

**EXPERIENCES OF STUDENT ACCOUCHEURS IN LIMPOPO PROVINCE
REGARDING MIDWIFERY CLINICAL TRAINING**

by

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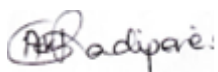
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DECLARATION

I declare that **EXPERIENCES OF STUDENT ACCOUCHEURS IN LIMPOPO PROVINCE REGARDING MIDWIFERY CLINICAL TRAINING** 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.

I further declare that I submitted the dissertation to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.



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EXPERIENCES OF STUDENT ACCOUCHEURS IN LIMPOPO PROVINCE REGARDING MIDWIFERY CLINICAL TRAINING

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ABSTRACT

Midwifery is one of the oldest professions in the world and midwives are commonly females. There are few accoucheurs registered in South Africa as compared to female midwives. The purpose of this qualitative study was to explore and describe the experiences of student accoucheurs regarding midwifery clinical training in Limpopo Province. A qualitative, exploratory, descriptive research design was used. Purposive non-probability sampling of participants was conducted. Data was collected from nine participants using semi-structured interview guide. The seven steps of data analysis by Colaizzi (1978) were used.

Three themes, nine categories and eighteen subcategories emerged from the study. The findings of the study revealed, both positive and negative experiences by student accoucheurs regarding midwifery clinical training. The study recommends that the nursing education directorate to amend training policies, debriefing and counselling sessions of student accoucheurs should be part of training programme. The student accoucheurs experienced both positive and negative support from the clinical area.

Keywords

Accoucheur; caesarean section; clinical training; experience; midwife; midwifery; normal vaginal delivery; student accoucheur; student midwife and skills.

KGOPOLO YA KAKARETSO

Maikemišetšo a sengwalo thuto se ke go tšweletša temogo yeo baithuti ba go belegiša ba banna ba kopanang le yona mo maokelong le dikliniking tša Limpopo porofentsheng.

Go šomišetšwe boleng bo bo phagameng go hlahloba temogo ye e hlalosang nyakisišo (Phuputšo).

Yeo baithuti ba go belegiša ba banna ba kopanang le yona ge ba ithutela go belegiša mo porofentsheng sa Limpopo.

Go se be le maikemisetšo go šomišetšwe dipotšišo poledišano go humana ditaba go ba tšea karolo ka o tee ka o tee.

Mafelelong batšea karolo ba be ba botšiša dipotšišo gore ba humane kgwekgwe ya taba e le go tshedimošo mabapi le seo ba se botšišwago ka thutotaba. Maikemisetšo a monyakišiši ke go humana hlohleletšo le maikutlo go tšwa go batšea karolo. Go šomišetšwe setšea mantšu le poledišano go kgabokantšha maikutlo le maikemišetšo. Mekgwa ye šupa ya go humana dinthla tša go nyakišiša ka Colaizzi (1978) di šomišetšwe, thuto taba tše tharo di šomišetšwe go tšweleletša thuto ya gore ba belegiši ba banna ba kwetlitšwe ka potlako, gape ba be le tsebo mo dikliniking le go ba thekga maokelong. Nyakišišo e tšwele le hlohleletšo ya go thusa baithuti ba banna go belegisa. Thuto ya baoki e swanetše go hlaola kwetlišo y aba belegishi ba banna pele, go oketša mehlala ka diphaphosing tša maokelo tša ba belegi le ditlhohleletšo le go fana ka dikeletšo le go thuša ba belegisi ba banna ge ba fihla maokelong le dikliniking.

Maina a bohlokwa: Ba Belegiši ba banna, Ba Belegiši ba basadi, Baithutela go belegiša, Baithuti ba belegiši ba banna, Phihlelelo.

NKOMISO

Xikongomelonkulu xa nxopaxopo lowu l ku ndlandlamuxa ntikoto wa nsungungati wa xinuna mayelana na ku dyondza mitirho ya le tiwading eXifundzeni xa Limpopo. Eka nxopaxopo lowu tirhisiwile xivumbeko xa nnkoka ku hlamuse ntokoto wa xichudeni xa xinuna xa vusungungati eXifundzeni xa Limpopo mayelana na mitiroi ya le tiwadini ta, vusungukati. Eka xikongomelo lexi ku tirhisiwile tisampuli ta va teka xiave loko hi endla ndzavisio lowu.

Ku tirhisiwe xivumbeko xileto xa ku inthavyuwa ku hlengeleta mahungu eka vateka xiavehi ku endla mbulavurisaeka eka munhu un'wana na un'wana. Vatekaxiave va vutisiwile swivutiso swo pfuleka ku kuma vuxokoxo lebyi enteke. Muxopaxopi u hlohlolele vateka xiave ku nyika vuxokoxoko byo helela. Eka ku hlengeleta mahungu ku tirhisiwile xitekamarito na tinotsi. Ku tirhisiwile magoza ya nkombo ya Colaizzi (1978) ku xopaxopa mahungu. Ku humelele swilo swinharhu eka nxopaxopo lowu, ku nga: ku hlohloteriwa ku va musungukati wa xinuna, mintokoto ya musungukati wa xinuna etiwadini ta vusungukati na nseketelo lowu nyikiweke musungukati wa xinuna etiwadingi ta kvusungukati. Eka Nxopaxopo ku ibumabumeriwil leswaku ku va na dyondzo ya vusungukati bya xinuna ku engetela swikombiso swa vasungukati va xinuna etiwadini ta vusungukati na ku endliwa minkarhi ya tinhlengetelano na nseketelo eka vasungukati va xinuna endzaku ka ntiokoto lowu va veke na wona.

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Dedication

In loving memory of my late husband Dr Tshwene Johannes Radipere who inspired me to further my studies, Mom and Dad Mr and Mrs Alfred and Margaret Tloubatla and also to the following beloved brothers and sisters GT Makhafola, JL Radipere, T Mabotja and his son Thato, Prof NS Radipere, and lastly my late father-in-law Radipere Phepisi Joseph. You will forever be remembered.

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LIST OF ABBREVIATIONS

CEO	Chief Executive Officer
CPD	Cephalo Pelvic Disproportion
CS	Caesarean Section
HOD	Head of Department
ICM	International Confederation of Midwives
NVD	Normal Vaginal Delivery
PV	Per Vaginum
SANC	South African Nursing Council
SASSA	South African Social Security Agency
TGA	Theory of Goal Attainment
UNISA	University of South Africa
USA	United States of America

CHAPTER 1

ORIENTATION OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Midwifery is one of the oldest professions in the world, and it was recognised as a female profession in ancient Egypt (Bwalya, Patrik, Mazyopa, Baptista & Ngoma, 2015:43). The first accoucheurs entered training in the British midwifery hospital in 1977, and were successful, following the amendment to the Sex Discrimination Act of 1975 where gender discrimination was removed (Shavai & Chinamasa, 2015:173). Some women preferred accoucheurs because they were more attentive and considerate than their counterparts, but Shavai and Chinamasa (2015:169) reports that the majority of mothers preferred female midwives. Additionally, Meyer (2012:79) states that accoucheurs had fulfilment in conducting deliveries, but gender and cultural tensions were affecting student accoucheurs' training.

There are few accoucheurs (male midwives) registered in South Africa (Pilkenton & Schroon, 2008:29). The total number of accoucheurs registered in South Africa on 2017/12/31 was 9594, as compared to 94657 female midwives (South African Nursing Council [SANC] statistics, 2016:2). Midwives are thus commonly females. In fact, 'mid' means middle, and wives mean 'married women'. In the history of midwifery, under Hippocrates, midwives were legally women who had children themselves, so midwifery was always related to females (Pilkenton & Schroon, 2008:30).

There are nine nursing schools in the five districts in Limpopo Province offering a one-year diploma course in midwifery (SANC, R.254). Nursing schools are the nursing education institutions accredited by South African Nursing Council (SANC, 2005: 6). Midwifery students in the SANC R425 programme are trained on four campuses across the province. In 2016, a total of 334 midwives were produced in Limpopo Province, from both R254 and R425 programmes, with 11 accoucheurs from R254 and 39 accoucheurs from R425 (Department of Health 17th Annual Diploma Award Ceremony, 2016).

The one-year Midwifery Diploma students are trained on nursing schools, and they are on a one-year period of study leave. The policy on study leave in Limpopo Province stipulates midwifery as a stepping-stone for any speciality programmes (Limpopo Department of Health, Post-basic courses brochure, 2010:2) and only 10% from the total number of students in the programme, per intake, are male. The speciality programmes offered in the province are Advanced Diploma in Midwifery and Neonatal Nursing Science, Operating Theatre Nursing, Critical Care Nursing: General Critical care Nursing: Trauma, Ophthalmic Nursing, Orthopaedic Nursing, and Diploma in Clinical Nursing Science, Health assessment, treatment and care.

Student accoucheurs thus only take the one-year midwifery course as a stepping-stone to be able to partake in their desired post-basic course.

1.2 RESEARCH PROBLEM

A research problem is an issue of concern to the researcher that needs to be investigated (Creswell, 2018:19). Brink, Van der Walt and Van Rensburg (2016:51) define a research problem as the area of interest in which a gap is identified and which needs a solution, an improvement or an alteration. The source of problems come from a gap in the literature, conflicts in research findings, real-life issues found at home, the workplace or in the community, and many other places (Creswell, 2018:19; Brink, et al. 2016:51; Polit & Beck, 2017:71). The research problem determines the research approach to be followed in the study. Meyer (2012:99) studied the experiences of a group of male community service officers and gained a deeper insight into their feelings and how they experienced midwifery clinical training. However, the researcher of this study identified a similar knowledge gap in other provinces. In this qualitative study, the researcher was concerned about the experiences of student accoucheurs in terms of their clinical training in Limpopo Province. Brunstad, Giske and Hjamhult (2015:138) reports that the main factors that affected student accoucheurs in clinical training were midwifery clinical experience, the registered midwives, the students themselves, and the learning area itself. In the study by Sharif and Masoumi (2015:1), the following challenges were also reported: clinical anxiety, poor clinical supervision, theory-practice gap and lack of professional role models.

In a study on the experiences of male nurses in midwifery clinical training at a regional hospital in the Eastern Cape, Meyer (2012:94) shares that gender partiality and cultural tension were experienced by student accoucheurs in their clinical training.

It was confirmed that student accoucheurs were interested in skills like suturing an episiotomy, since they were used to the skills in other wards, like the casualty unit. At times, patients mistook the student accoucheurs as doctors, so they responded well and cooperated while being attended by student accoucheurs. During assessments, lecturers reported that student accoucheurs showed more gentleness and caring as they responded to babies' cries and other needs than their female counterparts. The student accoucheurs could not continue examining the new-born as long as the baby was crying.

Meyer (2012:98) indicates that the experiences of male nurses during midwifery clinical training in other provinces and hospitals where there is diversity in culture, languages, attitudes and traditions should be conducted. This recommendation contributed to why the researcher chose the topic.

Previously the researcher was involved in teaching the one-year midwifery course at one of the district campuses in Limpopo Province. There she identified a problem during clinical accompaniment of the midwifery students during their clinical training, regarding the performance of clinical skills. Anderson (2014:4) also explains in her study that male students experienced areas of discomfort in the educational environment; mainly in performing clinical skills, with gender differences being the problem. This prompted the researcher to embark on exploring the experiences of student accoucheurs in their clinical training.

The researcher chose the topic because during the clinical accompaniment of students and continuous assessment of skills in the clinical area, the researcher observed that student accoucheurs were reluctant to perform some tasks. In examining the newborn baby, they would say that babies are slippery. With per vaginal (PV) examinations, they would site cultural tensions, and they took significant time to gain these skills. Student accoucheurs took more than one week to observe five deliveries as requested by the curriculum.

Some of the midwifery students complained about the lack of social support in the clinical area. The researcher also realised when searching literature on the phenomenon that studies about student accoucheurs were scarce; she thus wanted to add to the body of knowledge regarding the experiences of student accoucheurs in clinical training.

In a qualitative study conducted in Zimbabwe, the majority of expecting mothers preferred female midwives (Shavai & Chinamasa, 2015:169). Achora's (2016:24) study, which explored and described the experiences of male nurses in a hospital in Uganda, reported that accoucheurs are contributing and recognised for the provision of quality care, but they were still not well accepted as nurses or midwives. Buthelezi, Fakude and Daniels (2015:1) agree that male nurses and student accoucheurs face greater challenges in the clinical setting than their female counterparts (Buthelezi, et al. 2015:1). The main problems in the conducted studies were found to be issues of self-esteem, social support, working in a female-dominated area, and experiences related to the learning environment. The researchers concluded that male student nurses and student accoucheurs needed more support in their clinical training (Achora, 2016:24; Buthelezi, et al. 2015:1).

1.3 PURPOSE OF THE STUDY

The purpose of the study, the research objectives and research questions are presented next.

The purpose was to explore and describe the experiences of student accoucheurs regarding midwifery clinical training in Limpopo Province.

1.4 RESEARCH OBJECTIVES

The objectives of this study were to:

- To explore and describe the experiences of student accoucheurs in the midwifery clinical area.
- To explore and describe the support given to student accoucheurs in the midwifery clinical area.

- To make recommendations from the findings regarding the experiences of the student accoucheurs in the midwifery clinical area.

1.5 RESEARCH QUESTIONS

The research questions that arose were:

- What are the experiences of student accoucheurs in the midwifery clinical area?
- What support was given to student accoucheurs in the midwifery clinical area?
- What recommendations can be made from the findings regarding the experiences of the student accoucheurs in the midwifery clinical area?

1.6 SIGNIFICANCE OF THE STUDY

1.6.1 Significance for student accoucheurs' clinical training

The findings from this study will contribute to the knowledge and understanding of challenges experienced by student accoucheurs during their midwifery clinical training and support by the clinical practice to student accoucheurs will be enhanced. Student accoucheurs during their midwifery training will not be generalised with their female counterparts.

1.6.2 Significance for nursing education

The findings of the study will be made available to the nursing education department in the province they will assist the nursing education department in designing the training programmes.

1.6.3 Significance for the Department of Health

The findings of this study will be made available to policy makers and researchers in the Department of Health and will feed the policy-making committees and researchers with the valuable information.

1.7 DEFINITION OF KEY TERMS

In this study, the following definitions of key terms are applied:

1.7.1 Accoucheur

In this study, an accoucheur refers to male nurse, who assists women in childbirth (Concise Oxford English Dictionary, 1995:9).

1.7.2 Caesarean section (CS)

Caesarean section is removal of products of conception by performing an abdominal surgical incision (Sellers 2018: 863). In this study, the baby is removed abdominally by surgical incision from the pregnant woman.

1.7.3 Clinical training

Clinical training forms a crucial part in undergraduate nursing programmes (Allari & Farag, 2017:63). It entails learning experiences in a healthcare setting where a learner gains the required clinical skills (SANC, 2005:2). In this study, the male midwifery students observe, examine and treat mothers and new-born babies in the maternity wards, as part of their midwifery clinical experience.

1.7.4 Experience

Experience refers to practical contact with and observation of facts or events (*Concise Oxford English Dictionary*, 2011:501). In this study, the student accoucheurs observe and perform certain procedures during clinical training.

1.7.5 Midwife

A midwife is defined as a person who is qualified and competent to practice midwifery and who is responsible and accountable for such practice (Sellers, Dippenaar & De Serra, 2018:12). In this study, over and above the given definition, the midwife should also be registered with the SANC as a professional nurse.

1.7.6 Midwifery

Midwifery refers to a caring profession practised by persons registered under the Nursing Act, which supports and assists a mother and baby to achieve and maintain optimum health during pregnancy, labour and puerperium (SANC, 2005:6). In this study midwifery is a profession practiced by midwives and accoucheurs registered under Nursing Act, and assist mothers and babies to achieve optimum health during pregnancy, labour and puerperium.

1.7.7 Normal vaginal delivery (NVD)

Normal vaginal delivery is the birth of baby in humans through the vagina which can be assisted or induced (<https://en.m.wikipedia.org>). In this study, the baby is born through the vagina from a pregnant woman.

1.7.8 Student accoucheur

In this study, a male student studying midwifery under the SANC (Regulation, R254 of 14 February 1975 Paragraph 1(2) (a)), leading to registration as an accoucheur (SANC, 2005:27). In this study the student accoucheur is a male student nurse, attending one-year Midwifery Diploma course, and allocated to the clinical area in a selected public hospital.

1.7.9 Student midwife

A student midwife is a person undergoing training under the SANC (regulation, R254 of 14 February 1975 Paragraph 1(2)(a)), leading to registration as a midwife (SANC, 2005:27). In this study, the student midwife is a male student attending the one-year Midwifery Diploma course, and allocated to the clinical area in a selected public hospital.

1.8 THEORETICAL FOUNDATION OF THE STUDY

Philosophical frameworks, concepts and theories form the foundation of a study. An assumption is believed to be a principle that is true and does not need to be proven (Polit

& Beck, 2016:9). The researcher in this study considered the philosophical assumptions of ontology, epistemology, methodology and axiology.

1.8.1 Research paradigm

A paradigm is described by Brink et al. (2016:25) as a comprehensive philosophical framework of the way in which scientific knowledge is generated. A paradigm is a worldview, on the complexities of the world as defined by Polit and Beck (2017:9). The authors (Polit & Beck, 2017:9) further describe a paradigm as a human enquiry as characterised by the way people respond to ontological, epistemological and methodological philosophical questions. In this study, the researcher used the constructivist paradigm and focused on understanding the experiences of student accoucheurs in their clinical training.

1.8.1.1 Ontology

Ontology refers to the form and nature of reality (Aliyu, Ibrahim, Haruna & Múawuya, 2015:14; Polit & Beck, 2016:10). In this study, the researcher explored and described the lived experiences of student accoucheurs during their clinical training.

1.8.1.2 Epistemology

Epistemology relates to the nature of the relationship of the researcher and what is being researched (Aliyu, et al. 2015:15; Polit & Beck, 2016:10). Polit and Beck (2016:10) explain epistemology in terms of how the inquirer is related to the participants, and they further confirm that the enquirer interacts with participants.

1.8.1.3 Methodological assumptions

Methodological assumptions answer how the researcher enquires to obtain knowledge (Brink, et al. 2016:24). The researcher followed phenomenological approach phenomenology is an approach where the researcher searches subjective information from participants to prove that the truth about reality is found in people`s lived experiences. The researcher used an inductive approach as there was no hypothesis at

the beginning of the study, but conclusions were generated from the participants' interviews (Polit & Beck, 2016:10). Inductive approach is an approach where the researcher make general statements from specific observations (Polit & Beck, 2017:11). In this study, the researcher used collected information to generate research results. In this study, the researcher used the constructivist assumption, which is a methodological approach that focuses on understanding the human experience as it is lived. Constructive assumptions is explained by Polit and Beck (2017:11) as an approach where the researcher yield rich, in- depth information which is grounded in real life experiences of participants. The constructivists collect and analyse data that are subjective and narrative in nature (Polit & Beck, 2017:12). For the purpose of this study, the researcher collected in-depth information from the participants who described their lived experiences during their clinical training.

1.8.1.4 Axiology

Axiology is explained by Polit and Beck (2017:10) as the role played by values in a study. In qualitative studies, subjectivity and values are inevitable and desirable (Polit & Beck, 2017:10). The researcher's subjective interactions were the only way to access the participants because the participants had the information required for the study. The researcher values the participants in this study.

1.8.2 Theoretical framework

The theoretical framework is the overall conceptual underpinnings of the study. Theory is a systematic, abstract explanation of some aspects of reality (Polit & Beck, 2012:10).

1.8.2.1 Specific assumptions of Kings Theory of Goal Attainment

This study was guided by King's Theory of Goal Attainment (TGA), which incorporates concepts like interaction, perception, communication, transection, role, stress, growth and development, time and space (George, 2010:243). The researcher focused on the relationship of King's TGA with the nursing process with regard to the experiences of student accoucheurs in the Limpopo Province in terms of their clinical midwifery training. According to the TGA, specific assumptions are social, spiritual, and action orientated. In

this study, the researcher explored the perceptions of student accoucheurs in matters related to midwifery (King, 2007:158).

Javadi, Kadkhodae, Yaghoubi, Maroubi and Shams (2013:53) indicate that there are factors that may facilitate or impede the performance of an activity. When student accoucheurs are placed in the clinical area, there is an interaction between the students, the preceptors and mentors, and the environment (being the clinical area or the maternity ward). Through perception, roles played by both the students and preceptors, communication, transection, goals, growth and development in skills need to be attained by the student accoucheur within a specific time and space. Secondly, the nursing process speaks of the relationship between the patient and the nurse; in this case, the student stands for the patient and the nurse stands for the preceptors, experienced registered nurses and other members of the staff in the clinical area. Thirdly, the nursing process consists of concepts like assessment, planning, implementation and evaluation. Those responsible for student teaching and learning assess the learning needs of the student accoucheurs and a planned programme is implemented according to the learning objectives. Finally, continuous evaluation of the attained goals is conducted by the preceptors.

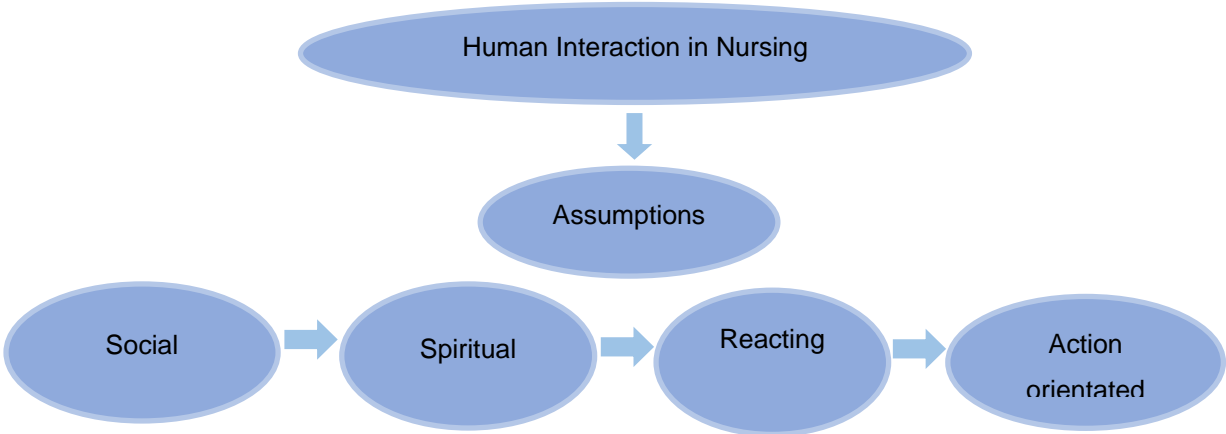


Figure 1.1 Mind map: King’s TGA

1.9 RESEARCH METHODOLOGY AND RESEARCH DESIGN

1.9.1 Qualitative approach

A qualitative exploratory and descriptive research method was used to explore and describe the experiences of student accoucheurs regarding their midwifery clinical training in Limpopo province. Polit and Beck (2017:741) characterise the qualitative approach as an investigation of a phenomenon in an in-depth and holistic manner, through rich narrative data collection. In a qualitative study, the researcher explores an understanding of human experiences, intentions, behaviour, perceptions and motivation related to a phenomenon (Brink, et al. 2016:121). In this study, student accoucheurs described their experiences during clinical training.

