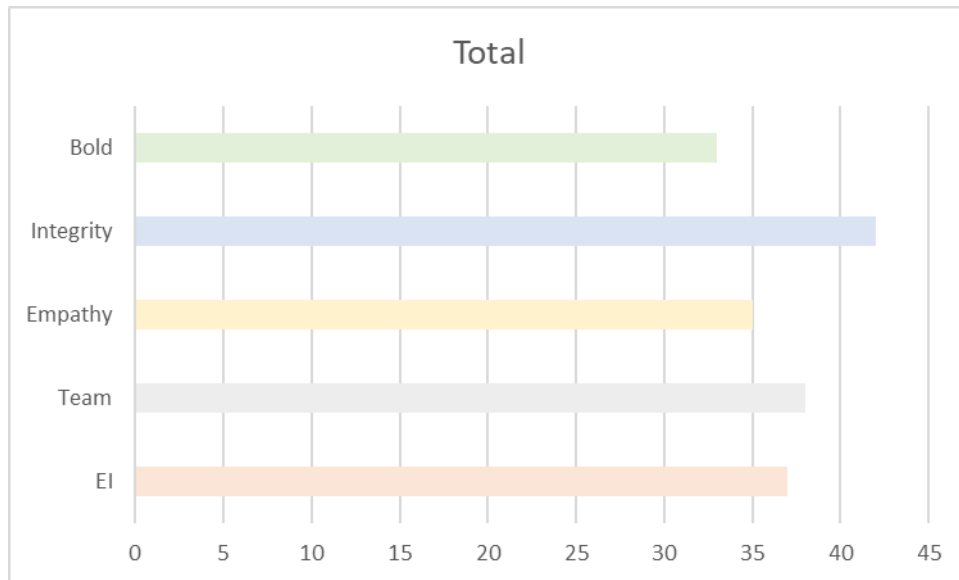


Figure 4.18 Interpersonal skills competence skills of participants

4.4.2 Mean scores of interpersonal skills competence skills

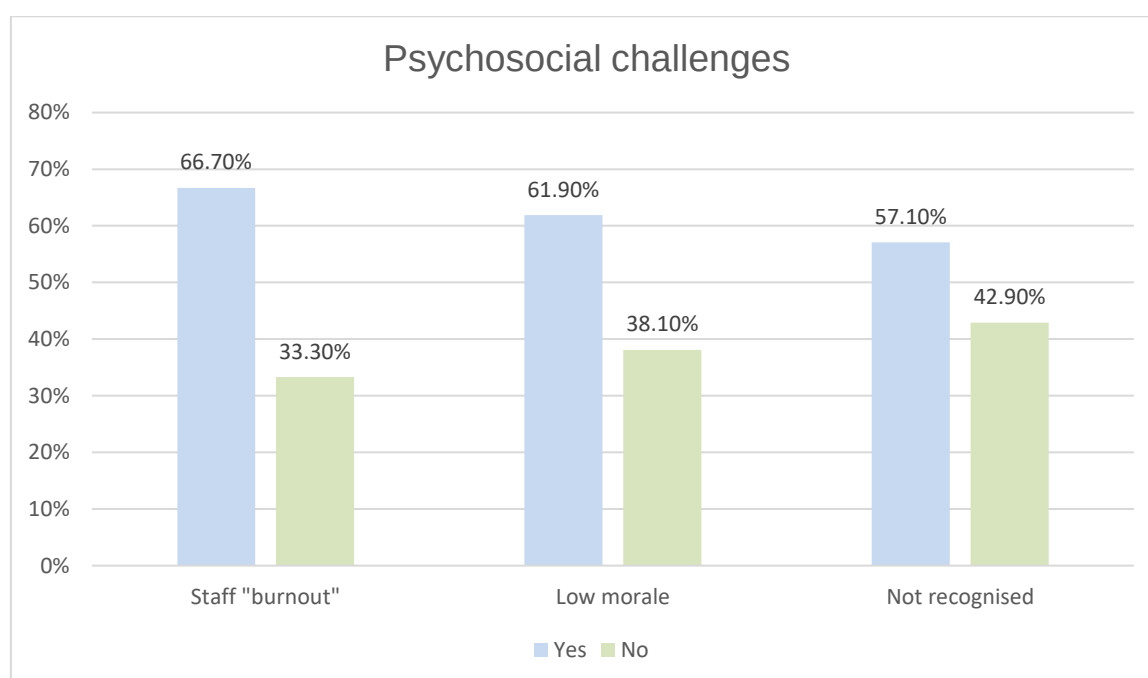
The mean score of the 21 participants was > 30 , demonstrating that newly qualified midwives have interpersonal competence skills.



University of Fort Hare
Together in Excellence

4.5 Questions related to impediments

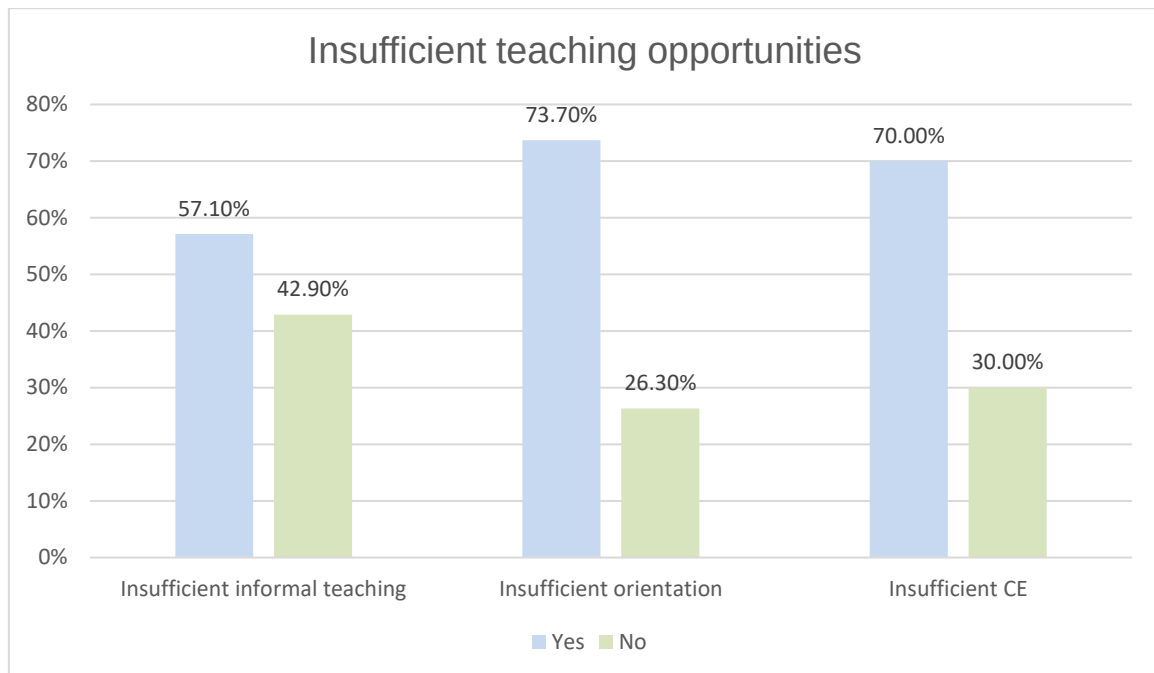
The third objective was to determine psychosocial challenges within the workplace that may impede newly qualified midwives' personality and interpersonal competence skills acquisition. Ten questions related to the workplace environment were asked. Three questions related to the psychosocial environment, three to teaching opportunities, and four to managerial or organisational issues. Two-thirds (66.7%) of the subjects observed signs of staff "burnout", a similar proportion (61.9%) reported that they experience low morale amongst the senior professional midwives, and sadly 57.1% felt that senior midwives do not recognise newly qualified midwives' experiences. (Figure 4.19).



