PERCEPTIONS OF MIDWIVES ON THE SHORTAGE AND RETENTION OF STAFF AT A PUBLIC HOSPITAL IN TSHWANE DISTRICT, GAUTENG PROVINCE

by

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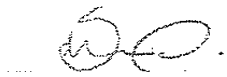
DECLARATION

I declare that **PERCEPTIONS OF MIDWIVES ON THE SHORTAGE AND RETENTION OF STAFF AT A PUBLIC HOSPITAL IN TSHWANE DISTRICT, GAUTENG PROVINCE** is my own work, and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.



15 November 2017

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SIGNATURE **DATE**

Mosehle Salome Matlala

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ABSTRACT

Midwifery is the backbone of women and child healthcare. The shortage of staff in maternity units is a crisis faced by many countries worldwide, including South Africa. This study aims to investigate and explore the perceptions of midwives on the shortage and retention of staff in a public institution. An explorative, descriptive generic qualitative design method was followed. Non-probability, purposive sampling technique was used. The study was conducted at one tertiary hospital in the district of Tshwane, Gauteng Province. A total of 11 midwives were interviewed. Thematic coding analysis was followed in analysing data. Midwives are passionate about their job, despite the hurdles related to their day-to-day work environment. They are demoralised by a chronic shortage of staff, and feel overworked. Staff involvement in decision-making processes is a motivational factor for midwives to stay in the profession.

KEY WORDS

Job satisfaction; midwives; midwifery practice; quality care; recruitment; retention; shortage; staff; task shifting; working environment.

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- To my friends and family, who understood the importance and value of my study, and who forsook the quality time of which they were deprived by my prolonged periods of absence from their midst.

Dedication

I acknowledge the power and the glory of God in this achievement.

In loving memory of two special men, my late father, Mr. Solomon Matlatje Matlabyane, and my late grandfather Mr. Nelson Seitswadi Malahlela, who inculcated the value of education in my life.

It is most appropriate to recognise the special work and commitment of midwives in the provision of healthcare to women and children, despite the challenges faced by the profession.

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LIST OF ABBREVIATIONS

EHRP	Emergency Human Resources Programme
HHWRS	Harmonised Health Worker Retention Scheme
ICM	International Confederation of Midwives
MERAS	Midwifery Employee Representation and Advisory Service
MDG	Millennium Development Goals
NDoH	National Department of Health
NHRD	National Health Research Database
OSD	Occupation Specific Dispensation
SANC	South African Nursing Council
SRMNH	Sexual Reproductive, Maternal and Neonatal Health
UNISA	University of South Africa
UNFPA	United Nations Population Fund
WHO	World Health Organization
ZHWRS	Zambian Health Workers Retention Scheme

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

This study explores and describes the perceptions of midwives regarding the reasons that lead to the continuous shortage of midwives, and how the problem can be addressed in the maternity unit of one of the hospitals in Tshwane, Gauteng Province. This chapter provides a background of the study, including a problem statement, purpose and objectives. The chapter also offers an overview of the significance of the study, research questions, and definitions of key concepts, including a theoretical foundation that guided this study. Included in this chapter are brief discussions of research design and research approach that were followed in the research study, and the layout of the entire dissertation.

1.2 BACKGROUND TO THE RESEARCH PROBLEM

Midwifery has come to the fore since maternal and newborn health was made the focus of the Millennium Development Goals. Midwives play a key role in reducing maternal and newborn mortality, and are further regarded as the warriors on the frontline of healthcare, battling to ensure that women survive childbirth, and that babies are born safely, even in the most marginalized areas (World Health Organization (WHO) 2013a:1). According to Thompson (2011:181) quality midwifery services are a well-documented component of success in saving women and newborn babies, as well as promoting their health. There is, further to this, a lack of qualified midwives with midwifery competencies to care for the pregnant women and their births.

The United Nations Populations Fund (UNFPA) (2014:14) brings to light that worldwide, midwives make up to 36% of the midwifery workforce across the 73 countries. Their specific contribution to the physiological process of normal birth and their high degree of focus on sexual reproductive, maternal and neonatal health (SRMNH) continuum of care makes them essential. It is further emphasised that policy makers need to pay specific attention to these cadres within overall workforce planning. Studies show that midwifery,

including family planning and interventions for maternal and newborn health, could avert 83% of all maternal deaths, stillbirths and neonatal deaths (WHO 2016:10).

Nurse turnover is expensive, disruptive, and threatens the quality of healthcare and patient safety (Stokowski 2014:1). Retention of midwives, especially in the rural areas, is a major challenge for many countries, and is the one that negates all the hard work and resources invested in their training (WHO 2013a:1). High turnover rate in the health system of skilled professionals has both economic and non-economic effect. The consequences include the direct and indirect cost of recruitment and staff replacement, staff shortages (which brings the obligation of getting midwives for moonlighting), increased workloads for the existing staff, and the potential risk of decline in provision of quality care to patients (Rispel, Chirwa & Blaauw 2014:1).

Stokowski (2014:1) argues that there are many reasons why nurses leave their jobs, either voluntarily or involuntarily. Among other reasons noted is the need for change and promotion, job dissatisfaction, geographical move, returning to school, or even leaving the nursing profession. According to the findings on factors affecting voluntary staff turnover, management style was the strongest predictor of the intent to leave (Gautam & Tuswa 2016:197). In South Africa, the movement of health workers occurs in three ways, namely: movement from rural to urban areas and from public to private sectors, and emigration to predominantly wealthier countries including the United States, United Kingdom, Canada, and Australia (George, Atujuna & Gow 2013:2).

In the study, ‘why do midwives stay’ conducted in Canada in the province of Ontario, midwives reveal that they experience job satisfaction, relating their positive experience to the effect they have on women. Midwife autonomy and relationships with colleagues were also valued as elements that encourage them to stay in practice. Even though most midwives are positive about the profession, they still made recommendations to improve job satisfaction, which included more compensation, reduced working hours, improved relationship with the hospital, and a flexible midwifery model of care (Versaevel 2011:37).

The WHO made recommendations on recruitment and retention of health workers, especially in remote and rural areas. The recommendations include subsidizing education in return of service, provision of financial incentives, development of a safe and supportive working environment, provision of career development programmes, support of the

development of professional networks and adoption of public recognition networks (Buchan, Couper, Tangcharoensathien Thepannya, Jaskiewicz, Perfilieva & Dolea 2013:835). George et al (2013:1) state the factors that influence the health workers' decision to migrate include lack of established posts and career opportunities; lack of availability of training at advanced levels; poor provision service benefits; high rates of crime; and lack of secure work environment.

Shortage of midwives is a problem in developed countries as well as in middle-income countries. Australia as a developed country has experienced shortage of midwives due to lack of societal and professional recognition, lack of adequate education, as well as limits to providing antenatal and intrapartum care (Pugh, Twigg, Martin & Rai 2013:498).

Sri Lanka, as a middle-income country, also faces the same challenge of midwife shortage especially in the rural communities, and has had to employ new strategies to recruit and retain midwives. The Sri Lankan government managed to achieve success on the reduction of both maternal and child mortality in the country, through the recruitment, training and posting systems in the rural sector. It is innovations like these which have made Sri Lanka one of the few low and middle-income countries on track to achieve Millennium Development Goals (MDGs 4 & 5) (Rosskam, Pariyo, Hountton & Aiga 2011:4). Sri Lanka also adopted the WHO recommendations and employed policies on improving the recruitment and retention of health workers. In terms of education, some training schools for nurses and midwives were located outside major cities, for easy access of rural candidates, whereby rural health issues were included in the curriculum. In terms of regulation, the government made a sporadic implementation of compulsory service in a rural area as part of the national policy (Buchan et al 2013:836).

Zimbabwe has also experienced an unprecedented decline in health service provision in general, which was made worse by the mass departure of skilled health workers (including midwives), in the public sector, particularly. In response, the Zimbabwean government came up with the implementation of the Harmonised Health Worker Retention Scheme (HHWRS). The scheme was introduced as a strategy to recruit and retain the skilled health workers in the service. The main goal was to reverse the emigration of health staff, and to ensure that there were enough newly trained health workers entering the system to fill the emerging staff vacancies. The scheme provides a tax-free salary top-up to health workers, paid on a monthly basis. Since the

implementation of the scheme, facility, births increased from 53% to 76% of all births between 2008 and 2011. The increase happened at the same time as a reduction in vacancy rates for nurses (Dieleman, Watson & Sisimayi 2012:2).

Zambia is no exception, as the country in Sub-Saharan Africa with the internal and external brain drain in the health system. Lack of personnel in the key areas of the health system is a major problem. In 2003, the Zambian Ministry of Health established the Zambian Health Workers Retention Scheme (ZHWRS), with the initial aim of recruiting and retaining doctors in rural and remote districts. The scheme subsequently covered other cadres such as nurses, paramedics and tutors. The key components of the ZHWRS are that cadres serve a period of three years working in rural areas. Payment of a monthly 'rural hardship' allowance, yearly education allowances per child aged five to 21, and renovation funds for accommodation improvement, are some of the benefits for the scheme. At the end of the contract, cadres are eligible for the assistance for postgraduate study (Gow, George, Mwamba, Ingombe & Mutinta 2013:800-802).

Onabanjo, Osborne and Bekker (2013:2) state that South Africa, like many countries in Africa, is facing a shortage of highly skilled healthcare professionals, including midwives. Statistics from the South African Nursing Council (SANC) for period 1996-2005 shows that the growth of registered nurses and registered midwives on the roll was 11751, which translates to 13.4 percent. In Gauteng Province alone, according to SANC statistics as at the end of 2015, there was about 35 770 registered nurses registered on the roll. From amongst that number, in relation to population, one registered nurse is to serve four hundred and two (1:402) patients (SANC 2015:2). The number of midwives on the roll is not clear, as there is no separate database on registered and practicing midwives. However, *Pretoria News* newspaper (Hospital maternity staff quit in numbers 2016:1) reported that one particular public hospital in Tshwane District has an alarming turnover of midwives.

According to the National Department of Health's (NDoH) Human Resource for Health in South Africa (SAHR) (2011:51), the country has much poorer outcomes for maternal health and mortality than the six comparative countries, namely: Brazil, Chile, Costa Rica, Columbia, Thailand, and Argentina. As stated in the in the Guidelines for Maternity Care in South Africa (2015:13), maternity care is an integral component of primary healthcare, and there are free health services for pregnant women in South Africa.

In South Africa, shortages and high turnover of nurses impede the implementation of major health systems reform. Generally, in studies conducted about the job satisfaction of registered nurses in South Africa, salaries and poor working conditions remain under discussion.

South Africa has also made efforts to recruit and retain health workers with implementation of Occupation Specific Dispensation (OSD) in 2007 and rural allowances (Ditlopo, Blaauw, Rispel, Thomas & Bidwell 2013:139). The incentive failed to meet the expectations of most nurses. Existing evidence suggests numerous problems with the implementation of the OSD policy ranging from inadequate planning, budget over-runs, and inequities in the amounts received, perceived unfairness, and dissatisfaction and divisions among different categories of nurses. Rural allowance does not seem to yield effectiveness as well, considering the reports from hospital managers that its effectiveness addresses only short-term recruitment needs of the institutions. It is then evident that financial incentives alone are insufficient to motivate and retain staff (Ditlopo et al 2013:139).

Ehlers and Oosthuizen (2011:2) cite the most important factors that would influence more than 90% of nurses to stay with their current employers, which include finances, safety and security, equipment and supplies, management, staff, and patients.

South Africa is struggling to improve maternal and perinatal outcomes resulting in failure to achieve the MDG 4 and 5. Training of midwifery is unfocused and forced upon those who have no interest in improving maternal outcomes. Staff attitudes and skills were identified as a factor affecting deaths and adverse outcomes in mothers (Schoon & Motlolometsi 2012:784). At the 29th International Confederation of Midwives (ICM) 29th congress held in Durban, South Africa, the following recommendations were made:

- Governments to recognise midwifery as a distinct profession, which is core to the provision of maternal and newborn health services, and promote it as a career with post at the national policy level.
- Regulatory bodies urged to protect the title of midwifery and establish its scope of practice.

- Professional midwifery associations reminded to raise the profile and status of midwives in the national policy arena, and strengthen their input into health plans and policy development (Thompson 2011:181).

1.3 STATEMENT OF THE RESEARCH PROBLEM

The shortage of midwives in the public sector influences maternal care outcomes in a negative manner. Poor quality workplaces in health system weakens the ability of institutions to meet their performance targets and quality healthcare outcomes, and makes it more difficult to attract, motivate and retain staff.

The researcher is a lecturer at one of Gauteng's Provincial Department of Health nursing colleges in South Africa, and facilitates clinical learning in some of the hospitals where students are placed for their practical learning outcomes, in Tshwane. The observation made while undertaking student accompaniments is that, many midwives are resigning, leading to a critical shortage. One of the results is that students end up not getting enough mentoring and supervision throughout their placement, especially in the labour ward, and of course, compromising quality care to the mothers and babies in the unit. Hence, there is a pressing need on the researcher to explore midwives' perceptions on shortage of staff and to recommend strategies to address the problem.

1.4 RESEARCH AIM/PURPOSE

The purpose of the study was to explore midwives' perceptions on shortage and retention of staff in a public hospital in the Tshwane District, Gauteng Province. The researcher intended to identify the specific factors associated with the midwives' intentions to stay or leave their primary employment in the public sector of Tshwane District, from the midwife's perspective.

1.5 RESEARCH OBJECTIVES

The objectives of the study were to

- explore and describe the experiences of midwives on shortage of staff in the maternity ward of the public hospital

- identify the current retention strategies of skilled midwives in the public sector hospitals
- explore and describe the views of midwives on factors that would attract and retain staff

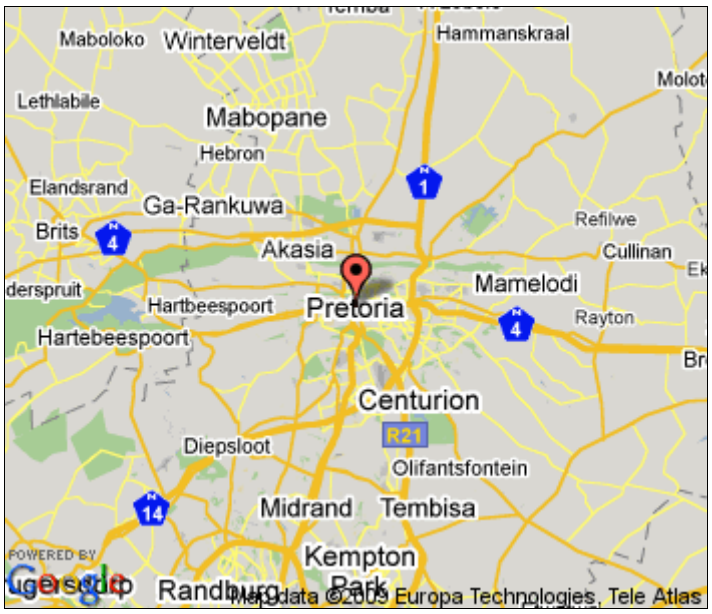
1.6 RESEARCH QUESTIONS

The researcher formulated the following research questions in order to achieve the set objectives:

- What are the experiences of midwives on shortage of staff in the maternity wards?
- What are the current retention strategies employed in the maternity wards of the public sector hospitals?
- What are the views of midwives on factors that would attract and retain staff?

1.7 SETTING OF THE STUDY

This study was conducted at the maternity section of a tertiary level hospital located in the Tshwane District of Gauteng Province. The maternity area caters for all high risk pregnancy-related cases. The section comprises an antenatal clinic, which offers services between 07:00 to 16:00 Monday to Friday; a 21-bed antenatal ward, a 21-bed post-natal ward; a labour ward with six labour beds; and a 10-bedded high care area within the ward, including an admission area with three beds. The antenatal ward was at the time of the study staffed with seven midwives including the operations manager; the postnatal ward with eight midwives, including the operations manager while the labour ward had a total of 19 midwives. The numbers were distributed between both night and day duties. The institution is affiliated to the University of Pretoria, and clinical training of the health sciences is offered, including undergraduate midwives and obstetricians. Figure 1.1 shows a location of the study site and the surrounding areas.



The pin shows the location of the study site

Figure 1.1 A map showing the areas surrounding the setting of the study in Tshwane District

(Google Maps 2009)

1.8 SIGNIFICANCE OF THE STUDY

Many researchers have investigated the shortage of nurses in general, but there is currently little research on midwives specifically. This study is designed to find the current strategies implemented in the recruitment, and most significantly, the retention of midwives. Midwives are independent practitioners and are therefore highly skilled. The study aimed to find answers and make recommendations on the recruitment and retention of such skilled cadres in the health profession. It would also serve those who are directly responsible for retaining staff to understand the dissatisfaction midwives feel about their working conditions, and perhaps employ better strategies to deal with the extensive turnover problem. The study would also highlight great significance to the academic institutions in the realisation of the need to recruit more midwives from the community to consequently giving back to the community.

1.9 DEFINITION OF KEY CONCEPTS

1.9.1 Midwives

Midwives are persons who have successfully completed a midwifery education programme that is based on the ICM Essential Competencies for Basic Midwifery Practice and framework of the ICM Global Standards for Midwifery Education and is recognised in the country, where it is located and demonstrate competency in the practice of midwifery (ICM 2017:1). In this study, a midwife would mean any person who possesses a qualification in midwifery, and has the knowledge and skill to perform all midwifery procedures.

