STORYTELLING: AN INNOVATIVE EDUCATIONAL PACKAGE FOR TEACHING MIDWIVES IN UGANDA

by

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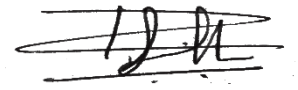
DECLARATION

I declare that **STORYTELLING: AN INNOVATIVE EDUCATIONAL PACKAGE FOR TEACHING MIDWIVES IN UGANDA** 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 confirm that this work has not been submitted before for any other degree at any other institution.

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



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ABSTRACT

Transformation and innovation have become especially important in nursing and midwifery education. Educators in this area need various pedagogical approaches beyond traditional strategies of teaching and learning to meet tomorrow's health care delivery system challenges. The purpose of this study was to explore and describe the use of storytelling as an innovative educational package for teaching midwives.

Phase I subphase 1 includes an integrative literature review used to explore and describe the meaning of the concept 'storytelling' as a teaching strategy in midwifery education. Phase I subphase 2 explores the experiences of midwives in managing midwifery health care by analysing their reflective essays on incidents in their midwifery practice. A qualitative research approach using an interpretative phenomenology design was used, drawing on convenient sampling of fifteen (15) reflective essays from Phase I subphase 2. The participants were all final year midwifery students who had already learnt how to write reflective essays for their clinical case studies using the Gibbs Model of Reflection from learning by doing.

Phase II developed four stories which had emerged from the four major themes of the reflective essays using Thaddeus and Maine's Three Delay Model. The four themes are: delay in seeking care, delay in reaching health care, delay in receiving care, and no delays.

Phase III validated the stories for accuracy, and for application as a teaching strategy with midwifery education experts.

In Phase IV, the findings of both Phases I and II, were integrated. Four contextual real-life stories were analysed and from these an educational package using storytelling as an innovative teaching strategy for teaching midwives was developed. Field experts validated the storytelling package which provides step-by-step instructions for preparing midwifery educators for storytelling classroom sessions.

Recommendations are provided for nursing and midwifery educators, the management of the nursing education institutions, other stakeholders such as the Uganda Nursing and Midwifery Council (UNMC) and government, on the inclusion of this innovative teaching strategy in the curriculum and training methods of academic and clinical courses.

Key concepts

Abnormal incidents, educational package, innovative teaching strategy, midwife, midwifery incidents, normal incidents, nurse educators, reflective essays, reflective learning, reflective practice, storytelling, Uganda Nurses and Midwives Council.

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DEDICATION

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LIST OF ABBREVIATIONS

AKU-SoNaM	Aga Khan University School of Nursing and Midwifery
DIC	Disseminated Intravascular Coagulopathy
EN-RN	Enrolled Nurse to Registered Nurse
EmNOC	Emergency Obstetrics and Neonatal Care
EPMM	Ending Preventable Maternal Mortality
HSHDC	Health Science Higher Degree Committee
ICM	International Confederation of Midwives
IPA	Interpretative Phenomenological Analysis
IU	International Units
MDG	Millennium Development Goals
MMR	Maternal Mortality Rate
MoES	Ministry of Education and Sports
MoH	Ministry of Health
NARC	National HIV/AIDS and Research Committee
NGO	Non-Governmental Organisation
PhD	Doctor of Philosophy
Post RM-BSc M	Post Registered Midwives
Post RN-BSc M	Conversion from Registered Nurse (Diploma Nurse) to Bachelor of Science in Nursing
Post RN-BSc N	Conversion from Registered Midwifery (Diploma in Midwifery) to Bachelor of Science of Midwifery
R	Participant
SDG	Sustainable Development Goals
TBA	Traditional Birth Attenders
UNCST	Uganda National Council of Science and Technology
UNISA	University of South Africa
UNMC	Uganda Nurses and Midwives Council
WHO	World Health Organization

CHAPTER 1

ORIENTATION TO THE STUDY

"We have three ears to listen with, two on the sides of our head and one in our heart."
(Palacios, Salem, Hodge, Albarrán, Anaebere & Hayes-Bautista 2015:346)

1.1 INTRODUCTION

Storytelling has been in reality since the first existence of humans. Every individual's life is composed of interesting incidents narrated in the form of stories. The sharing of any life incidents or events is one of the normal forms of communication among human beings. According to Yaghoubi and Shaeri (2019:1), the philosophy and mindset of humanity can be studied through the extent and value of its stories. Individuals reflect their stories based on their own feelings and express their lived experiences in their own style, which is influenced by the place they live in, and people they are connected to.