Outcome	Yes		No	
Staff "burnout"	14/21	66.7%	7/21	33.3%
Low morale amongst staff	13/21	61.9%	8/21	38.1%
Insufficient recognition by senior midwives	12/21	57.1%	9/21	42.9%

Figure 4.19 Psychosocial challenges

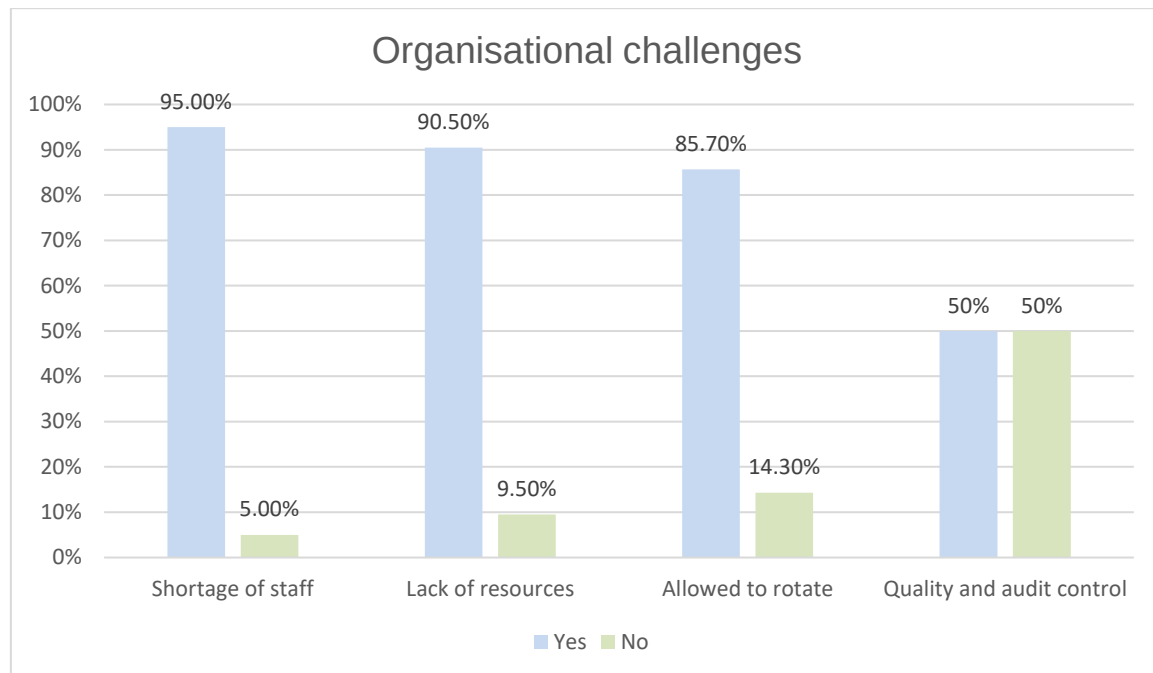
Newly qualified midwives reported that senior midwives are not interested in teaching them. Moreover, 73.7% stated that they did not receive adequate orientation when they started in a unit. Participants also felt that they needed more opportunities to participate in continuing education (CE) to assist them in reaching their full potential. (Figure 4.20).



Outcome	Yes		No	
Experienced insufficient informal teaching by senior midwives	12/21	57.1%	9/21	42.9%
Experienced insufficient orientation programs	14/19	73.7%	5/19	26.3%
Experienced insufficient continuing in-service education	14/20	70%	6/20	30%

Figure 4.20 Insufficient teaching opportunities

All except one of the participants felt that there needed to be more professional midwives on duty and that the units often needed more equipment or clinical resources (90.5%). On a positive note, subjects were given an opportunity to rotate through the unit to enhance their skills (85.7%), and 50% felt that there was enough quality control and audits done to ensure the standard of care. (Figure 4.21).



Outcome	Yes		No	
Experienced shortage of professional midwives on duty	20/21	95%	1/21	5%
Experienced lack of equipment or other clinical resources	19/21	90.5%	2/21	9.5%
Given an opportunity to rotate through other wards	18/21	85.7%	3/21	14.3%
Experience insufficient quality control and audits	10/21	50%	10/20	50%

Figure 4.21 Organisational challenges

4.6 Summary of Chapter Four

The results of the finding were presented though descriptive tables and figures. Most of the newly qualified midwives demonstrate personality competence and interpersonal competence. The researcher discusses the findings in Chapter Five.



University of Fort Hare
Together in Excellence

Discussions, Conclusion and Recommendations

Chapter Five

5.1 Introduction

Chapter Five discusses the findings of this study about published literature that addressed similar issues. Many companies use personality and interpersonal measures to screen whether applicants have the correct personality and interpersonal competence skills to function appropriately in a specific job or profession. Midwifery is a profession, but being a competent midwife requires more than having a professional qualification (Bogren et al., 2020). Competent midwives answer a call to serve mothers and neonates through competent midwifery skills and attitudes despite being exposed to an unsupportive work environment without adequate resources. Personality and interpersonal competence skills are some drivers that influence new midwives to stay in the system and serve mothers and neonates. Studies have shown that an individual's personality and interpersonal competence skills relate significantly to patient care (Means, 2017). Newly qualified midwives who have yet to develop the required personality and interpersonal competence skills may leave the profession early, demonstrate signs of burnout and worse, not be able to care appropriately for women and their infants (Means, 2017).

5.2 Discussion on research objectives one

- Measure and describe the personality competence skills by applying the 16-item PF psychometric test.

Individual personality competence skills are significant and essential components of professionalism in midwifery (Khakbazan et al., 2019). Assessing the personality competence skills of newly qualified midwives through applying the 16-item PF

psychometric test can provide valuable insights into newly qualified midwives' professional readiness and potential areas for growth (Hajjesmaello et al., 2020). The 16-item PF test, designed to evaluate various dimensions of personality functioning, offers a structured approach to understanding newly qualified midwife's capabilities in handling the demands of the midwifery profession (Louwen et al., 2023). The sixteen critical personality competency skills assessed by the 16-item PF test play a pivotal role in ensuring that midwives provide the best support to expectant mothers and their families through childbirth (Khakbazan et al., 2019).

Zhang et al. (2012) used the 16-item PF test to evaluate the personality competency skills of 159 nurses. The findings of this study demonstrated results similar to those reported by Zhang et al. (2012). The findings of this study echoed those of Zhang et al. (2012), who reported that nurses who were perceived to have personality competence had high scores on social boldness, openness, self-reliance, and perfectionism. Moreover, Zhang et al. (2012) stated that excellent nurses had lower scores on vigilance, which is similar to the findings of newly qualified midwives, which means that newly qualified midwives have the potential to become excellent midwives.

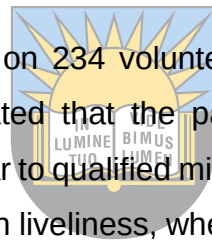
The 16-item PF test evaluates emotional regulation and stability, which are paramount for managing the intense emotional experiences inherent in midwifery practice. A midwife with strong emotional competence can remain calm under pressure, navigate challenging situations with resilience, and provide reassurance and comfort to labouring mothers. Additionally, emotional stability enables midwives to cope effectively with the unpredictable nature of childbirth and maintain professionalism in high-stress environments.

Midwifery requires teamwork, and research has shown that midwives who are outgoing and demonstrate competence in emotional stability are good team players (Means, 2017). Meta-analysis on retention and personality traits found that individuals who intend to quit their jobs usually rate low on emotional stability (Means, 2017). In addition, it was found that an impulsive departure from the job may be experienced by individuals who are either low on agreeableness or high on

openness (Means, 2017). We can infer that newly qualified midwives are not ready to quit their jobs as they scored high on emotional stability and openness to change.

In a systematic review, Louwen et al. (2023) reported on nurses' personality competency skills. They found that nurses demonstrate high scores of assertiveness, dominance and conscientiousness. The results align with newly qualified midwives' results in showing that they possess assertiveness and dominance and are rule-conscientious. Louwen et al. (2023) reported that nurses demonstrate lower scores in abstractness, apprehension, and social boldness. Newly qualified midwives also had lower scores on abstractness and apprehension but demonstrated a high score on social boldness. Louwen et al. (2023) asserted that nurses demonstrating competence in emotional stability are more likely to succeed in their profession, participate in teamwork and offer high-quality patient care.

Pietrzak et al. (2015) reported on 234 volunteering adults, some of whom were nurses. Their study demonstrated that the participants scored high in warmth, reasoning, and sensitivity, similar to qualified midwives. The contrast was that newly qualified midwives scored low on liveliness, whereas Pietrzak et al. (2015) reported a high score on liveliness.



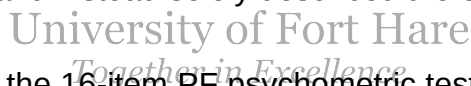
University of Fort Hare
Together in Excellence

Research has shown that personality competence skills influence midwives clinical decision-making processes globally and contribute to midwifery competence (Provost et al., 2019). The results of the Big Five personality traits supported the Holland Codes, and social responsibility ranked the highest, which indicates midwives' desire to help others in need. Openness relates to investigative and curious factors and, like the Holland codes, rates second on midwives' Big five personality traits. Agreeableness, conscientiousness and extraversion (which included friendliness, amiability and assertiveness) followed social responsibility and openness. Rezapour-Mirsalehand and Aghabagheri (2020) measured personality competence skills among newly qualified Iranian nurses and reported that openness and extraversion contribute to nurses' personality competence skills.

Midwives typically exhibit high levels of openness, indicating curiosity, imagination, and a preference for variety (Khatrri & Debnath, 2023). Moreover, Zahra et al. (2020)

alert researchers to recognise that social engagement is a cultural-specific manifestation. Religious and social rituals influence the way people indoctrinate social boldness. Newly qualified midwives demonstrate competence in openness, which means they are sensitive to change and can recognise cultural diversity in their patients.