1.9.2 Qualitative research design

A qualitative exploratory and descriptive design was used to explore and describe the experiences of student accoucheurs regarding their midwifery clinical training in Limpopo province. The qualitative research design is a plan that addresses a research question which includes a specification for ensuring the integrity of the study (Polit & Beck, 2017:743). The research design in this qualitative study was exploratory and descriptive. This design aimed to assist the researcher's understanding of people's lived experiences and attitudes within the phenomenon (Polit & Beck, 2017:743). In Limpopo Province, an average of 2 to 10 student accoucheurs are trained in each academic year, hence the researcher chose this particular design.

1.9.2.1 Exploratory research design

Exploratory research relates to studies where features of a phenomenon are refined (Polit & Beck, 2017:728). In this study, the experiences of student accoucheurs in the clinical area were explored. The experiences of student accoucheurs regarding the performance of midwifery skills – like PV examinations and examining the newborn were explored in this study. In-depth questions were asked by the researcher to gain substantial information about participants' lived experiences (Brink, et al. 2016:120).

1.9.2.2 *Descriptive research design*

Descriptive research designs gather more information to provide a picture of a phenomenon as it is experienced (Brink, et al. 2016:112). In this study, the researcher collected and described in-depth information on the experiences of student accoucheurs of the clinical area.

1.9.2.3 *Contextual research design*

Contextual research design refers to the location in which the study takes place including the conditions and the culture of the participants (Holloway & wheeler, 2010:41). In this study the researcher interviewed participants at their workplace in the hospitals, some in a quiet unit in maternity ward and some in the lecturer`s office at the nursing school.

1.9.3 Population and sampling

The population is defined as a group of objects or persons of interest to the researcher; meaning those individuals or objects that meet the inclusion criteria determined by the phenomenon to be researched (Brink, et al. 2016:131). De Vos, Strydom, Fouché and Delport (2012:223) refer to the population as the total number of sampling units which the research problem is about. The population for this study were all student accoucheurs in the 2018 academic year partaking in midwifery training according to SANC R254.

- **Sampling**

Sampling is a process of selecting participants or units from the population of interest to the researcher (Brink, et al. 2016:132). Sampling units can be persons, events, settings and records. A sample is a small fraction of the total population of interest from which information can be gathered (Brink, et al. 2016:132). Purposive sampling of student accoucheurs from the eight nursing schools in Limpopo Province was conducted. It is a non-probability sampling method since the participants cannot be chosen randomly; purposive sampling chooses participants who will definitely benefit the study (Polit & Beck, 2017:493). De Vos, et al. (2012:232) describe purposive sampling as the process of selecting participants who contain the most attributes of the population to be studied.

Sample 1 was the 11 accoucheurs; 5 were still in training; 4 had just completed their training and were awaiting results; and sample 2 was all the 9 nursing schools. The nursing schools are located in the different district across the province. The researcher used non- probability purposive sampling in selecting the nursing schools as they are responsible for one-year midwifery training.

1.9.4 Data collection

Data collection entails the researcher gathering information to address research questions (Polit & Beck, 2017:725). In this study, the researcher used a semi-structured interview guide to (Annexure V) collect data from the participants by conducting individual interviews. Only open-ended questions were asked to attain in-depth information. The researcher decided on individual interviews because of the distance between the interview settings. In this study, the researcher personally interviewed the participants to explore their experiences regarding clinical procedures during their clinical training. Data was collected from nine participants in three different districts in Limpopo province which are far apart from one another. Thus, the researcher was close to the participants. Data collection and analysis were narrative and subjective in nature.

1.9.5 Data analysis

Data analysis is an active process where the researcher carefully reads the data repeatedly searching for meanings and understanding. In qualitative research, data collection and analysis are often done at the same time. The researcher to identify the themes and subthemes used Colaizzi's method of data analysis because voluminous information given by participants had to be broken into smaller units (Polit & Beck, 2017:537). The researcher listened and transcribed information from the audio-recordings verbatim. Transcription errors were clarified to make sure the data was of high quality before it was analysed by re-reading the transcripts (Polit & Beck, 2016:540). In this study, themes and concepts were searched at the beginning of data collection. The researcher interpreted the analysed data.

1.9.6 Trustworthiness Lincoln and Guba (1985) theory/framework

The researcher ensured the validity and reliability of this qualitative study by employing the criteria of trustworthiness. The criteria include credibility (internal validity), dependability (reliability), confirmability (objectivity), and transferability (external validity).

1.9.6.1 *Credibility*

Credibility refers to the confidence in the truth of collected and analysed data. The qualitative researcher should ensure confidence in the truth of the findings. Creswell (2014:202) agrees with Brink, et al. (2016:172) that credibility will be ensured by prolonged engagement with the participants during interviews, persistent observation, by deeply probing during the interview, and by conducting ongoing member-checks where the researcher provides feedback to the participants to confirm the accuracy of the data (Polit & Beck, 2017:564). The researcher ensured the credibility of this study by asking probing questions during the interviews.

1.9.6.2 *Dependability*

Dependability refers to the reliability of the data over time and conditions. If it happens that the same enquiry is repeated with the same participants in the same context, it can yield the same results. In this study, the researcher conducted the study in a way that enhanced the believability of the findings, and the study should yield the same results if it is repeated with the same participants (Polit & Beck, 2017:559). The semi-structured interview guide was checked for correctness by the researcher's supervisor, and the researcher asked the same questions to all the participants. The researcher made use of probing during interviews to get a thick description of information from the participants. Scanned field notes are also kept safe, together with the transcripts. The individual interviews were recorded, transferred and filed on a computer as a backup. The researcher listened attentively during the interviews and transcribed the audio records verbatim. The transcripts were also sent to the supervisor to be checked. The Supervisor had a doctoral degree and was experienced in qualitative research.

1.9.6.3 Confirmability

Confirmability refers to how objective the findings are, in the sense that they represent the information given by the participants, and that the results were not manipulated by the researcher (Polit & Beck, 2017: 560). The researcher going through the data again with the assistance of her supervisor (Polit & Beck, 2017: 559) excluded the researcher's motivations, bias or perspectives, who also examined the transcripts. The researcher ensured bracketing by setting aside what the researcher knew about midwifery clinical training since the researcher was involved with midwifery training to ensure that the study results were not influenced. Polit and Beck (2017: 501) define bracketing as putting aside the experience or knowledge by the researcher about the phenomenon being studied.

1.9.6.4 Transferability

Transferability refers to the applicability of results to other settings (Polit & Beck, 2017:560). The sampling method and data collection method enable the use of the findings be replicated to other settings, with other participants at different times. The findings in this study cannot be generalized but can be transferred to other settings. It is anticipated that other provinces in South Africa will benefit from the study. Replication is explained by Polit and Beck (2017:6) as repetition of the study using different participants, different settings and at different times, same findings can still be achieved.

In this study, transferability was achieved because the researcher provided a thick description of data so that it is possible to transfer the information to other provinces. The researcher also used purposive sampling as a measure to enhance the deep description of the lived experiences of the student accoucheur in their clinical training.

1.10 SCOPE OF THE STUDY

The researcher interviewed student accoucheurs from the eight nursing schools in their 11th month of training. The population sample was small, and the researcher thus interviewed those student accoucheurs who wrote their examinations and were awaiting their results to reach data saturation. The eight nursing schools are the accredited nursing education institutions responsible for training One-year midwifery course and they are

situated far apart from each other in the province. One nursing school was not functional during the period of this study.

1.11 STRUCTURE OF THE DISSERTATION

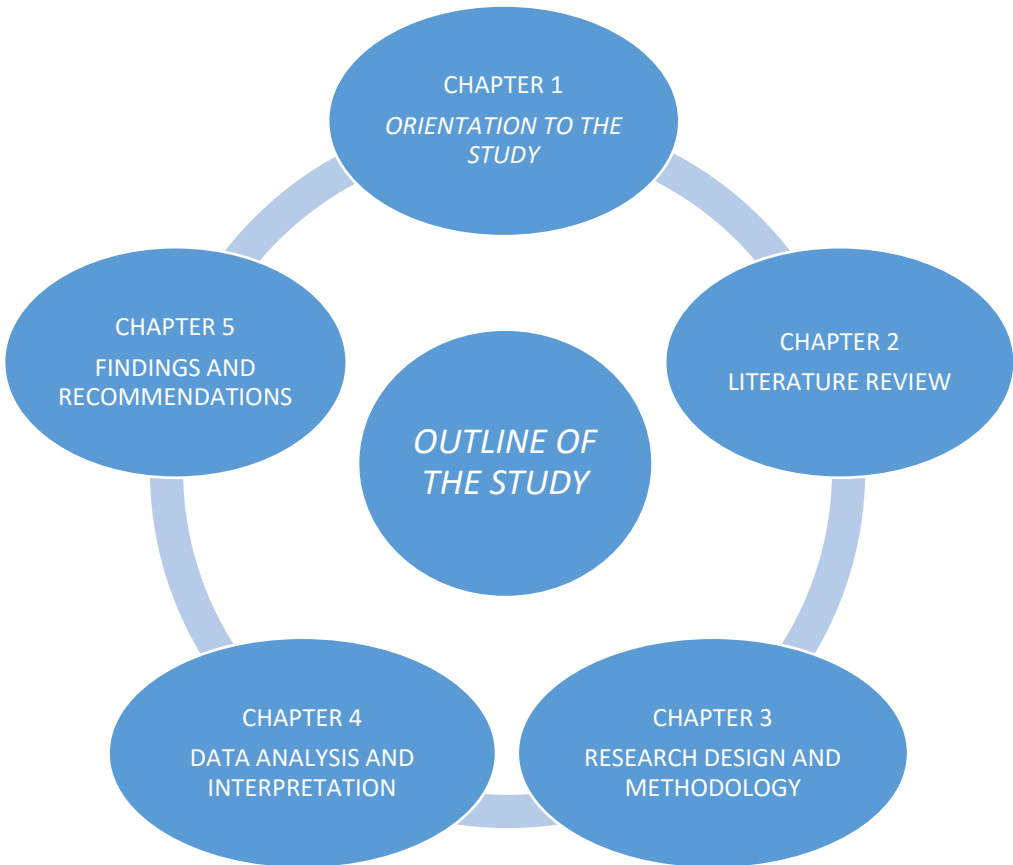


Figure 1.2 Illustration of the chapters of the dissertation

1.12 CONCLUSION

This chapter outlined the purpose and objectives of the study. The research design and methodology, including the population and sample, data collection and analysis, and ethical considerations were also presented. Key concepts were defined, and the chapter outline was provided.

In Chapter 2, the literature review follows.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

A literature review is a critical summary of research on the topic of interest, often prepared to put the research problem in context. Brink, et al. (2016:71) define a literature review as the presentation of a topic published by scholars in an organised manner. The researcher conducted a literature review in order to critically assess the current knowledge about the experiences of student accoucheurs in clinical training. Relevant information from the available journals, articles, books and policy documents in relation to students accoucheurs were searched and studied from databases in the university library, Google Scholar, Pubmed, Epsom, Juniper publishers and Biomed. Keywords used included 'clinical experience', 'student accoucheurs', 'clinical training', and 'midwifery'. The following aspects are discussed in this chapter:

- Background information
- History of midwifery internationally
- History of midwifery in South Africa
- Midwifery training in Limpopo Province
- Midwifery training curriculum
- Clinical training of student accoucheurs
- Challenges in the clinical training of student accoucheurs

2.2 BACKGROUND INFORMATION

Male nurses are still a minority in both nursing and midwifery. O'Connor (2015:5) indicates that the number of male nurses is around 10% of the total population of nurses in most countries around the world. If more males were recruited in nursing, role modelling to student accoucheurs would not be an issue (O'Connor, 2015:33). In this chapter, the literature regarding the experiences of student accoucheurs' clinical training is reviewed and discussed.

As specified in Chapter 1, a student accoucheur is a male student studying midwifery under the SANC (regulation, R254 of 14 February 1975 Paragraph 1(2) (a)), leading to registration as an accoucheur (SANC, 1978). In this study, the student accoucheurs are male midwifery students completing a one-year midwifery course (SANC R254) at accredited nursing schools in Limpopo Province, South Africa. Midwifery refers to a caring profession practised by persons registered under Nursing Act 50 of 1978, which supports and assists a mother and baby to achieve and maintain optimum health during pregnancy, labour and puerperium (SANC, 1978).

In South Africa, midwives are trained in universities, nursing colleges and nursing schools in both public and private institutions. There have been few studies conducted on students enrolled in one-year midwifery courses; more studies have been conducted on four-year diplomas in nursing science offered at nursing colleges, and degrees in nursing science offered at universities. In South Africa, the total number of accoucheurs registered in 2017/12/31 was 9594, compared to 94657 female midwives (SANC statistics, 2017:2). In 2018, 9 (21%) accoucheurs were registered as compared to 90 (79%) female midwives (SANC statistics 2018:2). Brunstad, et al. (2015:173), Sharif and Masoumi (2015:56) and Meyer (2012:94) agree that there are factors that affect accoucheurs in clinical training. These include partiality and cultural tensions, the clinical experiences of the midwives, the attitudes of the students themselves, and the learning area. It is a mandate from the International Confederation of Midwives (ICM) for midwives to provide care for women and childbearing families with respect for cultural diversities while also ensuring that harmful practices within those cultures are eliminated (ICM, 2014:2). Intrapartum care was the most challenging aspect experienced by student accoucheurs in clinical practice. The student accoucheurs reported feeling frustrated about working in female-dominated labour wards, their role conflicts on the part of male students, feelings of awkwardness at being exposed to naked women giving birth, lack of student supervision, and unstructured student accompaniment plans. This caused delays in their training.

Some women prefer accoucheurs because they are more attentive and considerate than their counterparts. As stipulated in Chapter 1, male nurses and student accoucheurs face greater challenges in the clinical setting than their female counterparts. Men experienced social isolation, gender stereotypes and they also had little knowledge of mother-baby content, which posed a barrier to their academic success. On the contrary, in her study on the experiences of male nurses in midwifery clinical training at a regional hospital in

the Eastern Cape, Meyer (2012:93) concluded that student accoucheurs were fulfilled in their clinical training as they advanced both professionally and personally; student accoucheurs treasured the experience of being able to deliver babies. Anderson (2014:92) and Meyer (2012:93) both agree that male students experienced connection with their faculty and felt supported in their training programme. However, Meyer (2012:94), Dwinnells (2017:19) and Anderson (2014:143) all discovered that gender stereotyping was experienced by student accoucheurs in their clinical training.

Meyer (2012:4) indicates that one of her participants revealed a reluctance to perform clinical procedures and another indicated discomfort in procedures where there was too much handling of blood and foul smells. The cause of stress in clinical training for student accoucheurs was mainly caused by working with female patients and being exposed to gender bias (Potur & Bildin, 2014:103). Males, in nursing books or text, are less represented since nursing textbooks still use gender-neutral language (Dwinnells, 2017:17); this might contribute to fewer men entering the nursing profession. If a male person is a nurse, he is called a male nurse, but a female nurse is referred to merely as a nurse. This is quite alarming. On a daily basis in the clinical environment, every male or female is called a midwife; it is only in text where there is a distinction and male midwives are referred to as accoucheurs (Dwinnells, 2017:17).

2.3 HISTORY OF MIDWIFERY

2.3.1 History of midwifery internationally

Midwifery is one of the oldest professions in the world. The beginning of midwifery is noted biblically (Holy Bible, 2001: 25) when twins were born from Rebekka, and when Rachel (Holy Bible, 2001: 23) gave birth. Midwifery was also mentioned when a widow, Tamar, was giving birth to twins (Holy Bible, 2001: 25), and two midwives are mentioned in Exodus, 1:15. According to Nolte (2011:20), midwifery is considered a female domain since it was understood that experience is the best teacher. Midwifery was only practised by women who had given birth, and no male person was allowed to be in the same place as a woman giving birth. Childbirth was mainly assisted by traditional midwives in the 17th century with little or no involvement from males, until the 18th century where women delivered their babies at home and not in hospitals (Sellers, et al. 2018:4); midwifery was

thus a home-based care service (Armstrong, Bhengu, Kotze, Nkonzo-Mthembu, Ricks, Stellenberg & Van Rooyen, 2013:108).

In the study by Christensen and Knight (2014:95), it was mentioned that men are attracted to nursing for several reasons, and yet emotional, verbal and sexual barriers still exist for male nurses. Internationally, in the USA male nurses constitute 9.6% of all nurses, in Canada male nurses account for 5.8%, and in China, less than 1% of the population of nurses are male (Buthelezi, et al. 2015:1). As mentioned in Chapter 1, the first male midwives entered training in a British midwifery hospital in 1977 (Shavai & Chinamasa, 2015:173). However, in South Sudan women avoid being assisted by male midwives, and they prefer traditional birth attendants who are women (Bodil, Odd, Lucia & Haldis, 2014:48).

Other problems in nursing and midwifery in South Sudan included the recruitment of males; more males came into nursing and there was lack of respect from the male students to female lecturers as most were originally soldiers (Bodil, et al. 2014:4).

2.3.2 History of midwifery in South Africa

Midwifery was historically a home-based care service in the nineteenth century, and no one was formally trained until 1813 when the first seven midwives completed their formal training (Armstrong, et al. 2013:108). The establishment of midwifery in South Africa was influenced by the arrival of the Dutch Settlers in the year 1652 (Armstrong, et al. 2013:212). Midwifery in South Africa was mostly influenced by Europeans as midwifery was practised by European midwives who were called 'sworn midwives'. Younger women were assisted by older women who had experienced childbirth. Some women even delivered alone; it is recorded in history that a Khoisan woman delivered on her own in 1854. Midwifery was registered and regulated in 1891 by the Medical and Pharmacy Act (Act 34 of 1891), and professional nurses and midwives are currently regulated by Nursing Act No 33 of 2005 (Sellers, et al. 2018:6).

2.4 MIDWIFERY TRAINING

2.4.1 Midwifery training in South Africa

In the nineteenth century, entry into midwifery training was direct, with no minimum duration prescribed; only a number of deliveries and puerperium cases was required. It started with 12 deliveries and puerperium care provided for the same cases, followed by a three-month period of training. This was increased to six months' training in 1916, and it was again increased to 12 months in 1960. For those without prior nursing training, it was increased to 24 months with 30 deliveries and puerperium cases (Sellers, et al. 2018:6). Direct entry to midwifery training was stopped in 1970 (Armstrong, et al. 2013:108).

The first midwifery school was established in South Africa in 1810 by Henrietta Stockdale (Kotze, 2012:5). By 1899 midwifery registration and education was well established. Nursing and midwifery were later regulated by the approved Nursing Act (Act 44 of 1944). The interests of the profession were overseen by the South African Nursing Association (SANA) while the interest of the public was taken care of by the SANC (Sellers, et al. 2018:6). Post-basic nursing courses in South Africa started in 1922, and by 1968 a three-and-a-half-year integrated diploma course in nursing was instituted, where students trained as general nurses and midwives (Nolte, 2011:18). A three-year diploma in nursing was to be followed by the registered students, and after that, a one-year Diploma in Midwifery (regulated by R254 of 14 February 1975) was completed by those who succeeded in the three-year diploma. Later, in 1985, a comprehensive programme for nursing education and training commenced, which was regulated by R425 of 1985, as amended. It is in this era that more males started to register as nursing students, leading to qualifications as general nurses, psychiatric nurses, community nurses and midwives (SANC, 1985). Yet despite the decades since the beginning of midwifery in South Africa, midwifery and nursing is still seen as a female-dominated profession, and males are still in the minority (Mthombeni & Phaladi-Digamela, 2015:48).

2.4.2 Midwifery Training in Limpopo Province

The strategic plan for nursing education, training and practice supports the notion of clinical training departments facilitating sufficient clinical supervision for students and

addressing the lack of role models in clinical practice (National Department of Health Strategic plan for nursing education training and practice, 2012/2017:21). Midwifery training in Limpopo Province, South Africa, is offered at the accredited University of Limpopo Turfloop Campus, University of Venda, three campuses of the Limpopo College of Nursing, and nine satellite campuses, which used to be called nursing schools. The midwifery students are placed in an accredited hospital in Limpopo Province for their clinical practice. The training of midwives and accoucheurs in universities is in accordance with SANC regulation R425. The students are registered with a degree in professional nursing in accordance with SANC regulation R425, and on completion of the course the students obtain a registration for both the degree (General nurse, Psychiatry, Community and Midwifery) and diploma with SANC as a Professional Nurse (General, Psychiatric and Community) and in Midwifery. In the satellite campuses/nursing schools, the training offered to midwives and accoucheurs is in accordance with R254 of 14 February 1975, as amended, and on completion of their training, they are awarded a Diploma in Midwifery by the SANC.