Fischer (2019:2) states that after his first storytelling/lecture experiment, 81% of the students strongly agreed that they remember information from the storytelling format longer than from a didactic lecture. Of the students surveyed, 97% strongly agreed that "Storytelling is an effective way to manage of caregiver role strain". Gould (2017:41) explained that midwifery has historically been a spoken culture, where knowledge generation arose through the narration or 'storytelling' related to incidents and experiences rather than through scientific data.

The nursing and midwifery profession is of global importance (Attenborough & Abbott 2020:1). It is the backbone of health care systems, playing a key role in patient care outcomes. Phillips, Bassell and Fillmore (2017:7) indicated that nurses are the largest portion of the health care profession and need effective education to prepare them for future challenges. The quality of nursing education is important to meet the required transformation in providing quality care. Nursing and midwifery educators need to transform their traditional methods to innovative student-centred pedagogical approaches to address the complex needs of the advancing health care delivery system in promoting their critical thinking skills, reasoning, and leadership styles.

Storytelling is an innovative teaching strategy that enables nursing and midwifery educators to think beyond the traditional methods of teaching, and adopt a tool aimed at preparing the student midwives to meet the holistic care needs in the 21st century.

Grady and Bell's (2021:139) study evidenced critical thinking in a medication storytelling assignment that produced qualitative results from nursing students. The storytelling assignment brought to life, in a creative and meaningful way, understanding of how the drug pharmacokinetics interrelated with the patient condition.

Stories connect us with others and help us find meaning in our personal and collective experiences. Midwifery students from the Aga Khan University School of Nursing and Midwifery (AKU-SoNaM) used to submit reflective essays on their experiences in caring for their assigned patient, in their weekly clinical portfolio. This initiative was introduced during the first-year nursing and midwifery curriculum. The classroom clinical post-conference discussed the reflective experience of what, why, and how a situation could, or should, be prevented. By sharing reflections, students were able to realise the uniqueness of each pregnancy. For example, a mother who had a normal delivery for her first child and the same mother narrating the story of how she delivered her second child through caesarean section due to prolonged labour process. Each woman experiences labour differently, and the birth experience varies with each labour. Sharing the different stories of mothers' experiences assist students to recall the nature, cause, delay, prevention and management of mothers during labour. Use of stories may help students to connect in a more meaningful way and apply it to their professional life (Kromka & Goodboy 2019:42).

Midwifery educators should be encouraged to value more highly the sharing of experiences via storytelling as a tool to meet the day-to-day challenges of midwifery practice (Gould 2017:44). Limited research in nursing and midwifery education, or in higher education in general, have been conducted on assessing the importance of storytelling pedagogies in the educational setting. The researcher, throughout her 17 years as a midwifery lecturer, herself experienced value from reflective storytelling. They enabled her to learn from, and appreciate, a variety of situations when students, during their clinical post-conferences, reflected on their individual experiences in managing a mother during birth. Horton-Deutsch and Sherwood (2017:35) describe a variety of examples of storytelling as a means of transforming education, improving outcomes, and enriching nursing practice. Telling stories may finally validate the oral traditions of women-centred midwifery practice.

1.2 BACKGROUND INFORMATION ABOUT THE RESEARCH PROBLEM

Storytelling is an influential strategy for teaching midwives' good communication during their practice. Fitzpatrick (2021:324) indicates that storytelling in nursing is significant in educating new nurses, enriching professional practice, and developing the values that strengthen the discipline's

perspectives that guide research. Using storytelling as one of the teaching methods can promote active learning.

The researcher noticed while teaching midwifery to bachelor's degree (BScM) students, the engagement and learning in class were high during discussion of the World Health Organization's (WHO) (2007:n.p) Safe Motherhood documentary: "How Mrs X Died". The documentary reports on the circumstances that contributed to the death of a mother (Mrs X) during childbirth. In end-of-session oral and written evaluations, students performed very well in answering multiple-choice and short-answer questions on this topic. Midwifery students also realised that although the story did not necessarily apply to their current situation at the time, they learnt from it. It assisted in critical thinking skills needed when assessing and managing the avoidable causes leading to maternal morbidity.