1.9.2 Employee retention

Employee retention is defined as encouraging employees to remain in the organisation for a long period of time (Das & Baruah 2013:8). For the purpose of this study, employee retention would mean the perception of the midwives which are currently practicing, on the employer's efforts to motivate them to stay in their primary jobs.

1.9.3 Recruitment

Recruitment is the process of identifying and attracting potential candidates from within and outside an organisation to begin evaluating them for future employment (Djabatey 2012:1). In this study, the term recruitment refers to the ability of the institution to attract new and highly experienced midwives from within the institution as well as outside, to work in the maternity unit, including the student midwives in training.

1.9.4 Perception

Perception is defined as a particular way of looking at or understanding something (*Oxford Dictionary* 2014:446). For the purpose of this study, the perceptions would mean the particular way that midwives look at or understand recruitment and retention of midwives, as they are the ones with lived experiences of the situation.

1.9.5 Shortage

Shortage is defined as the situation where there is an insufficiency of something (*Oxford Dictionary* 2014:547). For the purpose of this study, the term shortage refers to the limited staffing ratio of midwives in relation to patient care demands.

1.10 RESEARCH DESIGN AND METHOD

The researcher followed a generic qualitative, explorative and descriptive approach to the study. Individual face-to-face semi-structured and focus group interviews were conducted at a tertiary hospital in the Tshwane District of Gauteng Province. The researcher had prepared an interview guide with predetermined open ended questions designed to guide, but not dictate, the interview (De Vos, Strydom, Fouché & Delport 2013:351). During the semi-structured face-to-face interviews, the researcher was able to gain a detailed picture of the participants' experiences and opinions regarding the research topic.

1.11 SCOPE OF THE STUDY

The study was limited to the qualified midwives, which are currently practicing midwifery at a single Tertiary Hospital of the Tshwane District in Gauteng Province. Included in the research study are midwives from the labour ward, antenatal ward and post-natal ward.

1.12 LAYOUT OF THE DISSERTATION

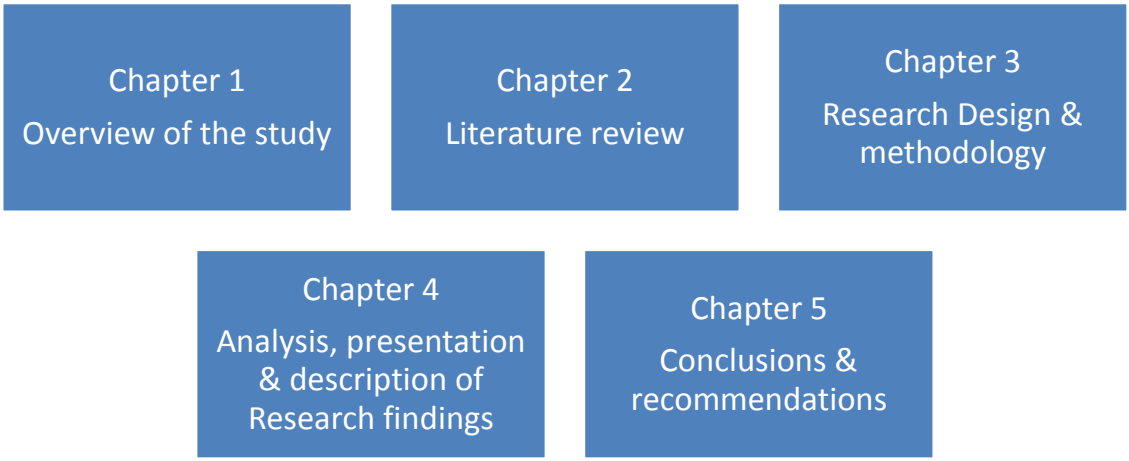


Figure 1.2 Research study layout

1.13 CONCLUSION

In this chapter, the researcher gives a background overview of the study, research problem, objectives, questions and purpose, methodology and scope of the study. Chapter 2 presents the literature review.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter provided an overview of the study. This chapter focuses on the literature that has been reviewed. Langford and Young (2013:80) state that literature review involves a search for information that is relevant to an identified problem area, in order to reveal how the problem fits into the larger picture of evidence and context of a study.

Boswell and Cannon (2014:168) describe a literature review as a well-written synthesis of information about a topic that includes a discussion on the research that has been done and the evidence that was gathered, the methodologies, as well as the strengths and weaknesses of findings gaps that require more knowledge. This chapter provides a detailed process for literature reviewed, covering aspects of search strategy, and themes that emerged from the literature sources.

2.2 SEARCH STRATEGY

The researcher began with an electronic search for journals on a related topic from the google scholar, where she found just few articles published on midwives shortage in South Africa. Most related articles where covered in other parts of the African countries, the United Kingdom and Australia. The researcher then used the library of the college where she is employed as a lecturer to access research textbooks. The researcher also contacted the UNISA library for more journals and books with the assistance of the professional librarian. Terms used when searching for literature are listed:

- midwives
- shortage
- retention

These terms were used during the search to elicit specific response to the search. The response found from the search would include midwives and nurses, where the researcher was mainly interested in the midwives than general nursing staff. The researcher, as a qualified advanced midwife herself, believes that midwives have an independent function in the system, and that their experiences may not commonly be shared with all other categories of nurses. In the search, the researcher had to include and exclude other literature found in the search as explained below.

Inclusion criteria

i. Articles on shortage of midwives and retention strategies employed in different countries.
ii. Articles published in English.
iii. Articles published from 2011-2017.

Exclusion criteria

i. Articles not related to midwifery and shortages nor retention strategies.
ii. Articles published in other languages except for English.
iii. Articles published before 2011.

2.3 EMERGENT THEMES

The following themes emerged from the literature sources:

- midwifery training
- midwifery practice
- job satisfaction of midwives
- shortage of staff
- working conditions of midwives
- supervision and support in midwifery
- intentions to stay or leave the practice
- strategies to deal with retention of staff

2.3.1 Midwifery training

According to Lori, Rominski, Gyakobo, Muriu, Kweku and Baffour (2012:1), the WHO has identified a need for 334 000 additional midwives in the world to meet the current reproductive needs of all women. Malwela, Maputle and Lebese (2016:1) suggest that professional midwives have an important role to play in midwifery training to produce a competent midwife. Midwives have a teaching role, but sometimes there is a reluctance and unwillingness to perform their teaching roles, where the study revealed that shortage of midwives made it difficult to execute their teaching role (Malwela et al 2016:3). The registered midwives upholding the preceptor role ought to support the new registrant in the transition from student to a confident, competent practitioner, who provides sensitive, individualised, evidence-based care within a multidisciplinary team (Power & Ewing 2016:582).

Power and Grzelak (2016:787) argue that student midwives usually begin their programme of study feeling motivated and optimistic, highlighting however, that there is evidence to suggest that stressors of the programme are too much for some students, a fact which ultimately leads to attrition. Leap, Dahlen, Brodie, Tracy and Thorpe (2011:67) emphasise the need to nurture students and young graduates within midwifery group practices as a key element to sustain the profession. In addition, Coldridge and Davies (2017:2) cite that student midwives may be more vulnerable to secondary traumatic stress, due to their student status and their intensely empathic relationships with women. Further cited Brustad et al (2016) in Coldridge and Davies (2017:2) that for students, clinical placement in a hospital labour ward is especially demanding, because the process of labour is unpredictable, and labour unfolding normally can rapidly become complicated. In such cases, there is a need for more support to students. Learning to work as a midwife meanwhile also requires a student to manage multiple demands from study, clinical placement and family (James 2013:17).

A study conducted in Ontario on Midwifery Education Programme revealed that the challenges faced by the midwifery students included:

(i) relocation to obtain clinical training as a result of limited availability of midwifery practices that take student trainees
(ii) the hours for work while practicing midwifery

(iii) the general vision of midwifery as a career that is unilaterally women-friendly, that is, for the clients, but not for the practicing midwives (Neiterman & Lobb 2014:251)

Practicing midwives may be required to be on call and available for patient care activities for long durations, and it is therefore appropriate for students to remain on call with preceptors so as to maximise the birth and learning experiences provided during clinical hours (Lawrence, Kantrowitz-Gordon & Landis 2014:135, 137). Midwifery education and training is impacted negatively by the shortage of staff in the maternity units where they are supposed to be mentored by registered midwives, together with their clinical lecturers.

According to research study conducted in the Eastern Cape Province of South Africa, midwifery nurse educators by Vuso and James (2017:135) found that the shortage of staff in the maternity units and nursing institutions prevents students from completing their clinical procedures, as there is limited student accompaniment. Furthermore the aforementioned study found that there were differences between the college and the midwifery clinical skills teaching and practice, which consequently making it difficult for students to correlate theory with practice (Vuso & James 2017:137).

According to Malwela et al (2016:1), the professional midwives have a responsibility to create a psychological climate conducive to learning, which will automatically create a safe physical environment for learning that in turn benefits both the student and the patient. Lesia and Roets (2013:50) state that advanced midwives, in their daily practice, ought to act as preceptors, with an obligation to educate subordinates, colleagues and clients. Furthermore, to ensure the continuity of education they ought to advocate for in-service training and refresher courses for colleagues and subordinates.

2.3.2 Midwifery practice

Midwifery is an ancient profession all over the world. It is widely understood that well-educated, regulated, well-resourced and supported midwives have a crucial part to play in providing skilled birth attendance, enhance reproductive health, and protecting the health of newborn babies and families of all women, thus reducing maternal and newborn mortality (Raja 2014:10). Midwifery has come to the fore since maternal and newborn health was made the focus of the MDGs. In its attempt to reduce maternal mortality rate,

South Africa employs various strategies in meeting the MDG 5 target, so as to improve the knowledge and skills of health workers involved in maternal care (Ntuli & Ogunbanjo 2014:2). Midwives play a key role in reducing maternal and newborn mortality, and are further regarded as the warriors on the frontline of healthcare, battling to ensure that women survive childbirth, and that babies are born safely, even in the most marginalised areas (WHO 2013a:1).

Midwives are the foundation of maternal and child health worldwide (Lori et al 2012:1). Fujita, Abe, Rotem, Tung, Keat, Robins and Zwi (2013:2) emphasise that improving maternal, newborn and child health and reducing maternal mortality requires a comprehensive approach, involving competent and committed midwives, to ensure 24-hour service delivery and a strong focus on equity of access to maternity care by a skilled birth attendant. The WHO (2016:10) states that midwives can provide 87% of the requisite essential care for women and newborn babies. To maintain clinical competence, it is essential that facilities are appropriately equipped and that midwives are empowered to learn within their curriculum (Mansoor, Hashemy, Gohar, Wood, Ayoubi & Todd 2013:1091). Midwifery is crucial for improvements in the quality of maternal healthcare, and comprises more than just a single dimension (Adolphson, Axemo & Hogberg 2016:96).

The probability of a woman dying from pregnancy-related causes is high in Sub-Saharan Africa when compared to other developed regions. Globally, there is a great need to reduce the shortage of midwives and other skilled birth attendants, especially in the Sub-Saharan Africa, in order to reduce the rate of maternal death from pregnancy-related causes (Tanaka et al 2015:2). Midwives are a key profession in the care of women during the child-bearing process, and research results indicate that they can have a major effect upon their well-being and their attitude to their newborn child (Halldorsdottir & Karlsdottir 2011:806). McKerrow (2014:2) asserts that advanced midwifery is an appropriate qualification for a district level nursery to reduce child mortality, provided the training of neonatal theoretical and experiential component is strengthened.

2.3.3 Job satisfaction for midwives

Employee job satisfaction is the fulfilment, gratification and enjoyment that comes from work (Asegid, Belachew & Yimam 2014:1). Barker (2016:826) states the top five reasons why midwives leave the profession as follows:

- not being happy with staffing levels
- not being satisfied with quality of care they were able to give
- not being happy with workload
- not happy with the support they are getting from their manager
- not being happy with working conditions

Retention in many disciplines, including midwifery, seems to be linked to job satisfaction (Sullivan, Lock & Homer 2011:3). Retention of midwives especially in the rural areas is a major challenge for many countries, and is the one that negate all the hard work and resources invested in their training (WHO 2013a:1).

O'Meara and Petzall (2013:88) allude to the fact that in many cases, turnover is avoidable, and that the most common reasons are related to job satisfaction, highlighting the following: inflexible policies; authoritarian managers; poor work environment; poor communication between managers and workers; and lack of promotional and training opportunities.

Job satisfaction depends not only on the characteristics of a given job, but also on employees' expectations of what their job should provide (Blaauw, Ditlopo, Maseko, Chirwa, Mwisongo, Bidwell, Thomas & Normand 2012:128). The study conducted by Jarosova, Gurkova, Palese, Godeas, Ziakova, Song, Lee, Cordeiro, Chan, Babiarczyk, Fras and Nedvedova (2016:76) revealed that the overall job satisfaction and the domains of job satisfaction, such as satisfaction with extrinsic rewards, scheduling, balance between family and work, relationship with co-workers, and professional opportunities, were significantly related with the workplace and type of employment. According to Munyewende, Rispel and Chirwa (2014:1), job satisfaction influences health worker motivation, staff retention, and performance, which in turn affect the successful implementation of health systems reforms.

2.3.4 Working conditions of midwives

Midwives strive to provide high quality care no matter in what model of care they work (Mollart, Skinner, Newing & Foureur 2013:30). According to Pezaro, Clyne, Turner, Fulton and Gerada (2015:5) midwives are faced with many workplace pressures, which show no sign of alleviation, such as increased population growth, midwife shortages, a rising birth rate, and increased complex births. Additionally, these pressures may result in midwives neglecting their own wellbeing. In the study conducted by Chokwe and Wright (2013:5) it was revealed that managers ignored staff shortages and did not assist in cases of absenteeism.

O'Meara and Petzall (2013:21) state that many employers are allowing staff to be more flexible in their working hours. A conducive environment is defined as a flexible atmosphere, where working experience is enjoyable and resources are adequately provided (Kossivi et al 2016:264). In the study conducted in Malawi, Bradley, Kamwendo, Chipeta, Chimwaza, Pinho and McAuliffe (2015:7) allude to the fact that there is a lack of flexibility in the system of allocating maternity staff rosters, or ensuring sufficient personnel to cope with exigencies of obstetric care. Managers were found to be rigid in the application of policies even when maternity staff found themselves with unmanageable midwife-to patient ratios and dangerous circumstances for labouring women, where their pleas for assistance were often dismissed. The degree of occupational autonomy of midwives in group practices can determine how possible it is for them to support, and accommodate the individual circumstances of their colleagues (Leap et al 2011:69). McCourt and Stevens (2009), cited in Deery (2011:76), found that peer support within one-to-one midwifery schemes resulted in reduced stress and fewer instances of burnout.

In the study conducted by Rouleau, Fournier, Philibert, Mbengue and Dumont (2012:11) on how Senegalese midwives experience their work, it was concluded that they were unsatisfied with their working conditions and remuneration. They were found to be suffering from extremely high levels of emotional exhaustion and high levels of depersonalisation, which are more likely to be associated with long working hours, heavy workloads and challenging working conditions. Dennis-Antwi (2011), as cited in Oyetunde and Nkwonta (2014:43) assert that young midwives from countries like Ghana and Uganda are withdrawing from the profession and moving to other health-related careers,

with higher academic development and recognition and non-existence of opportunities in midwifery. In the study conducted on factors influencing the retention of nurses in Gauteng Province of South Africa, Ehlers and Oosthuizen (2011:6) found that most nurses would remain with their employers if the institution would ensure that they had adequate supplies and equipment, and creation of more nursing posts to ease the workload.

According to Manyisa and Aswegen (2017:36), provision of a positive working environment is crucial for the wellbeing of the employees, the patients, as well the organisation. Enabling work environments, which includes provision of adequate equipment and resources, decent working conditions and fair compensation to help enhance recruitment and retention, ought to be included in the planning of nursing and midwifery workforce (WHO 2016:14).

Pattison (2015:261) in Guidelines for Maternity Care in South Africa, state that to manage a pregnant woman with no risk factors in the active phase of labour, the foetal heart rate and the woman's contractions ought to be observed every half hour. The blood pressure and pulse should be measured every hour. In addition, every two hours the urine output should be measured and the urine tested for protein and ketones, and a vaginal examination should be performed to assess cervical dilatation and progress of labour. As the requirements for a midwife in a labour ward, these require a well-staffed unit to enable proper execution. Given the current human resources limitations and multiple tasks required of professional nurses in community health centres and district hospitals, it is impossible for them to fulfil these requirements in their maternity units, making the maternity units unsafe (Pattinson 2015:265).

According to Ng'ang'a, Byrne, Kruk, Shemdoe and Pinho (2016:2), positive practice environments are those which enable a motivated, productive, and high-performing pool of personnel by: recognising their autonomy; rewarding employee performance; employing effective management practices; offering opportunities for professional development; adopting safety standards; and ensuring the wellbeing of personnel.