The student accoucheurs registered for the one-year Diploma in Midwifery have completed their studies in a bridging course (R683 of 14 April 1989, as amended). They are awarded one-year study leave by the Department of Health, Limpopo Province, for the purposes of attending the course. The admission requirements to the accredited nursing school are stipulated by the Department of Health's study leave guideline for nursing personnel (Department of Health Limpopo Province, 2012:10), as follows:

- Proof of current registration as a general or psychiatric nurse with SANC
- Current SANC receipt
- National/ Grade 12 certificate
- Proof from the employer that the study leave is approved for the current academic year

The nine accredited nursing schools in Limpopo Province are responsible for Midwifery training and are situated in the five districts in the province, namely Waterberg District, Mopani District, Sekhukhune District (Annexure E), Capricorn District (Annexure I), and Vhembe District (Annexure N). The number of enrolled students is determined by the SANC accreditation for each nursing school. The nursing schools are affiliated with the hospitals where students are placed for clinical training. A block-system, of four blocks, 30 days' vacation leave, and seven months' clinical training, is exercised. Midwifery

courses are also offered at private nursing institutions across the country under Mediclinic and Netcare, and they are also regulated by the SANC.

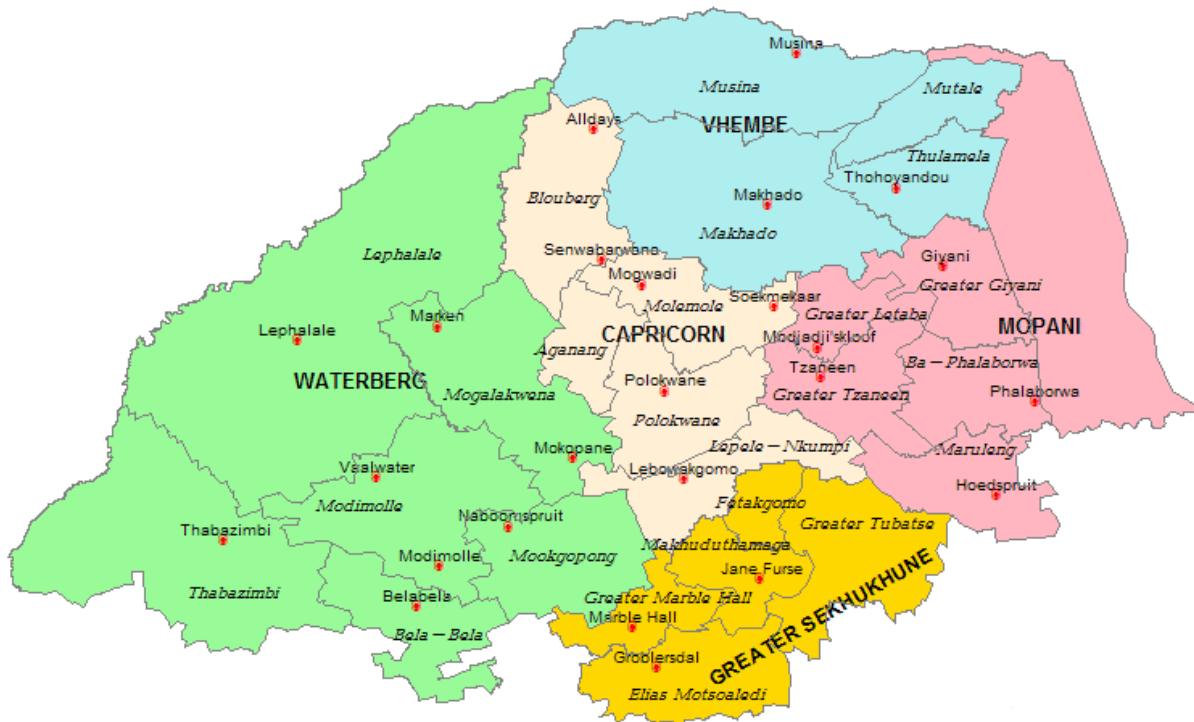


Figure 2.1 Map of Limpopo Province Municipalities
(Research Gate, 2019)

2.5 MIDWIFERY TRAINING CURRICULUM

Training for midwives and accoucheurs should be in accordance with regulations from Nursing Act No 50 of 1978. These regulations stipulate requirements for registration, accreditation of nursing education institutions to offer the programme, and admission requirements for the programme. They also prescribe the clinical and training programmes, assessment and moderation of learning outcomes, transfers of students to another institution, and application of the regulation (SANC, 1978). A curriculum is prescribed by the statutory body, SANC. A curriculum refers to a plan or a design upon which the provision of education is based (Quinn & Hughes, 2013:539). The curriculum consists of four main aspects, being the formulation of learning outcomes, subject matter, the process of teaching and learning, and lastly assessment using relevant assessment methods (Quinn & Hughes, 2013:539).

Throughout the course, a student shall receive instruction both theoretically and clinically in the subjects prescribed in the SANC curriculum. The student has to complete 1000 hours of clinical practica (SANC regulation R254 of 1975), and the following procedures should also be achieved by student accoucheurs:

- The students should undergo continuous clinical instruction and practica.
- The student should have examined 30 ante-natal women.
- The student should have witnessed five deliveries before being allowed to conduct deliveries.
- The student should have personally conducted 15 deliveries.
- The student should have personally conducted 15 internal/PV examinations under the supervision of a registered midwife or medical doctor.
- The student should have performed ten episiotomies.
- The student should have sutured the first- and second-degree tears of the perineum and of episiotomies, and administered a local anaesthetic, excluding pudendal blocks.
- The student should have kept records of antenatal patients and of the patients they personally delivered.
- The student should have nursed antenatal patients suffering from abnormal conditions.
- The student should have received instruction in a district approved by the Council.
- The student should have conducted breathing and relaxation techniques, antenatal exercises and post-natal exercises.
- The student should have received clinical instruction, including practica, in the wards and departments in delivering and nursing patients at night, for at least one month.

2.6 MIDWIFERY CLINICAL TRAINING

In midwifery training, theory alone cannot produce a competent midwife. The largest part of training is in the clinical setting, where students are given the opportunity to correlate theory and practice. The clinical setting in this study where the student accoucheurs are exposed to clinical training, is the maternity ward, including the ante-natal unit, labour ward, post-natal ward and neonatal ward. Midwifery is a science and art; therefore, student accoucheurs are exposed to clinical training (Meyer, 2012:26; Armstrong, et al. 2013:112). Clinical training forms a crucial part in the undergraduate nursing programmes (Allari & Farag, 2017:63) and refers to learning experiences in a health setting for a

learner to gain the required clinical skills (SANC, 2005:2). Clinical training is aimed at producing a knowledgeable and skilled health professional (Bruce, Klopper & Mellish, 2017:316). Clinical training is the most critical part of nursing education; it cannot do without it. There is no clinical training without clinical learning. Clinical learning refers to the acquisition of knowledge, skills and values by the students in the clinical practice environments. Student accoucheurs are expected to acquire midwifery knowledge and skills while they are placed in the maternity ward. Demonstration of competence in midwifery skills is the expected outcome of clinical training by student accoucheurs.

Table 2.1 Summary of clinical hours and competencies for midwives by SANC requirements

Unit	Hours	Skills/competencies
Ante-natal ward	80	Abdominal examination of the pregnant woman
Labour ward	360	PV examination during labour Conduct normal vertex delivery Cut and suture episiotomy and administer local anaesthesia
Post-natal ward	160	Examination of a post-natal woman
Neonatal ward	160	Examination of the new-born baby
Night duty (labour room)	160	As per the labour ward
Clinic	80	Physical examination of the pregnant woman Present comprehensive health education to the pregnant woman

(SANC, 1975)

The first strategic objective in the National Strategic Plan for Nurse Education, Training and Practice is to promote a high standard and quality of nursing and midwifery education and training (National Strategic Plan for Nurse Education, Training and Practice 2012/13-2016/17:17). It is the responsibility of the nursing education institution and the clinical facility to produce highly competent midwives and accoucheurs to achieve the strategic objective.

Teaching in the clinical setting follows any other form of teaching – the environment has to be conducive, free from stress and threats (Quinn & Hughes, 2000:437). Clinical training is purported to increase confidence and improve the skills of the students in

training. In the clinical setting, maintaining working relationships between the students and staff is essential to allow the achievement of learning outcomes.

Kaur (2017:74) indicates that since nursing is a female-dominated profession, it creates challenges for men during their clinical training. Some of the challenges include men being reluctant to touch their female patients, as this is perceived as inappropriate, negatively impacting on the achievement of learning outcomes. In contrast, Achora (2016:28) presents a conflicting image in her study. She relays the experience of male nurses in Uganda's hospital in terms of the advantages of male nurses in the clinical setting; they are more noticed and their contributions in patient care are recognised.

Kaur (2017:74) and Achora (2016:27) agree that men in nursing experience challenges especially in obstetrics where intimate care is involved. Student accoucheurs need continuous supervision, accompaniment, mentoring, role modelling by their lecturers, preceptors, professional nurses and members of the healthcare team because of the gender roles and stereotyping from peers and nursing professionals.

Peer teaching, simulation, demonstration, and other teaching methods are the teaching and learning method employed by lecturers to ensure competent midwives in the process of the programme. Meyer (2012:28) acknowledges that skills, like conducting ante-natal assessments or PV examinations, are best learned by student accoucheurs in the clinical laboratories through simulation. This requires the students to be actively involved during their clinical training.

The researcher chose the topic because while clinically accompanying students and continuously assessing their skills in the clinical area, she observed that student accoucheurs were reluctant to perform certain tasks. In the skills like examining the newborn baby, they would say that babies are slippery; with PV examinations, they would site cultural tensions. Student accoucheurs took more than the required period to observe five deliveries. Student accoucheurs in clinical training need significant support (Achora, 2016:24; Buthelezi, et al. 2015:1), and some of the midwifery students complained about the lack of support in their clinical exposure. Mthombeni and Phaladi-Digamela (2015:57) also agree that clinical supervision is essential to ensure learners acquire clinical skills.

Both external and internal factors influence the students' clinical training (Tsele & Muller, 2000:35). The student accoucheurs in the clinical environment are accompanied by registered midwives and midwifery lecturers to equip them to become clinically competent through clinical supervision and mentoring. The characteristics of an adult learner need to be acknowledged by those who accompany the students (Meyer, 2012:30). Quinn and Hughes (2013:23) describe the characteristics of an adult learner as follows:

- Adult learners need to know why they are learning something.
- Adult learners take responsibility for their learning.
- Adult learners use their experience as a source of information during their learning.
- Adult learners relate well with what they need to know and do in their lives.
- Adult learners are self-motivated.
- Adult learners are life-orientated and task-orientated.

In South Sudan, clinical supervision was mainly the responsibilities of qualified midwives, which caused problems in the learning and teaching of students due to a shortage of nurses, midwives and doctors; the student midwives' quality of learning was compromised (Bodil et al. 2014:48). Mthombeni and Phaladi-Digamela (2015:48) also found that male learners in the USA still experience more difficulties than female learners in their exposure to clinical training in maternity wards. In the study by Mthombeni and Phaladi-Digamela (2015:57) on midwifery education at a nursing college in Limpopo Province, male accoucheurs were challenged in adapting to the female-dominated setting of female patients and female staff, and feelings of embarrassment were also a problem as they were left unsupervised by the registered midwives citing a shortage of staff and overload of routine work. The causes of frustrations among male students included procedures like internal examinations and being left unsupervised during the performance of such intimate procedures. Clinical student accompaniment, which was insufficient, was also a challenge for the student accoucheurs, and it caused a problem in achieving clinical learning outcomes, thus causing them not to complete their programme in time. A planned clinical accompaniment programme is recommended by the mentioned study (Mthombeni & Phaladi-Digamela, 2015:58). Billings and Halstead (2013:43) state that before the students are placed in a clinical setting for clinical exposure, the facility has a responsibility to establish:

- Clear expectations for student learning in terms of:
 - Communication
 - Students performance
 - Level of supervision
 - Clinical learning objectives to be accomplished by the students
 - Consistent and constructive feedback to learners and evaluation strategies for students
- Assistance and provision of support services to the students who are not performing according to the set standards, like tutorials, stress management and mentoring programmes.

2.6.1 Clinical accompaniment of student accoucheurs

The SANC (2005:1) refers to clinical accompaniment as a structured process to facilitate assistance and support for students in clinical training at an accredited facility by the nursing education institution to achieve learning outcomes. Clinical accompaniment is a requirement according to the SANC in the education of nurses, and the same applies to the education of student accoucheurs.

Kotze (2012:26) refers to accompaniment in the teaching and learning environment as an interactive process between the student and the teacher, supported by a cooperative relationship. The two roles in clinical accompaniment – clinical supervision and mentoring – are essential to ensure students are competent in midwifery skills (Meyer, 2012:30). In addition, Mothobi (2017:2) mentions that clinical accompaniment is done by preceptors under the supervision of nurse educators from the nursing education institution, both nationally and internationally.

In the assessment of clinical stress among male and female nursing students, as measured on the first and last day of the obstetrical nursing clinic course, clinical instructors and other health professionals in the obstetrical unit should bear in mind and understand that students, both male and female, experience high stress levels and eliminate those factors contributing to stress (Potur & Bilgin, 2014:103). Sharif and Masoumi (2015:6) conclude in their study that students' demonstrated lack of supervision during clinical exposure was the cause of stress during first clinical accompaniment. Phiri (2015:22) mentions in her study that it is a requirement of the midwifery lecturer to

accompany students in the clinical area and to be a role model, mentor and preceptor to ensure theory is correlated with practice. In their study, Letswalo and Peu (2015:351) raised a concern about the students' status in the clinical environment, and they claimed that it should be taken into consideration by lecturers and preceptors.

Mothlale (1999:99) determined guidelines for effective student accompaniment, as follows:

- The accompanist should perceive each student as a unique individual.
- The accompanist should ensure a positive attitude from students.
- The accompanist should provide in-service education programmes and continuing education.
- The accompanist should formulate definite learning objectives.
- The accompanist should ensure that clinical procedures are standardised.
- The accompanist should establish an environment that is physically and psychologically conducive.
- Orientation in the clinical setting should be conducted.
- The accompanist should cultivate the image of herself as a mentor.
- The accompanist should provide continuous supervision.
- The accompanist should develop a formative and summative evaluation process.

Armstrong, et al. (2013:110) indicate that clinical accompaniment and supervision of students are a challenge in the nursing education institution due to the shortage of nurse educators, clinically incompetent nurse educators, and nurse educators not being involved in the professional activities. It is a requirement from the regulatory body that a student is seen by the lecturer at least once every two weeks while they are in the clinical area to correlate theory and practice.

2.6.2 Clinical setting

According to the SANC (2013:2), a clinical facility refers to a continuum of services to promote health and provide care to individuals and groups, used to teach learners. Bruce et al. (2017:315) mention that the clinical setting consists of hospitals, clinics, day hospitals, community-based settings, mobile health clinics, special schools, nursing

homes, rehabilitation facilities, private practices, and many more. In this study, the clinical setting or facility refers to the maternity ward, including the labour ward, ante-natal ward, neonatal and post-natal ward, and the community clinic. Armstrong, et al. (2013:110) agree that government hospitals and community clinics are used for students' clinical placement. The clinical setting is interchangeably referred to as the clinical environment and should be accredited by the regulatory body (SANC). Students are rotated among the maternity wards to practice clinical skills in a real-life situation under the supervision of lecturers, professional midwives and other members of the healthcare team. At the end of clinical placement, student accoucheurs should have completed 1000 hours of clinical practice. Student accoucheurs are given the opportunity to learn from interactions with patients, families and communities in their clinical placements and by applying theory and practice (Bruce, et al. 2017: 315). Mothlale (1999:82) emphasises that the climate in the clinical setting has to be conducive to learning.

A conducive clinical environment is described by Kaphagawani and Useh (2015:31) as an environment where there is a good atmosphere and good relationships are maintained by professional nurses. Setumo (2013:39) and Kaphagawani and Useh (2015:31) agree that working relationships in the clinical setting has to be maintained to enhance the achievement of clinical learning outcomes. The atmosphere should allow the student to be flexible, take risks and develop a sense of trying new behaviours, get feedback, and be able to cope with work-related stress (Mothlale, 1999:83). Quinn and Hughes (2013:294) refer to feedback as a learning tool rather than a measure of learning, and they further describe it as a constructive comment that is consistent and student-orientated.

The clinical environment is an essential and irreplaceable resource in the preparation of students for their nursing profession . A good clinical facility should be stimulating and possess adequate working resources for learning to take place (Mothlale, 1999:42; Kaphagawani & Useh, 2015:34). Sometimes it is disappointing and discouraging to find the working environment with inadequate resources, while it is expected from the nurse educator and professional nurses to execute teaching roles in the clinical setting. It was one of the setbacks observed by the researcher.

2.6.3 Clinical facilitators in midwifery training

Clinical facilitators who accompany students need to be experienced, skilled, knowledgeable and function as role models. The availability of lecturers in clinical practice is very important to enhance continuous guidance and support for students. Facilitators in the clinical setting should possess three qualities according to Carl Rogers' Humanistic Approach, namely genuineness, trust and acceptance, and empathetic understanding (Quinn & Hughes, 2013:21). The student accoucheurs are adult learners, so the clinical facilitators need to consider the characteristics of adult learners when creating a psychologically safe clinical environment (Quinn & Hughes, 2000:55).

A professional nurse, among other roles, has teaching as one of their core functions. Lecturers should establish a formal accompaniment programme for student teaching and avail themselves, so the student is supported and guided to achieve the learning goals. It is important for both the professional nurses and lecturers to avail themselves for student accompaniment to assist and support them in their clinical training. The students should feel supported at all times.

2.7 MENTORING/PRECEPTOR

There are two main roles played by the accompanists during clinical training to ensure students competency, mentoring and supervision. A mentor is defined as someone who is more experienced in both theory and clinical practice, who is more senior to students, who provides support, encouragement, and also gives the necessary guidance during clinical accompaniment of students (Quinn & Hughes, 2013:373). A definition of mentoring is presented by Adams (2018:3) as "a dyadic, long term and reciprocal process between senior experienced nurse and a junior nurse or student nurse, facilitating knowledge and skill acquisition while providing psychological and emotional support with the aims of fostering personal and professional development for effective role change in nursing profession". Personal attributes of a mentor are paramount to allow a positive clinical training environment. Makua (2016:31) also agrees that mentors need to possess certain attributes that will enable the success of the mentorship process, such as openness, patience, kindness, good listening skills and knowledge (Quinn & Hughes, 2013:371).

In the study by Eller, Lev and Feurer (2015:4), they mention similar attributes to be required by the mentor, and they stipulate that a caring relationship should also be maintained. Both the mentor, mentee and the institution gain from the mentoring process (Quinn & Hughes, 2013:374). Matin (2017:1) and Setati (2013:13) agree that effective mentoring has the following benefits: job satisfaction; teaching skills are improved; team building; and improved academic clinical performance of students. Makua (2016:28) contributes by saying that mentoring includes both personal and professional growth aimed at excellence. Desired characteristics and responsibilities should be possessed by the mentees for mentorship to be successful (Makua, 2016:32). In this study, the student accoucheurs are the mentees and they should have the attributes and be responsible during clinical training for the mentorship process to be fruitful.

The mentoring process is an important teaching and learning tool in the clinical training of student accoucheurs during their midwifery training to assist them in acquiring skills and competency in midwifery practice.

2.8 CLINICAL SUPERVISION OF STUDENT ACCOUCHEURS

Clinical supervision is an essential component of learning in the training of nurses in the clinical setting. Clinical nursing supervision is referred to by Rajeswaren (2016:5) as an on-going process where the students are supported and encouraged professionally. The strategic plan for nursing education, training and practice supports the notion of clinical training departments facilitating sufficient clinical supervision of students and addressing the lack of role models in the clinical practice (Strategic plan for nursing education training and practice, 2013-2017:21). Supervision is another clinical role which the unit manager and the professional nurse should fulfil for the proper training of student nurses. Franklin (2013:36) indicates five clinical supervision models as preceptors, supervision, dedicated education units, mentors, and facilitator models, of which the most preferred is the facilitator model. In the study conducted by Rajeswaren (2016:3), lack of support and guidance from both academic staff and unit nurses who supervised students was indicated as one of the challenges experienced during clinical training. Dale, Leland and Dale (2013:7), the Nursing and Midwifery Board of Australia (2015:5) and Buthelezi, et al. (2015:41) all agree that a good student-supervisor relationship is critical in the clinical supervision of students in clinical practice as students' confidence will be boosted.

Through clinical supervision, the student accoucheurs are assisted in acquiring knowledge, skills and professional practice.

2.9 CONCLUSION

A literature review was conducted on the experiences of student accoucheurs in the clinical area. Concepts including the history of midwifery (both international and in South Africa), midwifery training in Limpopo Province, clinical training, clinical accompaniment, clinical facilitators, mentoring and preceptorship were reviewed.

Chapter 3 describes the research design and methodology.

CHAPTER 3

RESEARCH DESIGN AND METHOD

3.1 INTRODUCTION

Chapter 2 presented the literature review related to the study. In this chapter, the research methodology and design used in this study are discussed, along with the ethical principles considered by the researcher.

A research methodology is defined by Polit and Beck (2017:743) as a systematic way of gathering and analysing data in a study. They further define the research design as the overall plan for addressing a research question, including the integrity of the study. In this study, a qualitative, phenomenological research design was followed. The purpose of this qualitative study was to explore the student accoucheurs' experiences of clinical training in Limpopo Province in terms of the performance of clinical procedures. The researcher then aimed to establish recommendations to improve clinical training of student accoucheurs. The research objectives were to explore and describe the experiences of student accoucheurs in the clinical area regarding their performance in midwifery clinical procedures, explore and describe the support given to student accoucheurs in the clinical area, and make recommendations from the findings regarding the experiences of the student accoucheurs in clinical training.

3.2 RESEARCH DESIGN

A qualitative research design is a plan that addresses a research question which includes a specification for ensuring the integrity of the study (Polit & Beck, 2017:743). The research design in this qualitative study was exploratory and descriptive in nature. This design is aimed at understanding people's lived experiences and attitudes within a phenomenon (Polit & Beck, 2017:743). One of the characteristics of phenomenological studies is that it involves few participants. In Limpopo Province, few student accoucheurs are trained in each academic year, which is why the researcher chose this particular design. The experiences of student accoucheurs regarding the performance of midwifery skills, like PV examinations, examinations of new-borns, and others were explored in this

study. In this descriptive phenomenological study, the researcher asked in-depth questions to gain rich information about participants' lived experiences (Brink, et al. 2016:120).