The results of this study demonstrate that recently certified midwives who exhibited a low level of alertness, indicating high trust in their patients and colleagues. Furthermore, the findings indicate that recently certified midwives strongly focus on specifics, as evidenced by their poor scores on abstract thinking. In addition, the overall privacy score is less than two, indicating that they are open, honest, and transparent about their nursing philosophy and the treatment they provide. A low score on tension also indicates competence, as newly qualified midwives typically exhibit a state of being relaxed, calm, serene, and laid-back. The study showed that the participants exhibit a lack of vitality, social withdrawal, self-control, and liveliness. This could be associated with the psychological barriers they encountered in their professional environment. This assertion cannot be definitively established and remains a hypothesis, as the study did not assess the correlation between those factors and instead solely described the observations.



In conclusion, applying the 16-item PF psychometric test to assess the personality competence skills of newly qualified midwives offered valuable insights into their readiness for professional practice. This assessment tool can help identify strengths and areas for development, ultimately contributing to midwifery professionals' ongoing growth and success in providing high-quality care to women and their families.

5.3 Discussion on research objective two

- Measure and describe interpersonal competence skills such as emotional intelligence, teamwork, empathy, integrity, and social boldness by applying the open-resource Psychometric 50-Item Interpersonal Skills Questionnaire

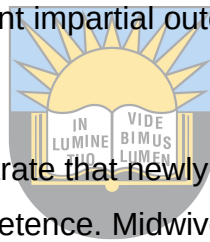
The Psychometric 50-Item Interpersonal Competence Skills Questionnaire is a scientific tool used to examine human talents, attitudes, and qualities (Prasanna et al., 2023). The test systematically evaluates midwives' cognitive ability, personality qualities, behavioural style, and work preferences to improve job matching and reduce early turnover or burnout qualities (Prasanna et al., 2023). Interpersonal competence skills or people skills are the foundation of success. Good interpersonal competence skills enable people to communicate effectively, understand others, have empathy and social boldness, and work in teams (Skillsyouneed, 2020). Interpersonal competence skills, namely emotional intelligence, teamwork, empathy, integrity and social boldness, are essential skills in the workplace (Bhati, 2022).

Budiarti et al. (2020) assessed factors contributing to midwives' professional character and statistically demonstrated that personal and interpersonal skills correlate significantly to midwifery competence. Midwifery students demonstrated significantly higher interpersonal characteristics for assertive behaviour and self-esteem than nursing students (Budiarti et al., 2020). Years of clinical experience and training have shown not to influence interpersonal competence skills between trainee therapists and students, and good interpersonal competence skills have been shown to enhance patient care (Wolfer et al., 2020). The study shows newly qualified midwives have social boldness, honesty, empathy, emotional intelligence, and teamwork skills. We can deduce that newly qualified midwives would be competent in enhancing patient care.

Patterson and Begley (2011) explored the importance of emotional intelligence for midwives and concluded that a high score on emotional intelligence assists midwives in dealing with the constant dynamic changes in the labour ward. Midwives with high emotional intelligence are competent and able to recognise their feelings and attend to the emotional requirements of the women in their care (Patterson & Begley, 2011). Moreover, emotional intelligence is an interpersonal skill required to process empathy, which applies to midwives (Patterson & Begley, 2011). Midwives require high levels of emotional intelligence to have a solid midwife-mother relationship, which impacts how the midwife cares for the patient and how the mother will take care of the neonate (Patterson & Begley, 2011). It is well

documented that midwifery, especially intrapartum midwifery, is emotionally laden, and insufficient emotional intelligence may lead to psychological challenges, resulting in incompetent care (Patterson & Begley, 2011). The mean score for emotional intelligence in this study was 37, and not one of the newly qualified midwives had a score below 30, demonstrating that all of them possess emotional intelligence.

Khatri and Debnath (2023) claims that empathy is a euphemism for a caring mentality, and people will remember you for how you treated them, not for who you are. Moreover, empathy and social boldness are two significant characteristics that enhance teamwork (Bhati, 2022). Newly qualified midwives possess emotional intelligence and empathy; the mean scores were above 30, meaning they can take good care of their patients. The major interpersonal characteristics of midwives are social responsibility and openness, indicating that they are generally concerned about others' well-being and want impartial outcomes for all they care for (Khatri & Debnath, 2023).



Results from this study demonstrate that newly qualified midwives have acquired a high level of interpersonal competence. Midwives demonstrate that they are caring and attuned to the emotional states of others. They demonstrated high emotional intelligence, empathy and social boldness. Midwives prefer to lead without being the centre of attention; they lead with integrity and believe in upholding morals, values, law and order and working well in a team. The ranking of interpersonal competence demonstrated that integrity (42) had the highest mean score when evaluating interpersonal competence, followed by teamwork (38), emotional intelligence (37), empathy (35), and social boldness (33).

5.4 Discussion on research objective three

- Determine psychosocial challenges within the workplace that may impede newly qualified midwives' personality and interpersonal competence skills acquisition.

An integrative review of newly qualified midwives' experiences revealed that newly qualified midwives often describe their shift from student midwives to qualified midwives as a 'reality shock' (Gauci & Parascandalo, 2023). This transition can be overwhelming, leaving them unable to cope with and articulate their emotions after encountering sudden and distressing situations such as abuse from staff members or obstetric emergencies. These experiences may result in secondary post-traumatic stress (Gauci & Parascandalo, 2023). These challenges emphasise the significance of ensuring that the transfer of novice quality managers is a period that fosters their confidence, personality, and interpersonal competence (Gauci & Parascandalo, 2023).

Tabib et al. (2024) asserted that being a midwife is emotionally taxing, leading to high-stress levels and burnout, and the reason why a significant number of midwives are contemplating abandoning the profession. According to Hajiesmaello et al. (2020), midwives' decision to continue providing midwifery services or leave their work is influenced by factors such as managerial support and support from senior midwives. Simane-Netshisaula's (2022) findings support those of Hajiesmaello, and they claim that newly qualified midwives experienced negative attitudes or disrespect from senior midwives, contributing to burnout and low morale. Similarly, in this study, newly qualified midwives observed staff burnout and low morale among midwives.

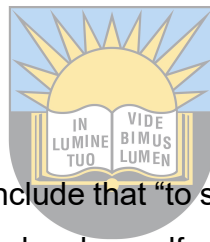
Moreover, Mtegha et al. (2022) reported that midwives received insufficient orientation and requested to be at least guided when they did a procedure for the first time. Munabi-Babigumira et al. (2017) assert that midwives in their study reported that they were only sometimes given enough training and support after starting clinical work. Similarly, in our study, newly qualified midwives reported that senior midwives need to be more interested in teaching and orientating them to the wards.

Midwives face many work challenges, including severe shortages of qualified midwives, defective equipment and ward supplies, and often non-existent professional support (Baba et al., 2020). Inadequate staffing increases the workload and makes it difficult for senior personnel to supervise, resulting in mothers being

offered poor care. Mtegha et al. (2022) reported that inadequate resources, lack of transitional support and workplace conflict are some of the most critical challenges newly qualified midwives must overcome.

The results of this study demonstrated that most of the newly qualified midwives reported a shortage of staff and a lack of resources. This study's results affirm the literature findings in that 95% of newly qualified midwives mentioned staff shortages, and 90.5% stated that they experienced a lack of resources in the facilities. These factors emotionally drain them as they cannot do their tasks properly. Job discontent among midwives often arises from the discrepancy between their desire for genuine presence with the woman and the institutional emphasis on task-oriented responsibilities. Attending to a woman's psychological needs while fulfilling institutional requirements necessitates a high level of personality and interpersonal competence skills in the midwife (Tabid et al., 2024).

5.5 Recommendations



Patterson and Begley (2011) conclude that “to support women and provide women-centred care, midwives need to develop self-awareness and become emotionally intelligent and not avoid addressing emotional issues in midwifery practice”. Moreover, Shi et al. (2023), in their systematic review, conclude that effective management strategies should be implemented to decrease psychosocial impediments that may negatively influence the personality and interpersonal competence of newly qualified midwives.

It is recommended that the skills related to personality and interpersonal competence skills be incorporated into curricula, and managers should offer in-service assessments and training to build personality and interpersonal competence skills.

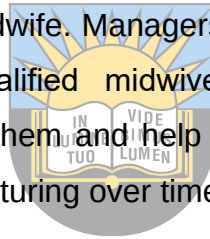
It is further recommended that core personal and interpersonal competency skills assessment tools be implemented in the workplace to enable managers to implement enhancement programs for at-risk people.

Environmental factors seem to be ongoing, and managers should attend to the shortage of staff and lack of equipment if they wish to retain newly qualified midwives.

5.5 Chapter summary

Results have shown that systematically measuring personality and interpersonal competence skills is essential for employees when integrating newly qualified midwives into their clinical sites. Poor competency leads to unwelcome consequences related to midwifery care, job dissatisfaction, frustration, burnout, and early attrition.

The findings of this study contribute to academic literature in that they stimulate awareness that personality and interpersonal competence skills are essential components of a competent midwife. Managers and employers need to recognise the importance of newly qualified midwives' personality and interpersonal competence skills to orientate them and help them strengthen the growth of the traits that improve with good nurturing over time.