2.3.5 Supervision and support of midwives

Supervision is a statutory responsibility, which provides a mechanism for support and guidance for every practicing midwife (Nipper & Roseghini 2014:46). Midwives are expected to supervise students despite the shortage of staff. According to James (2013:17), midwives acknowledge their responsibility to work with the students, however, by the third year; they expect the students to have mastered the required basic midwifery skills. Furthermore, midwives find themselves having roles of teacher, support and assessor for the students. Davies and Mason (2009) cited in Feltham (2014:430), who has suggested that preceptorships are important in retaining midwives who may be lost from the profession before their career has begun. Newly qualified midwives are presented with a variety of challenges as they enter their first post across the hospital and community settings (Reynolds, Cluett & Le-May 2014:660). Furthermore, upon their work commencement, they may still be in the 'student mode' and expect both autonomy and support, rather than seeking these out.

According to Chokwe and Wright (2013:4), lack of appreciation and support from the institution's management and colleagues discourage newly qualified midwives to continue with midwifery practice. Various studies noted that the way people are managed and the leadership style have a direct influence on an organisational ability to maintain its workforce (Kossivi et al 2016:263).

Effective clinical mentorship, clinical supervision, the reorganisation of maternity care models, wellbeing strategies, positive leadership, and the creation of positive working cultures, where maternity staff feel valued and motivated to drive the maternity profession forward, have all been suggested as ways in which to address these issues within the midwifery workforce **(**Pezaro et al 2015:5).

As cited in Finnerty and Collington (2013:574), mentors have a crucial role to play in helping students assimilate knowledge in a range of clinical settings. Assisting student midwives to effectively internalise their practice learning poses an enormous challenge to mentors (Finnerty et al 2013:576). Mentors also have their normal duties to undertake, as well as mentoring one or more staff (O'Meara & Petzall 2013:289). The transition from student to registered midwife may become awkward. Kensington (2011:130) alludes to the fact that clinical support and mentorship is crucial during the transition period from

student to confident autonomous practitioner. Research on the level of support given to graduates in their on-boarding time, found that there was a lack of staff, which increased the need for graduates to be job-ready almost immediately (O'Meara & Petzall 2013:289). Midwifery supervision can be an immensely supportive structure, through which the best interest of midwives, women and their families can be supported based on evidence, experience, statute and communication. However, it is reported that midwives' experience of supervision is often in a punitive manner, affecting greatly on their self-confidence and mental health (Jervis & Choucri 2016:21). Educated, regulated, and supported midwives are the most cost-effective suppliers of midwifery services (WHO 2016:10)

2.3.6 Shortage of staff

Shortage of midwives is described as less than the ideal number of midwife practitioners related to the number of students in a teaching hospital unit (Malwela et al 2016:3). Staffing requires attention to both the quantity and quality of people brought into, moved within and retained by the organisation (Henneman, Judge & Kammeyer-Mueller 2012:10). Furthermore, staffing systems ought to be used to contribute to the attainment of organisational goals. O'Meara and Petzall (2013:6) argue that it is costly to employ new staff only to have them leave after heavily investing in the future of that staff.

Oyetunde and Nkwonta (2014:45) state that there is a massive reduction in the number of practicing midwives, and it is attributed to the reduced number of people going into the profession, and an increased number of midwives leaving the profession for another. This has made it impossible to achieve the recommended required number of midwives per population in all countries. Raja (2014:9) state that, to reduce the incidence of death and illness amongst mothers and children, it is essential that childbirth be attended by skilled attendants such as midwives, nurses and doctors, who are proficient in the skills required to provide competent care and recognise when referral is needed.

Okeke, Glick, Chari, Abubakar, Pitchforth, Exley, Bashir, Gu and Onwujekwe (2016:1) affirm that up to a third of maternal deaths, and half of newborn deaths, can be prevented by increasing coverage rates for skilled birth attendants at delivery. A safe maternity unit is one where the healthcare worker has the knowledge and skills to perform all observations required on a woman in labour and to manage a complication, either by

treatment or by stabilisation and referral (Pattinson 2015:261). Tanaka, Horiuchi, Shimbuku and Leshabari (2015:2) suggest that the midwifery shortage stems from the shortage of pre-service nursing education and teaching staff. Ideally, to cover every shift at advanced midwifery level, there is a need for five advanced midwives to be employed at the site (Pattinson 2015:262). According to Versaevel (2011:30), in Ontario, a demand for midwifery care has exceeded availability of access to care with a midwife. Malwela et al (2016:5) assert that the shortage of midwives led students to take shortcuts in most of their procedures, reiterating that such practices can defame the midwives' role modelling image and cause the students to learn wrong principles and procedures.

2.3.6.1 Effects of shortage of staff

Midwives are a professional group at risk of burnout, and because of lack of autonomy, unfavourable work settings, and a high level of patient demand (Rouleau et al 2012:3). Deery and Fisher (2015:82) cite that overwork and workplace practices leave midwives swamped by immediate demands and organisational pressures that take the midwives away from their real work, leaving them stressed and even 'burnt out'. Midwives often feel that they spend too much time filling out paper work during birth, and not enough time with the expectant mother.

High turnover of staff is known to have a negative impact on the remaining staff by increasing workloads, disrupting team cohesion, and decreasing morale, leading to the creation of a vicious cycle of turnover that is worsening the crisis of human resource (Rouleau et al 2012:3). Bradley et al (2015:2) view critical shortages of skilled staff as a bottleneck in a provision of timely and quality obstetric care, which has a significant impact on maternal and neonatal outcomes. Hilgingsson and Fenwick (2015:175) conclude that a maternity system that does not have adequate midwives is also at risk of becoming increasingly medicalised. According to the findings in a study conducted in the Limpopo Province of South Africa, a shortage of midwifery practitioners was revealed, which included the inadequate number of midwifery practitioners, increased workloads, and absenteeism (Thopola & Lekhuleni 2015:508).

2.3.7 Intentions to stay or leave the practice

In the study conducted in Ontario on midwives' intention to stay or leave the practice, midwives reported that relationships with hospitals, physicians, and nurses are a major source of stress, where improving these relations would facilitate retention (Versaevel 2011:40). Furthermore, midwives suggested that retention could be improved by working with practicing groups to address issues surrounding hierarchy and peer-to-peer abuse. Dixon, Guilliland, Pallant, Sidebotham, Fenwick, McAra-Couper and Gilkinson (2017:6) cite insufficient resources, lack of management support, not having control over work, and not having time to develop or sustain relationships with women and colleagues as reasons for leaving midwifery.

According to Versaevel (2011:40), some midwives perceive that they are unable to leave the profession, but rather stay unwillingly as they do not have any other options for practice. Leadership, role modelling, creating opportunities to influence practice, and stimulating practitioners have long been cited as factors that may affect an individual's decision to continue in employment (Barker 2016:826). Versaevel (2011:44) highlights the midwives' report that additional support in the transition from education to practice would be beneficial.

Barker (2016:826) further notes that the reasons why midwives leave are remaining static and it is needed that continuation to recruit to the profession be done as well as to also nurture those already in the profession. In the study conducted in Australia on factors contributing to midwives staying in midwifery, Sullivan et al (2011:8) identified three main reasons as midwifery relationships, professional identity as a midwife, and the practice of midwifery. Recruitment and retention are central to every successful running of any organisation. In South Africa, the National Department of Health developed human resources for health strategies. The plan to form a national committee on recruitment and retention by means of which to develop strategies on recruitment and retention, manage foreign recruitment, and to monitor recruitment, migration and retention of human resource for health are some of the strategic priorities (Matsoso & Strachan 2011:53). Findings in the study by Chimwaza, Chipeta, Ngwira, Kamwendo, Taulo, Bradley and McAuliffe (2014:4, 5) revealed that staff considered leaving their jobs because they were frustrated by the lack of recognition or promotion they received after upgrading their qualifications to a higher cadre. It was further elaborated that staff shortages in the

maternity unit, together with increased workload, influenced the staff's decision to leave their jobs.

2.3.8 Strategies to retain staff

According to Henneman et al (2012:683), some loss of employees is both inevitable and desirable, but retention management needs to ensure that the organisation is able to keep enough employees with important knowledge, skill, ability and other characteristics by means of which to generate future success. Inability to keep such employees may result in the organisation failing to achieve its strategic goals. Attracting and retaining young people committed to becoming midwives will make a significant contribution to improving the health and wellbeing of women (Cullen, Sidebotham, Gamble & Fenwick 2016:239). Exposing midwifery and the roles of midwives through the media may also be essential to attract new and young people into the field. Cullen et al (2016:238) confirm that the exposure to midwifery through multimedia storytelling, such as is to be seen on television programmes was an important influence on some student decisions to choose midwifery.

Though remuneration on its own does not bring job satisfaction according some authors, O'Meara and Petzall (2013:86) believe that a competitive remuneration structure is the best way to attract and retain quality staff. Furthermore, once people achieve a certain level of income, they become more interested in nonfinancial incentives. O'Meara and Petzall (2013:87) further suggest benefits such as provision of childcare centres, employee awareness programmes, employee wellness programmes and flexible working hours. Since midwifery is a female dominated profession, all the above-mentioned benefits are essential for the younger recruits.

Rehman (2012:85) cites that retention could be improved by many factors, including better recruitment and selection efforts, compensation practices, leadership and supervision, career planning and development, working conditions, team building, organisation communication and commitment, counselling leavers, flexible working hours, employee participation, turnover policies, and appreciations. Personal and professional growth is a determining factor of retention and promotion of opportunities increases employee commitment to stay (Kossivi et al 2016:262).

The WHO (2013b: 804) states, among the top factors that count when it comes to retaining midwives: decent housing, transport, career development, and access to schools, reiterating that incentives do not only need to be monetary. The aforementioned statement is consistent with the study conducted in Afghanistan, stating that prioritised factors for improving the likelihood of retaining midwives in the public sector included improved security in immediate and surrounding areas; improved financial compensation; continuing education or professional development opportunities; and schools for children (Mansoor et al 2013:1093).

Chokwe and Wright (2013:4) assert that teamwork would result in reduced stress amongst personnel. In New Zealand, the Midwifery Employee Representation and Advisory Service (MERAS) strongly advocates for higher pay for midwives relative to nursing (Mcllhone & Conroy 2017:20). Additionally, they emphasise that midwives are not employed to undertake administrative and support staff tasks, and that all maternity units ought to employ sufficient ancillary staff to support the work of the midwives. Midwives need to have a professional body of representation, which acts in the exclusive interests of midwives, such as can be seen in the MERAS in New Zealand. The role of MERAS is to work with individual maternity units to look at the factors influencing their recruitment and retention of midwives, and to address factors that may deter midwives from working in their unit (Mcllhone & Conroy 2017:22).

Pezaro et al (2017:172) argue that clinical supervision as well as the formal provision by senior/qualified health practitioners of intensive, relationship-based case-focused education training supports directs and guides the work of colleagues can result in a marked reduction in subjective stress levels. Dixon et al (2017:13) recommend the presence of a supportive manager as important to midwives, as they require a seamless transition through the institutional systems and processes that enable them to provide woman-centred care. The South African Human Resource for Health has seen certain challenges in maintaining the balance of skilled health workers in the country, and measures were employed to retain staff through the improvement of salaries for those relevant cadres of health. In the effort, the OSD strategy was implemented, and as cited in George and Rhodes (2012:7), in a way the strategy rectified the international salary imbalances, though concluded that health worker migration is not only related to better salaries, but rather, that there are a number of push factors that prompt migration. The Africa Health Strategy calls on all African Union member states to develop human

resources for a health management plan that addresses policies, strategic plans, information, training, recruitment, deployment and retention, administration, working and living conditions and the health of staff (Arias, Nove, Schuldt & Bernis 2017:2).

In the state of the world's midwifery report, UNFPA (2014:14), it is indicated that midwives are officially recognised as key to reduction of maternal and newborn mortality, and received a larger pay increase than do other health personnel with a similar professional education in Cambodia. They are financially incentivised for deliveries at public health facilities, and they are given priority when the government recruits civil servants from the ministry of health. According to Tanderera, Hendricks and Pillay (2016:9), in Zimbabwe, in the efforts to retain the health workers, non-monetary long service benefits were granted, such as provision of free residential stands to health personnel who had worked in the municipal clinics for at least five years, where the recipients are reported to have appreciated the move. This proves that retention of personnel can be effected in more than merely one way. Malawi, on the other hand, in the attempt to address the human resource crisis, developed a six year emergency human resources programme (EHRP), which aimed to improve staff recruitment and retention through a donor supported 52% salary top-up for key cadres, increased pre-service training, plus a range of incentives for all health workers (Chimwaza et al 2014:2).

2.4 CONCLUSION

This chapter presented a review of literature and summarised the main themes that emerged from literature in relation to shortage and retention of midwives. The next chapter will focus on research design and methods.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

The previous chapter provided an in-depth discussion of literature that was reviewed on the shortage and retention of midwives. This chapter focuses on the research approach and research design, sampling techniques, data collection, and methods of data analysis. Measures to ensure internal and external validity of the research findings and ethical considerations were included.

3.2 RESEARCH DESIGN

Langford and Young (2013:86) define a research design to be an overall plan that helps a researcher to obtain answers to the research questions and assist researchers to address challenges that may arise during the conduct of research. According to Grove, Burns and Gray (2013:195), a research design is a blueprint for conducting a study that maximises control over factors that could interfere with the validity of the findings. Furthermore, Wood and Ross-Kerr (2011:116) explain a research design to be a set of instructions to the researcher to gather and analyse data in certain ways that will determine who and what to need to be studied. For the purpose of this study, the researcher followed a generic inductive approach, involving focus groups and semi-structured interviews. In this study, individual interviews were conducted, as these were suitable for obtaining rich and well-explored data on experiences and perceptions of individuals, and provided opportunity to discuss sensitive topics (Boerleider, Francke, Van de Reep, Mannien, Wiegers & Deville 2014:2).

3.2.1 Characteristics of generic qualitative designs

Liu (2016:130) outlines the features of a generic inductive approach as descriptive and interpretive, where sampling is purposeful and the process of research as inductive and cyclical, whilst focusing on themes for data analysis. Kahlke (2014:39) argues that generic qualitative study is not guided by an explicit or established set of philosophic assumptions.

Percy, Kostere and Kostere (2015:78) describe generic qualitative inquiry as a method that investigates people's reports of their subjective opinions, attitudes, beliefs or reflections on their experiences of things in the outer world. According to Liu (2016:129), the main feature of this approach is methodological flexibility, which is not guided by any established qualitative methodologies. Merriam (2002), as cited in Kahlke (2014:39), suggests that generic studies, like all qualitative research, seeks to understand how people interpret, construct or make meaning from their world and their experiences. Furthermore, Lim (2011:52), as cited in Kahlke (2014:40), states that generic qualitative approaches are generally highly inductive, and aim at a rich description of the phenomenon under investigation. The researcher sought to explore the perceptions of midwives with regard to shortage and retention of midwives in their field of work.

3.3 RESEARCH APPROACH/METHODOLOGY

The researcher followed an explorative and descriptive qualitative approach. Qualitative research methodology is considered suitable when the researcher investigates new field of study or intends to ascertain and theorise prominent issues (Jamshed 2014:87). Creswell (2013:48), as cited in Colorafi and Evans (2016:16), suggests that qualitative research is preferred when health science researchers seek to understand the context or setting of issues, and to explain mechanisms or linkages in causal theories. A qualitative, explorative and descriptive study was conducted in order to achieve the research objectives.

- **Explorative design**

According to Wood and Ross-Kerr (2011:123), the exploratory design is also known as qualitative research when the samples are deliberate or convenient, questions and observations are qualitative, and analysis of data is undertaken via verbal description. For the purpose of this study, the researcher conducted the exploratory design with the view that there are few or no studies available, especially in South Africa, which are based specifically on the shortage and retention of this cohort of health professionals, where the researcher could predict the outcome. Due to the flexibility nature of the design, it has the ability to address the research questions of all types; hence, the researcher noted it to be a useful approach for gaining background information on the topic in question.

- **Descriptive design**

Lambert and Lambert (2012:255) describe the goal of qualitative descriptive studies as a comprehensive summary in every day terms of specific events experienced by individuals or groups of individuals. Sandelowski (2000), as cited in Kahlke (2014:40) defines qualitative description as research designed to produce a low inference description of phenomenon. Naturally, the descriptive designs are used to obtain information concerning the status of the phenomenon, therefore the researcher sought to understand the perceptions of practicing midwives, in the event of shortage of staff, and their opinions on the current retention strategies. According to Colorafi and Evans (2016:17), qualitative description is especially amenable to health environment research, because it provides factual responses to questions about how people feel about a particular space, what reasons they have for using features of the space, who is using particular services or functions of a space, and factors that facilitate or hinder use. In the context of this study, it is important to elicit factual responses from the midwife's perspective in relation to their experiences of shortage of staff, and their opinions on the efforts of the employer to attract and retain staff.

3.3.1 Sampling

3.3.1.1 Population

Population refers to the entire group of individuals that a researcher wishes to examine (Taylor 2014:306). The researcher selected the population comprised of midwives working in the maternity wards of one tertiary hospital in the district of Tshwane in Gauteng Province. The researcher selected the samples and site of research as a matter of convenience, as she had worked at the same institution before and the researcher knew some of the participants.