3.2.1 Exploratory research design

Exploratory research entails the refinement of features of a phenomenon (Polit & Beck, 2017:728). In this study, the experiences of student accoucheurs in the clinical area were explored.

3.2.2 Descriptive research design

Descriptive research designs gather more information to provide a picture of a phenomenon as it is experienced (Brink, et al. 2016:112). Morrow, Rodriguez and King (2015:1) agrees that descriptive phenomenology is concerned with revealing the features of any phenomenon under investigation. In this study, the researcher collected in-depth information on the experiences of student accoucheurs in the clinical area regarding the performance of clinical skills.

3.3 RESEARCH METHOD

Polit and Beck (2017:741) characterise the qualitative approach as an investigation of a phenomenon in an in-depth and holistic manner, through rich narrative data collection. In a qualitative study, the researcher explores the understanding of human experiences, intentions, behaviours, perceptions, and the motivation of the phenomenon (Brink, et al. 2016:121). In this study, student accoucheurs described their experiences in clinical training.

3.3.1 Sampling

3.3.1.1 Population

A population is defined as a group of objects or persons of interest to the researcher, meaning those individuals or objects that meet the inclusion criteria that need to be researched (Brink, et al. 2016:131). De Vos, et al. (2012:223) refer to a population as the

total number of sampling units of which the research problem is about. Sampling units can be persons, events, settings or records.

The population for this study were all student accoucheurs in the 2018 academic year, registered for the one-year midwifery course according to the SANC R254 regulations.

3.3.1.1.1 The inclusion criteria for the population

- Student accoucheurs in the 2018 intake of the SANC R254 midwifery programme, leading to registration as an accoucheur.

3.3.1.1.2 The exclusion criteria for the population

- Female midwifery students in the 2018 intake of the SANC R254 midwifery programme, leading to registration as a midwife.
- Male students who were trained or facilitated by the researcher as this might have increased the risk of bias.

3.3.1.2 Sampling

Sampling is a process of selecting participants or units from the population of interest to the researcher (Brink, et al. 2016:132). A sample is a small fraction of the total population of interest from whom information can be gathered (Brink, et al. 2016:132).

Purposive sampling of student accoucheurs from the eight nursing schools in Limpopo Province was conducted. This purposive sampling was non-probability sampling since the participants were not randomly chosen. Purposive sampling entails researchers choosing participants who will definitely benefit their study (Polit & Beck, 2017:493). De Vos, et al. (2012:232) describe purposive sampling as the process of selecting participants with the most attributes of the population to be studied.

3.3.1.2.1 Research setting

Polit and Beck (2017:745) refer to the research site as the designated place where the study is conducted. There are nine nursing schools in Limpopo Province, and not all of

them had student accoucheurs. A census of the nursing schools offering the SANC R254 one-year midwifery programme was conducted. A census is when the researcher includes all the participants or sites as the sample of the study.

A census was sampled because student accoucheurs were few in number. The sampling sites included Waterberg, Sekhukhune, Vhembe, Mopani and Capricorn districts.

3.3.1.4 Sample

Polit and Beck (2017:250) define a sample as a subset of the population which forms the basic units from whom data is collected. The sample in this study were all student accoucheurs studying the one-year midwifery course according to regulation R254 of the SANC, and those who wrote their examinations and were awaiting results.

3.3.1.4.1 Sample size

A sampling size is defined as the number of participants in a study (Polit & Beck, 2017:743). Researchers often do not know how many participants will be available, but depend on the saturation of data (Brink, et al. 2016:144). Participants have the right to be involved or withdraw from the study at any time, and out of the total target population, some may choose not to participate in the study. In this study, the sampling size was determined by data saturation. Data saturation is described by Polit and Beck (2017:744) as the point where no new data is acquired, and redundancy is reached. Data were collected from nine participants, at which point data saturation was reached.

3.3.1.3 Ethical issues related to sampling

The University of South Africa approved the study by offering the researcher an ethical clearance certificate. Upon receipt of the clearance certificate from the Ethics Committee of the University of South Africa (Annexure A), the researcher applied for approval for the collection of data from the Department of Health's Ethics Committee (Annexure B), the district offices (Annexures E, J and N) of the Department of Health, and the institutions. The researcher was granted ethical clearance from the Research Ethics Committee: Department of Health Sciences with the ethical clearance certificate number HSHDC/814/2017 (Annexure A). The approval to conduct the study stipulated that the

research project should adhere to the values and principles as expressed in the UNISA policy on research ethics, and approval for the researcher to conduct the study was granted by the Research Ethics Committee from Department of Health, Limpopo Province with the certificate number LP20180307 (Annexure C).

The researcher received approval from three district offices. Approval was also granted by the five institutions (Annexures H, L, P and R) where the participants were training. An informed consent (Annexure I) form was signed by the participants indicating that they were willing to participate in the study after information (Annexure S) was provided to them by the researcher (Brink, et al. 2016:38). The participants had the right to withdraw from participating at any time if they felt inclined to do so. Confidentiality was maintained throughout the study (Brink, et al. 2016:37).

3.3.2 Data collection

3.3.2.1 Data collection approach and method

Data management is the compilation of many small practices that make your data easier to find, easier to understand, less likely to be lost, and more likely to be usable ten years later, as defined by Briney (2015:9). After receiving approval from the district office and from the institutions, the researcher recruited the participants through the respective nursing schools and arranged the dates and the venue for the interviews. The interviews took place privately and confidentially in an office provided by the nursing school. The interviews were conducted on different dates due to the distance between the research settings. The researcher read the information leaflet (Annexure U) to the participants before they were asked to sign the consent form. The participants signed the consent form (Annexure I), which prompted the interview to continue.

Data were collected through semi-structured interviews with nine student accoucheurs. A semi-structured interview is explained by Polit and Beck (2017:744) as an interview where the researcher utilises a list of prepared questions as a guide. The interview guide (Annexure V) covered four open-ended questions. The researcher asked probing questions during the interview to get more detailed information from the participants. The researcher noted non-verbal communication by writing them down in a small notebook. The researcher listened attentively to capture all the information from the participants. An

audio-recorder and phone were used to record the interviews for backup purposes. The audio-recorded data were transferred to the researcher's laptop for safekeeping. The following questions were asked to the participants:

- Would you explain your experiences as a student accoucheur in the clinical area regarding the performance of clinical procedures?
- What prompted you to train to be an accoucheur (male midwife)?
- Probes
 - positive and negative experiences
 - the performance of clinical skills like vaginal examination, delivering babies, immediate care of the new-born and the third stage of labour
- Kindly explain the support given to you as a student accoucheur during clinical training.
 - support from fellow female midwifery students
 - support from experienced midwives and managers
 - support from the clinical preceptors
- What recommendations can be made to midwifery practice and nursing education regarding clinical training of student accoucheurs?

The interviews were conducted in English. The interviews lasted between 20 to 40 minutes, the longest being 35 minutes 8 seconds, and the shortest being 11 minutes 29 seconds. Nine participants were interviewed, and saturation was achieved. As explained earlier, data saturation is defined by Polit and Beck (2017:60) as a principle used by qualitative researchers when themes and categories become repetitive, and no new information can be extracted from further data collection.

3.3.2.2 Developing and testing the data collection instrument

The researcher conducted a pilot test with two recently trained accoucheurs in the hospital where the researcher was working, to practice and to test the interview guide as encouraged by Polit and Beck (2017:177). The research instrument was tested, and no amendments were made as it was found to be precise.

3.3.2.3 *Characteristics of the data collection instrument*

An audio-recorder was used to capture all the information from the participants and a phone was used as a backup system. As mentioned by Polit and Beck (2017:521), the researcher kept a notebook to write down notes and ideas. The researcher asked four open-ended questions developed in the semi-structured interview guide that was prepared beforehand so that participants were asked the same questions. (Annexure A). A topic guide is a list of areas or questions that are covered with each participant (Polit & Beck, 2017:526).

3.3.2.4 *Data collection process*

The researcher recruited the participants to participate in the study by asking them to sign a consent form (Annexure I). The participants had a right to refuse or withdraw from the study and they were not coerced to participate. The researcher made an appointment with prospective participants to meet at a central place for in-depth, face-to-face interviews. The interview setting was an office at the nursing schools, and some participants were interviewed at the hospital. An arrangement was made to get a private office to conduct the interviews to ensure privacy and confidentiality. A letter requesting permission to conduct the study was written to the nursing manager of the hospitals (Annexures F, G, K, M, O and Q) where the student accoucheurs trained. Each participant received the information leaflet to read before signing the consent form. One participant did not respond positively after reading the leaflet information, and further explanation was provided by the researcher; the participant was not judged as the right to withdraw was considered. The researcher informed the participants that the information gathered will be only available to the authorities and the researcher.

3.3.2.5 *Ethical considerations related to data collection*

The researcher considered the following ethical principles:

3.3.2.5.1 *Principle of autonomy or self-determination*

This is the principle of respect for human dignity or autonomy (Brink, et al. 2016:35). The principle of respect should take precedence above all other interests. The participants in

this study had the right to take part or to withdraw from the study without any penalty. The researcher respected this principle and there was no form of coercion applied to the participants. The participants took an informed decision regarding their participation.

3.3.2.5.2 The principle of beneficence

This is the principle of not harming the participants physically or psychologically. It refers to the responsibility of the researcher to minimise harm and maximise benefits (Polit & Beck, 2017:139). In this study, the researcher ensured a comfortable, private setting to conduct the interviews. The researcher ensured good communication skills, listened attentively and spoke with an audible voice. She also observed non-verbal communication to address sensitive issues. Debriefing after the interviews were conducted as explained by Polit and Beck (2017:149). There was no harm incurred to participants in this study.

3.3.2.5.3 Informed consent

The researcher ensured informed consent was obtained from all participants before the commencement of the study (Brink, et al. 2016:35). The researcher formalised voluntary participation and protection of the participant by obtaining informed consent from participants (Brink, et al. 2016:30). The researcher personally read the content of the informed consent form to the participants, and then obtained consent from participants in written form.

3.3.2.5.4 Principle of justice

The principle of justice refers to the participants' right to be treated fairly (Brink, et al. 2016:35). In this study, the researcher ensured that the selection of participants was relevant to the requirements of the study, according to the inclusion criteria. There were no incentives promised to the participants, and no manipulation was imposed at any time during the study. The researcher showed up at the arranged venue on the date and time agreed upon.

3.3.3 Data analysis

Content analysis is a step-by-step process of deducting or deducing, organising, and synthesising material from narrative data into themes and concepts in a qualitative study (Polit & Beck, 2017:724). Data analysis is an active process where the researcher carefully reads the data repeatedly, searching for meaning and understanding. In qualitative studies, data collection and analysis are frequently done at the same time.

In this study, themes and subthemes were searched right at the beginning of data collection (Polit & Beck, 2017:530). The researcher listened and transcribed the information from the audio-recordings verbatim. Transcription errors were clarified to make sure the data was of adequate quality before it was analysed by re-reading the transcripts (Polit & Beck, 2017:540). The researcher manually analysed data using the seven steps of Colaizzi (1978 in Morrow, et al. 2015:2).

- **Familiarisation:** The researcher read through all the participants' transcripts several times to familiarise herself with the data.
- **Identifying significant statements:** The researcher identified all the data that sounded relevant to the phenomenon under study.
- **Formulating meanings:** The researcher identified meanings relevant to the phenomenon.
- **Clustering themes:** The researcher grouped meanings that were common together to formulate themes.
- **Developing an exhaustive description:** The researcher developed exhaustive descriptions by writing a full description of the phenomenon, and all the developed themes were incorporated.
- **Producing a fundamental structure:** The researcher condensed the exhaustive description into a short, dense statement.
- **Seeking verification of the fundamental structure:** The researcher returned the short and fundamental structure to all participants for verification.

3.4 TRUSTWORTHINESS

The researcher ensured the validity and reliability of this qualitative study through the process of trustworthiness. Trustworthiness from Lincoln and Guba (1985) has the following criteria: credibility (internal validity), dependability (reliability), Conformability (objectivity), transferability (external validity).

3.4.1 Credibility

Credibility refers to the confidence in the truth of data collected and analysed. The qualitative researcher should ensure confidence in the truth of the findings. Creswell (2014:202) agrees with Brink, et al. (2016:172) that credibility will be ensured by prolonged engagement during interviews, persistent observation, by deeply probing during the interview, and on-going member checking, where the researcher provides feedback to the participants to confirm the accuracy of data (Polit & Beck, 2017:564). The researcher ensured the credibility of this study through prolonged engagement with the participants, persistent observations, being engaged in on-going member checking, and asking probing questions during the interviews.

3.4.2 Dependability

Dependability refers to the reliability of the data over time and conditions. If it happens that the same enquiry is repeated with the same participants in the same context, it should yield the same results. In this study, the researcher conducted the study in a way that yielded believability of findings, and the study would yield the same results if it were repeated with the same participants (Polit & Beck, 2017:559). The semi-structured interview guide was checked for correctness by the supervisor, and the researcher asked the same questions to all the participants. The researcher probed during interviews to gain a thick description of information from the participants. Field notes were written and kept safe together with the transcripts. The individual interviews were recorded and transferred to the researcher's computer for safekeeping. The researcher listened attentively during the interviews and transcribed the interviews verbatim from the audio-recordings. The transcripts were also sent to the research supervisor to be checked.

3.4.3 Confirmability

Confirmability refers to how objective the findings are, in the sense that they represent the information given by the participants, and the results were not manipulated by the researcher.

The researcher's motivations, bias or perspectives were excluded by going through the data repeatedly with the assistance of the research supervisor (Polit & Beck, 2017:559).

3.4.4 Transferability

Transferability refers to the applicability of results to other settings (Polit & Beck, 2017:560). In this study, transferability was achieved because the researcher provided a thick description of data so that it is possible to transfer the information to other provinces. The researcher also used purposive sampling as a measure to enhance the deep description of the lived experiences of the student accoucheur of their clinical training. It is expected that other provinces in South Africa may also benefit from the study.

3.5 CONCLUSION

This chapter presented the research method and design used in this study. The data collection instrument, ethical consideration and trustworthiness of the study were also discussed.

Chapter 4 will present the results from the data analysis and discussions.

CHAPTER 4

FINDINGS AND LITERATURE CONTROL

4.1 INTRODUCTION

This chapter presents the findings of the research which describe the experiences of student accoucheurs in clinical training in Limpopo Province. Qualitative data and content analysis were conducted. The purpose of the study was to explore and describe the experiences of student accoucheurs in Limpopo Province regarding midwifery clinical training. The research findings answered the set objectives and the questions, and recommendations were made available. The following were the research objectives:

- To explore and describe the experiences of student accoucheurs in the midwifery clinical area.
- To explore and describe the support given to student accoucheurs in the midwifery clinical area.
- To make recommendations from the findings regarding the experiences of the student accoucheurs in the midwifery clinical area.

4.2 DATA MANAGEMENT AND ANALYSIS

4.2.1 Data collection

Data management is the compilation of many small practices that make your data easier to find, easier to understand, less likely to be lost, and more likely to be usable years later (Briney, 2015:9). Upon approval from the district office and from the institutions, the researcher recruited the participants through the nursing school in-charge and arranged the dates and the venue for conducting interviews. The interviews took place privately and confidentially in the office provided by the nursing school. The interviews were conducted on different dates due to the distance between the research settings. The researcher read the information leaflet to the participants before they were asked to sign the consent form. The participants signed the consent form allowing the interview to continue.

Data were collected by using semi-structured interviews with nine student accoucheurs. The interview guide covered four open-ended questions. The researcher asked probing questions during the interview to get more detailed information from the participants. The researcher also noted non-verbal communication by writing it down in a small notebook. The researcher listened attentively to capture all the information from the participants. An audio-recorder was used to record the interviews, along with a phone for backup purposes. The recorded data was transferred to the researcher's laptop to keep them safe and confidential. The researcher saved the data in codes for ensuring confidentiality of participants, no names were used. The following questions were asked to the participants:

- Would you explain your experiences as a student accoucheur in the clinical area regarding the performance of clinical procedures?
- What prompted you to train to be an accoucheur (male midwife)?
- Probes
 - positive and negative experiences
 - the performance of clinical skills like vaginal examination, delivering babies, immediate care of the new-born and the third stage of labour
- Kindly explain the support given to you as a student accoucheur during clinical training.
 - support from fellow female midwifery students
 - support from experienced midwives and managers
 - support from the clinical preceptors
- What recommendations can be made to midwifery practice and nursing education regarding clinical training of student accoucheurs?

The interviews were conducted in English and lasted between 20 to 40 minutes, the longest being 35 minutes 08 seconds, and the shortest being 11 minutes 29 seconds. Nine participants were interviewed, and data saturation was achieved.

4.2.2 Challenges during data collection

The researcher came across challenges in getting approval from the district offices, including communication breakdown, lost faxes and email addresses not being functional.

In two districts, the researcher had to go to the offices for follow-ups personally and this caused a delay in the data collection phase. Out of five district offices, only three responded positively. One institution allowed the researcher to collect data based on the district approval, saying the approval was enough to continue with the study. Two participants withdrew from participating in the study by not showing up at the agreed interview setting.

Some distractions were encountered during the interviews, such as noise, since one interview venue was next to the Social Development Offices.

4.2.3 Data analysis

Content analysis was employed and three themes, nine categories and eighteen sub-categories were identified. Content analysis is defined by Polit and Beck (2017:537) as an analysis of narrative data to deduce themes and patterns among the themes. Qualitative content analysis breaks data into smaller units. De Vos et al. (2012:399) define data analysis as a step-by-step process of inductive reasoning, thinking and theorising to make inferences from empirical information of social life. The researcher manually analysed data using the seven steps of Colaizzi (1978) in Marrow, et al. 2015:2).

The researcher transcribed the interviews verbatim from the audio-recorder after listening to the recordings numerous times to be familiar with the voices.

4.3 RESEARCH RESULTS

4.3.1 Sample characteristics

The characteristics of the participants are presented in Table 4.1.

Table 4.1 Sample characteristics

Participants	Districts	Institutions	Student accoucheur	Interview duration
Participant 1	C District	Hospital K	Student accoucheur	18:29
Participant 2	C District	Hospital K	Student accoucheur	11:29
Participant 3	C District	Hospital K	Student accoucheur	14:56
Participant 4	V District	Hospital O	Student accoucheur	12:22
Participant 5	V District	Hospital O	Student accoucheur	22:23
Participant 6	V District	Hospital O	Student accoucheur	35:08
Participant 7	V District	Hospital Q	Student accoucheur	26:04
Participant 8	C District	Hospital K	Student Accoucheur	17:09
Participant 9	S District	Hospital G	Student accoucheur	28:17

4.3.2 Participants' characteristics

The sample size from nine accredited nursing schools was eleven student accoucheurs, and saturation was achieved from the nine interviewed students accoucheurs. Five student accoucheurs were still in training during the data collection period, and four interviewed accoucheurs just completed their training and were awaiting their results.

4.4 OVERVIEW OF RESEARCH FINDINGS AND LITERATURE CONTROL

The identified themes, categories and sub-categories are presented in Table 4.2. Thereafter, each theme, categories and sub-categories are discussed in-depth.

Table 4.2 Themes and sub-themes that emerged from the interviews

Theme	Category	Subcategory
1 Prompts to train as an accoucheur	1.1 Student accoucheurs: Self-motivation	1.1.1 Desire to help the community 1.1.2 To advance their careers
	1.2 Recommended by significant others	1.2.1 Motivated by others
	1.3 Coerced by circumstances	1.3.1 Not first choice, upgrade due to knowledge gap 1.3.2 Pre-requisite of nursing education training policies
2 Experiences of student accoucheurs in the clinical area	2.1 Negative experiences regarding their performance in midwifery clinical procedures	2.1.1 Clinical procedures 2.1.2 Not fully competent 2.1.3 Minimal clothes in preparation for labour 2.1.4 Uncomfortable and negative emotions 2.1.5 Negative experiences related to staff (authoritative, bully, maternity is like their 'home', "maternity can turn a person into something else")
	2.2 Positive experiences regarding their performance in midwifery clinical procedures	2.2.1 Stimulated to continue working in maternity ward 2.2.2 Women were free, positive relationships and emotions 2.2.3 Student accoucheurs maintained integrity and professionalism
3 Support given to student accoucheurs in the clinical area	3.1 Positive support overlap	3.1.1 Positive support from female students, experienced midwives, clinical preceptors, nurse managers and peers
	3.2 Negative support overlap (ambivalence)	3.2.1 Negative support from experienced staff, shortage of staff and negative attitudes from clinical preceptors and managers 3.2.2 Lack of orientation and counselling
	3.3 Lack of interest by student accoucheurs	3.3.1 Had to repeat the programme
	3.4 Cultural and religious diversity between patients and student accoucheurs	3.4.1 No conflicts 3.4.2 Some conflicts

4.4.1 Theme 1: Prompts to train as an accoucheur

According to Bwalya, et al. (2015:43) midwifery is recognised as a female profession and Buthelezi, et al. (2015:1) report that male nurses and student accoucheurs face significantly more challenges in the clinical setting than their female counterparts. The emerged theme is related to the problem statement as it explored what motivated the student accoucheur to train as an accoucheur, and this reason will influence the student accoucheurs' experiences during clinical and classroom training. Three codes were identified under this theme, namely self-motivation, recommended by significant others, and coerced by circumstances.

4.4.1.1 Category 1.1: Student accoucheurs: Self-motivation

- *Subcategory 1.1.1: Desire to help the community*

Student accoucheurs indicated that their love for babies and seeing babies being born instilled the desire in them to train in midwifery. The researcher established that even though midwifery is viewed as a female-dominant profession, there are males who are tender-hearted towards babies and they have the desire to help their community in the issues of childbirth. Harding (2008:98) highlighted that it is understandable when men in nursing react to their care being rejected because they chose nursing for the reason to help others.

“I have a heart for babies I love babies they are close to my heart and then ehhm whenever we are in the practical area seeing new-borns make me feel happy and then when especially coming with good outcome ... Yes.” (Participant 1)

“Ok erhh! The reason why I became an accoucheur erh actually I am very interested on the, I like to receive new babies to come to life, ya that is the reason I wanted to be an accoucheur. (Probing question) is it the only one? Ya. I just like seeing new lives new babies.” (Participant 2)

One student accoucheur took the initiative to go see some colleagues in the maternity ward and his interest to train in midwifery was born from there.