University of Fort Hare
Together in Excellence

References

References

- Allen, M. (2018). Population/ Sample. Retrieved from The SAGE Encyclopedia of Communication Research Methods. <https://methods.sagepub.com/reference/the-sage-encyclopedia-of-communication-research-methods>
- Allport, G. W. (1961). *Pattern and growth in personality*. Harcourt College.
- Amod, H.B., & Mkhize, S.W. (2022). Clinical support and perceived competency levels of midwifery students: A descriptive analysis. *Health SA Gesondheid*, 27, 1783. <https://doi.org/10.4102/hsag.v27i0.1783>
- Aveyard, C. H. (2018). *Doing a Literature Review in Health and Social Care: A Practical Guide*. McGraw- Hill Education.
- Baba, A., Theobald, S., Martineau, T., Sabuni, P., Nobabo, M. M., Alitimango, A., & Raven, J. (2020). Being a midwife is being prepared to help women in very difficult conditions': midwives' experiences of working in the rural and fragile settings of Ituri Province, Democratic Republic of Congo. *Rural and Remote Health*, 20(2) 5677. <https://doi.org/10.22605/RRH5677>
- Bahner, C.A., & Clark, C.B. (2020). Sixteen Personality Factor Questionnaire (16PF). In: V. Zeigler-Hill, T K. Shackelford (eds). *Encyclopedia of Personality and Individual Differences*. Springer, Cham.
- Barker, B.B. (2016). *Mind: Concepts & principles as seen through martial arts (Mind-Body-Spirit)* (4th edition). Crystal Pointe Media.
- Barakat, N. (2007). Interpersonal skills. *Libyan Journal of Medicine*, 2(3), 152-3. <http://dx.doi.org/10.4176/070620>.
- Bariso, J. (2018). Balancing emotional intelligence at work. *International Council of Professors of Administration*, 36-48.

- Bekmezci, H., Apay, S. E., Özkan, H. (2014). Emotional intelligence and midwifery [Conference Presentation]. 2. International and 3. National Conference of Midwifery, Antalya. <https://archhealthscires.org/en/emotional-intelligence-and-midwifery-16218>
- Bhati, H. (2022). The Importance of Soft Skills in the Workplace. *SSRG International Journal of Humanities and Social Science*, 9(2), 21-33. <https://doi.org/10.14445/23942703/IJHSS-V9I2P104>
- Black, S.E. (2018). Does preceptorship support newly qualified midwives to become confident practitioners? *British Journal of Midwifery*, 26(12), 806-811. <https://doi.org/10.12968/bjom.2018.26.12.806>
- Bogren, M., Aleso, A., Tetklemariam, M., Helen, S., Hammarback, L., & Erlandsson, K. (2021). Facilitators of and barriers to providing high- quality midwifery education in South-East Asia-An integrative review. *Woman and Birth*, 12.
- Bogren, M., Grahn, M., Kaboru, B., & Berg, M. (2020). Midwives' challenges and factors that motivate them to remain in their workplace in the Democratic Republic of Congo— an interview study. *Human resources for health*, 18(65). <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-020-00510-x>
- Brenner, P. (2004). Using the Dreyfus model of skill acquisition to describe and interpret skill acquisition and clinical judgment in nursing practice and education. *Bulletin of Science, Technology & Society*, 24(3), 188-199.
- Bryman, A. (2016). *Social Research Methods*. Oxford University Press.
- Budiarti, Y., Hakam, K.A., & Suryadi, A. (2020). The Factor Contributing most to Midwife's Professional Character [Paper presentation]. In *Proceedings of the International Conference on Educational Psychology and Pedagogy - "Diversity in Education" (ICEPP 2019)*. (Vol. 399, pp. 250-253). Atlantis Press <https://doi.org/10.2991/assehr.k.200130.125>
- Busayo, E. & Kalumba, A.M & Orimoloye, I. (2019). Spatial planning and climate change adaptation assessment: Perspectives from Mdantsane Township dwellers in South Africa. *Habitat International*. 90. 10.1016/j.habitatint.2019.04.005.
- Butler, M.M., Fullerton, J., & Aman, C. (2018). Competence for basic midwifery programme: Updating the ICM essential competences. *Midwifery*, 66, 168-175. <https://doi.org/10.1016/j.midw.2018.08.011>.
- Butler, M.M., Fullerton, J., & Aman, C. (2020). Competencies for respectful maternity care: Identifying those most important to midwives worldwide. *Birth*. 47(4), 346-356. <https://doi.org/10.1111/birt.12481>

- Bvumbwe, T., & Mtshali, N. (2018) Nursing education challenges and solutions in Sub Saharan Africa: An integrative review. *BMC Nursing*, 17(1). <https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-018-0272-4>
- Byrom, S. & Downe, S. (2010). 'She sorts of shines': midwives' accounts of 'good' midwifery and 'good' leadership. *Midwifery*, 26(1), 126-137.
- Byrne, M. & Schroeter, K. (2009). The Professional Portfolio: An Evidence-Based Assessment Method. *The Journal of Continuing Education in Nursing*, 2009;40(12):545–552. <https://doi.org/10.3928/00220124-20091119-07>
- Calhoun, J.G., Davidson, P L., Sinioris, M.E., Vincent, E.T., & Griffith, J.R. (2002). Toward an understanding of competency identification and assessment in health care management. *Quality Management in Health Care*, 11(1), 14–38. <https://doi.org/10.1097/00019514-200211010-00006>
- Carter, A.G., Creedy, D.K., & Sidebotham, M. (2017). Critical thinking skills in midwifery practice: Development of a self-assessment tool for students. *Midwifery*, 50, 184-192. <https://doi.org/10.1016/j.midw.2017.04.010>
- Cattell, H.E. (1996). The original big-five: A historical perspective. *European Review of Psychology*, 46(1), 5-14.
- Chang, Y.L. (2010). The influence of personality traits on nurse's job satisfaction in Taiwan. *International Nursing Review*, 57.
- Chang, Y.S., Coxon, K., Portela, A.G., Furuta, M., & Bick, D. (2018). Interventions to support effective communication between maternity care staff and women in labour: A mixed-methods systematic review. *Midwifery*, 59, 4–16. <https://doi.org/10.1016/j.midw.2017.12.014>
- Chemaly, N. (2023). *The Impact of Extended or Irregular Working Hours, Worker Fatigue, Rushing on Health and Safety, and Strategies to Mitigate Them*. [Blog]. *LinkedIn*. <https://www.linkedin.com/pulse/impact-extended-irregular-working-hours-worker-fatigue-naoum-chemaly/>
- Cherry, K. (2020, April 06). How Jung's Theory of Personality Can Explain How You Learn. Very Well Mind. <https://www.verywellmind.com/jungs-theory-of-personality-learning-styles-2795160>
- Clark, T. & Holmes, S. (2007). Fit for practice? An exploration of the development of newly qualified nurses using focus groups. *International Journal of Nursing Studies*, 44(7), 1210-1220. <https://doi.org/10.1016/j.ijnurstu.2006.05.010>

- Clements, V., Fenwick, J., & Davis, D. (2012). New Graduate Midwife Experiences of their Transition Support Programmes. *Sexual & Reproductive healthcare*, 3(4), 155-162. doi:10.1016/l.srhc.2012.08.001
- College of Nurses of Ontario [CoNO]. (2011). *Entry to practice Competencies for Ontario registered Nurses*. College of Nurses of Ontario.
- Conn, S.R., & Rieke, M.L., & Institute for Personality and Ability Testing. (1994). *The 16PF Fifth Edition technical manual*. Institute for Personality and Ability Testing.
- Cowan, D.T, Norman, I., & Coopamah, V.P. (2007). Competence in nursing practice: A controversial concept-A focused review of literature. *Accident and Emergency Nursing*, 15(1), 20-6. <https://doi.org/10.1016/j.aaen.2006.11.002>
- Department of Health [DoH] (2001). *The Primary health care package for South Africa - A set of norms and standards*. GOV.SA.
- Dewar, B., Stulz, V., Buliak, A., Connolly, L., McLaughlin, K., Newport, K., Rebolledo, S., Stephenson, L., MacBride, T., Lennon, K., & Drayton, N. (2020). Exploring and developing student midwives' experiences (ESME)—An appreciative inquiry study. *Midwifery*, 91. <https://doi.org/10.1016/j.midw.2020.102844>
- Efron, S.E., & Ravid, R. (2019). *Writing the Literature Review: A Practical guide*. The Guildford Press.
- Epstein, R.M., & Hundert, E.M. (2002). Defining and assessing professional competence. *Journal of the American Medical Association*, 287(2), 226-35. <http://dx.doi.org/10.46743/1540-580X/2017.1666>
- Fukada, M. (2018) Nursing competency: Definition, structure and development. *Yonago Acta Medica*, 61(1), 1-7. <https://doi.org/10.33160/yam.2018.03.001>
- Gauci, J., & Parascandalo, R.P. (2023). Newly qualified midwives' experiences of caring for women in the maternity setting: An integrative review. *European Journal of Midwifery*, 7, 24. <https://doi.org/10.18332/ejm/169667>
- Gepp, K., & Ferguson, S. (2022). All about human personality: Definition, disorders, and theories. *PsychCentral*. <https://psychcentral.com/health/what-is-personality>
- Giromini, L., de Campora, G., Brusadelli, E., & D'Onofrio, E. (2016). Validity and reliability of the interpersonal competence questionnaire: Empirical evidence from an Italian study. *Journal of Psychopathology and Behavioral Assessment*, 38(1). <http://dx.doi.org/10.1007/s10862-015-9499-5>