Mothers' and women's stories are considered a crucial factor in ensuring respectful maternity care and in building a professional commitment to women-centred care (Noya, Oguro & Horiuchi 2022:8). Inculcating critical thinking skills in midwifery practice is very important in decision making and enhancement of interest in learning. Students encourage each other and challenge each other's discussions and reasoning. These students were already practising nurses and midwives, admitted to progress from diploma to bachelor's degree in midwifery, The researcher noticed that sharing stories in the classroom gave them an opportunity to share their critical experiences, and discuss various interventions for better outcomes during pregnancy.

Medical students often perceive pharmacology as a complex course. Bano, De Beer, Omer and Rawas (2020:1) incorporated theme-based storytelling as a teaching strategy into a clinical pharmacology course. Findings indicated that the theme-based storytelling provided a distinctive, unanticipated, and pleasing experience for students. Timpani, Sweet and Siversten (2021:8) showed that storytelling activities increase compassion, improve personal knowledge, reduce misunderstandings, help in managing complex emotions, enhance confidence, and promote a more caring approach.

Arts-based learning activities are valuable in engaging students, enabling the facilitator to actively engage in the students' experience and to offer feedback on their development (Timpani et al 2021:8). The sharing of critical incident examples includes asking students to discuss their experience of managing patients and may assist in evaluating them critically and reflect on their experiences. Sharing such personal experiences allows the listeners to think creatively and further than their own experiences, to analyse the situation, and to develop innovative ways of problem solving in real-life situations. Using storytelling to understand the perspectives of nurses

and midwives on the provision of compassionate care can be highly valuable (Murray & Tuquiri 2020:3).

Garcia (2018:201) suggested that student performance in the direct teaching session reflects on how well the teacher engaged them in the storytelling classroom session. Learning becomes more interesting and fun when students are presented with stories to which they can relate. Students can put themselves in someone else's shoes and seek solutions and alternatives to the problems narrated in the stories. Stories shared by others illustrate how they managed and overcame situations, possibly differently from the listener, and encouraged them to think critically. Sharing the human experiences of everyday happenings is powerful. Listening to and sharing stories provide the opportunity for dialogue and the reflection of hope, as well as the courage to explore and grow (Murray & Tuquiri 2020:3).

1.2.1 Contextual background

This section outlines the advancement of midwifery education and training in the Ugandan context.

1.2.1.1 Nursing education system in Uganda

"We have been chosen, chosen by God, chosen to be Nurses, the Holy People, To Love and Serve." (Nurses Anthem, Uganda).

Klopper and Uys (2013:361) cite Scovia, Rose and Speciosa in Sigma Theta Tau International (chapter 22:361-382) where they describe the establishment of the nursing education system in Uganda. It was aligned to that by Florence Nightingale. Dr Albert Cook along with his wife, Mrs Katherine Cook, started imitated the idea of training young women from southern and central regions of Uganda in local language (Luganda) in the year 1919, to conduct labour and care of mothers and babies. This initiative was brought along after having observed high rates of maternal deaths during their period of stay in Uganda at Mengo Hospital. The first formal midwifery training then started in the years 1919 to 1920 in the form of a one-year midwifery training course at Mengo Hospital, Kampala, Uganda (Klopper & Uys 2013:450-451).

The United Nations Department of Economic and Social Affairs, Population Division, estimated the Ugandan population as 45.7 million in 2020, and forecasted that it will grow to 52.2 million people by 2025. The Ministry of Health's (MoH) national strategic plan makes provision for health care services that are based on a decentralised health system, with integrated district and health sub-district levels. Nurses and midwives play a key role in the delivery of such services in Uganda.

They are regarded as front-line health care workers and constitute about 80% of the health care workforce (Munabi-Babigumira, Nabudere, Asiimwe, Fretheim & Sandberg 2019:655). Two-thirds of nursing and midwifery training institutions are governmental institutions and one-third belong to non-governmental organisations (NGOs).