"[Laughing] but a what made me to train as a midwifery is that erhh I have seen my colleagues my friends erhh train as a midwifery and I others working at a maternity ward, I visited them, and saw that erhh this unit is so interesting, then I erhh I think I can train as a midwife." (Participant 4).

- *Subcategory 1.1.2: To advance their careers*

Student accoucheurs trained in midwifery as a way to advance their career and address the desire to be useful to their community. Some of the male nursing students embarked on a career in nursing as a stepping stone (Frances, 2016: 46). The student accoucheurs socially adapted well in the clinical environment and this assisted them to in correlating theory and practice..

"I wanted to develop myself, I felt that I had to achieve more so that I can be able to help the community." (Participant 7)

4.4.1.2 Category 1.2: Recommended by significant others

- *Subcategory 1.2.1: Motivated by others*

One accoucheur was prompted to pursue midwifery by his significant other, even though he had no interest to do so. While he was in the field of midwifery, his interest and love for the profession developed. It was difficult to achieve the goal of competence in midwifery skills because the interaction, communication, adaptation and response of the student to the clinical environment was difficult, and training was delayed to an extent that the student accoucheurs had to repeat the programme.

"Erhh, actually I did not like it, sure I did not want to study midwifery, ehbm, I was encouraged by my wife, in fact she is the one who applied, I did not want to study it, so she applied and I find myself training" (Participant 6).

4.4.1.3 Category 1.3: Coerced by circumstances

- *Subcategory 1.3.1: Not first choice, upgrade due to knowledge gap*

The circumstances in which the student accoucheurs find themselves, like being placed in departments where the daily nursing activities demand knowledge of the field, available programmes run by hospitals, departmental policies regarding continuous development, and the knowledge gap, made them pursue midwifery. In a study by Zamanzadeh, Valizadeh, Negarandeh, Monadi and Azad (2013: 53) the conclusion was that what motivated men in nursing was the significant others which agrees with the findings in this study, secondly findings revealed that men were motivated by personal and practical motivations. However, it was never their first choice. Correlation of theory and practice was achieved by positive interaction of students with the clinical setting and King`s Theory of Goal attainment played a role in this regard.

“I can` t say that erh is by choice, it`s part of training, I can` t say it`s by choice but its training.” (Participant 3).

“now I am working in casualty , so in casualty we deal with all problems that occurs to, to, to, our communities erh, including those that are related to maternity (cases) which are less than 20 weeks, so that`s why I had to follow this course because we find that most of the time we come across them in casualty and if you do not have the knowledge so you won`t know how to manage them.so that was what made me took the recommendation.” (Participant 5).

- *Subcategory 1.3.2: Pre-requisite of nursing education training policies*

One accoucheur indicated that it took fifteen years for him to apply for midwifery training. He was reluctant because he actually wanted to proceed with other speciality courses in nursing; midwifery was not part of his dreams. Meyer (2012:70) stated that participants in her study indicated they were not given an option of not doing midwifery; some of her participants mentioned that they would have liked to follow a course in psychiatry instead.

“... I did not like it [with low voice], and I only went there after fifteen years my experience erhh because I was erhh I was compelled to do because I won` t do any other courses except doing this first, midwifery as a basic, ya, I won` t do any other

things, like speciality which is compulsory. [Probing] so you still want to do other speciality courses?" (Participant 8).

"Now that the (Provincial) government erhh ... they are saying that erhh if you do not have midwifery, you cannot erh train for this other courses, that is the first one." (Participant 5).

4.4.2 Theme 2: Experiences of student accoucheurs in the clinical area

The student accoucheurs faced more challenges, frustrations, difficulties and overwhelming emotions during their midwifery training compared to their female counterparts. It was mentioned by one accoucheur that the duration of the course seemed inadequate as the course sometimes ends without them being competent yet. Their experiences in the clinical area were both negative and positive. In some cases, though it was scary, it got better and more interesting throughout the course; the accoucheur indicated that he later found the course enjoyable. In the study by Mthombeni and Phaladi-Digamela (2015:56), intrapartum care was the most challenging aspect experienced by student accoucheurs in clinical practice.

4.4.2.1 Category 2.1: Negative experiences regarding their performance in midwifery clinical procedures

- *Subcategory 2.1.1: Clinical procedures*

It took student accoucheurs longer to learn certain skills than their female counterparts, and they found it tough and frustrating. They were psychologically affected but finally had to adjust to the situation. This theme relates to the problem statement that the student accoucheurs took longer to gain skills, like performing PV examinations, during their training. The student accoucheurs interacted with their preceptors, mentors, and female counterparts to achieve competency in midwifery skills and adjustment to the clinical training environment was achieved according to King`s Theory of Goal attainment.

“Erhh procedures like PV examinations?” (Participant 8)

“And I think I take I, I think I take about up to three weeks erhh to know may be what they wanted to ... everything in fact everything psychologically you know you know everything was just tough, ya it was so difficult. One just adjusts himself ...”
(Participant 8)

The student accoucheurs initially experienced PV examinations as shocking. Brunstad, et al. (2015:173) report that the main factors that affected male student midwives in clinical training were midwifery clinical experience; the registered midwives; the students themselves; and the learning area itself. The researcher found that the student accoucheurs in this study did not expect to see what they were faced with. They were thus overwhelmed before finally adjusting and enjoying the practice. Pre-exposure preparation, orientation and continuous clinical accompaniment are necessary to minimise anxiety and frustration among the student accoucheurs during their first exposure to the clinical area.

“When it comes to PV [per vaginal examination] and all that, just that may be when you do the ... [silence] ... for the first time you are shocked, erhh ya but as time went on its like I enjoy it” (Participant 6)

In the study by Mthombeni and Phaladi-Digamela (2015:56), intrapartum care was the most challenging aspect experienced by student accoucheurs in clinical practice. The student accoucheurs reported feeling frustrated working in female-dominated labour wards. There was role conflict on the part of male students, feelings of awkwardness at being exposed to naked women giving birth, lack of student supervision, and unstructured student accompaniment plans. This caused more delays in their training. One participant cited that the experience was really scary and difficult for him.

“Eish! yaa it’s erhh [laugh] it’s a bit difficult, but let me try explain it they I experienced it. Ehhm, honestly it was quiet difficult at first I was, I was really scared, to like ... [laughing] ... the whole erhh ... experience was just scary for me”
(Participant 9)

Participants reported that being exposed to women in the labour room, and being expected to perform PV examinations was a challenge. It was difficult for them to touch

the patients. Meyer (2012:4) indicates that one of her participants revealed his reluctance to perform clinical procedures, and others relayed their discomfort at procedures where there is too much handling of blood and foul smells.

“You feel sometimes uncomfortable even touching them, as times goes by ehmm ... I became used to that” (Participant 1)

“And the I mean examining a woman ehmm it was a bit difficult I do not want to lie, it was the worst experience eh ... laugh” (Participant 1)

Some student accoucheurs reported that they were comfortable performing clinical procedures like PV examinations because they were well prepared and acquired knowledge of the skills. The participants cited that their lecturers taught them the skills, so their experience was comforting and positive. The participants were prepared for clinical exposure before they were placed there, and their self-esteem was raised. This ensured that they had a better experience in their clinical training. A participant explained:

“Ya, vaginal examinations erhh I did not find it difficult because erhh before we go to maternity our tutors they teach us how to do erhh vaginal examinations.”
(Participant 4)

Clinical learning refers to the acquisition of knowledge, skill and values by the students in training in the clinical practice environments (Bruce, et al. 2017:316). Potur and Bilgin (2014:94) mention that clinical training is the most critical part of nursing education; nursing education cannot do without it. The student accoucheurs reported that they had adequate time to practice their skills under the supervision of the registered midwives. The learning environment was reported to be creatively comfortable for the student accoucheurs to learn skills in the labour room. Student accoucheurs had the opportunity to practice their skills after being taught, and supervision was also provided to ensure that they became competent.

“... I kind like took less than two hours for me to get the skill (per vaginal examination) that I. I practiced and practiced even women that coming to latent phase when we have to check so, she also she (registered nurse in the labour room) pressurized us or persuade us to do it (PV examination) instead of her do it

so that we can learn because she already know it so, so she gave a chance to learn, so ya it was good.” (Participant 3)

The female clients in the labour room were reportedly reluctant to be examined by the student accoucheurs initially. This caused the students frustration and embarrassment because they were supposed to learn and master the skill of performing a PV examination. The same finding was reported in a qualitative study conducted in Zimbabwe; the majority of expecting mothers preferred female midwives (Shavai & Chinamasa, 2015:169). The student accoucheurs themselves indicated that because of their age they did not have a problem in performing PV examinations, but they encountered difficulties with clients’ misunderstanding. After offering an explanation, the women in labour would appreciate their assistance.

“Aah in case of that at my age I do not have a problem when examining those but the patient herself at first erhh she won` t understand it as it is but later after you have explained that I have done this and I have found this and this so you are going to come across this stages and this stages, is then that erhh...they become aware that no, this guy is guiding me at the correct way of delivering the baby, so I ... [silence] partially there are problems, but most women do not give me problem during training.” (Participant 5)

Clients from rural areas with a rigid cultural background gave the student accoucheurs difficulties. They undermined the student accoucheurs, saying they are young and they doubted their knowledge. However, in contrary (Madlala, 2017:100) concluded that some pregnant women preferred student accoucheurs because they rendered maternal services better than their female counterparts. This prevented the student accoucheurs from performing procedures, so they were left behind in their practice.

“It was, just difficult when you deal with such people, and when you examine the woman coming from rural are and she says Yoo! [what is this child doing] what is this child going to do to me?” laughing ... Such things you see. Softly laughing ... Yaa it was never a good experience for me, I was always behind with everything, with my procedures for delivery of the woman always.” (Participant 9)

Initially, it was a challenging and frustrating situation where the student accoucheurs had to just guess the findings in performing PV examinations, but it got better with time.

Vaginal delivery was reportedly a scary experience according to the student accoucheurs. Some student accoucheurs could not believe the process of delivery; of the baby and seeing blood, patients groaning and crying with pain. They experienced disbelief, and it was particularly scary when the head was delivered. Some were physiologically affected by the pungent (tangy) odour and felt like vomiting. The noisy clinical environment during delivery was disturbing to the student accoucheurs, making the learning environment difficult to cope with.

“And then ehhm ... with the first case of delivery it was a little bit tangy ehhm ...”
(Participant 1)

“And with delivery of the baby it was scary honestly when the woman delivers a baby for the first time when I see the blood it was very scary. I couldn't believe that a woman can deliver the baby like that, especially when the head comes out and all this internal sometimes you feel like you can vomit ... [laugh]”. (Participant 1)

“it affected us somehow that women in labour are groaning and crying, but that is not what we expected ... silence” (Participant 1)

“When coming to delivery of the baby it was worse, and then you know ... you know ... I feel I I remember I was just shaking, it was just something to me something new something ...” (Participant 8)

“Yes. Erhh just ... also and then until I being doing this really it's not meant for man thing ... It is not for men. Ya” (Participant 8)

The student accoucheurs found handling the new-born babies extremely difficult. They indicated that the babies are slippery, crying, exposed to cold, sticky, and touching the babies was very scary and challenging. One student accoucheur explained that he could not believe this was what accoucheurs had to do, and he believes that midwifery was not meant for men.

When it came to performing procedures like assessing new-born babies, the student accoucheurs thought about their strong hands and strong muscles, so they feared that

they would hurt or injure the baby's head. With instruction, they learned that it was not the case.

"Because sometimes you think ehmm ... when you touch the baby you hurt the baby though it is not really a problem when you hold the baby. It's not like you are hurting them so we were slow there and there" (Participant 1)

One participant indicated that he did not like to be around babies because when they started crying and no one was there to assist him, it was a frustrating experience.

but I like ... but I just don't want to be around babies for a long time, staring to cry, looking for my assistant but and also taking care of the baby, I just do not like that [laughing]." (Participant 9)

Procedures like the delivery of the placenta were not difficult for some student accoucheurs, but for others, it was challenging and this delayed their progress in gaining this skill. One student accoucheur indicated that they were taught in a real situation how to examine the placenta by their lecturers.

"My experience was tough to me especially when coming to procedures, for example, the first time when I was to check, check or to examine the placenta, it was so, it was so, it was so tough, it was so difficult I remember I was even after other students, so that I could not ... I was the last and I was just doing that just because I had to, otherwise it was so, it was not nice, it was not nice." (Participant 8).

- *Subcategory 2.1.2: Not fully competent*

Participants shared that the short duration of the midwifery course is a concern; they complete the course before being competent enough to practice certain skills. Kaphagawani and Useh (2015:22) revealed in their study that nursing students are not adequately prepared for practice during their clinical training. If this is, in fact, the case, it is troubling since this will have a negative impact on the quality of patient care provided in maternity wards, and maternal and child care would be compromised.

“Ahhh the experience ... [silence] on my side eh I can say I had a bad experience, that is just that the course is fast, by the time you realize its short hmm so you, you, finish the course not having may be erh part of the skills” (Participant 6)

- *Subcategory 2.1.3: Minimal clothes in preparation for labour*

The student accoucheurs found it difficult to be exposed to women in labour and they were pushed to work faster by the professional midwives. The experience was challenging for them in the clinical area, but with the support from the registered midwives, they were able to adjust to the clinical environment of being exposed to women in these situations. The student accoucheurs reacted positively to the challenges they found themselves facing in the clinical area and this helped them to adjust easily. Madlala (2017:84) indicated that women also argued that they also felt uncomfortable and embarrassed to be seen naked by student accoucheurs .

“at first it was very difficult eh honestly because when you get there eh being exposed to a woman and then it is always hard for a man,” (Participant 1)

“there and sisters will push us that be quick where we are slow, and it was a little bit difficult experience at first exposure, it was difficult.” (Participant 1)

- *Subcategory 2.1.4: Uncomfortable and negative emotions*

The student accoucheurs described their experience as traumatising, scary, inflicted more anxiety and frustration, fear and very few claimed to have had good experiences. Ha, Kim, Choi and Ahn (2015: 234) in their study revealed that student accoucheurs understood the female psychology during birth, and also they gained a new perspective on women which made them feel pity for their spouses when they have to undergo such pain of birthing process. The procedures like lacerations of the perineum, and the fact that they are sometimes the one to cut the perineum, was traumatising and sometimes even felt impossible to them. The pain experienced by women and the fact that they did not want to do it was traumatising. It was also frustrating to them because even if women were groaning and crying from the pain, they could not apply their knowledge of general nursing science; for instance, they could not give medication to relieve their pain. It is important for the nurse educators and nurse managers to be aware of the student

accoucheurs` discomfort while in maternity clinical areas and encourage students to focus on achievement of learning objectives.

“We did not know about procedures such as lacerations and all this things but then to us when we experience them they traumatize us and then giving us that trauma because they cut the the the the layers and then, to us it comes as something that is not even possible, we have never seen that before” (Participant 1)

“What again traumatized us is to see a woman in pain like that because as our lecturers’ ehm, you never tell us to expect the woman in pain crying like that.” (Participant 1)

The student accoucheurs experienced fear and anxiety that they might make mistakes and the process of labour might go wrong and they would not know how to intervene. Delegation of an experienced midwife as a preceptor on daily basis assist students accoucheurs to obtain their clinical learning objectives. (Setumo, 2013: 77). Dealing with familiar clients was difficult for student accoucheurs. The reason behind this negative experience was that the student accoucheurs were well known to the clients as they lived in the same village. The age factor was another contributory challenge. The student accoucheurs and the women did not differ much with age, so that factor caused some misunderstanding. Student accoucheurs needed more supervision by preceptors for them to achieve clinical learning objectives.

“Ya what erhh ... when we are there you find that I am working in an area where I live, so I, I will be dealing with community members who knows me and who I know, so in some cases you find that erhh, when you are assessing physically, the person whom you know or who knows you, some take the other way round, I am a man she is a woman, of child bearing age, so some at first even though you explained that you are going to do one two three to them, you can see the physical assessment you have to palpate, and so some may not take it the way it is so that is the other problem that we have but, after assessment is then that she may understand, that woo he was doing this because of this”. (Participant 5).

The researcher interpreted the negative experiences of student accoucheurs in the clinical area with regard to clinical procedures as being difficult, scary, shocking initially, uncomfortable, tangy and scary, they feared injuring the baby, and had feelings of

frustration. Some were traumatised by the clinical environment. The study results by Balakrishnan, Sheoran and Bishnoi (2013:9) revealed that male nursing students did not feel comfortable in the obstetrical clinical rotation, and they used different strategies to overcome their discomfort, such as being professional, explaining the procedure to the clients and handing over to their female colleagues. However, Kaur (2017:73) add that men's touch is generally sexualised, so male nurses are very reluctant to touch their female clients.

“Eh for the clinical area the experience ehmm ... at first it was very difficult eh honestly because when you get there eh being exposed to a woman and then it is always hard for a man, you feel sometimes uncomfortable even touching them, as times goes by ehmm ... I became used to that. And then ehmm ... with the first case of delivery it was a little bit tangy ehmm ... because sometimes you think ehmm ... when you touch the baby you hurt the baby though it is not really a problem when you hold the baby. It not like you are hurting them so we were slow there and there and sisters will push us that be quick where we are slow, and it was a little bit difficult experience at first exposure, it was difficult.” (Participant 1)

Meyer (2012:94), Dwinnells (2017:19) and Anderson (2014:143) agree that gender stereotyping was experienced by student accoucheurs in their clinical training.

- *Subcategory 2.1.5: Negative experiences related to staff (authoritative, bully, maternity is like their 'home', "maternity can turn a person into something else")*

Brunstad, et al. (2015:173) report that the main factors that affect male student midwives in clinical training are midwifery clinical experience; the registered midwives; the students themselves and the learning area itself. This category identified in this study supports the statement. The student accoucheurs experienced challenges related to the staff and the environment itself. Student accoucheurs were facing authoritative, bullying staff in their day-to-day clinical exposure, and their patience was provoked.

“But the other thing on the negative experiences the attitude of nurses towards us so you can see that we have got a patient (patience) erh” (Participant 2)

The clinical environment was hostile. One participant mentioned that male nurses ran away from the ward because of the negative attitude of registered midwives. These challenges were faced by both female and male students.

“the attitude of the nurses in maternity can chase away men in maternity, it is the attitude, but if we can change.” (Participant 6)

“It was difficult but for both of us not for only erhh male students no, I do not think so, training was difficult even for the female students” (Participant 6)

The student accoucheurs were shocked at the way the registered midwives treated the patients with negative attitudes, and they felt like intervening but they were frustrated since they could not.

“I got the negative ones some of ... erh1 we got different types of the people that we with, so there was this kind of staff which erh they had negative attitude towards patients so that's where I, I used to feel like I wish erh ... I can intervene” (Participant 2)

Student accoucheurs indicated that not all the staff in the clinical area was negative. Some of the staff treated them well and this affected their clinical training in a good and progressive way. It was mentioned that it was in some personnel's nature to treat students in an appreciative way.

“erh some of the staff members they were treating us well and then others erh I think there it is their lifestyle, erh some of the staff members they were treating us well and then others erh I think there it is their lifestyle,” (Participant 2)

“... ya and I had to be submissive to them (experienced midwives). Of course erhh when the woman is delivering there is an emergency situation, there is a situation where she erhh the the midwife will shout, is not a fight when she is shouting immediately we have to do this, so I have to adjust myself to that and later on when I ask questions how to do this and this, they expect me to do well, they are certain that I am old I cannot err grab things like those young ones. So I did not have a problem there unless erhh those who ... there are those who had attitude, it's everywhere. So, after finding out that this is the attitude of this person so this

means I have to group, I have to regroup and join another group so that is the way I can do". (Participant 5)

The longer the registered midwives stayed in the maternity ward, the more familiar they became and their attitude turned to being authoritative (bully) and rigid; they think they know everything. However Rountree, (2016: 70) and Matlala, (2016: 62) support the study findings by concluding that the attitude of the qualified staff sometimes made clinical training of students difficult. One participant mentioned that the maternity ward itself could adversely change the staff's attitude, especially if they work there long.

"Ahh, maternity you see maternity it's a ward that have got a staff, people that have been working there since, since long[loud] they have got 25 years it is like it has become their home, you get what I am saying, and sometimes ... I am not saying it's always all of them I mean the the the ward erhh the situation is the one that can turn people to something else, I mean it's a home they have been here, they know everything, now they become ... sometimes they are bully but I don't think it's bulliness' as such but it's just that they they have been here, so they talk with authority, you get what I am saying, and some other things that they do that you may not necessarily erhh I mean, like them, you see and its jus that they will carry those ... way of doing things because they have been here. For quite some time you know what I am saying". (Participant 6).

The student accoucheurs found themselves a minority in a female-dominated working environment. They felt lonely, and as if they were invading the females' territory. In her study, Anderson (2014:143) discovered that men experienced social isolation, gender stereotypes and they also had little knowledge of mother-baby content, which posed a barrier to their academic success.

"I was the only male in the ward even there, it was like I was invading their territory, you see. Now there is somebody you can no longer talk everything, ya I mean when he is around, [laughing] ... it is just like that, people will, some will find why is this male nurse here, you know, what is it that is so special about giving erh helping women giving birth, he should be up there with male, male wards doing this other things, you see". (Participant 6)

Young women's expectations puzzled the student accoucheurs; these young women wanted to be examined by female midwives. Due to their lack of understanding in being examined by student accoucheurs, the experience was negative and unpleasant. However, the study by Mthombeni, et al. (2018:8) identified that post-partum mothers preferred the student accoucheurs because they perceived them as caring and sympathetic.

“when you assess especially this erhh, under 18 years, silence ... it is difficult for them to understand ... young women, because you find that she is impregnated by a man who is older than you, or who is of my age, so, when you are palpating her she want something which is not what I am here for.” (Participant 5)

Student accoucheurs were made to feel shy and embarrassed by the reactions that the women showed. When they were accompanied by experienced registered midwives, they felt secure, but they found themselves alone at times. It is mentioned in the study by Potur and Bilgin (2014:101) that in Turkey, since it is primarily populated by Muslims, the attitude of patients in obstetrics is more complicated for cultural reasons than among patients in other disciplines.