- Haddad, L.M., & Geiger, R.A. (2023, August 13). *Nursing Ethical Considerations*. NCBI.NLM.NIH. <https://www.ncbi.nlm.nih.gov/books/NBK526054/>
- Hajiesmaello M, Kariman N, Sharif Nia H, Ozgoli G, Hajian S, Bazzazian S & Mokhtarian-Gilani T. (2020). The translation and psychometric assessment of the perception of empowerment in midwifery scale: the Persian version. *BMC Health Serv Res*. 26;20(1):466. doi: 10.1186/s12913-020-05326-y.
- Hansen-Salie, N., & Martin, P. (2014). The perceptions and factors influencing the competency in newly qualified professional nurses working in private hospitals in the Western Cape, South Africa. *African Journal for Physical, Health Education, Recreation and Dance, Sup. 1*(2), 538-553.
- Hastings-Tolsma, M., Temane, A., Tagutanazvo, O.B., Lukhele, S., & Nolte, A.G. (2021). Experience of midwives in providing care to labouring women in varied healthcare settings: A qualitative study. *Health SA*. 31(26), 1524. <https://doi.org/10.4102/hsag.v26i0.1524>
- Herrity, J. (2023, September 8). Interpersonal skills: Definitions, examples and how to improve. *Indeed*. <https://www.indeed.com/career-advice/resumes-cover-letters/interpersonal-skills>
- Heydari, A., Kareshki, H., & Mohammad, R. A. (2016). Is nurse's professional competence related to their personality and emotional intelligence? *Journal of Caring Science*, 5(2), 121-132. <http://dx.doi.org/10.15171/jcs.2016.013>
- Hlongwa, E., Ehlers, V. & van der Merwe, M. (2006). Nurses' perceptions of their psychiatric nursing competencies in the Kwa-Zulu Natal Province. *Curationis*. 28. 61-72.
- Houser, J. (2018). *Nursing research: Reading, using, and creating evidence*. Jones & Bartlett Learning.
- Huberts, L.W.J.C. (2018). Integrity: What it is and why it is Important. *Public Integrity*, 20(4), 1-15. <http://dx.doi.org/10.1080/10999922.2018.1477404>
- Hundley, V.A., Tucker, J.S., van Teijlingen, E., Kiger, A., Ireland, J.C., Harris, F., Farmer, J., Caldow, & J.L., Bryers, H. (2007). Midwives' competence: Is it affected by working in a rural location? *Rural Remote Health*. 7(3), 764.
- International Confederation of Midwives. *International Definition of the Midwife*. International Confederation of Midwives; Accessed May 30, 2023. https://www.internationalmidwives.org/assets/files/definitions-files/2018/06/eng-definition_of_the_midwife-2017.pdf.

- James, A., Cooper, S., Stenhouse, E., & Endacott, R. (2019). What factors influence midwives to provide obstetric high dependency care on the delivery suite or request care be escalated away from the obstetric unit? *BMC Pregnancy and Childbirth*, 19(331). doi:10.1186/s12884-019-2487
- Karami, A., Farokhzadian, J., & Foroughameri, G. (2017). Nurses' professional competency and organizational commitment: Is it important for human resource management? *PLoS One*, 12(11). <https://doi.org/10.1371/journal.pone.0187863>
- Kaur, B. (2020). Interpersonal communications in nursing practice - Key to quality health care. *Archives of Nursing Practice and Care*, 6(1), 19-22. <http://dx.doi.org/10.17352/2581-4265.000044>
- Khakbazan, Z., Ebadi, A., Mehrnaz, G. & Zohre, M. (2019). Midwifery Professionalism: An Integrative Review. *Journal of Clinical and Diagnostic Research*. 13. LE01-LE08. 10.7860/JCDR/2019/38209.12654.
- Khatri, P. & Debnath, S.K. (2023). Interpersonal relationship inventory scale for registered nurses in India: EFA and scale development. *International Journal of Business Excellence*, Inderscience Enterprises Ltd, vol. 30(4), pages 547-558.
- Khoza, L.B., & Ehlers, V.J. (1998). The competence of newly qualified nurses as viewed by senior professional nurses. *Curationis*, 21(3), 67-73.
- Krausé, S.S., Minnie, C.S. & Coetzee, S.K. (2020). The characteristics of compassionate care during childbirth according to midwives: a qualitative descriptive inquiry. *BMC Pregnancy Childbirth*, 20, 304. <https://doi.org/10.1186/s12884-020-03001-y>
- Lartey, J.K.S., Osafo, J., Andoh-Arthur, J., & Asante, K.O. (2020). Emotional experiences and coping strategies of nursing and midwifery practitioners in Ghana: a qualitative study. *BMC nursing*, 19, 92. <https://doi.org/10.1186/s12912-020-00484-0>
- Li, Y., Hong, L., Yang, Z., Lihua, R., Lilin, C., Dong, P., & Aihua, W. (2021). Core competencies of the midwifery workforce in China: a scoping review. *Journal of Nursing Management*, 30(2). <https://doi.org/10.1111/jonm.13531>
- Louwen, C., Reidlinger, D. & Milne, N. (2023) Profiling health professionals' personality traits, behaviour styles and emotional intelligence: a systematic review. *BMC Med Educ* 23, 120 (2023). <https://doi.org/10.1186/s12909-023-04003-y>
- Marshall, J.E., & Raynor, M.D. (2020). *Myles Textbook for Midwives, International Edition* (17th ed.). Elsevier

- Maslach, C. & Leiter, M.P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 103-111. <https://doi.org/10.1002%2Fwps.20311>
- Mattison, C.A., Lavis, J.N., & Wilson, M.G. (2020). A critical interpretive synthesis of the roles of midwives in health systems. *Health Research Policy and Systems*, 18, 77. <https://doi.org/10.1186/s12961-020-00590-0>
- McNulty, J.P., & Politis, Y. (2023). Empathy, emotional intelligence and interprofessional skills in healthcare education. *Journal of Medical Imaging and Radiation Sciences*, 54(2). <https://doi.org/10.1016/j.jmir.2023.02.014>
- Means, S.N. (2017). Investigating Personality Traits of Registered Nurses: Implications for Personnel Evaluation. *PhD Thesis*, Western Michigan University. <https://scholarworks.wmich.edu/dissertations/3103>
- Midwifery Business Consultation. (2022, January 25). *Emotional Intelligence: Key to any Successful Midwifery Practice*. Midwifery Business Consultation. <https://midwiferybusinessconsultation.com/emotional-intelligence-key-to-any-successful-midwifery-practice/>
- Moudatsou, M., Stavropoulou, A., Philalithis, A., & Koukouli, S. (2020). The Role of Empathy in Health and Social Care Professionals. *Healthcare*, 8(1), 26. <https://doi.org/10.3390/healthcare8010026>
- Mtegha MB, Chodzaza E, Chirwa E, Kalembo FW, Zgambo M. (2022). Challenges experienced by newly qualified nurse-midwives transitioning to practice in selected midwifery settings in northern Malawi. *BMC Nurs*. g 25;21(1):236. doi: 10.1186/s12912-022-01012-y. PMID: 36008826; PMCID: PMC9413903.
- Munabi-Babigumira, S., Glenton, C., Lewin, S., Fretheim, & A., Nabudere, H. (2017) Factors that influence the provision of intrapartum and postnatal care by skilled birth attendants in low- and middle-income countries: A qualitative evidence synthesis. *Cochrane Database Syst Rev.*, 11. <https://doi.org/10.1002/14651858.cd011558.pub2>
- Netshisaulu, K.G., & Maputle, M.S. (2018). Expected clinical competence from midwifery graduates during community service placement in Limpopo Province, South Africa. *Health SA Gesondheid*, 23, pp.1-7. <https://doi.org/10.4102/hsag.v23i0.1166>
- Ngcobo, A., Baloyi, O.B., & Jarvis, M.A. (2021). Newly qualified midwives' perceptions of their level of midwifery clinical competence during community service in KwaZulu-Natal, South Africa. *Health SA*, 26. <https://doi.org/10.4102/hsag.v26i0.1670>