Nursing and midwifery qualifications in Uganda can be obtained through various routes. Initial entry into midwifery requires a two-and-a-half-year certificate course enabling enrolment as either a nurse or midwife. Both these categories allow for the independent practice of maternal health care (Telfer, Zaslow, Nabirye and Mbalinda 2021:103-145). After two years of practice, 20% of certificate level nurses upgrade to the diploma level which results in placing them in a higher income bracket and offering prospects for promotion (Uganda Nurses and Midwives Council [UNMC] 1996:s2). Moving to advanced practice in nursing and midwifery requires a bachelor's nursing degree. This degree programme started in 1993 in Uganda. The Ugandan Ministry of Health (MoH), Ministry of Education and Sports (MoES), and the Uganda Nurses and Midwives Council (UNMC) register and control the training programmes for certificate, diploma and degree nurses and midwives. The UNMC (1996:s2), governed by the Nurses and Midwives Act (1996) oversees the quality of nursing services by regulating standards in the profession proactively and supervising registrations and enrolment of nurses and midwives.

1.2.1.2 Nursing service

The Ugandan health care workforce faces many challenges, including a shortage of personnel, the lack of a skilled workforce, poor distribution of staff and resources, and poor working conditions. The shortage of nurses and midwives is of major concern. The nurse/midwife to patient ratio of 6:100,000 illustrates the general shortage of health workers in Uganda. The WHO recommendation is 2.5:1000, showing that health workforce density inversely correlates with maternal and neonatal mortality in Uganda. (Kumakech, Anathan, Udho, Auma, Atuhaire, Nsubuga & Ahaisibwe 2020:52).

The Ugandan health system functions on a decentralised referral system (Uganda Bureau of Statistics 2015). Dowhaniuk (2021:2) outlined the operation of Uganda health units offered by the Uganda Ministry of Health (MoH) as follows: A Village Health Team (VHT) that manages basic health interventions within local communities and villages is often the patient's first point of contact within the health system. A Health Centre II (HCII) serves a population of around 5,000, offering preventive, promotive and outpatient curative services and emergency maternal deliveries. A Health Centre III (HCIII) serves a population of around 20,000 and, besides the HCII services, provides inpatient, maternal and laboratory services. A Health Centre IV (HCIV) serves 100,000 people and, in addition to HCIII services, provides emergency surgery, blood transfusions,

laboratory services and the supervision of HCII and HCIII. General hospitals serve an area of about 500,000 people and, along with HCIVs, provides more comprehensive services in various other areas such as obstetrics and gynaecology, paediatrics, surgery, family medicine and X-rays. Regional referral hospitals serve about 2,000,000 people. They provide specialised services including pathology, dentistry, ophthalmology, ear, nose and throat (ENT), orthopaedics, anaesthesia, psychiatry, and community medicine. These hospitals have specialists, train nurses, a blood bank, do basic and applied research and provide engineering services to facilities in its health zone. National referral hospitals cover ten million people and offer more comprehensive and advanced services than regional hospitals. These include advanced diagnostic services, such as MRI and CT scans. Training is also provided to specialists, pharmacists, dental surgeons, and graduate nurses. National hospitals also conduct advanced clinical research.

Within this structure, only 27% of women's sexual, reproductive, maternal and new-born health needs are currently being met in Uganda (Kemp, Bannon, Mwanja & Tebuseeke 2018:83). Another major challenge is the unequal distribution of services throughout the country.

In 2015, UNICEF set for Uganda a country-specific Maternal Mortality Rate (MMR) target of 211 per 100,000 live births by 2017. In 2016, estimates suggested an MMR of 336 per 100,000 live births by 2017 for Uganda (Namagembe, Kiwanuka, Byamugisha, Ononge, Beyeza-Kashesya, Kaye, Moffett, Aiken & Nakimuli 2022:490). The term MMR is defined as the number of maternal deaths per 100,000 live births due to causes related to pregnancy, or within 42 days of termination of pregnancy regardless of the location or duration of pregnancy. Death may be due to causes related to, or aggravated by, pregnancy or its management, but not from unintentional or associated causes (WHO, UNICEF, UNFPA, World Bank & UNDP 2019).