“As a male [laugh] like doing a vaginal examination as male is something else especially you will always think for the patient and then with the reaction the patient gives you sometimes you feel a little bit shy and particularly when you are a man you ... you need someone to assist you especially your sisters with you so that they can get you, but then being there alone.” (Participant 1)

The women's reactions were negative towards the student accoucheurs. Young women's expectations shocked the student accoucheurs, but the student accoucheurs maintained their integrity in the process. Student accoucheurs should be well empowered with communication skills so that non-embarrassing and discomfort environment is created during the interaction between the woman giving birth and the student accoucheur, as concluded by Madlala (2017:96) They stood their ground by remaining professional though they were embarrassed by the women's negative reactions.

“and when I am in maternity ward I am mm, I take that people as a patient, I don't take them as erhh my girlfriend or whatever and, I take them as patients, I take as my patients. Yes.” (Participant 4)

One student accoucheur felt that the female students were always ahead of them because they had an idea of delivering babies because they were experienced in women's issues, it was easy for them to learn. The cause of stress in clinical training among student accoucheurs was mainly from working with female patients and being exposed to gender bias (Bodil, et al. 2014:103). In her study on the experiences of male nurses in midwifery clinical training at a regional hospital in the Eastern Cape, Meyer (2012:94) reported that gender partiality and cultural tension was experienced by male student midwives in their clinical training.

“And with that eh, with that thing [yaa gore] of saying eh you`re working with someone from a different gender of yours you know nothing about eh a woman particularly with the baby is being delivered”. (Participant 1)

4.4.2.2 Category 2.2: Positive experiences regarding their performance in midwifery clinical procedures

- *Subcategory 2.2.1: Stimulated to continue working in maternity ward*

Most student accoucheurs enjoyed the exposure to the clinical area during their training. They indicated that it was a good experience, they enjoyed their stay there, had a good relationship with their clients, and they liked all the skills in the clinical area, including the assessment of the new-born and delivery of the baby; even delivering twins. The positive experiences resulted in the student accoucheurs wanting to stay in the maternity ward after their training.

Meyer (2012:93) and Madlala (2017:100) agree with the study findings that some student accoucheurs had a great experience regarding midwifery clinical training, concluded that student accoucheurs were fulfilled in their clinical training as they gained both professional and personal skills. Student accoucheurs treasured the experience of being able to deliver babies.

“... but on the other side then eh! It was very much fine were we can relationship with the patient and then the experience was very good.” (Participant 2)

“I don't think there were skills that I did not like erh because silence ... erh as I am still growing up I need to erh erhh adapt to everything I have to know, so usually I engage myself on all those skills so that I became competent ... but the skill that I love most is the delivery of the baby just to see the new like baby coming to life that is the skill I like” (Participant 2)

The researcher identified that some student accoucheurs found it positive and exciting that the women liked to be taken care of by student accoucheurs, unlike their female counterparts. Madlala (2017:87) also concluded that agreed that it was difficult FOR student accoucheurs to assist Muslim women during child birth because of their cultural belief. However, most student accoucheurs felt confident that they knew their skills and they were equipped by their lecturers; their experiences were thus comfortable and calm.

“What I have experienced or what I am experiencing? Arhh ... I am experiencing erhh there is no difficulties that I am coming across but, in maternity midwife they do have a respect, yes they do have a respect, they take me as other ... student, students, yes they don't say this is the only one they separate him or whatever, they take me as the student like others and I am so proud, yes to be an accoucheur, I hope when I finish this course I will work permanently in maternity and the what do we call that course, advance midwifery.” (Participant 4)

- *Subcategory 2.2.2: Women were free, positive relationships and emotions*

Some women prefer male midwives because they are more attentive and considerate than their counterparts. However, Shavai and Chinamasa (2015:169) reported that the majority of women preferred female midwives. Student accoucheurs indicated that they had positive experiences as their clients related freely in their care; the clients gave the correct information, there was no aggression, and they were happy and comforted by soft (gentle) male voices.

“And some women they they feel free and they I can say they enjoy, they say the voices of males they are soft, erh there is no aggression and so that's where we find when we are working with them it will be nice we won't have any obstacle, she will give you the correct information, dates and, just like that.” (Participant 5)

- *Subcategory 2.2.3: Student accoucheurs maintained their integrity and professionalism*

The student accoucheurs maintained professionalism as their ethical responsibilities and their integrity was not hampered in their clinical exposure to women in the ward. The results of the study by Ross (2017:8) revealed that men feel vulnerable and cautious about providing intimate care to women, as the care may be misinterpreted.

“and when I am in maternity ward I am mm, I take that people as a patient, I don’t take them as my girlfriend or whatever and I take them as patients, I take as my patients. Yes.” (Participant 4).

4.4.3 Theme 3: Support given to student accoucheurs in the clinical area

The clinical environment is an essential and irreplaceable resource in the preparation of students for the nursing profession (Letswalo & Peu, 2015:362). It is a requirement that the clinical environment should be supportive of the students in training. In this study, the student accoucheurs needed to be supported by their female counterparts, experienced midwives, operational and hospital managers, including their lecturers in the clinical area. In the study by Setumo (2013:75), the students indicated that challenges in terms of poor working relationships with the maternity staff made learning difficult for them and it was challenging to explore learning outcomes. Setati (2013:136) agrees that mentoring is perceived as an important tool in the development of students and mentoring is a mutual responsibility between mentors and mentees. The student accoucheurs experienced both positive and negative support from the staff during their clinical training in this study.

4.4.3.1 Category 3.1: Positive support overlap

- *Subcategory 3.1.1: Positive support from female students, experienced midwives, clinical preceptors, nurse managers and peers*

Female students in the same group in their clinical practice were supportive. Student accoucheurs found it easier to engage with their female counterparts and it is supported by Anderson (2014: 154) The female students responded to their requests when they

needed assistance, they gave opportunities and chances to practice the learned skills, and engaged them in their discussion groups.

“as males accoucheurs we are few, so we find that we are working with the other female students, so the support is great, everything if I need something they help me and they give me chance to learn yes, yes as we alternate we give each other a chance [to the skills] yes.” (Participant 3)

“where I experienced the difficulty the difficulty I call them and they respond immediately, sometimes they come without calling them to see what is going on, they give support.” (Participant 4)

“I remember the time when they will call us they did not want to be left behind they will call us to come to the group to participate in the discussion so that we understand,” (Participant 7)

“Yees, they were supportive, very much supportive, like this really it`s as I said, to me it was like a male thing ... just for women, and then though the others, students it`s especially this woman student like no as they group we need to be there, and then they support us so that we can understand, even though, I remember there is this other lady who, used to come to to after school come may be invite us to come to her room so that she can explain and try to support us .. .” (Participant 8)

Most of the participants indicated that their experience during clinical training was a great one. The experienced registered midwives were very supportive of them. The student accoucheurs were welcomed, well orientated on the first day, they were taught procedures and had time to observe the delivery process. The findings in this study was supported by the study conducted by Setumo (2013: 71), that orientation and welcome was conducted and student accoucheurs felt supported and respected by experienced midwives. They were considered as students, they felt they were respected, and student accompaniment was fully given. The support was mainly from the older registered midwives.

“Yes we were supported 100% like the way they were treating us, I think it was the same think it was the same as they were treating the female erhh erhh erhh midwives, they were treating us the same so we felt so welcome.” (Participant 2)

Supervision is another clinical role which the unit manager and the professional nurse should fulfil for the proper training of student nurses (Mathebula, 2016:290; Van Graan & Williams, 2016:281). The student accoucheurs experienced positive support from their clinical preceptors. Time was given to teaching and demonstration of skills, evaluations took place, the clinical accompaniment was available to the students, and one-on-one accompaniment was conducted with the older students. Teachable moments were also conducted by the preceptors, so the support was great.

“Yes we were supported 100% like the way they were treating us, I think it was the same think it was the same as they were treating the female erhh erhh erhh midwives, they were treating us the same so we felt so welcome.” (Participant 2)

The atmosphere should allow the student to be flexible, take risks and develop a sense of trying new behaviours, get feedback and be able to cope with work-related stress (Mothlale, 1999:83).

Support from the managers was positive. The student accoucheurs were encouraged, warmly welcomed and accepted by the managers. Student accoucheurs' confidence was built and they remained motivated to continue their training. Some managers followed-up by telephoning and interacted with them.

“Ok as for the OPMS and the managers we hardly see them because they are also busy with other things ... but the OPMs erhh accepted us in the ward [silence] ... yaa with no pressure, it was a warm welcome.” (Participant 2)

“They wanted to know how do we see the course, and why did we choose the course, it was just sort of interacting and encouragement and doing the follow-ups', sometimes you might just receive a call. How are you ... they will just give you courage.” (Participant 8)

Student accoucheurs received support from other members of the team as well. A few were unsupportive, but generally it was a good experience.

“Yaa peers are very good, peers are very good, yaa they are supportive ... you will have one or two but now is no longer” (Participant 6).

Letswalo and Peu (2015:365) recommend that lecturers should establish a formal accompaniment programme for student teaching and avail themselves so the students are supported and guided to achieve the learning goals. The lecturers accompanied the student accoucheurs and clinical skills, like examining the placenta, were demonstrated in the real ward situation. Learning took place and students were satisfied and felt well supported by their lecturers. Tsele and Muller (2000:32) refer to clinical accompaniment as a formal process of guidance and facilitation by registered midwives in maternity units to ensure the achievements of the clinical outcomes of the learning programme.

“And while we are still there you may find erhh during the time of placenta they would come and teach the placenta holding it practically and erhh analysing it to its membranes and the shape, whether it is incomplete or complete, all this things they would come to the ward to and examine the real placenta.” (Participant 7)

The availability of lecturers in clinical practice is very important to enhance the continuous guidance and support provided to students (Van Graan & Williams, 2016:281). The positive support and continuous guidance student accoucheurs received created a socially and spiritually acceptable environment for better experiences in correlating theory and practice..

4.4.3.2 Category 3.2: Negative support overlap(ambivalence)

- *Subcategory 3.2.1: Negative support from experienced staff, shortage of staff and negative attitudes from clinical preceptors and managers*

There were female students who were unsupportive to the student accoucheurs and the experience was unpleasant for them. The female students hide information from their male counterparts, and they are selfish with information; this contributed to the negative experience of their exposure in the clinical environment. With time, the student accoucheurs adjusted to the environment and training continued. However, Achora (2016: 27) agreed with the study findings by saying that participants were discriminated by their female counterparts as they argued that limited number of males in the nursing profession should be encouraged.

“Ehmm ... [laughing] with the one we are training with ehmm they hide information especially when we ask about the anatomy and physiology of the birth even some of them when they know, they are shy to explain to us ‘gore’ this is(silence)even if they had experience they just want us to experience ahm. Well to see and then err have our own experience. They don’t really share what to with us what to expect Ehmm what to expect” (Participant 1)

Armstrong, et al. (2013:113) state that student placement in the clinical setting has also presented challenges like inadequate clinical teaching, no role models for students, and theory and practice not being integrated. Lack of role models in the clinical area makes the training environment unpleasant for the student accoucheurs. Student accoucheurs indicated that the clinical area is dominated by female midwives and there are few accoucheurs, so they thought it would be better if they were taught and supported by the same gender, as male mentors would better understand their problems than the female midwives. The support from experienced midwives to the student accoucheurs was inadequate.

“Ehhh with with support that we get from clinical area I do not think it is sufficient because of we lack ehmm accoucheur.” (Participant 1)

“In the clinical areas, most of nurses there are females eh are females and then ehmm requesting a, being advised by a someone of a different gender, who have a different gender or with different gender you might think ... they are well adapting because of the opposite gender but coming to be advised by someone with same gender is gonna explain the problem that he phase and erhh gonna understand them clearly. So the challenge that we get with support is that we find female nurses mostly, and they just give us support that according to their experience, according to how they see things based on their gender, because some of the things to them they are not problems, some of the things to them are not new, so with males ehmm it was gonna be better if we have been given support, support been given to us by males because of they had the experience that we are having as student accoucheurs. So in other words I can say the support is not enough or ya is not enough for male accoucheurs ... it is not enough.” (Participant 1)

Insufficient staff and negative attitudes of the staff adversely affected the student accoucheurs in their training. The research finding in the study by Manthata, (2016: 62) agrees with the findings of this study that negative attitudes by experienced midwives

made clinical training of students difficult, attitudes like not willing to teach and supervise students. Student accoucheurs had to take care of patients on their own because the experienced midwives had to execute their daily duties and they were left scared and unsupported. In South Sudan, clinical supervision was mainly the responsibilities of the qualified midwives, which caused problems in the learning and teaching of students due to shortages of nurses, midwives and doctors. The quality of student midwives' training was compromised. The student accoucheurs had to work hard for them to achieve their goals in such circumstances.

“erhh our institutions I think currently are experiencing a lot of erhh challenges of short staffed; there isn't much support as well. Because of erhh, always tell you that they are busy we are busy and we are left alone to learn and to execute task that you are given, during the day,” (Participant 9)

Mthombeni et al. (2018:7) recommend that the community be made aware of male student midwives' presence, their availability and acceptance of male midwives in maternity wards. Emphasis should also be placed on the media to broadcast this information to communities.

The clinical environment mood (climate) almost contributed to one participant quitting the course due to the women shouting from labour pains and the delivery process. The participants could not cope under such conditions. A good clinical facility should be stimulating and possess adequate working resources for learning to take place (Mothlale, 1999:42; Kaphagawani & Useh, 2015:34).

“... I nearly decided to go back when I see the mood there, may be seeing three women delivering, then the other shouting from this side to this side, aish is like I couldn't cope. Laughing” (Participant 5)

The student accoucheurs received no special treatment. The same support was also given to the female counterparts, irrespective of the additional challenges faced by student accoucheurs.

“we were just being treated like normal students were not given a special treatment to say this are the males,” (Participant 9)

The student accoucheurs are adult learners, so the clinical facilitators need to consider the characteristics of adult learners when creating a psychologically safe clinical environment (Quinn & Hughes, 2000:55).

- *Subcategory 3.2.2: Lack of orientation and counselling*

Lack of orientation and counselling were mentioned by student accoucheurs as it contributed to their traumatising experiences during clinical training. They indicated that they were not prepared for procedures like episiotomies, and it would have been a better experience if they had accoucheurs to orientate and counsel them before being exposed. The findings were supported by a study conducted by Setumo, (2014: 71), that orientation of students was partially done were critical aspects pertaining to midwifery practice not attended to, and student accoucheurs find themselves in a frustrating environment and learning is negatively affected.

“it was gonna be ahm as I have said before that it was gonna be better if before we have been exposed to our clinical areas they allocate for us a male nurse or an accoucheur to orientate as males and then to give us counselling because sometimes the experience is traumatizing for us males, so to face that trauma eeh, especially when it comes to procedures, we did not know about procedures such as episiotomies,” (Participant 1)

Student accoucheurs were not well prepared for clinical exposure. The experience would have been much better if they were psychologically prepared about the women in labour crying with pain.

“...because as our lecturers ehm ... you never tell us to expect the woman in pain crying like that” (Participant 1)

4.4.3.3 Category 3.3: Lack of interest by student accoucheurs

- *Subcategory 3.3.1: Student accoucheurs had to repeat the programme*

Student accoucheurs lacked interest in midwifery training. The findings are supported by (Maditjani, 2018: 42) by agreeing that participants showed no commitment in training

during clinical placement, some absented themselves, late arrival at clinical area and some took long breaks. They needed more support from the experienced midwives. Their lack of interest in clinical training delayed their progress, as they had to repeat the programme after others completed the course. The lack of interest by the student accoucheurs created a difficult experience for learning, and more interaction or support was necessary for such students to achieve their goals of being competent in the training programme. Adult learners are responsible to their learning to achieve learning objectives, and preceptors and supervisors should instil self- drive to the student accoucheurs.

“... especially with us male we had less interest ... yaa I have seen that we were three, and all of us we had less interest, of midwifery and we needed more support from our female counterparts.” (Participant 9)

4.4.3.4 Category 3.4: Cultural and religious diversity between patients and student accoucheurs

- *Subcategory 3.4.1: No conflicts*

There were no cultural or religious conflicts experienced in Vhembe District, but in the district of Sekhukhune, the participants indicated that women from rural areas with cultural and religious backgrounds could not understand being examined by young male nurses.

“I never came across any differences we understand each other same culture there is no cultural conflict” (Participant 4)

- *Subcategory 3.4.2: Some conflicts*

Dealing with traditional, rural women gave the student accoucheurs difficultly since the women did not receive their care well; likely because of the student accoucheurs' ages and gender. Few accoucheurs cited issues with cultural diversity and gender differences. Socially the student accoucheurs had to adjust themselves to the environment especially I their reaction to the setup for their goals to be achieved.

“It was, just difficult when you deal with such people, and when you examine the woman coming from rural areas and she says Yoo! “what is this child going to do to me?” [Laughing] (Participant 9).

“the experience in the labour room was a difficult one especially when you work in the rural areas whereby you come across, a lot of women who erhh those are religious, and culturally, having the background of this religion and also culture, they are also cultural, you see,” (Participant 9).

Mthombeni, et al. (2018:1) emphasised that all mothers should be respected by midwives irrespective of their religious and cultural status.

4.5 CONCLUSION

The chapter presented the analysis of data, interpretation of the analysed data and description of the experiences by the student accoucheurs regarding their clinical training. The research findings identified three themes, nine categories and eighteen sub-categories. In Chapter 5, conclusions of the research, limitations and recommendations are presented.

CHAPTER 5

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter will describe the conclusions, limitations and recommendations. The purpose of the study was to explore and describe the experiences of student accoucheurs in Limpopo Province regarding midwifery clinical training, and to make recommendations to improve clinical training for student accoucheurs. The research findings described the experiences of student accoucheurs regarding their midwifery clinical training and thus answered the set objectives and the questions, and recommendations were made based on the findings.

5.1.1 Purpose of the study

The purpose was to explore and describe the experiences of student accoucheurs in Limpopo province regarding their midwifery clinical training.

5.1.2 Research objectives

- **To explore and describe the experiences of student accoucheurs in the midwifery clinical area**

This objective was achieved as the participants were able to share their experiences during their clinical training. Student accoucheurs felt were not yet competent in some skills, certain skills are difficult to attain, performing PV examinations was shocking initially and they were scared, uncomfortable and shy. They also felt uncomfortable when they were taught by tutors how to do PV examinations and deliver a baby. They had both positive and negative experiences related to some clients, positive experiences to an extent that student accoucheurs were motivated to stay in maternity ward after completion of their training and negative experiences related to familiar clients, young women had different expectations, and there were negative reactions from clients when they were

performing PV examinations like reluctance from patients/clients. They also experienced negativity from staff.

- **To explore and describe the support given to student accoucheurs in the clinical area.**

This objective was also achieved as the participants described the support they received from their female counterparts, experienced midwives, their preceptors, lecturers, and their managers as being positive. Some female students were unsupportive. Support from the experienced staff was insufficient due to the shortage of staff and role models, negative attitudes, lack of orientation and counselling. Student accoucheurs also lacked interest in their training. In some instances, support from experienced midwives, preceptors and managers was both positive and negative. Participants relayed that they had support from other peers, their lectures conducted clinical accompaniment, and cultural and religious diversity was among the experiences they came across.

- **To make recommendations from the findings regarding the experiences of student accoucheurs during their midwifery clinical training**

This objective was achieved as recommendations to prospective student accoucheurs, midwifery practice and nursing education were established in terms of how student accoucheurs' training can be enhanced. Debriefing and counselling sessions before and after being exposed to the labour wards are important. English and computer literacy should also be part of the nursing curriculum.

5.3 SUMMARY AND INTERPRETATION OF THE RESEARCH FINDINGS

5.3.1 Theme 1: Prompts to train midwifery

The findings revealed that the student accoucheurs were prompted to train in midwifery by different circumstances which influenced their experiences in the clinical area. Those who were prompted to train based on self-motivation had positive experiences in the clinical area, their motivation was the desire to help the community and to advance their careers in midwifery. Ross (2017:14) states that the reason men come into the nursing

profession is the same as those of women, namely caring, nurturing and helping people. Those who were coerced by circumstances and significant others, had challenging experiences and some had to repeat or were delayed in their midwifery programme.

5.3.2 Theme 2: Experiences of student accoucheurs in the clinical area

Men's touch is sexualised in general, which is why student accoucheurs are reluctant to touch the patients (Kaur, 2017:75). The findings reveal that the student accoucheurs were exposed to both positive and negative experiences in performing procedures in the clinical area. It was difficult in the beginning, but they adjusted after a while through the supported they received in their training programme.

5.3.3 Theme 3: Support given to student accoucheurs in the clinical area

Franklin (2013:40) concludes that the dedicated education unit model and facilitator model enable students to practice skills and procedures in a more supportive environment and achieve the aim of producing critically thinking nurse products. Based on the findings, the student accoucheurs needed more support during their clinical training; more so than their female counterparts because of the estranged environment. They were shocked at the shouting in response to pain, but some were happy to see new-born babies. Dale, et al. (2013:7) agree that students who felt welcomed, included and valued in the ward have improved self-esteem, motivation and self-respect. The support experienced from their female counterparts, experienced midwives, preceptors and lecturers were both positive and negative.

5.4 CONCLUSIONS

It is clear that the student accoucheurs experienced some challenges during their clinical exposure. The findings revealed that both the physical and psychological environment of the maternity ward initially induced fear, frustration, trauma and anxiety, but through the knowledge acquired and the support they received, they adjusted. The findings also revealed that the student accoucheurs felt that one-year duration of the Diploma in Midwifery (SANC R254) was very short and inadequate because they are expected to correlate theory and practice within one year of study. Gender stereotyping is also still a

challenge in nursing as the student accoucheurs found themselves exposed to a female dominating environment during their clinical training.