- Nkosi, Z. & Ndaba, B.J. (2015). Lived experiences of newly qualified professional nurses on community service in midwifery section. *African Journal for Physical Health Education, Recreation and Dance*, 21(4), 1150-1160.
- Norman, G R. (1985). *Assessing Clinical Competence*. Springer.
- Park, Y S., Konge, L., & Artino, R. (2020). The Positivism Paradigm of Research. *Journal of Associatio of American Medical Colleges*, 95(5) 690-694.
<https://doi.org/10.1097/acm.0000000000003093>
- Patterson, D. & Begley A.M. (2011) An exploration of the importance of emotional intelligence in midwifery. *Evidence Based Midwifery* 9(2). 53-60.
https://pureadmin.qub.ac.uk/ws/files/811670/EBM057%20to_author.pdf
- Pietrzak, D., Page, B., Korcуска, J. S., & Bach Gorman, A. (2015). An Examination of the Relationship of the 16PF Fifth Edition to a Multidimensional Model of Self-Esteem. *SAGE Open*, 5(4). <https://doi.org/10.1177/2158244015611453>
- Prasanna, S., Abeysena, H. & Alagiyawanna, M. (2023). Development and validation of the interpersonal communication assessment tool for assessing the interpersonal communication skills of public health midwives. *BMC Health Serv Res* **23**, 539.
<https://doi.org/10.1186/s12913-023-09511-7>
- Provost, S., Smyth, A., Rupnarain, T., Mailey, S., & Ward, H. (2019). Do personality traits impact upon midwives' decision-making and practice? In E., Jefford (ed.), *Empowering decision-making in midwifery*. Routledge.
- Psychometric Tests (2013) Open Psychometric Test Resource.
<https://www.psychometrictest.org.uk/16spq/>
- Rezapour-Mirsaleh, Y., & Aghabagheri, M. (2020). The relationship between personality dimensions, spirituality, coping strategies and clinical clerkship satisfaction among intern nursing students: A cross-sectional study. *BMC Nursing*, 19, 76.
<https://doi.org/10.1186/s12912-020-00469-z>
- Russell, T. (2023). Student teacher ratios, attrition, all influence the nursing shortage. Kolo Tv. <https://www.kolotv.com/2023/10/17/student-teacher-ratios-attrition-all-influence-nursing-shortage/>
- Rypkema, T. (2017). Effective Communication. In E. K. Hutton, B. Murray-Davis, K. Kaufman, E. Carty, M. Butler (eds.). *Comprehensive midwifery: The role of the midwife in health care practice, education and research*.
- Saunders, M., Lewis, P. & Thornhill, A. 2023. *Research methods for business students*. 9th ed. Edinburgh: Pearson Education Limited.

- Schneider, K. (2019) What Does Competence Mean?. *Psychology*, 10, 1938-1958. doi: 10.4236/psych.2019.1014125.
- Schuerger, J.M. (1995). "Career Assessment and The Sixteen Personality Factor Questionnaire". *Journal of Career Assessment*. 3 (2): 157–175. doi:10.1177/106907279500300204. S2CID 143342751
- Sengane, M. (2013). Mothers' expectations of midwives' care during labour in a public hospital in Gauteng. *Curationis*, 36(1), 1-9. <https://doi.org/10.4102/curationis.v36i1.320>
- Serrat, O. (2017). *Understanding and Developing Emotional Intelligence*. In Knowledge Solutions. Springer, Singapore. http://dx.doi.org/10.1007/978-981-10-0983-9_37
- Shi, J., Li, X., Li, Y., Liu, Y., Li, J., Zhang, R. & Jiang, H. (2023). Experiences of newly qualified midwives during their transition to practice: a systematic review of qualitative research. *Front. Med., Sec. Healthcare Professions Education* Volume 10 <https://doi.org/10.3389/fmed.2023.1242490>
- Shimizutani, M., Odagiri, Y., Ohya, Y., Shimomitsu, T., Kristensen, T. S., Mruta, T., & Imori, M. (2008). Relationship of a nurse burnout with personality characteristics and coping behaviors. *Industrial Health*, 46(4), 326-35. <https://doi.org/10.2486/indhealth.46.326>
- Shopo KD, Du Preez A, Rabie T, Bester P. (2023). Self-Reported Level of Cultural Competence of Midwives in the North-West Province of South Africa. *Journal of Transcultural Nursing*. ;34(5):330-342. doi:10.1177/10436596231175165
- Sidhu, R., Su, B., Shapiro, K. R. & Stoll, K. (2020). Prevalence of and factors associated with burnout in midwifery: A scoping review. *European journal of midwifery*, 4. <https://doi.org/10.18332/ejm/115983>
- Siedlecki, S. (2020). Understanding Descriptive Research Designs and Methods. *Clinical Nurse Specialist* CNS. 34. 8-12. 10.1097/NUR.0000000000000493.
- Simane-Netshisaulu, K.G. (2022). 'Student to midwife transition: Newly qualified midwives' experiences in Limpopo province', *Health SA Gesondheid* 27(0), a1992. <https://doi.org/10.4102/hsag.v27i0.1992>
- Sileyew, K.J. (2019). *Research design and methodology*. Cyberspace. DOI: 10.5772/intechopen.85731
- Skillsyouneed. (2020). The Skills You Need Guide to Interpersonal Skills. <https://www.skillsyouneed.com/shop/interpersonal-skills-guide.html>

- Škodová, Z. (2016). Communication and interpersonal skills enhancement in midwifery: Review. *Central European Journal of Nursing and Midwifery*, 7(3), 504–510. <http://dx.doi.org/10.15452/CEJNM.2016.07.0021>
- South Africa. 2005. (2005). Nursing Act 33 of 2005. Pretoria: Government Gazette.
- South African Nursing Council. (2013). *South African Nursing Council Nursing Act*. GOV.SA. <http://www.sanc.co.za/pdf/Nursing%20Act%202005.PDF>
- South African Nursing Council (SANC). (2021). *Nursing education and training standards*. GOV.SA. <https://www.sanc.co.za/wp-content/uploads/2020/08/Nursing-Education-and-Training-Standards.pdf>
- South African Nursing Council. (2023). *Circular 5/2023 Student ratios for education and training of nurses*. GOV.SA. <https://www.sanc.co.za/2023/06/20/circular-5-2023-student-ratios/>
- Tabib, M., Humphrey, T. & Forbes-Mckay, K. (2024). "Doing" is never enough, if "being" is neglected: exploring midwives' perspectives on the influence of an emotional intelligence education programme: a qualitative study. *Women and birth*. <https://rgu-repository.worktribe.com/output/2158814>
- Tanaka, N., Horiuchi, S., Shimpuku, Y. & Leshabari, S. (2015). Career development expectations and challenges of midwives in Urban Tanzania: A preliminary study. *BMC Nursing*, 14, 27. <https://doi.org/10.1186/s12912-015-0081-y>
- Ten Cate O, Scheele F. (2007) Competency-based postgraduate training: can we bridge the gap between theory and clinical practice? *Acad Med*. 82(6):542-7. doi: 10.1097/ACM.0b013e31805559c7. PMID: 17525536.Ten Cate & Scheele, 2007:542).
- The Constitution of the Republic of South Africa (1996).
- Thompson, H. (2022). What Is Self-Regulation? Skills and Ways To Improve Them. *Indeed*. <https://www.indeed.com/career-advice/career-development/self-regulation-skills>
- Van Eeden, R., Taylor, N., & Prinsloo, C.H. (2013). The Sixteen Personality Factor Questionnaire in South Africa. In S. Layer, & K. Cockcroft (eds.). *Psychological Assessment in South Africa* (pp. 203-217). Wits University Press. <https://doi.org/10.18772/22013015782.19>
- Watson, R., Calman, L., Norman, I., Redfern, S., & Murrells, T. (2002). Assessing clinical competence. *Journal of Clinical Nursing*, 11(4), 554 - 555.
- Wentzel, S.W. (2008). *The role of the clinic manager in a Primary health care setting*. Unisa.

- Whitehead, B. (2013). Are newly qualified nurses prepared for practice? *Nursing Practice*, 107(19), 21-24.
- Williamson, K., & Johanson, G. (2018). *Research methods. Information, systems and contexts* (2nd ed.). Elsevier.
- Wisseemann, K., Bloxsome, D., De Leo, A., & Bayes, S. (2022). What are the benefits and challenges of mentoring in midwifery? An integrative review. *Women's health*, 18. <https://doi.org/10.1177/17455057221110141>
- Wolfer, C., Vîslă, A., Held, J., Hilpert, P. & Flückiger, C. (2020). Assessing Interpersonal Skills -A Comparison of Trainee Therapists' and a Students' Interpersonal Skills assessed with two established Assessments for Interpersonal Skills. *Clinical Psychology & Psychotherapy* (28)5. DOI:10.1002/cpp.2487.
- World Health Organization [WHO]. (2018). Evidence and recommendations. In *WHO recommendations: Intrapartum care for a positive childbirth experience*. World Health Organization. <https://www.ncbi.nlm.nih.gov/books/NBK513805/>
- Xyrichis, A. & Ream., E (2008). Teamwork: a Concept Analysis. *Journal of Advanced Nursing* 61(2):232-41.DOI 10.1111/j.1365-2648.2007.04496.x
- Yu, C. C, Tan, L., Le, M. K., Tang, B., Liaw, S. Y., Tierney, T., Ho, Y. Y., Lim, B. E. E., Lim, D., Ng, R., Chia, S. C., & Low, J. A. (2022). The development of empathy in the healthcare setting: A qualitative approach. *BMC Medical Education*, 22(1), 245. <https://doi.org/10.1186/s12909-022-03312-y>
- Yuan, L. (2022). Personality Psychology. Guide:16 PF – A Behaviour- Based Approach to Traits. <https://personality-psychology.com/16pf-personality-factor-questionnaire/>
- Yurtsal, Z. B., & Özdemir, L. (2015). Assertiveness and problem solving in midwives. *Iranian Journal of Nursing and Midwifery Research*, 20(6), 647–654. <https://doi.org/10.4103/1735-9066.170016>
- Zahra, S.T., Saleem, S., Subhan, S. & Mahmood, Z. (2021). Interpersonal skills scale: Development and validation in urbanized sample of adolescents. *Social Development*. <https://doi.org/10.1111/sode.12475>
- Zhang, I., Liu, B., Ren, H., Liu, Y-F & Zhang, Y. (2013) The personality profile of excellent nurses in China: The 16PF, *Contemporary Nurse*, 43:2, 219-224, DOI: 10.5172/conu.2013.43.2.219