3.3.1.2 Sample and sampling method

A sample is a subset of the population, selected through sampling techniques (Moule & Goodman 2014:291). A non-probability sampling method was used in this research study, described by Grove et al (2013:362) as a method where not all elements of the population get an opportunity to be included in the sample.

Purposeful sampling, as a non-probability sampling method, was used. The researcher selected the participants because of their first-hand knowledge about the phenomenon. Eleven midwives working in the maternity unit who fit the eligible criteria were selected. The researcher included six midwives in the focus group discussions. Individual face-to-face interviews were conducted on five midwives, amongst them; two also took part in the focus group discussions.

De Vos et al (2013:361) state that focus groups are useful when multiple viewpoints or responses are needed on a specific topic. The advantage of using a focus group is that it is efficient and affords the researcher an opportunity to obtain the viewpoints of many participants at the same time. Although focus groups are usually stimulating to respondents, there could be a problem that some participants are uncomfortable about expressing their views in front of a group (Polit & Beck 2012:538).

3.3.1.2.1 Inclusion criteria

Grove et al (2013:353) suggest that inclusion-sampling criteria ought to be based on the target population with the same characteristic. In this study, the researcher included midwives based on the following criteria:

- qualified/registered midwives practicing under the perceived circumstances of staff shortage in maternity units
- two or more years of experience practicing as a midwife with no consideration to their ages

3.3.1.2.2 Exclusion criteria

Grove et al (2013:353) cite exclusion sampling criteria as characteristics that can cause a subject to be excluded from the target population.

The researcher excluded:

- registered midwives who were specialising in other fields of health sciences, such as paediatrics, intensive care, orthopaedics, theatre and others

- all midwives with less than two years' experience in a maternity ward, irrespective of their age

3.3.1.2.3 Ethical issues related to sampling

The researcher selected participants who were obviously at legally consenting age, and were all above the age of 21, and professionals who were already in the working field. Consent was obtained and clear information explaining the risk and potential loss of confidentiality was made available to all participants. Ethical considerations related to sampling are discussed further in detail under data collection.

3.4 DATA COLLECTION APPROACH AND METHODS

Data collection is a precise, systematic gathering of information relevant to the research purpose (Grove et al 2013:691). Data collection methods of qualitative descriptive studies focus on discovering the nature of the specific events under study (Lambert & Lambert 2012:256). The researcher used semi-structured individual and focus group interviews. Open-ended questions were featured throughout the interviews to allow participants to express themselves broadly, as to how they experienced shortage of staff in their field of work.

3.4.1 Interview questions

In qualitative research, open-ended questions are used to allow for free flow of responses so that respondents 'views' thoughts and feelings can be captured (McIntosh-Scott, Mason, Mason-Whitehead & Coyle 2014:215). The researcher was guided by the research objectives and research questions to ascertain that the aim of the study remains as intended and relevance is ensured. The researcher developed an interview guide with open-ended questions to allow the participants to substantiate on their feelings and opinions. The questions were mainly developed specifically relating to their current feelings about the profession, job satisfaction, and their intentions to stay or leave their jobs, their opinions on the reasons their colleagues were leaving. The participants were also asked for their recommendations on the strategies to retain staff in their own opinions.

The data collection procedure included creating a good working relationship with the participants. The researcher built trust with the participants through availing self and answering all questions as required by participants. Langford and Young (2013:139) suggest that the researcher keeps the notes regarding the methods of data collection and analytic decisions throughout the study process to ensure confirmability. Should it happen that the researcher's initial plan of sampling or data collection methods change, the researcher will have to mention all adaptations made while in the process of the study, such that dependability is not compromised.

3.4.2 Development and testing of data collection instruments

The researcher undertaking clinical teaching at the time of the study was able to test data collection instrument, which is the interview guide on the midwives in another hospital, where she used to go for student accompaniment. The responses given by midwives elicit relevant responses from the sampled population.

3.4.3 Characteristics of data collection instruments

3.4.3.1 Interviews

Interviews are the most common format of data collection in qualitative research (Jamshed 2014:87). Berg (2007:96), as cited in Alshenqeeti (2014:39) argues that the value of interviewing is not only found in its ability to provide a rounded summation, or analyse the words and report detailed views of informants; but also because it enables interviewees to "speak in their own voice and express their own thoughts and feelings". Grove et al (2013:271) cite one of the advantages of interviews as the ability of the researcher to conduct multiple interviews with each participant, or follow up with another, during which the participant can review the researcher's description of the first interview. Dyson and Norrie (2013:43) argue that interviews allow for a collection of detailed data from the population studied. In addition, interviews can take place in any setting. The researcher opted to conduct interviews at the participants' convenience in the workplace. The researcher decided to conduct focus group interviews to enable the participants to express their perceptions on the matter of shortage of staff and their opinions on the employer's efforts to retain skilled and experienced midwives.

- **Focus groups**

A focus group interview involves a small group of participants responding to open-ended questions regarding the topic in question. The advantage of using this method is that group synergy can elicit or spur individuals to recall incidents or important information or memories related to research topic. The disadvantage is that participants may not share information as openly as they would on a one-to-one basis (Langford & Young 2013:137). The disadvantage may be fear of intimidation, and to remedy that, one-to-one interviews were conducted. The advantage of using a focus group is that some sensitive issues may be more readily discussed within a group setting (Green & Thorogood 2014:133).

According to Dyson and Norrie (2013:45), focus groups has the ability to draw out the attitudes, values and beliefs that individuals may hold on a given issue, through the process of social interaction.

- **Individual face-to-face semi-structured interviews**

In generic qualitative research, data collection requires semi or fully structured interviews (Percy et al 2015:79). The researcher used face-to-face semi-structured interviews in order to gain a detailed picture of the participants' experiences and opinions regarding shortage of staff and retention of midwives. The interview guide with predetermined open-ended questions designed by the researcher guided and not dictated the interview (De Vos et al 2013:351). The degree of guidance was as minimal as having multiple predefined questions to narrow the interview to specific aspects of the study in question (Grove et al 2013:271). Individual face-to-face interviews constituted the interaction between the researcher and the subject, in order for the researcher to acquire the information about a specific phenomenon.

Wood and Ross-Kerr (2011:2) outlines the following as advantages for semi-structured interviews:

- The primary advantage of in-depth interviews is that they provide much more detailed information than what was available through other data collection methods, such as surveys.
- Standardisation of some of the question increases data reliability.

- Replication is possible.
- They may provide a more relaxed atmosphere in which to collect information, where participants may feel more comfortable having a conversation with the researcher than having to fill out a survey.

Dyson and Norrie (2013:45) attest that semi-structured interviews have a greater degree of flexibility than does a structured approach, and that this allows for deviation from prescribed topic, however, the interview guide is useful in framing the interview. Boerleider et al (2014:2) affirm that individual interviews are suitable for obtaining rich and well-explored data on experiences and perceptions of individuals, and give the opportunity to discuss sensitive topics.

3.4.4 Data management and analysis

Corbin and Strauss (2008:1), as cited in Grove et al (2013:279), describe data analysis as process of examining and interpreting data in order to elicit meaning, gain understanding, and develop empirical knowledge. Data collection and analysis were conducted in a cyclical process (Boerleider et al 2014:3). Thematic analysis is a process that is used to conduct an analysis of qualitative data (Percy et al 2015:80). Gale, Heath, Cameron, Rashid and Redwood (2013:2, 4, 6) suggest that the Framework Method was used for qualitative data since the 1980s, and is most commonly used for the thematic analysis of semi-structured interview transcripts. The Framework Method provides clear steps to follow and produces highly structured outputs of summarised data. The steps are discussed below.

3.4.4.1 Familiarising with data

The first stage required a good quality audio recording, which the researcher obtained. All interviews were transcribed verbatim. Reflective notes and listening to the all parts of the interview followed in order to familiarise with the interview. The researcher listened to the interview records and reread notes and transcripts to allow a feel for data. Summarising of the main concepts was done at this point (Green & Thorogood 2014:210).

3.4.4.2 Identification of codes and themes

Emerging themes in data were categorised, as they were recurring in the discussions in order to categorise participant's accounts in ways that can be summarised (Green & Thorogood 2014:210). Recurring items of interest such as events or comments that are unusual, noteworthy or contradictory from the researcher's perspectives are highlighted (Vaismoradi, Jones, Turunen & Snelgrove 2016:103). The researcher carefully read the transcript line by line, applying a paraphrase or label that described what was interpreted as important. Data was then summarised by category from each transcript. Green and Thorogood (2014:217) consider thematic analysis as sufficient for health research projects, particularly if they are exploratory or the aim is to describe key issues of concern to a particular group.

3.4.4.3 Coding the data

Data was entered into the computer as soon as it was collected, to prevent loss or disorganisation, while at the same time, creating a storage backup (Grove, Burns & Gray 2013:531).

The researcher designed a labelling method to allow easy access to data using colour coding. Different colours were used for each different theme emerged. Digital files from recordings were labelled consistently with date and code number of the participants (Grove et al 2013:279).

3.4.4.4 Data arrangement/charting

Data was rearranged according to themes using charts, in which a summarised version of data obtained from participants was outlined according to the questions asked.

3.4.5 Ethical considerations related to data collection

The researcher was granted ethical clearance by the University of South Africa (UNISA) to continue with the study. The researcher uploaded the research proposal and ethical clearance certificate on the National Health Research Database (NHRD) as a request to conduct research in the Gauteng Province, and approval was granted to continue with

the research. The researcher also approached the Ethics Committee of the Tertiary Hospital as the research site that was selected. Permission to conduct the study was requested, specifying the period in which the subjects were needed for data collection during the work schedule. The researcher respected all ethical processes that occurred before engaging in the study.

3.4.5.1 Protecting the rights of the participants

Pseudonyms and codes were used to protect the names of the participants involved in the study. Names and other identifiers were changed to protect the privacy of participants (Green & Thorogood 2014:72).

3.4.5.2 Autonomy

Harish, Kumar, and Singh (2015:410) describe autonomy as the ability to decide for the self, free from control of others, and with sufficient level of understanding to arrive at a meaningful choice. The researcher provided consent forms before the beginning of the study for the participants to read through, and to provide informed consent. Consent clearly indicated to the participants that their participation was valued, though it was voluntary, and would not be intimidated should they wish to withdraw at any time through the process.

3.4.5.3 Beneficence

Beneficence implies that we ‘do good’ for the others, and contribute towards their wellbeing (Harish et al 2015:410). The researcher applied the principle of beneficence, operating according to the premise that involving these cohorts of midwives would benefit them, in the sense that it gave them the opportunity to describe their perceptions about their status with the belief that the recommendations drawn from the findings would be implemented to improve the status quo.

3.4.5.4 Confidentiality

Confidentiality means not disclosing information gained from research in other settings such as through informal conversations (Green & Thorogood 2014:72). Protection of

confidentiality was achieved by limiting the persons who had access to taped materials, and these materials were stored safely in a password-protected computer (Langford & Young 2013:140).

3.4.5.5 Non-maleficence

According to Dyson and Norrie (2013:60), the potential to cause physical harm to participants in qualitative research does not arise in the same way as it might with scientific research, however, psychological harm may occur. The phenomenon in question did not pose any potential harm in any manner. The samples selected in the study were given an opportunity to choose whether to continue or withdraw if not comfortable with the topic.

3.5 INTERNAL AND EXTERNAL VALIDITY OF THE STUDY

3.5.1 Internal validity

Grove et al (2013:199) state that internal validity (credibility) refers to the extent to which the effects detected in the study are a true reflection of reality, rather than the result of extraneous variables. The researcher did not alter the question and the objectives were never altered throughout the research process. All participants were given the same opportunity to respond to the questions posed. Therefore, the researcher has no reason to doubt that there could have been any external influence, which affected the outcome of the study. All participants selected for the study were midwives, currently practicing in either labour ward, post-natal ward or antenatal ward.

3.5.2 External validity

External validity (transferability) is concerned with the extent to which the study findings can be generalised beyond the sample used in the study (Grove et al 2013:202). For this study, generalisation was limited to only the population within the selected institution. According to Percy et al (2015:79), external generalisation is not necessary, because the data are not quantifiable.

3.6 RIGOUR OF THE STUDY

To enhance rigour, the researcher sought assistance from the colleague who is also a researcher in the initial analysis of each transcript, done independently, then compared and discussed the main themes arising from the interview material and the related codes (Boerleider et al 2014:3).

3.6.1 Dependability

According to Colorafi and Evans (2016:23), dependability as a component of trustworthiness, which can be fostered by consistency in procedures across participants over time through various methods of data collection. The researcher used semi-structured interviews with the aid of an interview guide. All participants were asked the same questions in the same order to ensure dependability.

3.6.2 Confirmability

Colorafi and Evans (2016:23) describe confirmability as reasonable freedom from researcher bias. Transparency in all the processes of the research study was portrayed through sharing the approach and methods of data collection with the ethics committees involved. The data collected was kept safe and would be available if needed by stakeholders.

3.7 CONCLUSION

This chapter focused on the methodology of the research process, including ethical considerations on data collection. The next chapter will focus on the results of the study.

CHAPTER 4

ANALYSIS; PRESENTATION AND DESCRIPTION OF THE RESEARCH FINDINGS

4.1 INTRODUCTION

This chapter presents the findings of the research. The findings describe the perceptions of midwives on the shortage and retention of staff in a public hospital of Tshwane District, Gauteng Province. Qualitative data collection and thematic coding analysis was followed. Verbatim excerpts of participants, indicated in a smaller font were used in this chapter to support or substantiate the discussions of themes. The purpose was to obtain the perceptions of midwives on the shortage and retention of staff in a public hospital of Tshwane District. The research findings to this study provided the answers to the objectives and research questions set. The objectives of the study were to

- explore and describe the experiences of midwives on shortage of staff in the maternity ward of the public hospital
- identify the current retention strategies of skilled midwives in the public sector hospital
- explore and describe the views of midwives on factors that would attract and retain staff

4.2 DATA MANAGEMENT AND ANALYSIS

Focus interview and individual interviews were conducted with midwives. An interview guide was used, where participants were requested to transcribe answers and discuss them through interaction with other participants in the focus group. Recording of voices by a digital tape recorder was done. All interviews were conducted in English, and lasted for 40-60 minutes each. Due to the nature of business in the labour ward, the interviews were conducted in an empty labour room, to avoid moving the midwives away from their workstations. Either someone entering the room as expected to ask for the drug cupboard key or ultra sound gel often disrupted the interview process in the focus group. However,

none of the participants was ever required to leave the room until the end of the interview. The participants were asked to respond to the following questions outlined as follows:

- Do you have any intentions of staying or leaving the practice as a midwife? Please substantiate your answer
- What are your experiences on shortage of midwives in your unit?
- What gives you job satisfaction?
- What were your expectations when you joined the midwifery team?
- What do you think are the reasons for midwives to stay or leave the maternity unit?
- What do you perceive as reasons for other registered midwives not to have interest in practicing midwifery?
- What are your current working experiences as a practicing midwife?
- If you had no limitations in terms of staff, equipment/or money, what would you have changed in the ward/ service?
- In general, what do you think should be included as the retention strategy for midwives in your institution?

The notes made on each question were studied together with the recorded voices and common themes were identified and categorised.

4.3 RESEARCH RESULTS

4.3.1 Sample dynamics and characteristics

The manner in which the sample was categorised and the characteristics of the participants for focus group and for individual interviews are discussed in this subsection.

4.3.1.1 Sample dynamics

In this study, the participants were all midwives who had never worked in any other discipline, but in maternity since completion of their training. They have, however, been rotated to all three sections of maternity, namely antenatal, labour, and postnatal wards. The midwives were a representation of all three units. The participants were coded as participant, number, focus group (Participant # number FG) in order to separate the

individual face-to-face participants from the focus group discussion participants. Individual face-to-face participants were coded as IP# number.

4.3.1.2 Characteristics of participants for the focus group discussions

The maternity section is rendering service to the high-risk maternity cases. The group size constituted about six midwives, with age ranges of 24 to 50 years. The participants had three to 18 years of working experience as registered midwives as indicated on Table 4.1. There were no males included in the study, as there were no male midwives in the unit where the study was conducted. The group formed a productive cohesive team with the younger participant dominating in the discussion.

Table 4.1 Participants in the focus group discussions

Participant	Age	Gender	Highest qualifications	Years of experience	Unit currently working	Language preference
Participant #2FG	33	Female	Post-basic midwifery and neonatal nursing science	4	High-risk Postnatal ward	English
Participant #1FG	24	Female	Diploma in nursing, general, community, psychiatry and midwifery	3	High-risk Postnatal ward	English
Participant #3FG	50	Female	Post-basic midwifery and neonatal nursing science	27	Labour ward	English
Participant #4FG	43	Female	Post-basic midwifery and neonatal nursing science	17	Labour ward	English
Participant #6FG	43	Female	Post-basic midwifery and neonatal nursing science	18	High-risk Antenatal ward	English
Participant #5FG	31	Female	Diploma in nursing, general, community, psychiatry and midwifery	10	High-risk Antenatal ward	English

4.3.1.3 Characteristics of participants for individual face-to-face interviews

Five participants were interviewed. Characteristics of participants for the individual face-to-face interviews were almost similar to the participants for the focus group discussions except with qualifications. Individual participants were all at degree level, whereas focus group participants had basic diploma and post-basic diploma in midwifery. Their ages ranged from 24 to 31 years, with the longest years of experience being three to five, as indicated on Table 4.2.