The student accoucheurs maintained their integrity during clinical training by remaining professional and ethical while taking care of women in labour and puerperium. The positive support from the female students, experienced midwives, preceptors and lecturers – including other peers in maternity wards – assisted the student accoucheurs in gaining their confidence and influenced their progress in acquiring clinical midwifery skills during their clinical training. The clinical training of student accoucheurs requires clinical accompaniment, preferably by other accoucheurs as their role models. Findings revealed that most of the student accoucheurs would not have trained in midwifery if it was not a pre-requisite of the nursing education training policies. Finally, clinical supervision and mentoring of student accoucheurs is a requirement to produce competent accoucheurs. Positive interaction of student accoucheurs with their preceptors, experienced midwives, their female counterparts including proper communication, adaptation and positive reaction of students to the clinical environment played a role in clinical training for competence to be achieved according to Theory of Goal Attainment.

5.5 RECOMMENDATIONS

Based on the findings of the study, the following recommendations are made to improve the training of student accoucheurs during their clinical training.

5.5.1 Recommendations for prospective student accoucheurs

- Together with the general debriefing and counselling session offered to student accoucheurs by lecturers, one-on-one debriefing and counselling programmes should be established after every clinical exposure so that the students have an opportunity to explain their experiences and their fears can be addressed.
- The student accoucheurs should be honest with themselves and faithful when taking care of clients to avoid legal actions being taken against the institutions.
- Student accoucheurs need more time to adjust to the clinical environment and patience and understanding for patients who are in pain are the necessary attributes expected from them.

5.5.2 Recommendations for the nursing education directorate

- The clinical accompaniment programme, with the objectives outlined, should be communicated to the ward before the exposure of student accoucheurs to avoid students performing unplanned procedures.
- The lecturers should support the new student accoucheurs and encourage them so that they can have a positive attitude and stay encouraged that they can also make it in the profession.
- The nursing education directorate should prioritise training more accoucheurs as there are very few accoucheurs in maternity wards; 50/50 intake of students is recommended for the midwifery course to increase the number of role models in maternity wards. The male figure also brings balance and security to patients.
- The course should be extended to at least two years because one year period is too short.
- Computer literacy classes and English classes should be introduced to nursing education as it is done in universities. Students are challenged in using the internet and submitting typed assignments; this will enhance nursing training and improve the nursing product.
- Nursing education should review their policies that midwifery is a pre-requisite because midwifery training really challenges most males. They are only taking the course because they are coerced by those circumstances.

5.5.3 Recommendations for the nursing practice

- The experienced midwives in the ward should exercise patience towards the student accoucheurs, knowing that they are males in a female-dominated area.
- The nursing practice should place registered accoucheurs in the maternity ward to ensure that there are role models for the student accoucheurs in the clinical areas.
- Orientation and in-service education should be presented to doctors about the student accoucheurs to improve working relationships.
- The nursing managers should increase opportunities for accoucheurs to take advanced midwifery courses.
- Before training, student accoucheurs should be exposed to the maternity ward to get used to the environment before their real training starts.

5.6 RECOMMENDATIONS FOR FURTHER STUDY

- The experiences of accoucheurs during their placement in maternity wards should be researched.
- The experiences of registered midwives/preceptors dealing with student accoucheurs, as compared to their female counterparts, should be studied.
- The perception of female patients in labour in the maternity ward towards the care given by accoucheurs should be reviewed.

5.7 LIMITATIONS OF THE STUDY

Initially, it was anticipated that the study would be conducted with nine nursing schools in the five districts in Limpopo Province. However, only five out of the nine accredited nursing schools and three districts out of five responded positively to the researcher's application to collect data. Despite this limitation, the findings can be generalised to other nursing schools.

5.8 CONCLUDING REMARKS

The findings revealed that more student accoucheurs wanted to train in midwifery and they cited more student accoucheurs should come for training; out of the nine participants, seven were happy to train in midwifery. Student accoucheurs had both positive and negative experiences in their clinical training, and the need for support from their female colleagues, managers, experienced midwives and lecturers is high. The Nursing Education Department should review their policies in terms of the number of student accoucheurs and selection criteria for midwifery as a pre-requisite. The nursing practice should specifically understand the student accoucheurs' point of view and provide support during clinical training.

The purpose of the research study was fully explored and the research questions were answered. The one-year midwifery course under regulation R254 is being phased out with other legacy courses, and the new course, namely the Advanced Diploma in Midwifery, will commence in 2020. There is thus no need for the SANC to adjust the duration of the one-year Diploma in Midwifery.

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ANNEXURES

ANNEXURE A: ETHICAL CLEARANCE



RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES

REC-012714-039 (NHERC)

6 December 2017

Dear Mrs Radipere Agnes Kedibone

Decision: Ethics Approval

HSHDC/814/2017

Mrs Radipere Agnes Kedibone

Student No.: 0803-603-9
Supervisor: Dr MG Makua
Qualification: D Litt et Phil
Joint Supervisor:

Name: Mrs Radipere Agnes Kedibone

Proposal: Experiences of student accoucheurs in Limpopo Province regarding midwifery clinical training

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 from 6 December 2017 to 6 December 2019

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on 6 December 2017

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.*



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Pretorius Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
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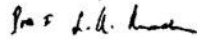
3) The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.

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 JE Maritz
CHAIRPERSON
maritje@unisa.ac.za



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



Prof A Phillips
DEAN COLLEGE OF HUMAN SCIENCES

Approval template 2014

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**ANNEXURE B: APPLICATION FOR CLEARANCE TO CONDUCT A STUDY FROM
DEPARTMENT OF HEALTH LIMPOPO PROVINCE RESEARCH ETHICAL
COMMIITTEE**

18 KEOGH STREET
FLORA PARK
0699
12 FEB 2018

THE HEAD OF DEPARTMENT
DEPARTMENT OF HEALTH
P/BAG X9530
POLOKWANE
0700

Madam/Sir

**RE: APPLICATION FOR CLEARANCE TO CONDUCT A STUDY FROM
DEPARTMENT OF HEALTH LIMPOPO PROVINCE RESEARCH ETHICAL
COMMIITTEE**

Herein, find an application requesting permission to undertake a research study. I am currently registered with the university of South Africa in Masters in Health Sciences(MA in Health Sciences) and undertaking a research study is mandatory in order to complete this master`s degree.

The title of the study is **THE EXPERIENCES OF MALE MIDWIFERY STUDENTS IN CLINICAL TRAINING IN LIMPOPO PROVINCE**. The purpose of this qualitative study is to understand the experiences of male midwifery students in clinical training in Limpopo Province. The participants in the study will involve male midwifery students who are in the clinical area in 2018. Data collection will be individual interviews with the male midwifery students in your hospitals. I request permission to interview the male midwifery students. Consent will be obtained from prospective participants and I pledge to adhere to all the ethical principles as stated in the approved research proposal.

I have attached the following documents to assist you in making a decision:

- A copy of the ethical clearance certificate from the University of South Africa, Department of Health Studies, Research Ethics Committee;
- A copy of the research proposal;
- Information leaflet and consent form
- Interview guide
- In case of more information about the study, you can contact the research study supervisor, Dr M.G Makua from the University of South Africa, at 012 429 6524 or makuamg@unisa.ac.za; or the Chairperson of the University of South Africa, Department of Health Studies, Research Ethics Committee, Prof Maritz, at HSREC@unisa.ac.za

Yours faithfully

Radipere A.K

MA candidate

Student Number: 8036039

(Tel:0766682484 / Email: 08036039@mylife.unisa.ac.za

or radipereagnes@gmail.com)

ANNEXURE C: PERMISSION GRANTED TO CONDUCT THE STUDY



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Enquiries: Stander SS (015 293 6650)

Ref:LP_ 201803007

Radipere AK
UNISA


Greetings,

RE: Experiences of student accoucheurs in Limpopo Province regarding midwifery clinical training

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:-
 - Research must be loaded on the NHRD site (<http://nhrd.hst.org.za>) by the researcher.
 - Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.
 - In the course of your study there should be no action that disrupts the services, or incur any cost on the Department.
 - After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
 - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
 - The above approval is valid for a 3 year period.
 - If the proposal has been amended, a new approval should be sought from the Department of Health.
 - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.


Head of Department


Date

ANNEXURE D: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE HOSPITAL (MATERNITY WARD/NURSING SCHOOL)

18 KEOGH STREET
FLORA PARK
0699
15 MARCH 2018

THE DISTRICT MANAGER
DEPARTMENT OF HEALTH
SEKHUKHUNE DISTRICT
P/BAG X04
CHUENESPOORT
0745

Sir/ Madam

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE HOSPITAL (MATERNITY WARD/NURSING SCHOOL)

Herein, find an application requesting permission to undertake a research study. I am currently registered with the university of South Africa in Masters in Health Sciences(MA in Health Sciences) and undertaking a research study is mandatory in order to complete this master`s degree.

The title of the study is **EXPERIENCES OF STUDENT ACCOUCHEURS IN LIMPOPO PROVINCE REGARDING MIDWIFERY CLINICAL TRAINING**. The purpose of this qualitative study is to understand the experiences of student accoucheurs in clinical training in Limpopo Province. The participants in the study will involve student accoucheurs who are at the nursing schools and in the clinical area in 2018. Data collection will be individual interviews with the student accoucheurs in your hospital nursing school. I request permission to interview the student accoucheurs and to use a private room for the interviews. Consent will be sought from prospective participants and I pledge to adhere to all the ethical principles as stated in the approved research proposal. I have attached the following documents to assist you in making a decision:

- a copy of the ethical clearance certificate from the University of South Africa, Department of Health Studies, Research Ethics Committee;
- a copy of the research proposal;
- information leaflet and consent form
- permission letter from the Department of Health, Limpopo Province

In case of more information about the study, you can contact:

Supervisor: Dr M.G Makua from the University of South Africa, at

Tel: +2712 429 6524

makuamg@unisa.ac.za

Yours faithfully,

Radipere A.K

MA candidate

Student Number: 8036039

(Tel: 0766682484 / Email: 08036039@mylife.unisa.ac.za or radipereagnes@gmail.com)

ANNEXURE E: APPROVAL FOR PERMISSION TO COLLECT DATA



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH SEKHUKHUNE DISTRICT

Ref: 5/3/1
Enq: Mashiane PN
Tel: 0156332352 / 078 126 5414
E-mail: Philistus.Mashiane@dhsd.limpopo.gov.za


Date: 27 August 2018

To: Director: Hospital Services
Chief Executive Officer: Jane Furse Hospital

From: Human Resource Utilization and Capacity Development.

Approval for permission to collect data: Radipere AK, Mrs (University of South Africa)

1. The above matter bears reference.
2. The Head of Department of Health, Limpopo Province has approved a request to conduct research in our institution in respect of **Mrs AK Radipere**; therefore the District Manager for Sekhukhune District give permission to the applicant to visit your institution as he has specified in his individual application letter to collect data.
3. Please take note that the approval for the research is valid for a period of 3 years. Also be informed that the collected data from our institutions will not be used for any other reasons unless for study purposes.
4. During assumption of data collection, **Mrs Radipere Agnes Kedibone** will present herself to your offices, her scope of work and schedule on how she will be visiting your institution. The researcher's visits should not in any way disrupt the rendering of services during collection of data.
5. Hope the matter is found to be clear and understandable.


District Executive Manager
Mrs Maepa ML


Date

Private Bag X04, Chuenespoort 0745 Tel: (015) 633 2300, Fax: (015) 6336487, Website: www.limpopo.gov.za

The heartland of southern Africa – development is about people!

ANNEXURE F: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE HOSPITAL MATERNITY WARD/NURSING SCHOOL

18 KEOGH STREET
FLORA PARK
0699
15 NOVEMBER 2018

THE MANAGER NURSING
PHILADELPHIA HOSPITAL
P.O BOX 1
DENNILTON
0742

Sir/Madam

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE HOSPITAL MATERNITY WARD/NURSING SCHOOL

Herein, find an application requesting permission to undertake a research study. I am currently registered with the university of south Africa in Masters in Health Sciences(MA in Health Sciences) and undertaking a research study is mandatory in order to complete this master`s degree.

The title of the study is **EXPERIENCES OF STUDENT ACCOUCHEURS IN LIMPOPO PROVINCE REGARDING MIDWIFERY CLINICAL TRAINING**. The purpose of this qualitative study is to understand the experiences of student accoucheurs in clinical training in Limpopo Province. The participants in the study will involve student accoucheurs who are at the nursing schools and in the clinical area in 2018. Data collection will be individual interviews with the student accoucheurs in your hospital nursing school. I request permission to interview the student accoucheurs and to use a private room for the interviews. Consent will be sought from prospective participants and I pledge to adhere to all the ethical principles as stated in the approved research proposal. I have attached the following documents to assist you in making a decision:

- a copy of the ethical clearance certificate from the University of South Africa, Department of Health Studies, Research Ethics Committee;
- a copy of the research proposal;
- information leaflet and consent form
- permission letter from the Department of Health, Limpopo Province

In case of more information about the study, you can contact:

Supervisor: Dr M.G Makua from the University of South Africa, at

Tel: +2712 429 6524

makuamg@unisa.ac.za

Yours faithfully

Radipere A.K

MA candidate

Student number: 8036039

(Tel: [0766682484](tel:0766682484) / Email: 08036039@mylife.unisa.ac.za or radipereagnes@gmail.com)

**ANNEXURE G: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE
MATERNITY DEPARTMENT OF THE HOSPITAL**

18 KEOGH STREET
FLORA PARK
0699
14 MARCH 2018

THE MANAGER NURSING
DILOKONG HOSPITAL
P/bag x 9119
DRIEKOP

Sir/ Madam

**RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE MATERNITY
DEPARTMENT OF THE HOSPITAL**

Herein, find an application requesting permission to undertake a research study. I am currently registered with the university of south Africa in Masters in Health Sciences(MA in Health Sciences) and undertaking a research study is mandatory in order to complete this master`s degree.

The title of the study is **EXPERIENCES OF STUDENT ACCOUCHEURS IN LIMPOPO PROVINCE REGARDING MIDWIFERY CLINICAL TRAINING**. The purpose of this qualitative study is to understand the experiences of student accoucheurs in clinical training in Limpopo Province. The participants in the study will involve student accoucheurs who are at the nursing schools and in the clinical area in 2018. Data collection will be individual interviews with the student accoucheurs in your hospital nursing school. I request permission to interview the student accoucheurs and to use a private room for the interviews. Consent will be sought from prospective participants and I pledge to adhere to all the ethical principles as stated in the approved research proposal.

I have attached the following documents to assist you in making a decision:

- a copy of the ethical clearance certificate from the University of South Africa, Department of Health Studies, Research Ethics Committee;
- a copy of the research proposal;
- information leaflet and consent form
- permission letter from the Department of Health, Limpopo Province

In case of more information about the study, you can contact:

Supervisor: Dr M.G Makua from the University of South Africa, at

Tel: +2712 429 6524

makuamg@unisa.ac.za

Yours faithfully,

Radipere A.K

MA candidate

Student number: 8036039

(Tel: 0766682484 / Email: 08036039@mylife.unisa.ac.za or radipereagnes@gmail.com)

**ANNEXURE H: APPROVAL TO CONDUCT RESEARCH IN THE MATERNITY WARD
(DEPARTMENT)**



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
SEKHUKHUNE DISTRICT
DILOKONG HOSPITAL

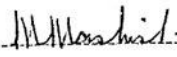
Ref: s5/3
Enq: Mafogo GA
Tel: 013 214 7265

Date: 28.05.2018

Radipere AK
18 Keogh Street
Flora Park
0699

APPROVAL TO CONDUCT RESEARCH IN THE MATERNITY WARD (DEPARTMENT)

1. We acknowledge the receipt of your application received on the 14th May 2018.
2. Kindly be informed that the Chief Executive Officer of Dilokong Hospital has granted you an approval to conduct research in the above mentioned department.
3. You are requested to inform the HRD office about your commencement.
4. Your positive contribution during research will be appreciated.


CHIEF EXECUTIVE OFFICER



28/05/2018
DATE

Dilokong District Hospital, Private Bag X9119, Driekop, 1129
Tel: (013) 214 7265 Fax: (013) 214 7201 Website: <http://www.limpopo.gov.za>

ANNEXURE I: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE HOSPITAL (MATERNITY WARD/NURSING SCHOOL)

18 KEOGH STREET
FLORA PARK
0699
14 MAY 2018

THE DISTRICT MANAGER
CAPRICON DISTRICT
P/bag x X9530
POLOKWANE
0700

Sir/ Madam

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE HOSPITAL (MATERNITY WARD/NURSING SCHOOL)

Herein, find an application requesting permission to undertake a research study. I am currently registered with the university of south Africa in Masters in Health Sciences(MA in Health Sciences) and undertaking a research study is mandatory in order to complete this master`s degree.

The title of the study is **EXPERIENCES OF STUDENT ACCOUCHEURS IN LIMPOPO PROVINCE REGARDING MIDWIFERY CLINICAL TRAINING**. The purpose of this qualitative study is to understand the experiences of student accoucheurs in clinical training in Limpopo Province. The participants in the study will involve student accoucheurs who are at the nursing schools and in the clinical area in 2018. Data collection will be individual interviews with the student accoucheurs in your hospital nursing school. I request permission to interview the student accoucheurs and to use a private room for the interviews. Consent will be sought from prospective participants and I pledge to adhere to all the ethical principles as stated in the approved research proposal.

I have attached the following documents to assist you in making a decision:

- a copy of the ethical clearance certificate from the University of South Africa, Department of Health Studies, Research Ethics Committee;
- a copy of the research proposal;
- information leaflet and consent form
- permission letter from the Department of Health, Limpopo Province

In case of more information about the study, you can contact:

Supervisor: Dr M.G Makua from the University of South Africa, at

Tel: +2712 429 6524

makuamg@unisa.ac.za

Yours faithfully

Radipere A.K

MA candidate

Student number: 8036039

(Tel: 0766682484 / Email: 08036039@mylife.unisa.ac.za or radipereagnes@gmail.com)

**ANNEXURE J: EXPERIENCE OF STUDENTS IN LIMPOPO PROVINCE REGARDING
MIDWIFERY CLINICAL TRAINING**

**DEPARTMENT OF HEALTH
CAPRICORN DISTRICT**

Ref: 4/2/2
Enq: Mokgohloa K.A
Tel: 015 290 9096
Date: 03 August 2018

From: HRD and Training

To: Chief Executive Officer
Seshego Hospital

**RE: EXPERIENCE OF STUDENTS IN LIMPOPO PROVINCE
REGARDING MIDWIFERY CLINICAL TRAINING.**

The above matter refers

This letter serves to inform you that the Head of Department has approved the research project in partial completion of the Masters: Health Sciences Radipere A.K.

She will be there in your Hospital to collect data, conducting interviews and focus group discussion for a period 06 August 2018 to 31 December 2018. Please give her a necessary support.

In the Spirit of Batho Pele, Hope you will find this in order



District Executive Manager

03.08.2018
Date

Private Bag x9530, Polokwane, 0700, 34 Hans Van Rensburg ST, Polokwane 0700
Tel: (015) 290 9000, Fax: (015) 291 3260/1568 Website: <http://www.limpopo.gov.za>

The heartland of Southern Africa – development is about people

**ANNEXURE K: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE
MATERNITY DEPARTMENT OF THE HOSPITAL**

18 KEOGH STREET
FLORA PARK
0699
14 MAY 2018

THE MANAGER NURSING
Seshego hospital
P/bag x 4016
SESHEGO
0742

Sir/Madam

**RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE MATERNITY
DEPARTMENT OF THE HOSPITAL**

Herein, find an application requesting permission to undertake a research study. I am currently registered with the university of south Africa in Masters in Health Sciences(MA in Health Sciences) and undertaking a research study is mandatory in order to complete this master`s degree.

The title of the study is **EXPERIENCES OF STUDENT ACCOUCHEURS IN LIMPOPO PROVINCE REGARDING MIDWIFERY CLINICAL TRAINING**. The purpose of this qualitative study is to understand the experiences of student accoucheurs in clinical training in Limpopo Province. The participants in the study will involve student accoucheurs who are at the nursing schools and in the clinical area in 2018. Data collection will be individual interviews with the student accoucheurs in your hospital nursing school. I request permission to interview the student accoucheurs and to use a private room for the interviews. Consent will be sought from prospective participants and I pledge to adhere to all the ethical principles as stated in the approved research proposal.

I have attached the following documents to assist you in making a decision:

- a copy of the ethical clearance certificate from the University of South Africa, Department of Health Studies, Research Ethics Committee;
- a copy of the research proposal;
- information leaflet and consent form
- permission letter from the Department of Health, Limpopo Province

In case of more information about the study, you can contact:

Supervisor: Dr M.G Makua from the University of South Africa, at

Tel: +2712 429 6524

makuamg@unisa.ac.za

Yours faithfully

Radipere A.K

MA candidate

Student number: 8036039

(Tel: [0766682484](tel:0766682484) / Email: 08036039@mylife.unisa.ac.za or radipereagnes@gmail.com)

ANNEXURE L: PERMISSION TO STUDY THE EXPERIENCE OF STUENTS IN LIMPOPO PROVINCE REGARDING MIDWIFERY CLINICAL TRAINING



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
SESHEGO DISTRICT HOSPITAL

Enq: Mr Moloisi
Tel: 015 223 5141 ext 2317

From: Acting Senior Clinical Manager

To : Radipere AK

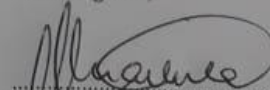
Re: Permission to study the experience of students in Limpopo Province regarding midwifery clinical training

The above matter bears reference

1. The permission to conduct the above study is hereby granted.
2. Kindly be informed that there shouldn't be any disruption in hospital services due to your presence.
3. Your cooperation in these regard will be highly appreciated.

I hope everything is in order

Kind regards,


.....
Acting Senior Clinical Manager

10/09/18
.....
Date

ANNEXURE M: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE HOSPITAL (MATERNITY WARD/NURSING SCHOOL)

18 KEOGH STREET
FLORA PARK
0699
14 MAY 2018

THE DISTRICT MANAGER
VHEMBE DISTRICT
P/BAG X 5009
THOHOYANDOU
0950

Sir/Madam

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE HOSPITAL (MATERNITY WARD/NURSING SCHOOL)

Herein, find an application requesting permission to undertake a research study. I am currently registered with the university of south Africa in Masters in Health Sciences(MA in Health Sciences) and undertaking a research study is mandatory in order to complete this master`s degree.