Annexures**Annexures****Annexure A University of Fort Hare Ethical Committee**

University of Fort Hare
Together in Excellence

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

Certificate Reference Number: **NIK051SMZU01**

Project title: **Competence of Newly Qualified Professional Midwives Health Care Facilities in the Buffalo City Metropolitan Municipality Eastern Cape, South Africa**

Nature of Project: **Masters**

Principal Researcher: **Nozuko Faith Mzuku**

Supervisor: **Prof V.C Nikodem**
Co-supervisor:

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 project and research instrument(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:

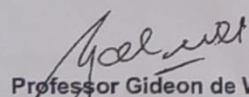
Note: The UREC is aware of the provisions of s71 of the National Health Act 61 of 2003 and that matters pertaining to obtaining the Minister's consent are under discussion and remain unresolved. Nonetheless, as was decided at a meeting between the National Health Research Ethics Committee and stakeholders on 6 June 2013, 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 principle 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 wished you well in your research.

Yours sincerely


Professor Gideon de Wet
Dean of Research

17 August 2015

Annexure B Buffalo City Metropolitan Health District

Province of the
EASTERN CAPE
HEALTH

BUFFALO CITY METRO HEALTH DISTRICT

OFFICE OF THE SUB-DISTRICT MANAGER

9 Vincent Road • Vincent • East London • 5200, Eastern Cape
Private Bag X 9015 • Main Post Office, East London • 5200 • Eastern Cape
Tel.: +27 (0)43 711 1100 • Fax: +27 (0)43 721 1972 • Website: www.ecdoh.gov.za
Enquiries: Mrs N. Ntamo

INTERNAL MEMORANDUM

To:	Clinic supervisors and operational managers BCMHD- PHC Facilities
From:	Buffalo City Sub-district Manager
Subject:	District Manager
Date:	26/10/2015

This communiqué serves to inform the operational managers of Buffalo City Sub District that Ms N.F. Mzuku have been given permission to conduct research in Nontyatyambo and Gampo Empilweni.

The sub district office requests that the researchers be assisted with the information they need without compromising confidentiality of both the consumers of the service and the image of the department.

Your co-operation is always appreciated.

[Signature]
pp.
BUFFALO CITY SUB-DISTRICT

26/10/2015
DATE

United in achieving quality health care for all

Fraud prevention line: 0800 701 701
24 hour Call Centre: 0800 032 364
Website: www.ecdoh.gov.za



Annexure C Health Facilities

	Province of the EASTERN CAPE HEALTH
Non Interventional Hospital Review Board	
<u>Postal Address:</u>	
Frere Hospital Private bag x 9047 Amalinda East London 5200 Enquiries: B. Willie Tel: 043 709 2389 Email: babalwa.willie@impilo.ecprov.gov.za	
<u>Physical Address:</u>	
Frere Hospital 4 th Floor Room 4.18 Amalinda East London 5200	

02nd October 2015

Ms N.F. Mzuku
Fort Hare University
Department of Nursing Sciences
East London
5201

RE: REQUEST FOR APPROVAL TO CONDUCT RESEARCH STUDY

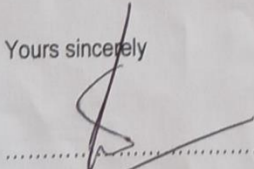
"Competence of Newly Qualified Professional Midwives Health Care Facilities in the Buffalo City Metropolitan Municipality Eastern Cape, South Africa".

We acknowledge receipt of the above mentioned proposal.

Having gone through your proposal, the committee has no ethical problems noted.

Please be advised that the committee has granted you the consent to do the research.

Yours sincerely


.....
Dr J. Thomas
Clinical Governance Frere Hospital

**Eastern Cape Department of Health**

Enquiries: Zonwabele Merlie
Date: 16th September 2015
e-mail address: zonwabele.merlie@echealth.gov.za

Tel No: 040 608 0830
Fax No: 043 642 1409

Dear Ms NF Mzuku

RE: Competence of new qualified professional midwives in health care facilities in the Buffalo City Metropolitan Municipality, South Africa (EC_2015RP32_533)

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTEE





Province of the
EASTERN CAPE
HEALTH

EAST LONDON HOSPITAL COMPLEX

Frere Hospital, Amalinda, Private Bag/Ingxowa Eyodwa X 9047, East London, 5200
South Africa • Tel: (043) 709 2135 • Fax: (043) 709 2443 • Website: www.ecdoh.gov.za

INTERNAL MEMORANDUM

To:	Ms. N.F. Mzuku, Student, Fort Hare University, Nursing Science
From:	Dr. J. Thomas; Director Clinical Governance, Frere Hospital
CC:	Mrs. J. Scholl; Acting Hospital Manager, Frere Hospital Mrs. Y. Lujiza; Deputy Director Nursing services, Frere Hospital Dr. J. Hofmeyer; HOD Obstetrics and Gynaecology, Frere & CMH Hospital Dr. K. Middleton; HOD Obstetrics and Gynaecology, Frere Hospital Mrs. Z. Lwana; Area Manager Obstetrics and Gynaecology, Frere
Subject:	Research Request: "Competence of Newly Qualified Professional Midwives Health Care Facilities in the Buffalo City Metropolitan Municipality Eastern Cape, South Africa."
Date:	02 October 2015

Your correspondence for the above Research Request refers. Your request to access Frere Hospital has been approved.

It is requested that a copy of the completed analysis be submitted to this office for record purposes.

You can liaise with the following persons to coordinate the research:

1. Mrs Y. Lujiza, Tel: (043) 709 2781
2. Dr. K. Middleton, Tel: (043) 709 2212
3. Mrs. Z. Lwana, Tel: (043) 709 2017

Regards,

Dr. J. Thomas

Clinical Governance Director: Frere Hospital

Nmp/cjr

United in achieving quality health care for all

24 hour call centre: 0800 0323 64
Website: www.ecdoh.gov.za



Ikamva eliqoqambileyo!



Province of the
EASTERN CAPE
HEALTH

Cecilia Makiwane Hospital • East London Hospital Complex • East London
Private Bag X 9047 • East London • 5200 • South Africa
Tel: 043 708 2135 • Fax: 043 760 2252 • e-Mail: luntu.galo@impilo.ecprov.gov.za

TO: MS N.F. MZUKU

FROM: DR L. GALO – MANAGER: MEDICAL SERVICES CECILIA MAKIWANE HOSPITAL

SUBJECT: RE: APPROVAL TO CONDUCT RESEARCH AT CMH

DATE: 20 OCTOBER 2015

Dear Ms N.F. Mzuku,

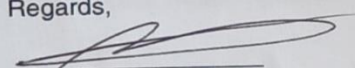
I am pleased to inform you that your request to conduct research at Cecilia Makiwane Hospital has been approved.

Please ensure that you present the research on completion to the Management of Cecilia Makiwane Hospital as well as making available a copy of the findings to the hospital.

Should you have any queries or questions of clarity, please feel free to contact me on the number provided.

Wishing you all for the best in your studies.

Regards,


DR. L. GALO
DATE 22/10/15
MANAGER: MEDICAL SERVICES
Cell: 0605598190



**MEDICAL SUPERINTENDENT
CECILIA MAKIWANE HOSPITAL
PRIVATE BAG X 9047 EAST LONDON 5200**

DR LUNTU GALO

United in achieving quality health care for all

24 hour call centre: 0800 0323 64
Website: www.ecdoh.gov.za



Ikamva eliqambileyo!

Annexure D Informed consent

University of Fort Hare
Together in Excellence

Ethics Research Confidentiality and Informed Consent Form

Dear Participant

My name is Faith Mzuku, I am currently registered as a Masters student in the Nursing Department of the University of Fort Hare. I am doing a study to evaluate the competence of newly qualified midwives. I am recruiting all newly qualified midwives who has completed their community service year and who are allocated in labour wards of Cecelia Makiwane, Frere Hospital, Empilweni and Notyatyambo clinics to participate in the study. We estimate that the interview will take about 60 minutes and anticipate that we will interview at least 20 newly qualified midwives.