Table 4.2 Characteristics of participants for face-to-face interviews

Participant	Age	Gender	Highest qualifications	Years of experience	Unit currently working	Language preference
IP#1	24	Female	BCUR	4	Labour ward	English
IP#2	27	Female	BCUR	4	Labour ward	English
IP#3	25	Female	B TECH	4	High-risk Postnatal ward	English
IP#4	26	Female	BCUR	3	Labour ward	English
IP#5	31	Female	BCUR	5	High-risk Antenatal ward	English

4.3.1.3.1 Participants' age

The age of participants in both focus group discussions and individual interviews ranged from 24 to 50 years. Eight out of 11 participants were younger than 40 years of age. The age factor showed a different perspective in the plan for midwives as individuals. Although all midwives shared a common view on the challenges facing the profession, the younger midwives seemed to have clearer vision on their future as midwives. According to the study conducted on Ghanaian health workers, with age examined as a determinant factor for turnover, it was discovered that being 40 to 50 years and older decreased the odds of turnover intention, when compared to those being younger than 30 years (Bonenberger, Aikins, Akweongo & Wyss 2014:6). The younger midwives expressed their intentions to deviate from hospital setting towards establishing their privately owned clinics. The midwives with more experience and who were older were found to express complaint

more than expressing appreciation for the work they do than those with less experience and younger.

4.3.1.3.2 Participants' gender

The midwives in the study were all females. The purpose of this study was not to examine whether there were any males in midwifery, but an inference was made as to the limited number of male midwives, making it possible to conclude that midwifery is a female-dominated profession. According to Jones (2013:182), men have had a small presence in midwifery.

4.3.1.3.3 Participants' years of experience

The significance of age and years of experience in the profession is to determine the perceptions of midwives on shortage and retention of staff from the entire range of variables as selected. Their years of experience ranged from three years to 27, where the older midwives hold the longest experience. Working longer than five years in a facility considerably decreased the odds of intention to leave, as compared to those who have worked for less years, as shown in the study conducted in Ghana on health workers by Bonenberger et al (2014:6).

4.3.1.3.4 Participants' qualifications

Although all participants were midwives, the qualifications leading to registration as midwives were different according to levels. Five participants possessed BCUR from a university, two had a diploma from the nursing college, and four had a post-basic qualification in advanced midwifery from the college and university. Amongst the participants, there were those who were currently registered for master's degree in midwifery in their first year of study. Their qualification would allow them to be registered as advanced midwives by SANC. However, SANC's accreditation of a professional qualification does not make a distinction between a diploma and a degree when the additional qualification is registered (Duma, Dippenaar, Bhengu, Oosthuizen, Middleton, Phillips, Naude & Uys 2012:3). Further education and career advancement seem to be valued more by the midwives. One of the factors that was contributing to the intentions of midwives staying in midwifery profession was found in the study of Nigerian midwives, as

educational opportunities for post basic nursing (Adegoke, Atiyaye, Abubakar, Auta & Aboda 2015:950). Figure 4.1 is an illustration of the participants' qualifications, according to percentage.

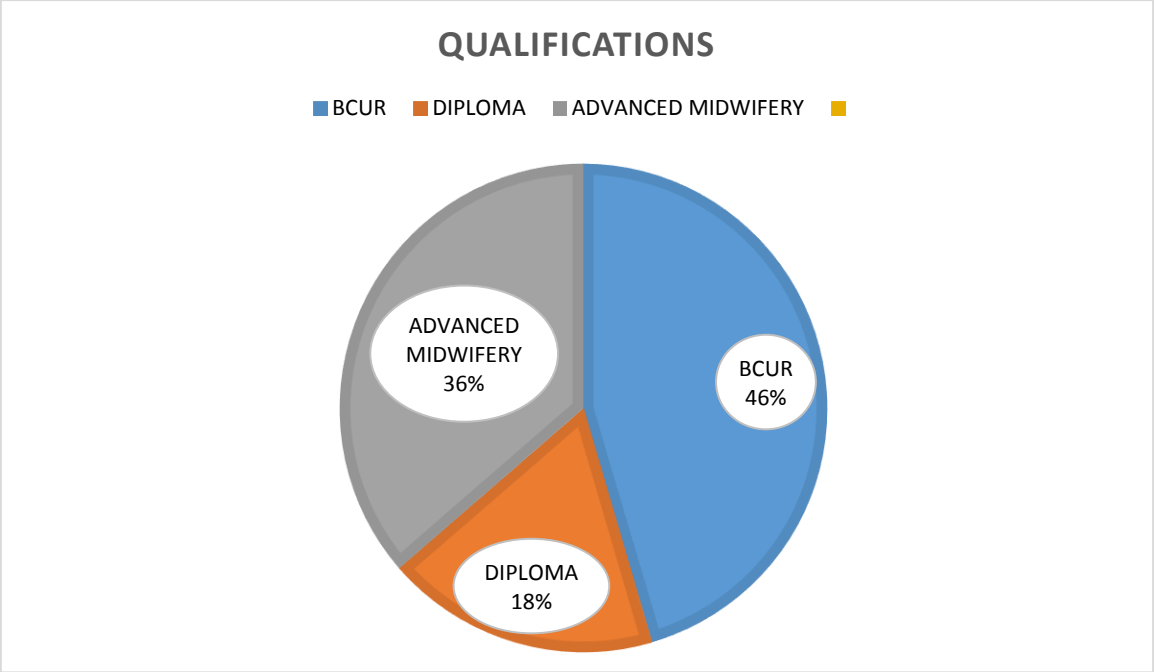


Figure 4.1 Participants' qualifications

The succeeding report is a summary of the results of qualitative analysis of verbatim transcripts from the focus group discussions and individual interviews that were conducted.

4.3.2 Categories and themes that emerged from both the focus and individual interviews

The researcher followed the steps of data analysis, namely: familiarising with data through listening and re-listening to the recorded voices from the interviews conducted; identification of codes and themes through selecting recurring facts and categorising them; coding the data through labelling; and data arrangement (Green & Thorogood 2014:210). Figure 4.2 provides an illustration of themes and categories generated from the interviews conducted from both focus group and individual interviews.

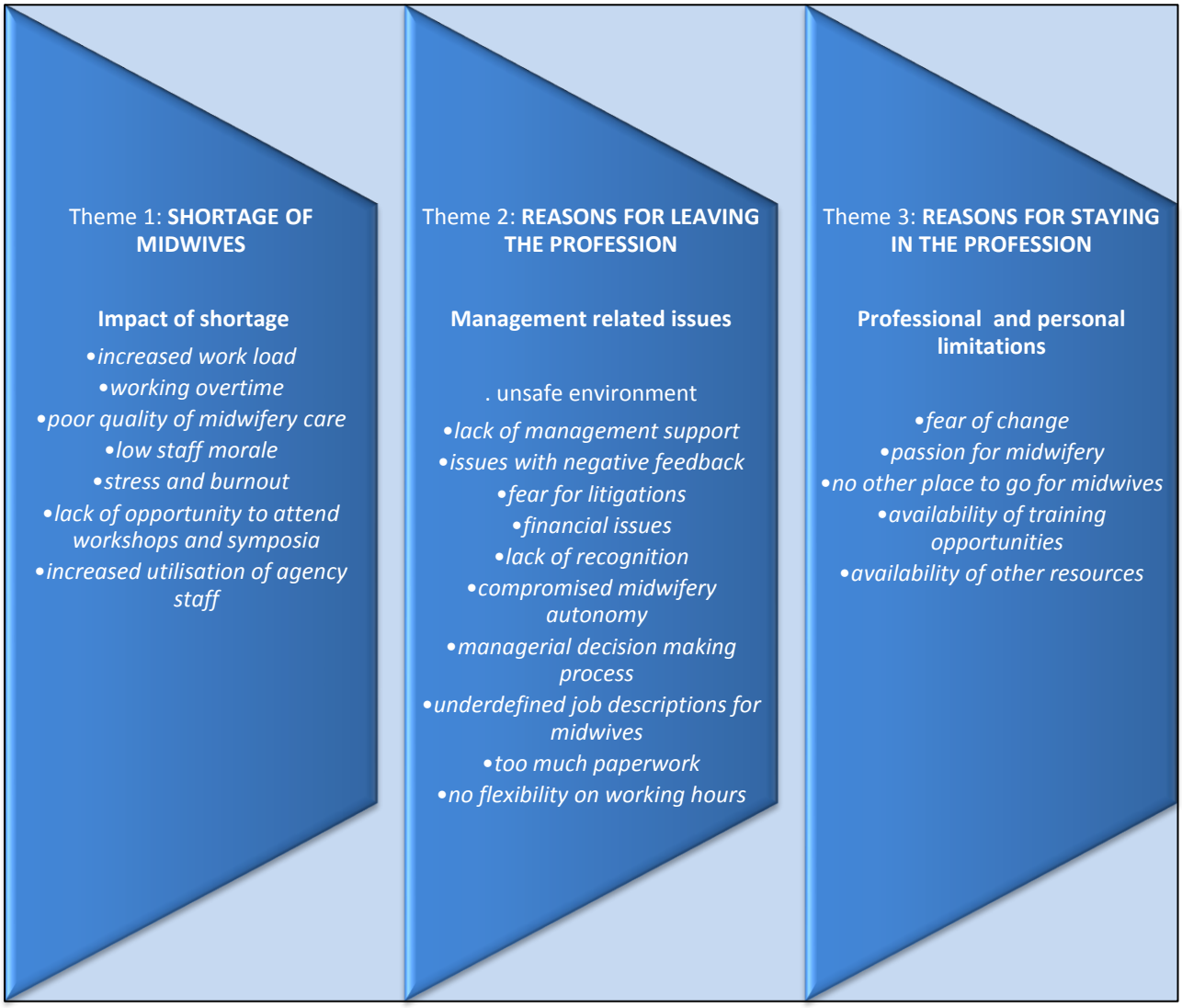


Figure 4.2 Categories and themes as generated from the interviews

4.3.2.1 Theme 1: Shortage of midwives

This theme relates to the problem statement motivating the study. Shortage in this case refers to the insufficient number of staff per shift. The shortage of midwives seems to have a major impact to the delivery of service and the unpleasant working conditions of midwives. The negative impact of the shortage of midwives was described by midwives in the study, mainly emphasising the impact this has on their daily working experience. In the study conducted in Limpopo Province of South Africa, it was revealed that shortage of staff, constrained material resources, lack of essential equipment, medico-legal hazards and substandard midwifery care were the factors impeding the provision of optimal midwifery practice in maternity units of public hospitals (Thopola & Lekhuleni 2015:511).

4.3.2.1.1 Impact of shortage of midwives

An overwhelming limited number of midwives per shift was cited as the main issue related to participants' concern. They reported that they needed to overstretch to cover for more than one person's share of work. Midwives placed in the antenatal and post-natal ward sometimes assist in the labour ward because of shortage.

- *Increased workload*

Many registered midwives are scared to work in labour wards, due to the increased workload. Stress within the midwifery profession has a negative impact on the health and wellbeing of individual midwives, as well as negatively affecting the care of women (Warriner, Hunter & Dymond 2016:194). The study was conducted in one of the central hospitals in Tshwane, Gauteng Province, where only high-risk cases are admitted. The midwives reported poor control of access, as anyone who walks in without a referral is to be attended before redirecting them to the relevant facilities. Admitting patients without referral is one of the reasons workload remains high, with the added challenge of a dearth of staff covering the units. One of the participants indicated the following statements related to increased workload:

> "Another factor that increases our workload is the amount of low risk clients which are allowed in the hospital when they could be redirected to the relevant facilities of care. We are supposed to be rendering service to clients with high risk perinatal conditions but we end up with low risks." Participant #6FG

Thopola and Lekhuleni (2015:508) found that increased workloads result from several factors, such as inadequate number of midwifery practitioners on duty, feeder clinics not adhering to the referral criteria thus referring pregnant women without genuine reason, resulting in too many women under care, supported these findings. The impossible demands of the midwives' workload could place midwifery personnel in an ethical dilemma of how to prioritise care (Filby, McConville & Portela 2016:10).

- *Working overtime*

Midwives reported that they find themselves working too much overtime in order to meet the unit demands. Working overtime in the same unit where normal shift is done extends the burden of workplace stressors. The reward is different but the environment remains unchanged unlike for the agency midwives, the burden of the environment does not affect them much because at the end of the shift they made money but permanent staff has to come back to face the challenges again.

> "If you are busy with delivery and it's time to go home you can't leave until you are done with the delivery that also extends your working shift." Participant #4FG

According to Filby et al (2016:10), in their report concerning African countries, inadequate staffing and working excessive overtime was found to compromise safety for women as well as midwifery personnel.

- *Poor quality of midwifery care*

The participants alluded to the fact that the care they are providing is sometimes not at the required standard, though they believe they are doing their best. They mentioned the reasons for provision of lesser quality related to the influx of patients from all over choosing to come to their institution, as it is by far the best hospital in the area as compared to other public institutions.

> "Shortage of staff affect the quality care we aim to deliver. Overstretching and increased workload are the main reasons why we are getting too many patients complaints and that could jeopardise our careers." Participant #3FG

Filby et al (2016:14) cite that moral distress and burnout result in midwifery disempowered to provide quality care, reiterating poor retention of maternity staff as the long-term impact of burnout and moral distress.

- *Low staff morale*

The participants predominantly reported low staff morale as a factor, which could contribute to them leaving. The midwives feel that doctors and managers are undervaluing them. According to WHO (2013b:804), midwives are a pillar of reproductive health programmes and it is crucial to understand their role in the health system and support them. Hilgingsson and Fenwick (2015:180) assert that paying more attention to establishing healthy work places where midwives feel recognised and valued is likely to improve midwives' perceptions of themselves and the quality of their working life. One participant mentioned that at times she feels like being absent from work, but because she knows the pressures the colleagues are going to work under, she ends up coming to work.

> "Coming to work knowing that we are short for a day is really discouraging, delegation of duties is predictable. You may work in high care section for successive days and it's tiring." IP#4

The WHO, as cited in Tanaka et al (2015:2), states that developing capable, motivated and supported health workers is essential. In a study conducted on Tanzanian midwives regarding their career development and its challenges, the motivational factors were discovered to be financial rewards, career development, hospital management and recognition (Tanaka et al 2015:2).

- *Stress and burnout*

Midwives, like all other health staff, are known to experience higher levels of stress (Pezaro, Clyne, Turner, Fulton & Gereda 2015:2). While they may be suffering from their own personal stressors, midwives see the workplace as a place where they spend their most wakeful time, hoping that all stressors could be minimised. Midwives report that they sometimes find it difficult to function professionally under the circumstances they face, including dealing with difficult patients and disrespectful doctors.

In a study conducted in a number of countries, it was found that distressed midwives might carry on working in distress and use this persistence as a maladaptive strategy (Pezaro et al 2015:2). Seidler et al as cited in Dixon et al (2017:5) assert that occupational

burnout is characterised by a state of emotional, physical and mental exhaustion, and is considered an adaptive response to high levels of stress. The study conducted among New Zealand midwives on burnout identified correlation between midwives having sufficient resources to support their work and midwifery burnout, where resources adequacy involved having enough midwives to provide quality care; enough time and opportunity for midwives to send time with their clients; and their ability to discuss client care with other midwives (Dixon et al 2017:12).

- *Lack of opportunity to attend workshops and symposia*

The midwives expressed their concern about not having an opportunity to attend workshops and symposia. They mentioned the importance of training and refresher courses to enhance their knowledge capacity. The midwives cited that they appreciated the opportunity to advance their careers as qualified advanced midwives, but wished that they could also be allowed to attend the workshops and relevant symposia. The situation of chronic shortage of staff deprived them that opportunity.

> "We do not get the opportunity to attend any workshops outside the institution, for example, the sensitive midwifery symposium is hosted every year but we are never released to attend, we can only hear from our colleagues from other institutions that they were able to attend. We need to sometimes be away from work and meet with other midwives to discuss midwifery challenges". Participant#4FG

Pugh et al (2013), as cited in Hauck, Lewis, Pemberton, Crichton and Butt (2017:47), recommended the importance of professional development support and access to senior midwives within the clinical environment as mentors and role models in order to ensure quality and sustainability of midwifery workforce.

- *Increased utilisation of agency staff*

Midwives report having to outsource midwives from agencies. Even though the aim is to remedy the shortage problem, the midwives were not entirely in support of that solution, arguing that these agency sisters need to be orientated and supervised well, when they do not have sufficient staff to achieve that. The agency midwives do not know the culture and vision of the institution, but are just there temporarily, to make extra money.

> "This chronic shortage in the ward causes a burden to the ones on duty because they have to over stretch to cover the ward. We are supposed to have seven midwives in a shift but more often than not, the ward is only covered with three or four midwives. We are lucky if we could have agency sisters." IP#3

The challenge with human resources poses a threat to a profession that is so important in mother and child services, leading to compromised quality of care. There are regular agency midwives who are booked to work overtime in the unit and have become part of the staff establishment by virtue of consistent availability. The use of agency staff has its own disadvantages, as cited in a study conducted in South Africa on the indirect cost of agency nurses. The disadvantages include poor attitudes of agency staff; their perceived lack of commitment; disloyalty; unreliability; reluctance to take on 'extra duties'; time taken on supervision; and a perception that they do not have the same 'culture of caring' when compared to the permanent staff (Rispel & Moorman 2015:5).