The title of the study is **EXPERIENCES OF STUDENT ACCOUCHEURS IN LIMPOPO PROVINCE REGARDING MIDWIFERY CLINICAL TRAINING**. The purpose of this qualitative study is to understand the experiences of student accoucheurs in clinical training in Limpopo Province. The participants in the study will involve student accoucheurs who are at the nursing schools and in the clinical area in 2018. Data collection will be individual interviews with the student accoucheurs in your hospital nursing school. I request permission to interview the student accoucheurs and to use a private room for the interviews. Consent will be sought from prospective participants and I pledge to adhere to all the ethical principles as stated in the approved research proposal.

I have attached the following documents to assist you in making a decision:

- a copy of the ethical clearance certificate from the University of South Africa,
- Department of Health Studies, Research Ethics Committee;
- a copy of the research proposal;
- information leaflet and consent form
- permission letter from the Department of Health, Limpopo Province

In case of more information about the study, you can contact:

Supervisor: Dr M.G Makua from the University of South Africa, at

Tel: +2712 429 6524

makuamg@unisa.ac.za

Yours faithfully

Radipere A.K

MA candidate

Student number: 8036039

(Tel:0766682484/ Email: 08036039@mylife.unisa.ac.za or radipereagnes@gmail.com)

ANNEXURE N: PERMISSION TO CONDUCT RESEARCH: THE EXPERIENCES OF STUDENT ACCOUCHEURS IN CLINICAL TRAINING IN LIMPOPO PROVINCE



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HEALTH
VHEMBE DISTRICT**

Ref: S5/6
Enq: Muvuri MME
Date: 05 July 2018

Dear Sir/ Madam:

PERMISSION TO CONDUCT RESEARCH "THE EXPERIENCES OF STUDENT ACCOUCHEURS IN CLINICAL TRAINING IN LIMPOPO PROVINCE" : RADIPERE A.K

1. The above matter bears reference
2. Your letter received on the 05/07/2018 requesting for permission to conduct research in our facilities is hereby acknowledged
3. The District has no objection to your request.
4. Permission is therefore granted for the request to be conducted within Vhembe District.
5. You are however advised to make the necessary arrangements with the facilities concerned.
6. Wishing you success in your research in the Vhembe health facilities.

.....
DISTRICT CHIEF DIRECTOR

6/7/2018
.....
/DATE

Private Bag X5009 THOHOVANDOU 0950
OLD parliamentary Building Tel (015) 962 1000 (Health) (015) 962 4958 (Social Dev) Fax (015) 962 2274/4623
Old Parliamentary Building Tel: (015) 962 1848, (015) 962 1852, (015) 962 1754, (015) 962 1001/2/3/4/5/6 Fax (015) 962 2373, (015) 962 227

ANNEXURE O: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE HOSPITAL (MATERNITY WARD/NURSING SCHOOL)

18 KEOGH STREET
FLORA PARK
0699
14 MAY 2018

THE MANAGER NURSING
SILOAM HOSPITAL
THOHOYANDOU

Sir/Madam

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE HOSPITAL (MATERNITY WARD/NURSING SCHOOL)

Herein, find an application requesting permission to undertake a research study. I am currently registered with the university of south Africa in Masters in Health Sciences(MA in Health Sciences) and undertaking a research study is mandatory in order to complete this master`s degree.

The title of the study is **EXPERIENCES OF STUDENT ACCOUCHEURS IN LIMPOPO PROVINCE REGARDING MIDWIFERY CLINICAL TRAINING**. The purpose of this qualitative study is to understand the experiences of student accoucheurs in clinical training in Limpopo Province. The participants in the study will involve student accoucheurs who are at the nursing schools and in the clinical area in 2018. Data collection will be individual interviews with the student accoucheurs in your hospital nursing school. I request permission to interview the student accoucheurs and to use a private room for the interviews. Consent will be sought from prospective participants and I pledge to adhere to all the ethical principles as stated in the approved research proposal.

I have attached the following documents to assist you in making a decision:

- a copy of the ethical clearance certificate from the University of South Africa,
- Department of Health Studies, Research Ethics Committee;
- a copy of the research proposal;
- information leaflet and consent form
- permission letter from the Department of Health, Limpopo Province

In case of more information about the study, you can contact:

Supervisor: Dr M.G Makua from the University of South Africa, at

Tel: +2712 429 6524

makuamg@unisa.ac.za

Yours faithfully

Radipere A.K

MA candidate

Student number: 8036039

(Tel: [0766682484](tel:0766682484)/ Email: 08036039@mylife.unisa.ac.za or radipereagnes@gmail.com)

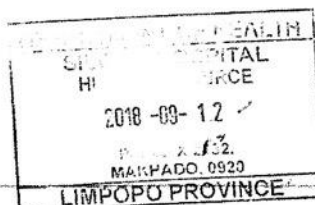
ANNEXURE P: PERMISSION TO CONDUCT RESEARCH: YOURSELF



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HEALTH
SILOAM HOSPITAL**
Confidential

Ref : S4/2/1/1/3
Enq : Mushaphi N.T: HRD
Date : 12 September 2018



To: Radipere A.K

RE: PERMISSION TO CONDUCT RESEARCH: YOURSELF.

1. The above matter refers.
2. The Hospital highly acknowledges the receipt of your letter dated 14/05/2018 regarding the above matter.
3. Kindly note that the institution is granting you permission to come and conduct research in Maternity ward.
4. You are kindly requested to adhere to the conditions as set out in your approval from the Provincial Office.
5. Hoping you will find the above in order


Chief Executive Officer


Date

Private Bag X2432, Makhado, 0920
Tel (015) 973 0004/5/6, 015 973 1447/8, 015 973 1977, 015 973 1892/4/9 Fax (015) 973 0607.

The heartland of Southern Africa – development is about people!

**ANNEXURE Q: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE
MATERNITY DEPARTMENT OF THE HOSPITAL**

18 KEOGH STREET
FLORA PARK
0699
14 May 2018

THE MANAGER NURSING
DONALD FRASER HOSPITAL
THOHOYANDOU
0920

Sir/Madam

**RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN THE MATERNITY
DEPARTMENT OF THE HOSPITAL**

Herein, find an application requesting permission to undertake a research study. I am currently registered with the university of south Africa in Masters in Health Sciences(MA in Health Sciences) and undertaking a research study is mandatory in order to complete this master`s degree.

The title of the study is **EXPERIENCES OF STUDENT ACCOUCHEURS IN LIMPOPO PROVINCE REGARDING MIDWIFERY CLINICAL TRAINING**. The purpose of this qualitative study is to understand the experiences of student accoucheurs in clinical training in Limpopo Province. The participants in the study will involve student accoucheurs who are at the nursing schools and in the clinical area in 2018. Data collection will be individual interviews with the student accoucheurs in your hospital nursing school. I request permission to interview the student accoucheurs and to use a private room for the interviews. Consent will be sought from prospective participants and I pledge to adhere to all the ethical principles as stated in the approved research proposal.

I have attached the following documents to assist you in making a decision:

- a copy of the ethical clearance certificate from the University of South Africa, Department of Health Studies, Research Ethics Committee;
- a copy of the research proposal;
- information leaflet and consent form
- permission letter from the Department of Health, Limpopo Province

In case of more information about the study, you can contact:

Supervisor: Dr M.G Makua from the University of South Africa, at

Tel: +2712 429 6524

Yours faithfully

Radipere A.K

MA candidate

Student number: 8036039

(Tel:0766682484/ Email: 08036039@mylife.unisa.ac.za or radipereagnes@gmail.com)

ANNEXURE R: PERMISSION TO CONDUCT RESEARCH ON EXPERIENCES OF STUDENT ACCOUCHEURS IN LIMPOPO PROVINCE REGARDING MIDWIFERY CLINICAL TRAINING

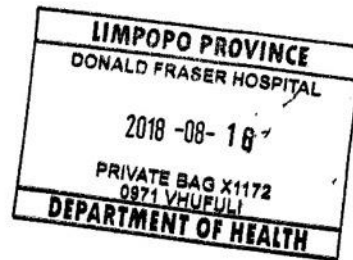


LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HEALTH
DONALD FRASER HOSPITAL**

Ref: 4/2/2
Enquiries: Mphephu VF
Tell no. 072 1880 436
Ext. 9306
10/08/2018

TO: MRS Radipere A.K
18 Keogh Street
Flora Park
0699



RE: Permission to conduct research on experiences of student accoucheurs in Limpopo Province regarding midwifery clinical training.

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
 - Kindly be informed that:- In the course of your study there should be no action that disrupts the services.
 - You are to give report to quality assurance manager of Donald Fraser Hospital after completion of research study at Donald Fraser Hospital.
 - After completion of the study, a copy should be submitted to our institution to serve as a resource.
 - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
 - You are therefore requested to contact nursing administration office number 5, OPD basement for logistic arrangements.
2. Please bring along the following documents:
 - Permission letter granted from department of health.
 - Permission letter granted from educational institution.
 - This letter.

Hoping you will find this in order

SIGNED  Date: 16/08/2018

CHIEF EXECUTIVE OFFICER

Private bag X1172, Vhufuli 0971
Tel: 015 963 1778/9, 015 1783 1791/2 • Fax: 015 963 1773, 015 963 1796
Cell: 083 248 0184

ANNEXURE S: PARTICIPANT INFORMATION LEAFLET

PARTICIPANT INFORMATION LEAFLET

RESEARCHER: RADIPERE A.K, Tel: 0766682484

Email: 08036039@mylife.unisa.ac.za or radipereagnes@gmail.com)

STUDENT NO.: 8036039 is conducting a research on:

TITLE OF THE RESEARCH PROJECT: THE EXPERIENCES OF STUDENT ACCOUCHEURS IN LIMPOPO PROVINCE REGARDING MIDWIFERY CLINICAL TRAINING

SUPERVISOR: DR M.G MAKUA, from the University of South Africa, at 012 429 6524 or makuamg@unisa.ac.za.

This is to invite you to take part in the research project mentioned above. Please take time to read the information as presented, which will explain the details of this project. The purpose of this qualitative study is to explore the challenges experienced by student accoucheurs in the clinical training in Limpopo Province. The aim of the study is to bring forth the experiences of male midwifery clinical training and how to address them. The population will be One-year diploma midwifery R.254 students from the eight accredited nursing schools in the five districts in Limpopo Province. Purposeful sampling of male students of the current year will be the sampled. Individual semi- structured interviews with open ended questions will be asked to the respondents. The researcher will use voice tape recorder to record the all answers from the respondents.

Your participation is voluntary and you are free to decline or withdraw from participation in the study with no one to judge you.

The study has been approved by Ethics Committee of the University of South Africa and the Ethics Committee of the Department of Health, Limpopo province.

Herein find attached the following documents to assist you in making a decision:

- A copy of the ethical clearance certificate from the University of South Africa, Department of Health Studies, Research Ethics Committee;
- A copy of the research proposal;
- Permission letter from the Department of Health, Limpopo Province
- Hereunder find the consent form

ANNEXURE T: CONSENT FORM

CONSENT FORM

- I ----- (name and surname), declare that I am older than 18 years and hereby give permission to participate in the study. The researcher explained to me the purpose and objectives of the study. The title of the study has been explained to me as the experiences of male midwifery students in clinical training in Limpopo province.
- The researcher will interview me for approximately one hour about my experiences during clinical midwifery training. The face to face interview will be audio recorded and it will take place in a private room to maintain privacy and confidentiality. My identity will be kept confidential. No incentive was promised to me. There are no physical risks associated with this study.
- Participation in this study is voluntary, if I feel like withdrawing I can do so with no judgment. The results from the study will be published in the academic journals for midwives.
- If the need arise I can contact the researcher, Mrs K A Radipere at 0766682484 or 08036039@mylife.unisa.ac.za; or the supervisor, Dr M.G Makua of the University of South Africa, Health Sciences Department at 012 429 6524 or makuamg@unisa.ac.za. I can also contact the Chairperson of the University of South Africa, Department of Health Studies, Research Ethics Committee, Prof Maritz, at HSREC@unisa.ac.za
- I have read and understood the consent form, and all my concerns have been addressed. I agree to participate.

Signature of participant

Date

Signature of Investigator

Date

ANNEXURE U: CONFIDENTIALITY AGREEMENT FORM

Confidentiality agreement form

THE EXPERIENCES OF STUDENT ACCOUCHEURS IN LIMPOPO PROVINCE REGARDING MIDWIFERY CLINICAL TRAINING.

I _____ the researcher will keep all the information shared with me confidential by not discussing or sharing the research information in any format with anyone other than the University of South Africa and the Department of Health, Limpopo province.

Signature of researcher

Date

Signature of participants

Date

ANNEXURE V: SEMI-STRUCTURED INTERVIEW GUIDE

SEMI-STRUCTURED INTERVIEW GUIDE

TITLE: EXPERIENCES OF STUDENT ACCOUCHEURS IN LIMPOPO PROVINCE REGARDING MIDWIFERY CLINICAL TRAINING

1. Would you explain your experiences as a student accoucheur in the clinical area regarding the performance of clinical procedures?
2. What prompted you to train to be an accoucheur (male midwife)?
 - Probes
 - positive and negative experiences
 - the performance of clinical skills like vaginal examination, delivering babies, immediate care of the new-born and the third stage of labour
3. Kindly explain the support given to you as a student accoucheur during clinical training.
 - support from fellow female midwifery students
 - support from experienced midwives and managers
 - support from the clinical preceptors
4. What recommendations can be made to midwifery practice and nursing education regarding clinical training of student accoucheurs?

ANNEXURE W: EXAMPLE OF A CONDUCTED INTERVIEW

Interviewer: Radipere Agnes Kedibone

Interview no. : 08

Interviewee: Participant

Interviewer: Researcher

Date of interview: 29/03/2019

Time interview: 14h35

Duration of interview: 17:09

Researcher: Good afternoon

Participant: Good afternoon

Researcher: I am Ms Radipere A.K, a student from University of South Africa studying Masters in Health Sciences. The tittle of the research is the experiences of student accoucheurs in Limpopo Province regarding midwifery clinical training. I have questions to ask you, and you have the right to withdraw from participating if need so. The interview might take thirty minutes to an hour.

Participant: Yes we can go on.

Researcher: What prompted you to train as a student accoucheur?

Participant:

Erhh I did this, I did this erhh course because from the beginning I did not like the course, evenI did not like it [with low voice] , and I only went there after fifteen years my experience erhh because I was erhh I was compelled to do because I won`t do any other courses except doing this first, midwifery as a basic, ya, I won`t do any other things, like speciality which is compulsory.

Researcher: [Probing] so you still want to do other speciality courses?.

Participant: Yes.

Researcher: [Probing] but you could not do it because of this midwifery?.

Participant: Yes. I had to do this.

Researcher: Would you explain your experience as a student accoucheur during your clinical training?

Participant:

My experience was tough to me especially when coming to procedures, for example the first time when I was to check, check or to examine the placenta, it was so, it was so, it was so tough, it was so difficult I remember I was even after

other students, so that I could not ... I was the last and I was just doing that just because I had to, otherwise it was so , it was not nice , it was not nice.

Researcher:

[Probing] ya and you mention a procedure like the examination of the placenta, and then what about other procedures?

Participant:

Other procedures?, after the presentation may be the day after we have to go and observe, erhh ...silence... after taught how to to to deliver the the the baby, and progressing of the baby[labour] from erhh , erhh , what you call it erhh , first stage until the last stage it was , when coming to delivery of the baby it was worse, and then you know..., you know.., I feel I I remember I was just shaking, it was just something to me something new something ... yes. Erhh just... also and then until I being doing this really it`s not meant for man thing .It was meant not for man thing. ... It is not meant for men. Ya.

Participant:

Erhh procedures like PV examinations? And I think I take I , I think I take about up to three weeks erhh to know may be to what what what they wanted to...everything in fact everything psychologically you know you know everything was just tough, ya it was so difficult. One just adjusts himself...

Researcher: [Probing] so I am interested, how did you go about assessing the new-borns?

Participant:

Assessment assessing the new-borns was not difficult, assessing, firstly receiving assessing, diagnosing whatever, and you come across, that was not a problem until, no that one was not a problem. [Probing] ya you did not have a problem with new-borns? Erhh assessment of the baby.... Erhh no no.

Researcher: So, would you explain the support that you got from other female students that you had in your group.

Participant:

Yees, they were supportive, very much supportive, like this really it`s as I said, to me it was like a male thing...just for women, and then though the others, students it`s especially this woman student like no as they group we need to be there, and then they support us so that we can understand, even though, I remember there is this other lady who, used to come to to after school come may be invite us to come to her room so that she can explain and try to support, us, counselling

sort of, so that ya... ... to hold on hold on until we, can even see feel what was expected.

Researcher: And then what about what can you say about the support you got from the experienced midwives that were in the ward?

Participant:

Yes... the old ones like the the this the aged ones, they were the one who support us the most, a , they even take their time so that we can to explain, there are those who can may be organise spot teaching time for us, special for this male nurses, and when we get chance may be during your lunch time or maybe you are off, come night duty , just for an hour , when there are no patients so that we can teach you how to examine the PV how to do this how to do this. The most aged ones.

Researcher: Did you find support from Managers, Operational Managers and the other Managers of the hospital?

Participant: Yes, yes.

Researcher: [probing] how did they support you?

Participant:

They wanted to know how do we see the course, a and why did we choose the course, it was just sort of interacting and encouragement and doing the follow-ups', sometimes you might just receive a call. How are you? Like Ms xxxxx how you are xxxxx how are you coping? Are you coping? May be one day you just heard a message from the principal, erhh CEO... They will just give you courage courage. You must just keep on.

Researcher: What can you say about those who are still coming after you?

Participant:

yaa they should come is that especially erhh erh this I want to say I want to to talk about this male midwives and not the four year course, I think they need to come because they need this just to go like myself wanted to to to proceed with the studies like specialty, post- basic other post basic they have to do it. I just want to encourage them to. Even though I know most of them whoever I meet this one is difficult, but there are those who have to come this coming June, now you see they are having this problem. But others who are , those I met sometimes ago after coming to this then they feel they can go and recruit others, that they come and do the course.

Researcher: And recommendations tosilence....erhh what recommendations can be made to the nursing practice as a whole?

Participant:

Ahh [loud]...for the students or.... For the students erhh may be I do not understand the question? I like to see .may be erhh, erhh so that, .. I like to them supportive, I like to see them supported, may be erhh given time, to adjust themselves, another recommendation I think may be erhh erhh what do you call this , erhh erhh what is this, erh special courses that they go there, when they midwifery, they go there for pre-exposure. I recommend exposure, so that they see and another thing in other institution where there are not doing the exposure. Now days we are encountering this problem of shortage , and sending one to exposure really for three months it's a loss, and I think maybe they should be exposed , to to the units , to units in their entire respective institution so that they can erhh you know, get used to whatever there, and that is bit of practica and as nurse are ...registered nurses are there they will I think maybe that is why they should come for training.

Researcher:

What recommendations can be made to the nursing education, nursing education department the one that sent students and those that are making policies what is it that you can recommend?

Participant:

I think may be the itself need to be extended, it does not work, I think to me I don't think , I think, to me, it needs to be eighteen months, I think the period should be extended. ..may be to add more educators, more nurse educators, ... so the course itself is difficult , it needs time, especially for this midwife students , arhh I mean not this young ones, most of the people are old, they need time, time , not.... Even time to to get what... to understand, and must especially for that one who did bridging course, may be, may be six seven years back. Now he has to come for midwifery training, then... [Laughing softly] really... so extension and time, and erhh and in when erhh we go to education, , erhh the school itself then, with two lecturers, one has to to do... they are divided into three, one must do the baby, the one has to do this, the other one has to do administration, And must especially for that one who did bridging course, may be , may be six seven years back. Now he has to come for midwifery training, then... [Laughing softly] really....so extension and time, and erhh and in when erhh we go to education, ,

erhh the school itself then, with two lecturers, one has to do... they are divided into three, one

must do administration, really for them... but only two. Most us us some it's just gives problem, one has to do this outcome based though it is difficult.

Researcher: [probing] so, in fact you are reminding me that, as you were still in the clinical practice, where you supported by your lecturers?

Participant:

Ahh not that much that is one of the most worried me that...really this erhh student accompaniment, ahh eeee, [shaking the head sideways]... no, no, no....

Researcher: [Probing] what might be the cause?

Participant:

May be due to the work load, repeat, when we go to practica side, it can be work, erh...erhh...they need to erh...the work that was done , may be the test need to be corrected, preparation of the next block, and there are these lecturing in between, erhh teachers, lecturers need to be prepared.

Researcher: [Probing] you say they must increase lectures,

Participant: yes.

Researcher: And what can you say about other professionals in the ward? ... [Silence]... Where you getting support from them?

Participant:

Ya but they do majority they would say ya, how can you really do this course? There is... some of... you just do this for compulsory ya... you are compelled to do that. Ya, other will just ask how can you really, can you really yarhh...

Researcher: Is there any other thing that you might want to say?

Participant:

Erhh... I don't know what I can say talk about increase of they must increase the educators. And then student accompaniments need to be there because at some stage you might find that the experienced ones erhh do not have time for students and you find that may be the the students are delivering the patient alone with no experienced midwife and if may be there are problems ... [silence]...

Researcher: Thank you for your participation and your time. I hope the information you gave will be of benefit to the study.

Participant: Thank you.

ANNEXURE X: LETTER FROM THE LANGUAGE EDITOR

Between lines editing

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26 June 2019

To whom it may concern:

I hereby confirm that I have edited the thesis of RADIPERE AGNES KEDIBONE, entitled: "EXPERIENCES OF STUDENT ACCOUCHEURS IN LIMPOPO PROVINCE REGARDING MIDWIFERY CLINICAL TRAINING". Any amendments introduced by the author or supervisor hereafter, is not covered by this confirmation. The author ultimately decided whether to accept or decline any recommendations made by the editor, and it remains the author's responsibility at all times to confirm the accuracy and originality of the completed work.

Leatitia Romero

(Electronically sent – no signature)

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SATI: South African Translators' Institute (1003002)
 SSEP: Society for Editors and Proofreaders (15687)
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ANNEXURE Y: TURNITIN ORIGINALITY REPORT

Originality Report

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