Your role in the study will be to read the inform consent form, to ask questions for clarification and if you agree to sign the inform consent form. Thereafter will we conduct a structured questionnaire. Please note that there are no right or wrong answers, we just wish to explore the competence of newly qualified midwives and request that you answer the questions as truthful as possible. If you wish to be informed about the results will I ask you to write your email details on a separate form which will not be linked to the questionnaire and we will send you a copy of the results as soon as it become available. The questionnaire is not invasive and it should do you no harm. There may also not be ant direct benefits for you in partaking in this study, but the results may be used to improve midwifery training in the future. As this is not an intervention study do we not foresee any reasons why the study should be terminated before all the newly qualified midwives that are willing to participate have been interviewed.

Participation in this study is entirely voluntary and you may request to withdraw for the study at any time during or after the interview. There will be no negative consequences to you if you wish to withdraw from the study.

Should the results show that new interventions are required to train midwives will you be informed via the publication of the results. The researcher and supervisor are trained according to the International Conference on Harmonisation, Good Clinical Practice for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa.

You will not be paid for participating in the study but as the interview will embark on you lunch time will you be provided with a soft drink and a sandwich. There will be no cost to you, other than your time, to participate in the study. Trough out the interview your confidentiality will be protected. To ensure that the questionnaire cannot be directly linked to you will your name not be written on the questionnaire. A separate list will be kept with your name and contact details that will be protected and only available to the me and the supervisor and will exclusively use to inform you about the results of the study or where required to contact you if further information may be required. The maternal record of the women you recently delivered will also be kept confidential and no link will be made between the parturient and the midwife who delivered her.

This research study has been approved by the University of Fort Hare Senate and ethical clearance to conduct the study has been obtained. If you wish to contact the UFH Ethical committee please Contact the: Dean of Research at 043 704 7512. If at any time you wish to contact the researcher can you get hold of me on: Faith Mzuku Cell number 078 760 9806 or through the nursing department at 043 704 7358. I declare that there is no conflict of interest and that I am not receiving any funds from a sponsor to execute the study.

If you are satisfied and understand the informed consent please sign the declaration on the next page.

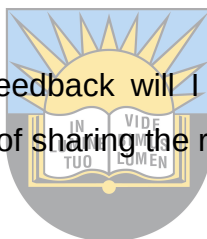
INFORMED CONSENT

I _____

hereby agree to participate in research regarding Competence of newly qualified professional midwives. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop this interview at any point should I not want to continue and that this decision will not in any way affect me negatively. I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I have received the telephone number of a person to contact should I need to speak about any issues which may arise in this interview. I understand that this consent form will not be linked to the questionnaire, and that my answers will remain confidential.

I understand that if I require feedback will I share my email address with the researcher for the sole purpose of sharing the results.



.....

Signature of participant

University of Fort Hare
Together in Excellence

Date:.....

.....

Signature of Researcher

Date:.....

Annexure E Questionnaire

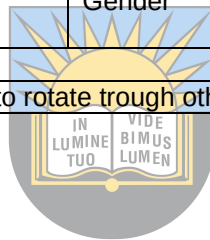
Dear Participant

Please answer each question. There is no right or wrong answer.

X the most appropriate answer or fill in the answer where appropriate

Biographical information:

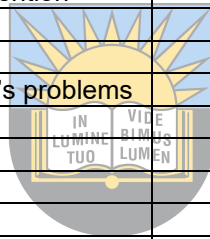
Religion	Christian	Catholic	Muslim	Other:			
Home language	Xhosa	English	Afrikaans	Other:			
Marital status	Married	Single	Divorced	Separated	Widowed	Cohabiting	Other
What qualification do you have?		Diploma in Nursing			Bachelor's degree		
Where did you obtain your qualification?			UFH	WSU	Lilita College	Other:	
How old are you?				Gender		Female	Male
Have you been given an opportunity to rotate through other wards?					Yes	No	



University of Fort Hare
Together in Excellence

Interpersonal www.psychometrictest.org.uk

	Please respond to the following questions by choosing the correct answer Please X the most appropriate block	Very inaccurate	Moderately inaccurate	Neither accurate nor inaccurate	Moderately accurate	Very accurate
1	Am able to fit into any situation					
2	Am not good at working with a group					
3	Anticipate the needs of others					
4	Lie to get myself out of trouble					
5	Am good at making impromptu speeches					
6	Often feel awkward around people					
7	Don't miss group meetings or team practices					
8	Don't understand people who get emotional					
9	Am trusted to keep secrets					
10	Would be afraid to give speech in public					
11	Have the ability to make others feel interesting					
12	Prefer to do everything alone					
13	Sense others wishes					
14	Am hard to understand					
15	Don't mind being the center of attention					
16	Get along well with few people					
17	Enjoy being part of the group					
18	Am not interested in other people's problems					
19	Keep my promises					
20	Keep in the background					
21	Know what makes others tick					
22	Work best when I am alone					
23	Reassure others					
24	Feel like an imposter					
25	Feel comfortable around people					
26	Don't know how to handle myself in a new social situation					
27	Supports my teammates or fellow group members					
28	Seldom get emotional					
29	Believe that honesty is the basis for trust					
30	Find it difficult to approach others					
31	Get along well with people I have just met					
32	Keep to myself					
33	Am concerned about others					
34	Like to exaggerate my troubles					
35	Have leadership abilities					
36	Find it difficult to relate to people					
37	Feel I must respect the decisions made by my group					
38	Am unaffected by other people's happiness					
39	Can be trusted to keep my promises					
40	Hate being the center of attention					
41	I am good at sensing what others are feeling					
42	Don't think it is important to socialize with others					
43	Have a good word for everyone					
44	Often ignore my own principles					



University of Fort Hare
Together in Excellence

45	Have a strong personality					
46	Find it hard to fit in					
47	Work best when I am in a group					
48	Dislike being around happy people when I am feeling sad					
49	I am true to my own values					
50	Have little to say					



University of Fort Hare
Together in Excellence

16 personality factors <https://www.psychometrictest.org.uk/16spq/>

	Please respond to the following questions by choosing the correct answer Please X the most appropriate block	Very inaccurate	Moderately inaccurate	Neither accurate nor inaccurate	Moderately accurate	Very accurate
1+	Know how to comfort others					
2	Have frequent mood swings					
3	Feel others emotions					
4	Dislike myself					
5	Like to read					
6	Wait for other to lead the way					
7	Enjoy discussing movies and books with others					
8	Let others make the decision					
9	Feel comfortable with myself					
10	Don't like to get involved in other people's problems					
11	Am relaxed most of the time					
12	Am not really interested in others					
13	Am not afraid of providing criticism					
14	Dislike words of fiction					
15	Want to be in charge					
16	Rarely notice my emotional reactions					
17	Resist authority					
18	Often feel uncomfortable around others					
19	Know how to get around the rules					
20	Keep in the background					
21	Trust what people say					
22	Seldom get lost in thought					
23	Believe that others have good intentions					
24	Do things by the book					
25	Don't mind being the center of attention					
26	Respect authority					
27	Feel comfortable around people					
28	Believe laws should be strictly enforced					
29	Like to get lost in thought					
30	Suspect hidden motives in others					
31	Swim against the current					
32	Believe that people seldom tell you the whole truth					
33	Am not bothered by messy people					
34	Seldom joke around					
35	I am not bothered by disorder					
36	Am the last to laugh at a joke					
37	Don't worry about things that have already happened					
38	Rarely look for a deeper meaning in things					
39	Am not easily bothered by things					
40	Am not interested in theoretical discussions					
41	Act wild and crazy					
42	Continue until everything is perfect					
43	Joke around a lot					

44	Want everything to be" just right					
45	Love to think up new ways of doing things					
46	Spend time thinking about past mistakes					
47	Enjoying hearing new ideas					
48	Am afraid that I will do the wrong thing					
49	Get confused easily					
50	Keep my thoughts to myself					
51	Skip complex words while reading					
52	Bottle up my feeling					
53	Am not easily annoyed					
54	Prefer to do things by myself					
55	Have a good word for everyone					
56	Enjoy spending time by myself					
57	Am open about myself to others					
58	Make insightful remarks					
59	Am willing to talk about myself					
60	Weigh the pros against the cons					
61	Enjoy being part of a group					
62	Am annoyed by other's mistakes					
63	Can't do without the company of others					
64	Can't stand being contradicted					

Which of the following challenges have you experience in the work place?	Yes	No
Shortage of professional midwives on duty		
Lack of equipment or other clinical resources		
Signs of staff "burn out"		
Low morale amongst staff		
Lack of recognition by senior midwives		
Lack of quality control and audits		
Lack of informal teaching by senior midwives		
Lack of continuing in-service education		
Lack of organization orientation programs		
Please write down any other challenge that is a barrier to competency or that you may think that can enhance the acquirement of competency		

Thank you for participating.