Ending Preventable Maternal Mortality (EPMM) continues to be one of the world's most critical maternal health care challenges and forms part of United Nations Sustainable Development Goals (SDG), Goal 3 (WHO 2015:82). The goal aims at ensuring good health and well-being at all ages (3.1 subsection of SDG 3). The 2030 target is to reduce the global maternal mortality ratio to less than 70 per 100,000 live births (WHO 2021b:2). The EPMM WHO target, part of Goal 3, also specifies that no country should have an MMR greater than 140 per 100,000 live births.

Consistent progress in reducing Ugandan maternal deaths has been made, with an average decrease in the maternal mortality ratio of 3% per year between 1990 to 2015. It is estimated that as 1 in 50 maternal deaths worldwide occur in Uganda, however, in 2016 Ugandan estimates suggested an MMR of 336 per 100,000 live births, which represents an improvement from 438 per 100,000 live births in the decade between 2006-2016 (Namagembe et al 2022:490). The State of the World's Midwifery Report (2021) highlights that the unmet needs for nurses and midwives

are up to 55 percent in Kenya, 26 percent in Tanzania, and 73 percent in Uganda (Ndirangu, Sarki, Mbekenga & Edwards 2021:2). One of the major concerns and challenges in the Ugandan health system is the shortage of nurses and midwives.

The WHO recommendation of 2.5:1000 indicates how the ratio inversely correlates with the maternal and neonatal mortality in Uganda (WHO 2006:n.p). The WHO approximations that the world will need an additional nine (9) million nurses and midwives by the year 2030 for all countries to achieve the Sustainable Development Goal 3 on health and well-being. According to the State of the World's Midwifery Report (2021) (Nove, Ten Hoope-Bender, Boyce, Bar-Zeev, De Bernis, Lal, Matthews, Mekuria & Homer 2021:1), the global midwifery workforce currently is at 1.9 million, about two-thirds of what is required.

1.2.1.3 Aga Khan University School of Nursing and Midwifery (AKU-SoNaM), Uganda

Uganda started a training school for nurses and midwives in 2002. The Aga Khan University School of Nursing and Midwifery (AKU-SoNaM), East Africa, Uganda campus, was established. Nursing and midwifery programmes that were designed to raise the standard of care and professionalism across the health sector in the country, are offered at AKU-SoNaM. The programmes focus on strengthening health systems and contributing to an overall improvement in the health status of the population by improving and enhancing nursing and midwifery skills and the quality of health care and strengthening the leadership amongst nurses and midwives. AKU-SoNaM provides an innovative curricular approach that enables practicing nurses and midwives to study towards a degree while being active in practice. The following transition programmes are currently offered at AKU-SoNaM:

- Certificate Nurse to Diploma in Nursing (Enrolled Nurse to Registered Nurse (EN-RN). This entails two years of part-time work-study.
- Registered Nurse to Bachelor of Science in Nursing (Post RN-BScN).
- Registered Midwife to Bachelor of Science in Midwifery (Post RM-BScM).

The transition from RN to BScN or RM to BScM is a two-and-a-half-year programme designed to advance nursing and midwifery skills and promote professionalism to ensure a high quality of patient care (Aga Khan University School of Nursing and Midwifery [AKU-SoNaM] 2022).

As nursing and midwifery education progresses, more qualified educators are required, and more innovative strategies are needed to attract and stimulate adult learners. New and creative teaching strategies are essential for Bachelor's degree nurses and midwives, who are actively involved in complex decision-making, to easily adjust to the different health sectors of the Uganda

Health Care Delivery System. The researcher, based on her personal experience in teaching midwives using the WHO stories of Mrs X, wanted to use the storytelling pedagogy as an approach to enabling midwives to gain new competencies, help them think critically about real-life health issues and act realistically in saving lives.

1.3 RESEARCH PROBLEM

Nurse and midwife shortages remain a major concern for health services. The nurses/midwives to patient ratio of 6:100,000 compared to that of the WHO (2.5:1000) illustrates the general shortage of health worker density inversely correlates with maternal and neonatal mortality rates in Uganda (Kumakech et al 2020:52). Kemp, Shaw, Nanjego and Mondeh (2018:1) mentioned that well-skilled, competent midwifery personnel is required to meet the needs of the population, yet Ugandan student midwives often undergo poor-quality education. With the assistance of the UK Royal College of Midwives the Ugandan Nurses and Midwives Council designed a system of mentorship for Ugandan midwifery training to address this gap. Currently there are no midwifery educational standards or professional development requirements in place in East Africa (Edwards, Hellen & Brownie 2018:75). In a twenty-first century education system, midwifery educators must transform their educational skills beyond traditional methods in order to facilitate optimal student learning of new competencies (Phillips et al 2017:8).