4.3.2.2 Theme 2: Reasons for leaving the profession

This theme relates to the question of whether the participants have the intention to leave midwifery profession. No participants in the study intended to leave the profession at all. The participants however have emphasised that their plans were to leave the institution at some stage. Unsatisfactory working conditions are by far the most predominantly reported indicator of poor retention of skilled staff. The midwives reported that most of her colleagues who left are those who could not stay longer. They indicated that lack of resilience from midwives would drive them away. Midwifery is not for the faint-hearted.

Many researchers who explored the reasons midwives are leaving the profession have found a range of issues related to: the working conditions within the national health service; lack of resources; lack of management support; not having control over work; and not having time to develop or sustain the relationships with women and colleagues (Dixon et al 2017:6). The midwives in this study reported a few reasons similar to the ones cited by Dixon et al (2017). They mentioned that the Department of Health's salary scale is inconsiderate of the profession's speciality and individual's experience. Literature suggests that the underlying reasons for midwives leaving include: not feeling valued; working hours; organisational culture; lack of support; low morale; and increasing

struggles with work/life balance (Versaevel 2011:30). Consistent with the literature are the perceptions of the participants in the study as discussed below.

4.3.2.2.1 Management related issues

Managerial-related aspects discussed in this subsection include: unsafe environment; lack of managerial support; negative feedback; fear of litigation; financial issues; lack of recognition; compromised midwifery autonomy; managerial decision making processes; undefined job descriptions; excessive paper work; and lack of flexibility on working hours.

- *Unsafe environment*

The conditions under which the midwives are working poses a threat to the aging midwifery profession. Midwives perceive their work environment as not understood by many within the institution. They also highlighted their fear of being litigated against, due to the compromised quality of care they provide to the women. Pugh et al (2013) as cited in Papoutsis, Labiris and Niakas (2014:485), indicate that working conditions are a primary determinant factor of job satisfaction.

> "I will remain a midwife, but I won't stay in this hospital though I have learned a lot here, I would rather open a midwifery practice offering antenatal care classes. It is not safe to work in such an environment for a long time." IP#5

Spence, Leiter, Day and Gilin (2009) as cited in Kossivi, Xu and Kalgora (2016:264) support the fact that favourable working environment contributes to retention. Midwives reported that improving working conditions would in turn improve the retention of staff. Some also cited that the impact of limited number of personnel on a given shift caused them to go through the shift without taking meaningful breaks and perceived that as a health risk for the staff.

- *Lack of management support*

The support from the managers is perceived to be non-existent. It is seen as an environment where survival is achieved through resilience. The participants explained that working in the maternity ward, especially the labour ward, with poor or lack of

management support, makes it more difficult, as it is an area that is unpredictable. A healthy pregnancy may suddenly become an obstetric or midwifery emergency. In the study conducted in Malawi, the common reason for intention to leave was poor management (Chimwaza, Chipeta, Ngwira, Kamwendo, Taulo, Bradley & McAuliffe 2014:3). Part of the perceptions of the midwives in the focus group was that management did not care about their wellbeing, and believed that they care about the work being done. Participants repeatedly highlighted lack of availability of support. They however, acknowledged the societal and departmental pressures faced by the top management of institutions to deliver. They believe that managers have the responsibility to ensure worker wellness. The participants, however, reported one of the benefits of working in this institution as the availability of the opportunity to further their studies through study leaves.

> "Sometimes I feel like managers are on a 'witch hunt', they always find fault, never a good thing. It is like 'us' against 'them'". IP#4

> I" am not sure which route to follow from here, I am repeatedly sick and I do not receive any support from the managers; all they care about is to cover the ward. If they were showing more support I would not be thinking of applying for a lecturer's post at the nursing college because my passion is in the clinical field." Participant #5FG

The midwives reported that there is low support from the managers and supervisors, and view that as a key reason why the midwives would leave the profession. This is in line with the findings of Ball et al (2002), as cited in Dixon, Guilliland, Pallant, Sidebotham, Fenwick, McAra-Couper & Gilkison (2017:13), where the key issues contributing to leaving the profession were a lack of management support. In contrast, every midwife in the study perceived managers to be totally unsupportive, and a few during individual interviews appreciated the efforts of managers towards their professional growth, such as granting them the opportunity to further their studies, and allowing them to rotate within the relevant sections of the maternity ward, as demanded by the stipulated learning outcomes.

- *Issues with negative feedback*

The midwives view management support as poor, or even non-existent. Managers are perceived to be looking for mistakes, and reprimand staff. They commented that there is lack of appreciation or understanding that nurse managers have about the difficulties they face in their work environment. Adequate support would encourage them to work harder, without harbouring intentions to leave. The midwives noted that they are aware that shortage of staff is a national crisis, but believe that migration is the better way of relieving the pressures on work issues.

> "Nursing management should try to understand midwives, show support to midwives, and appreciate midwifery care. We sometimes have to go on the whole day without sitting for lunch, some days are worse than others. Women fall in labour anytime so we are not able to stick to scheduled breaks as other cadres of care." Participant #5FG

> "If management could show appreciation to the midwives, it would mean a lot. When you see them in the ward, you know something is wrong. They never say anything positive. They are always criticising and it is frustrating. This is the reason why there is a great exodus of the midwives. Appreciation is not only in the form of money." Participant #4FG

The quote above is supported by the findings of Thorsen, Meguid, Sundby and Malata (2014:23), which revealed that management and supervision within the Malawian healthcare system has been described as being ad hoc, extremely limited, and almost exclusively negative or corrective in nature. According to Chipeta, Bradley, Chimwaza-Manda and McAuliffe (2016:6) staff retention improves when staff feel supported by the nurse manager, and is often linked to manager's approachability, openness and balance when dealing with problems, which arise during work.

- *Fear for litigations*

According to Pezaro et al (2015:2), midwives could be at an increased risk of work-related psychological stress, because they are independent practitioners and working in an area of high litigations. Though the midwives in the study expressed that their independent practitioner status is compromised, they still fear litigation, which could result from poor

quality care, delay in management while waiting for the doctor to make patient care decisions, and mostly poor recording.

> "Midwifery is a risky profession. There is so much pressure from management and the community. There are so many litigations. This is the reason why many students would not choose to practice as midwives. It is so easy to lose your epaulets." IP#1

> "At the South African Nursing Council, many litigations which end up with nurses losing their jobs involve midwifery. It is not surprising why most registered midwives choose not to practice midwifery. Midwifery was just part of the package for the comprehensive course." Participant #2

The participants viewed the reason why other registered midwives are disinterested in practicing midwifery related to their fear of litigation. They alluded to the fact that many cases handled by SANC are related to midwifery issues, where the verdict is usually so drastic that midwives end up being either suspended from practicing or taken off the registers' roll. One of the functions for SANC as nursing and midwifery regulation body is the monitoring of the ethical and professional conduct of nurses and midwives (Duma 2012:1). According to Jervis and Choucri (2016:21), midwives are being investigated for issues resulting from failings in the system; lack of midwifery support or leadership; low staff levels; bullying; policy and protocol; not evidence based; obstetric dominance; lack of funding; lack of services; etc.

- *Financial issues*

Financial incentives are commonly used as a strategy to improve health worker motivation and retention (Ditlopo et al 2013:138). The participants emphasised the need to be remunerated accordingly in relation to their qualifications and experience. Pugh et al (2013:501) affirm that insufficient remuneration is a common factor affecting retention, where according to the study they conducted on Australian midwives, the participants expressed their frustrations with the salary scale presented to them. The midwives with more work experience explained that their salary levels are the same as those who have just qualified. They also mentioned that for one to get a promotion to the senior speciality rank, they must wait for 10 uninterrupted years of service working for the government.

> "… you stay on the same salary scale for a long time. We are expected to wait for 10 years in a speciality unit in order to be promoted to the next rank." Participant #3FG

On the contrary, Aninanya, Howard, Williams, Apam, Prytherch, Loukanova, Kamara and Otupiri (2016:2) argue that other studies have shown that health worker motivation using financial incentives had varying results, indicating that financial incentives without complimentary non-financial incentives rarely improve health worker motivation and performance in the long-term. George et al (2013:7) affirm that the extent to which remuneration is perceived as the key motivating factor is overestimated, further reiterating that the decisions to move appear to be motivated by a mixture of factors including high levels of stress, because of increased workloads and other challenges faced in the current job.

- *Lack of recognition*

According to Ditlopo et al (2013:139), the South African government introduced occupation dispensation (OSD) as a financial strategy to attract, motivate and retain health professionals in the public sectors in the clinical specialities. However, numerous problems with the implementation left nurses dissatisfied. Midwifery is classified within speciality clinical areas. Midwives in this study reported dissatisfaction with the way their salary ranges are allocated. They highlighted the fact that newly qualified midwives benefit more than experienced midwives do, where experienced midwives are obliged to wait for progression in rank which only happens after 10 years of practice, otherwise, yearly salary increases, which are usually with a low percentage to make a difference to the income is provided.

> "The years of experience seem to be disregarded here; the salary scale is not different from these young ones with less experience. I do have passion for midwifery; I did my advanced midwifery long before the OSD was introduced. I still believe we are not properly remunerated. Good salary would retain midwives." Participant #3FG.

> "There should just be automatic promotion when a person has worked in the specialty discipline for over five years. This waiting of 10 years is not encouraging,

> that is why midwives are moonlighting so much to augment their salaries." Participant #6FG

According to the WHO (2013b:805), midwives are the pillar of all health programmes, and it is crucial to understand their role in health system and to support them. The WHO states that incentives do not only need to be in monetary form, but other factors such as career development may indeed assist in the retention of midwives. The South African Nursing Council has, meanwhile, been criticised over not recognising midwifery as a profession on its own right (Duma et al 2012:6). Consistent with this fact, one could draw an inference that it perhaps one of the reasons why midwifery as an independent function is still undervalued.

- *Compromised midwifery autonomy*

According to the International Confederation of Midwives, the scope of practice for midwives must support and enable autonomous midwifery practice and should therefore include prescribing rights, access to laboratory/screening services and admitting and discharge rights (Oyetunde & Nkwonta 2014:43). Midwives recommending midwifery models believed that more autonomous clinical practice would facilitate appropriate midwifery care (Pugh et al 2013:502).

Oyetunde and Nkwonta (2014:43) note that midwifery practice is being taken over by obstetricians, especially in the hospitals, where midwives find their scope of practice being reduced. Some midwives find this to be an imposition.

> "As an advanced midwife I feel like I do not practice the skills I acquired from my training. Every obstetric emergency end up with caesarean section. I can't even remember the last time I delivered a breech presentation." Participant #4FG

> "… this is a teaching institution; the students will never be able to witness a twin delivery because once diagnosed during pregnancy, doctors just book the woman for caesarean section." IP#3

> "When I joined midwifery I thought I would be working independently and making decisions about mother and baby but my independent functions are taken away from me, mostly given to the doctors." Participant #4FG

> "The independent responsibilities of midwives are interfered with, only medical doctors have a complete say, midwives are expected to follow orders." Participant #5FG

The participants raised a concern about how their independent function of a midwife is ignored by doctors. They argue that most caesarean sections may be avoided, as they are unnecessary in most cases if midwives are given an opportunity to practice independently without having to report everything to the doctor. All participants asserted that their role is undervalued, reiterating the fact that doctors have taken over the midwifery duties making them feel like doctor's assistants. The midwives explained that they are not given an opportunity to manage even the low-risk women admitted in the institution. Jervis and Choucri (2016:21) suggest that when obstetric practice compromises midwifery practice supervision can be used to support midwives. In a study conducted in New Zealand on working in an obstetric high dependency unit, the midwives described the care as not constituting normal midwifery work (Eadie & Sheridan 2017:6).

- *Managerial decision making processes*

This category was influenced by the participants' views of neglect by the managers when making decisions, which involve their work dynamics. They perceive managers as people who stay in their offices, with no knowledge of the context of their work environment, but who are able to design policies and expect the midwives to implement without questioning. The job satisfaction of midwives is compromised.

Ditlopo et al (2014:8) emphasise that nurses' participation in the development of policies and strategies enhances their job satisfaction and retention in the health sector. The midwives in the study feel excluded from policy-making and changes made about their environment. They reported that staff meetings are not scheduled regularly, but only managers have meetings regularly, without any staff members attending. The managers give feedback to the staff during report taking in the mornings. The feedback is more often than not a final decision that management takes without consulting the midwives in the ward. The midwives do not feel that they are part of the organisation but the tools used to implement policies.

> "I wish we could be involved when decisions are made about us, not to always see new staff policies being introduced and we are expected to implement them. For instance, now staff rotation has been introduced, midwives who are good and experienced are moved to new areas and now the ward is remained with new staff with no knowledge about the running of things here. We are not consulted when such decisions are taken. They could have at least ask for volunteers who would like to be moved." IP#3

> "We are nursing ICU patients in our high care using ICU charts; we are not trained for such. Management was supposed to take us for training before deciding for us to admit and nurse patients with such complicated conditions." Participant #4FG

In-service training is an essential element in keeping every professional up to date, where midwives often encounter situations which they never experienced in their initial training, such that continuous educational update, quality control and supervision is essential for effective midwifery outcome and autonomy (Oyetunde & Nkwonta 2014:42).

- *Under-defined job descriptions for midwives*

The midwives feel like their job description is not clearly defined and is not understood by other disciplines in the institutions. They are expected to perform all kinds of ward duties if the need arises. They gave an example of when a general worker is not on duty, another general worker from a different unit drops the patient's food trolley from the kitchen in the ward and midwives are expected to start dishing out food to the patients, as there is no one else to do it. Midwives allocated there perform cleaning of delivery beds in the labour ward. The cleaners clean the floors and dust other areas. Midwives reported that they have to order stock and pack it themselves, and this takes them away from the duties to provide comprehensive care to the women. Midwifery is perceived as domestic work.

> "At night we don't have cleaners in the ward; midwives have to clean up messes on the floor after delivery. This takes a lot midwifery duties deviated to non-nursing duties." IP#5

Task shifting leads to a greater burden on midwives, if midwives are made to perform tasks that are outside their job description. Since midwives are trained as nurses as well, they feel obliged to cater for all the patients' needs and rights, such as nutrition, as well

as the provision of a clean environment, but it seems like other cadres take advantage of their obligations by shifting their tasks to midwives, while the management remains aware, but does not protect them. Midwifery experts say that for a profession that is so old, it is remarkably poorly understood (WHO 2013b:804). Midwives reported a tendency of bullying by the doctors, where they perceive doctors to be treating them as their assistants. After a doctor has performed a vaginal examination on the woman in labour, instead of plotting on the partogram, they would ask the midwife to plot for them. If the doctor decides to plot, only the cervical dilation would be plotted and the rest of the findings will be plotted by the midwife, resulting in incomplete records, which will affect the midwife alone should there be auditing, or worse, litigation.

- *Too much paperwork*

The participants expressed their frustrations over the unnecessary documentation. They argue that extra documents are often introduced when there is a standardised department of health obstetric book, which all pregnant women are provided with during antenatal care booking. The obstetric book contains all necessary documentation, such as antenatal, intrapartum, postnatal, and neonatal documents. Inside the book, there is also a provision for consent form and caesarean section notes if required. ICU charts are now introduced in the unit for the all the mothers who are nursed in high care, despite their condition. Participants mentioned that they spend a great deal of time trying to update records than they are with women.

> "The standardised obstetric book was supposed to make our work easier by compressing all information regarding the perinatal care of the woman. Now there are many papers, which we use outside the book, which are a duplicate to the book itself. It is so frustrating in this state of shortage of staff." Participant #5FG

> "… there is so much paperwork which midwives have to do. We fill admission forms for patients when the clerks are hired for that." IP#5

In a way the participants report that the clerks, cleaners, and even doctors perceive them as general workers as they most of the time have to perform duties outside of their scope to ensure that patient care continues. The midwives in the study shared a common view about how they find themselves doing other people's work.

- *No flexibility on working hours*

Time to report on and off duty seem to be a concern for some midwives. They are expected to report at least 15 minutes before the starting of normal shift in order to take report and sometimes handing over overlaps outside the end of shift. In South Africa, full-time employed nurse's work approximately 40 hours per week (Ehlers 2013:39). Even though the conditions of employment allow all pregnant staff members the right for four months of maternity leave, it is difficult coming back after leave having to work a night shift when breastfeeding needs to continue. All staff members book for night duty in the beginning of the year, and when their turn comes, they are not ready due to personal circumstances. Hence, the responsibility of a concerned staff member to find a colleague who is willing to swap the shift.

> "I feel like we spend a lot of time here at work. I wish they could just include the time spend taking report and handing over within the paid working hours. Also, the 40 hours per week is too much, since our shifts are 12 hours long, if it could be reduced to 30 hours per week, it's hectic!" Participant #6FG

Working hours in maternity wards are rigid with a depleted workforce, where participants have little to suggest in terms of improvement. Mollart et al (2013:31) concur that midwives are reluctant to work night shift but it is an unavoidable part of shift work, leaving them in a double blind.

4.3.2.3 Theme 3: Reasons for staying in the profession

Similar to the reasons for leaving, the intentions to stay are multi-faceted depending on the circumstances around the individuals. The participants in the study consisted of mature individuals, who have climbed the social ladder. Even though not all were married, they were at least already mothers themselves. Decisions as to whether to move or not did not affect midwives as individuals, but the entire family depends on where they ought to be moving.

4.3.2.3.1 Professional and personal limitations

Participants mentioned that the reason other midwives have such a long stay in the institution, does not mean that they are satisfied with work environment, but are just afraid to leave their comfort zone. According to the participants there a few colleagues with over 15 years of service in the same institution. They assumed that the reasons for staying could relate to age, geographical convenience, and pure loyalty to the institution.

- *Fear for change*

Change for some is a monster, and they would rather stay where they are conversant with the culture, than face new challenges. Older participants had expressed hope that the current situation could change, believing in resolving the problem rather than running away from it. The midwives compare their current employer to others on the same level of care, reporting that their work conditions are far better than the rest. They reported the availably of material resources such as medicine, linen, stationery and world-class equipment for maternity care, such as Cardiotocographic (CTG) machines, as a positive factor that attracts them to stay.

> "I believe that most midwives who don't leave this place is because they have fear of the 'unknown'. Midwifery is all they know, they would rather stay here because there is no other choice." IP#4

Some midwives expressed their fear of change related to the potential obligations to relocate or travel farther than their current place of work. While changing jobs could be positive, it can also be taxing on an individual. Midwives have organisational loyalty, especially for those who received their further career development through paid fulltime study leave granted by the institution.

- *Passion for midwifery*

The participants perceive midwifery as the best choice they made. It gives them fulfilment, despite the other negative aspects attached to it. Although there are challenges, the midwives do not plan to leave the practice completely, but plan to leave for better

opportunities. The younger midwives have a wider vision of opening their own private midwifery practices or well-baby clinics.

Midwives in the study expressed their passion for midwifery hence the intention to stay in the profession. They explained that they find satisfaction in the successful delivery and seeing the mother and baby discharged in a healthy condition.

> I have a passion for midwifery; as much as there are many challenges here, I do not see myself practicing anything else. Participant #1FG

> "I think nurses choose different disciplines because of passion. If you do not 'click' with midwifery when you are still a student, it is very uncommon to like it after qualification. Most registered nurses have a midwifery bar because of the comprehensive course that came as a package." Participant #1FG

> "I am currently busy with my masters of midwifery so I have the opportunity to rotate within the mother and child area in the institution. I still like the experience of working in the labour ward. I am passionate about midwifery; I like the 'adrenaline rush' I get when I work in labour ward. The craziness in there keeps me on my toes." IP#1

Midwives are passionate about the care they provide to women and their families and the positive impact they have on the outcome of the pregnancy. They expressed substantial pride in their work, especially when faced with emergency complicated maternal cases such as attending to an eclamptic mother, and are able to save a life. Phillinger (2011), as cited in Lesia and Roets (2013:46), emphasise that when advanced midwives are not utilised in midwifery units, they might lose interest in practicing locally, and may decide to emigrate to other countries where their knowledge and skills will be recognised and utilised.

- *No other place to go for midwives*

Some midwives stay unwillingly in the profession because there are no other options for the practice (Versaevel 2011:41). Midwifery is all they know according to the work experience they have, since they have obtained their midwifery qualification. The midwives have developed workplace resilience. The older midwives, reported that they

have hope for the future of midwifery, but did not share the intentions to either move to another institution or leave the profession completely.

> "Leaving this institution will not help as shortage of staff is everywhere." Participant#3FG

This is in line with the findings of the study on midwives in Ontario, that midwives were unable to leave the profession, and stayed unwillingly, because there are no other options for the practice (Versaevel 2011:40). The midwives cited that all the public institutions face the same challenge of shortage of staff and material resources.

- *Availability of training opportunities*

The participants appreciated the fact that the institution is a teaching institution for all health cadres. Being part of such important multidisciplinary team, not only in the province, but also in the country, gave them a sense of insight. The midwives with no advanced midwifery as a specialty mentioned that they do not see the difference between themselves and the advanced midwives, as they are exposed to similar learning opportunities. The doctor's rounds with the obstetric consultants and other multidisciplinary team were highlighted as highly beneficial to their professional growth. They also mentioned that most midwives in the unit are already trained as advanced midwives, opening opportunities to newly qualified midwives not to wait long for their turn to train. The midwives working in high dependency obstetrics, as the participants in the study, require knowledge and skills beyond those required to provide care to 'well' women (Eadie & Sheridan 2017:6).

> "I am busy with masters of midwifery and I am allowed to rotate even on the adult and neonatal ICU which is in relevance to my studies" IP#3

According to Ghapanchi and Aurum (2011) as cited in Kossivi et al (2016:262), most literature supports that people feel motivated and challenged when they have opportunities to learn, develop new competencies, and assume new responsibilities, and when they believe that their efforts will strengthen their careers. According to Asegid et al (2014:3), career opportunities and training afford individuals the prospect of further developing themselves and growing within the ranks of their career.

- *Availability of other resources*

The participants in the study reported that availability of resources that helps them sustain their daily work experience is a motivational factor for them to stay. Despite the limited staff, the participants reported that, as compared to other public institutions, theirs was seen as the most conducive. Since the institution is a training one, obstetricians and student doctors are always available to cover the shifts. Midwives always have a backup from doctors on call in cases of emergency.

> *"In this institution we are lucky, because we do not run around due to lack of equipment. For example, the sterile packs are always available, and allow us to follow procedure without the need to improvise while we are mentoring the students." Participant #2FG*

Despite other valued factors of retention, it is evident that material resources are a motivational factor to stay in an organisation. In a study conducted in Mozambique on midwives experiences of working conditions, it was found that midwives were frustrated and prevented from providing care because of lack of equipment, material and personnel (Adolphson et al 2016:100).

4.4 OVERVIEW OF THE RESEARCH FINDINGS

The study revealed that midwives love the work they do. They perceive their profession as one that would grow if well supported. Of all midwives interviewed, there is a great sense of passion expressed. Fulfilment is experienced mostly from the positive outcome of the pregnancy. Learning and increasing their body of knowledge in high-risk midwifery and obstetrics is highly appreciated by the participants. However, emphasis is made on a lack of satisfactory management support. They feel overwhelmed by the status of shortage of staff and the amount of paperwork with which they are unfortunately faced. Although they appreciate the fact that they are part of the huge multi-disciplinary team, given the nature of specialists they work around, they are still dissatisfied with what they perceive to be the limit to or lack of autonomy. Obstetric care has consumed the special midwifery care they are supposed to provide. Task shifting is another thorny issue, which midwives perceive as undervaluing their profession, as they are seen as professionals

with no clear job description. Despite all the pleasantries, midwives still stand by their profession. The foreseeable problem with midwifery is that it will age with the older cadres in the profession. From the discussion with these participants, the younger midwives, though remaining in the profession, would rather not stay in the public sector.

4.5 CONCLUSION

In this chapter the management, analysis and interpretation of data was discussed. The study results were explained. The next chapter will conclude the study; explain the limitations with provision of recommendations on the retention strategies of midwives.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The previous chapter interpreted the research findings and quoted the participants' responses to the research question. This chapter presents the summary of interpretation of findings, conclusions, limitations and recommendations as motivated by the perceptions of midwives on the set research problem.

5.2 PURPOSE AND OBJECTIVES OF THE STUDY

The purpose of the study was to explore the perceptions of midwives on shortage and retention of staff in a public hospital in the Tshwane District, Gauteng Province.

The objectives of the study were to

- **explore and describe the experiences of midwives on the shortage of staff in the maternity ward of the public hospital**

The participants felt overworked, which affects their provision of quality midwifery care. The high volume of patient intake exceeds the number of staff in a shift. To cover the shift, more agency midwives are booked with every shift. Although the aforementioned effort is employed to augment staff, sometimes it becomes more of a burden for the permanent staff, as they have to also supervise those agency midwives, noting that they lack commitment and do not share in the vision of the institution.

- **identify the current retention strategies of skilled midwives in the public sector hospitals**

The current retention strategies seem to be ineffective or even non-existent in the institution as the researcher, when enquiring from the management only a broader policy from the Gauteng Department of Health was provided.

- **explore and describe the views of midwives on factors that would attract and retain staff**

This objective was covered with the question where participants had to respond with their perception on what they thought needed to be included as the retention strategy for midwives in the institution. They emphasised the importance of being involved in decision-making when it comes to matters related to their work environment. Recognition of skills and experience was expressed as highly motivational and attractive.

5.3 RESEARCH DESIGN AND METHOD

This study followed a qualitative research approach. The sample were selected purposively. Focus group and individual interviews were conducted on midwives with two to 18 years of experience working as midwives. The ages of participants ranged from 23 to 50. All the participants worked in the maternity section since obtaining their qualifications. Six midwives participated in the focus group, while five midwives participated in the individual interviews. Of the eleven midwives interviewed, four had a qualification in post basic midwifery and neonatal nursing science, as the highest nursing qualification. One had BTech degree in Nursing, five BCur and two had a four-year diploma in nursing.

5.4 SUMMARY AND INTERPRETATION OF RESEARCH FINDINGS

Interviews were conducted with the aim of exploring the perceptions of midwives on the shortage and retention of staff. Furthermore, their opinions on how staff could be attracted or retained was explored through engagement in discussion. Three main themes were generated from data analysis as summarised in Figure 5.1, Figure 5.2 and Figure 5.3.

5.4.1 Theme 1: Shortage of midwives

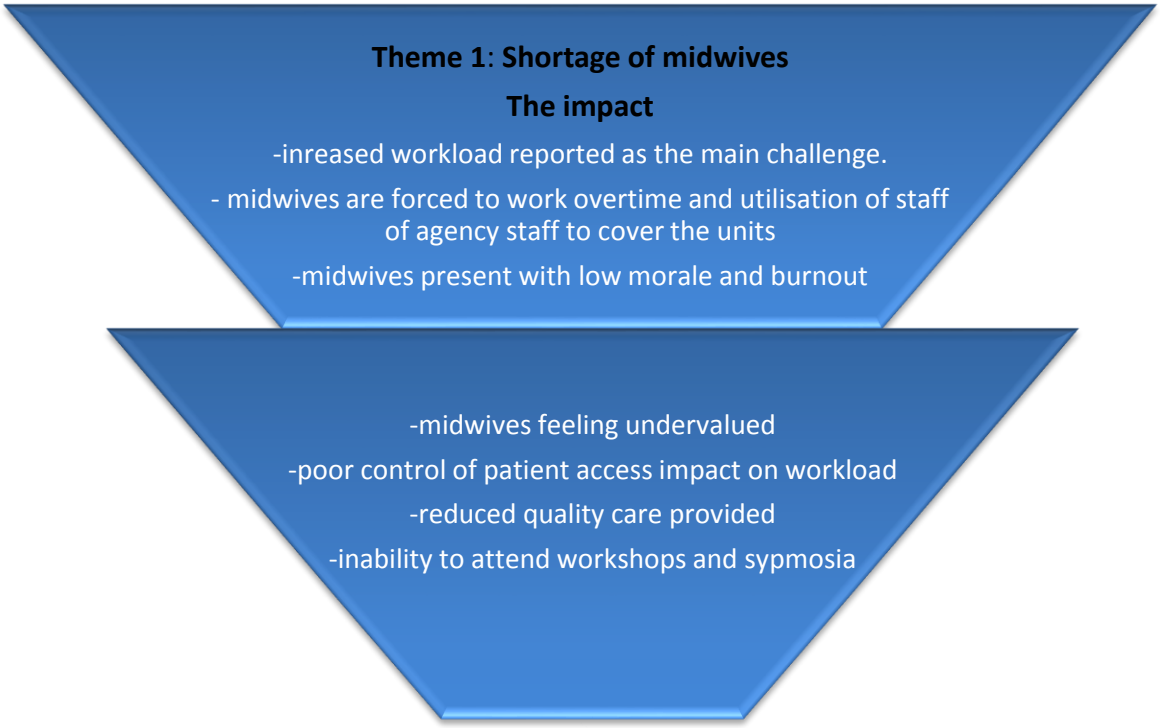


Figure 5.1 Findings on the impact of shortage of staff

The impact of shortage of nurses was reported as having increased the workload tremendously for the staff that are on duty. The midwives find themselves obliged to work too much overtime during their scheduled rest days and book agency staff to cover the units. With the challenge of shortage, the quality of care is compromised with the efforts to push the numbers rather than offering quality. In-service trainings and workshops are not attended as often as they are supposed to be, because of prioritising of patient care over self-development.

5.4.2 Theme 2: Reasons for leaving the profession

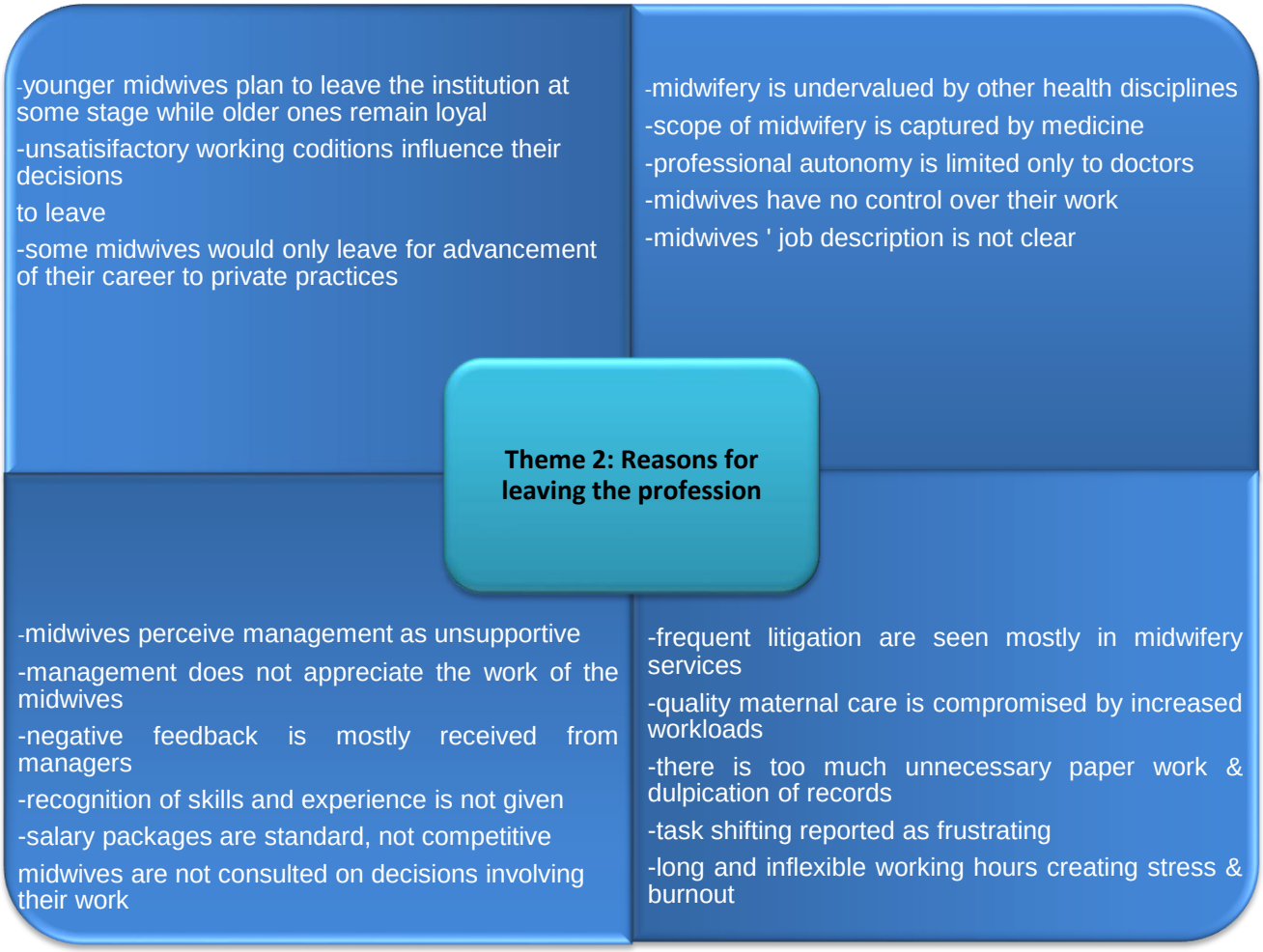


Figure 5.2 Findings on reasons for leaving the profession

The midwives in the study did not express any intentions to leave the profession itself, but some had the intentions to leave the current employer at some stage. They however described the reasons why most midwives leave as being influenced by many distinctive factors, such as unsatisfactory working conditions; lack of professional autonomy; unsupportive supervisors; poor salaries; task shifting; inflexible working hours etc. as outlined in Figure 5.2.

5.4.3 Theme 3: Reasons for staying in the profession

Figure 5.3 Findings on reasons why midwives stay in the profession

Despite their passion for midwifery, most midwives remain in the profession mostly because of personal limitations such as being the only discipline they have ever worked in and fear to change careers. The midwives in the study explained that the learning opportunities and availability of essential resources in their current workplace are a motivation to stay with the employer. Figure 5.3 outlines the reasons why midwives stay in the profession.

5.5 CONCLUSIONS

After interpreting and realising the findings, the researcher drew the following conclusions:

- **Chronic shortage of staff impacts negatively on the morale of midwives**

Working continuously with a limited number of staff influences the morale of staff on shift, especially when it appears as if the superiors are not actively making an effort to remedy the situation. Midwives are caught between their love for midwifery and their fear of not

delivering the quality they aim to provide because of overstretching. In addition to the workload related to shortage of staff, is the amount of paper work, which is added to their record-keeping responsibility. Not having enough staff to render the required service has a direct effect on the quality of care, as the midwives strive to assist the numbers rather than dedicating their whole attention on the individual woman for her holistic care.

- **Retention of midwives requires more than just compensation**

Factors that influence the motivation for midwives to stay are numerous. Midwives value their independent function and are frustrated when they are perceived any less. The participants emphasised that they need to be given back their independent function, in a way they would be encouraged to work in a hospital setting. Those who had advanced midwifery are mostly frustrated by the current practice. Appreciation and recognition of skills and experience would motivate midwives to stay and grow further in the profession. They reiterated the need to be promoted according to their experience and skills as a motivating factor. Negative downward communication is ineffective in keeping the staff motivated. Midwives need to be involved in decision-making processes, which involve their daily functioning. Furthermore, the participants perceive continuous professional development as an essential exercise for them to maintain professional growth. Additionally, the reduction of paperwork within their circle of work is foreseen as a relief element in the current situation of shortage of staff. Even though money is not the only motivational factor to stay, midwives, like any other professional, require adequate compensation in the form of good salaries and promotions.

5.6 LIMITATIONS OF THE STUDY

The researcher is an ex-employee of the same institution, which could mean the participants were not entirely open in discussing management-related issues, with a probable fear of information leakage, despite the confidentiality declared in the consent form. The study was only limited to midwives in one hospital, therefore the results may not be generalised across the entire population of midwives in South Africa, but may be regarded as opinions that indicate the challenges most midwives face.

5.7 RECOMMENDATIONS

The shortage of midwives is influenced by many factors surrounding the profession itself.

- **Midwifery managers**

The challenges of poor supervisory support has the biggest impact on the midwives' decision to continue in the profession. Managers should understand the pressures midwives work under, therefore should not add to the pressure but bring encouragement through positive feedback and constructive criticism. Communication platforms need to be created in order for managers to listen to the concerns and views of staff. Where policy-making is involved, a representative from the maternity unit should be present to assist in determining the feasibility of implementation considering the status quo. More flexible retention strategies are needed to retain staff as opposed to the currently implemented policy in Gauteng Province. To retain this passionate cohort of midwives, the relevant stakeholders need to create opportunities where midwives could share their feelings and be reassured of the support from management. Midwives are at the forefront of maternity services, and need to be perceived as such.

- **SANC**

The second most negative impact on the midwives' decision to stay or leave the profession is the litigations midwives face from the South African Nursing Council. The cases that usually make midwives lose their jobs are mostly multi-factored other than individual, such as the contribution of shortage of staff, increased workload because of high influx of patients with complicated pregnancies. Midwives are usually caught in ethical dilemmas and find themselves in trouble with the professional regulatory body. It is therefore recommended that such factors could be considered during litigations. The revision of the scope of practice for midwives and classification of midwifery profession away from general nursing complex by SANC could benefit the profession.

- **National Department of Health**

Though some studies revealed that money is not always a factor in job satisfaction, the midwives in the study mentioned that midwifery is not just a calling but a career, which

holds an important primary function in the health of mother and child, where they also need to be paid well. The National Department of Health need to fast track the revision of salary packages for speciality health workers with greater cognisance of skill and experience recognition.

- **Nursing training institutions**

The conditions under which the midwives operate is likely to have a direct impact on the training of student midwives. The training institutions should conduct a situational analysis not only looking at the availability of material resources and patients, but the human resources, in order to safeguard the welfare and training of students. Furthermore, more outreach programmes on recruitment of midwifery students should be established in order to obtain a high number of midwifery graduates to sustain the profession.

- **Further research**

This study was aimed at exploring and describing the perceptions of midwives on the shortage and retention of staff in the public hospital. The study revealed that midwives find themselves obliged to work overtime, not only to augment their salaries, but also to cover the units. Further study is therefore recommended in investigating the impact of excessive overtime hours on shortage of staff and the quality of midwifery care.

5.8 CONTRIBUTIONS OF THE STUDY

It was significant for the researcher to conduct this study in relation to the perceptions of midwives on the shortage and retention of staff. The study managed to reveal the views of the midwives regarding the state of their working conditions and profession. More knowledge was discovered to augment midwifery research and gaps were identified which need to be filled in the future research endeavours.

5.9 CONCLUDING REMARKS

The study intended to gain insight of the perceptions of practicing midwives on the shortage of staff and the retention in the institution. This study provides evidence that limited number of staff in a shift has a negative impact on the future for midwives. Though

the midwives in the study expressed their passion for midwifery, lack of autonomy seem to be a discouraging factor in working in the hospitals. This aforementioned conclusion could mean that young midwives would work in the hospital for a few years after qualifications to gain experience, and thereafter pursue personal goals. All stakeholders in mother and childcare need to work together towards sustaining the profession of midwifery. The midwives stated that the efforts of appreciation from management would consequently effect the retention of staff. Appreciation on the part of the institution does not merely need to be financial, but attitudinal. A positive work environment, which is evident through positive staff morale, will go a long way in overcoming the challenges of continuous staff migration.

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ANNEXURES

ANNEXURE A

Ethical Clearance from the Research Ethics Committee: Department of Health Studies; Unisa

UNISA university of south africa

RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES

REC-012714-039 (NHERC)

7 December 2016

HSHDC/567/2016
Mrs MS Matlala
Student: 4066-723-5

Supervisor: Dr TG Lumadi
Qualification: D Litt et Phil
Joint Supervisor: -

Dear Mrs MS Matlala

Decision: Ethics Approval

Name: Mrs MS Matlala

Proposal: Perceptions of midwives on the shortage and retention of staff in a public hospital in the Tshwane District, Gauteng Province.

Qualification: MPCHS94

Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research. Final approval is granted for the duration of the research period as indicated in your application.

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on 7 December 2016.

The proposed research may now commence with the proviso that:

1) *The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*

2) *Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Research Ethics Review Committee, Department of Health Studies. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

3) *The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*

4) *[Stipulate any reporting requirements if applicable].*

Note:
The reference numbers [top middle and right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Research Ethics Committee: Department of Health Studies.

Kind regards,

Prof L Roets
CHAIRPERSON
roetsl@unisa.ac.za

Prof MM Moleki
ACADEMIC CHAIRPERSON
molekmm@unisa.ac.za

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ANNEXURE B

Request to conduct a study at Steve Biko Academic Hospital

668 Castalis Street
Doornpoort
Pretoria
0186
21 March 2016

Steve Biko Academic Hospital
Deputy Director of Nursing
Private bag X169
Pretoria
0001

Dear Sir/Madam

RE: Permission to conduct a research study on midwives in the maternity section

I am writing to request permission to conduct a study at the maternity ward of your institution. I am currently registered with the University of South Africa studying for Master's in Public Health. The title of my study is:

Perceptions of midwives on the shortage and retention of staff in the Public sector of Tshwane District, Gauteng Province

The data will be gathered using individual face to face and focus group interview sessions with registered midwives. This will only be done after the participants have received and signed an informed consent document.

Attached please find a copy of the ethical clearance certificate from the Departmental Higher Degrees Committee of the University of South Africa.

For your perusal, please find attached the interview guide that will be used for data collection.

Please contact me or my supervisor, should you need any additional information or clarification. You may contact me at 082 660 7587 and work telephone number 012 319 5784. My email address: salumatlala@gmail.com.

Supervisor: Dr TG Lumadi
University of South Africa
Tel: 012 429 6513
E-mail: lumadtg@unisa.ac.za

Your approval to conduct the study will be greatly appreciated.

Sincerely

Ms Mosehle Salome Matlala (Researcher)
Master of Public Health student, University of South Africa

ANNEXURE C

Approval to conduct research at Steve Biko Academic Hospital

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

STEVE BIKO ACADEMIC HOSPITAL
Private Bag x169 Pretoria 0001

Enquiries: Dr AP van der Walt
Tel no: +27 12 354 2336
Fax no: +27 12 3542151
E-mail: andrevdw@gpg.gov.za

For attention:
Ms. M.S. Matlala
SG Lourens Nursing College
UNISA student

GP study ref. number: None

Dear investigator

Re. CONDITIONAL PERMISSION TO CONDUCT RESEARCH AT STEVE BIKO ACADEMIC HOSPITAL

TITLE: PERCEPTIONS OF MIDWIVES ON THE SHORTAGE AND RETENTION OF STAFF IN THE PUBLIC HOSPITALS IN THE TSHWANE DISTRICT

Conditional permission is hereby granted for the above-mentioned research to be conducted at Steve Biko Academic Hospital. Please note that full approval is subject to receipt of a copy of Ethics approval granted by the University of Pretoria Faculty of Health Sciences Research Ethics Committee (irrespective of Ethics approval that may have been granted by another institution).

Yours sincerely

Dr AP van der Walt
DIRECTOR CLINICAL SERVICES

31 May 2017

Cc. Ms. A.M. Mowayo (SBAH Head of Nursing)

- 1 -

ANNEXURE D

Approval from the research ethical committee at University of Pretoria

The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.
- FWA 00002567, Approved dd 22 May 2002 and Expires 03/20/2022.
- IRB 0000 2235 IORG0001762 Approved dd 22/04/2014 and Expires 03/14/2020.

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences Research Ethics Committee

18/07/2017

Approval Certificate
New Application

Ethics Reference No: 252/2017

Title: Perceptions of midwives on the shortage and retention of staff in a public hospital in the Tshwane District, Gauteng Province.

Dear Mosehle Salome MS Matlala

The **New Application** as supported by documents specified in your cover letter dated 4/07/2017 for your research received on the 5/07/2017, was approved by the Faculty of Health Sciences Research Ethics Committee on its quorate meeting of 17/07/2017.

Please note the following about your ethics approval:
- Ethics Approval is valid for 1 year
- Please remember to use your protocol number (**252/2017**) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, or monitor the conduct of your research.

Ethics approval is subject to the following:
- The ethics approval is conditional on the receipt of **6 monthly written Progress Reports**, and
- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

Kindly collect your original signed approval certificate from our offices, Faculty of Health Sciences, Research Ethics Committee, Tswelopele building, Room 4.59 / 4.60.

Dr R Sommers; MBChB, MMed (Int); MPharMed,PhD
Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health).

☎ 012 356 3084 deepeka.behari@up.ac.za / fhsethics@up.ac.za http://www.up.ac.za/healthethics
Private Bag X323, Arcadia, 0007 - Tswelopele Building, Level 4, Room 60, Gezina, Pretoria

ANNEXURE E

Information leaflet and informed consent

NON-CLINICAL RESEARCH (e.g. educational, health systems or nonclinical operational research)

TITLE OF STUDY: THE PERCERPTIONS OF MIDWIVES ON THE SHORTAGE AND RETENTION OF STAFF IN A PUBLIC HOSPITAL OF TSHWANE DISTRICT, GAUTENG PROVINCE

Dear Participant

1) INTRODUCTION

We invite you to participate in a research study. This information leaflet will help you to decide if you want to participate. Before you agree to take part you should fully understand what is involved. If you have any questions that this leaflet does not fully explain, please do not hesitate to ask the investigator /
Interviewer, Mosehle Salome Matlala.

2) THE NATURE AND PURPOSE OF THIS STUDY

The aim of this study is to explore the perceptions of midwives on the shortage and retention of staff within a maternity ward in the public sector of Tshwane district of Gauteng province in South Africa.

3) EXPLANATION OF PROCEDURES TO BE FOLLOWED

This study involves interviews where you would be required to share your opinions and experiences on the shortage of midwives and the retention strategies in place at your workplace.

4) RISK AND DISCOMFORT INVOLVED

There are no risks in participating in the study; however, your participation remains voluntary

5) POSSIBLE BENEFITS OF THIS STUDY

Although you will not benefit directly from the study, the results of the study will enable us to determine the causative factors of shortage of staff, and how the department can improve their current retention strategies to better staffing norms in the maternity units in future.

6) WHAT ARE YOUR RIGHTS AS A PARTICIPANT?

Your participation in this study is voluntary. You can refuse to participate or stop at any time during the study / interview without giving any reason. Your withdrawal will not affect you in any way.

7) HAS THE STUDY RECEIVED ETHICAL APPROVAL

This study has received written approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria and the Ethics committee of University of South Africa where the researcher is currently studying. Copies of the approval letters are available if you wish to have one.

8) INFORMATION AND CONTACT PERSON

The contact person for the study is Mosehle Salome Matlala. If you have any questions about the study please contact her at 0826607587 or email salumatlala@gmail.com. Alternatively, you may contact my supervisor Dr TG Lumadi
Tel: 012 429 5163 or email lumadtg@unisa.ac.za

9 COMPENSATION

Your participation is voluntary. No compensation.

10 CONFIDENTIALITY

All information that you give will be kept strictly confidential. Once we have analysed the information no one will be able to identify you. Research reports and articles in scientific journals will not include any information that may identify you or your hospital

CONSENT TO PARTICIPATE IN THIS STUDY

I confirm that the person asking my consent to take part in this study has told me about nature, process, risks, discomforts and benefits of the study. I have also received, read and understood the above written information (Information Leaflet and Informed Consent) regarding the study. I am aware that the results of the study, including personal details, will be anonymously processed into research reports. I am participating willingly. I have had time to ask questions and have no objection to participate in the study. I understand that there is no penalty should I wish to discontinue with the study and my withdrawal will not affect me in any way.

I have received a signed copy of this informed consent agreement.

Participant's name …….....
(Please print)

Participant's signature: .....…… Date.....

Investigator's name .....……...
(Please print)

Investigator's signature .....…… Date.….....

Witness's Name .....…….....
(Please print)

Witness's signature .....…….. Date.….....

VERBAL INFORMED CONSENT

I, the undersigned, have read and have fully explained the participant information leaflet, which explains the nature, process, risks, discomforts and benefits of the study to the participant whom I have asked to participate in the study.

The participant indicates that s/he understands that the results of the study, including personal details regarding the interview will be anonymously processed into a research report. The participant indicates that s/he has had time to ask questions and has no objection to participate in the interview. S/he understands that there is no penalty should s/he wish to discontinue with the study and his/her withdrawal will not affect me in any way.
I hereby certify that the client has agreed to participate in this study.

Participant's Name .....……...
(Please print)

Person seeking consent .....…….....
(Please print)

Signature .....…….....Date.....

Witness's name24 .....…….….....
(Please print)

Signature .....……Date.….....

ANNEXURE F

Interview guide

Interview guide No:_____ *(for office use)*

Instructions:

- This interview guide consists of two main sections. It will take you a maximum of 20 minutes to complete.
- Please answer all the questions with honesty and without assistance.
- Do not write your name or personal details on the questionnaire.
- Please do not write on the column marked "***Official use only"***
- I will appreciate if you could return the completed questionnaire to me on completion.

Section A: Biographical and general information

Please enter or tick your answers in the space provided under the answer column

#	**Questions**	**Answers**	*Office use only*
1.	What is your age (in years)?		
2.	What is your gender?	Male ☐ Female ☐ Other ☐	
3.	What is your highest level of education (e.g. diploma, BCur, Advanced Midwifery, etc.)		
4.	How many years have you been working as a nurse/midwife?		
5.	Specify the category under which you are working?	5.1 a midwife ☐ 5.2 a general nurse ☐ 5.3 None of the above ☐ If you ticked 5.2 0r 5.3 you may not continue with the interview.	

Section B: Factors that contribute to the shortage of midwives

Questions

1. **Do you have any intentions of staying or leaving the practice as a midwife? Please substantiate your answer**

_____

_____

_____

_____

2. **What gives you job satisfaction?**

_____

_____

_____

_____

3. **What were your expectations when you joined the midwifery team?**

_____

_____

_____

_____

4. What do you think are the reasons for midwives to stay or leave the maternity unit?

_____

_____

_____

_____

5. What do you perceive as reasons for other registered midwives not to have interest in practicing midwifery?

_____

_____

_____

_____

6. What are your current working experiences as a practicing midwife?

_____

_____

_____

_____

7. If you had no limitations in terms of staff, equipment/or money, what would you have changed in the ward/ service?

_____

_____

_____

_____

8. In general, what do you think should be included as the retention strategy for midwives in your institution?

_____

_____

_____

_____

Thank you

ANNEXURE G

Edit certificate

GENEVIEVE WOOD
P.O. BOX 511 WITS 2050 | 0616387159

EDITING CERTIFICATE
LANGUAGE EDITING SERVICES

Date: 2017/11/15

This serves to confirm that the document entitled:

Perceptions of midwives on the shortage and retention of staff at a public hospital in Tshwane District, Gauteng Province

Has been language edited on behalf of its author

Name: Mosehle Salome Matlala

Student number: 40667235

Genevieve Wood
PhD candidate
Wits University