According to the WHO (2021a:17), “health and care workers faced severe challenges in responding to the COVID-19 pandemic, including overburdening, inadequate personal protective equipment, risk of infection and death, quarantine, social discrimination and attacks, and the dual responsibility to care for friends and family. The detrimental effect on mental health has been severe”. As a response to COVID-19, the need for enabling the environments that supported improved service delivery by midwives and nurses, was reinforced. The State of the World’s Midwifery Report (2021) highlighted that COVID-19 impacted many activities in 2020 and 2021, including midwifery education and practice (United Nations Population Fund (UNFPA) 2021:21). Lockdowns caused significant disruption in meeting health needs. Midwifery education, similar to other health professions, was disrupted. Teaching moved online and there was limited access to clinical placements and direct patient care. Acting upon the global pandemic has brought forward the need for innovative, resilient, and effective methods of education for midwives and nurses (WHO 2021a:8).

Ironside and Wonder (2017:223-224) describe the teaching of students on how to make a qualitative distinction between different patients’ responses to health and illness as requiring intense study and exploration or depth. Storytelling sessions in classrooms can provide

opportunities for educators and students to appreciate multiple perspectives in response to prompts.

The modern profession of midwifery is relatively new and has borrowed heavily from medicine and other health professionals (Gould 2017:42). A midwifery lecturer (Gould 2017) from the United Kingdom (UK), described the use of storytelling approaches as a strategy for the formal development of midwifery practice, education and research as very relevant and recommended that it be explored in further research. Midwifery practice has an oral culture which influences the developments in practice. Therefore, narrations should be encouraged to enable midwives to share their clinical practice experience via storytelling. In doing so, the best practices, which need to be studied to validate the oral tradition at the heart of midwifery practice, can be preserved. Stories help nursing students to focus on and visualise issues, to better understand their role in care of the patients, as well as their contribution to the general health care. Teaching through a story allows the listener to imagine the environment and associate with the given situation. Stories make it easy to remember facts. Silver (2001:51) first started using storytelling techniques to teach traditional birth attendants in the rural villages of Uganda about the main reasons for death of women in childbirth. This author used a song to teach the birth attendants about dangers during childbirth. Following is an excerpt of the song:

“If their eyes are pale, and they’re feeling very weak
To the hospital, to the hospital
If their hips are small, and they’re looking pretty thin
To the hospital, to the hospital.”

Traditional birth attendants (TBAs) working in the isolated rural district of Pallisa in eastern Uganda can identify the major causes of death in women in childbirth such as anaemia, cephalopelvic disproportion (from intergenerational malnutrition) and malaria. It facilitates early detection of problems and referral to a more adequately staffed and equipped facility. The Pallisa community has used the same methodology to address other causes of infant and maternal illness and often preventable death. Stories make things easier to remember. With the above simply story song, the TBAs learned the information, understood the way, and made local health care easier for the community. Such realistic narrative songs can decrease morbidity and mortality from infectious diseases such as measles, acute respiratory infections, malnutrition and dehydration.

Akrim (2021:66) used the Quranic storytelling approach as an educational model to teach religious values in Indonesia. He found that Quranic stories helped to improve the behaviour of

children after each storytelling session and enhanced the understanding of religious and ethical values.

Stories, as a way of teaching, have been a part of society since the beginning of human communication (Landrum, Brakke & McCarthy 2019:247). Evidence from the Integrated Literature Review (Chapter 3) of this study is used to explore and describe the meaning of the concept of storytelling as a teaching strategy in midwifery education. The researcher feels it is important to study the use of storytelling as a significant teaching strategy to teach midwives. Furthermore, it may assist the students to understand both normal and abnormal midwifery incidents and to manage them effectively to promote safe motherhood.

The Phase II study participants were final year bachelor's students (BScM) who had already covered the concepts of normal midwifery in year one, and who had entered obstetric emergencies and their management in their final year. Under obstetric emergencies, postpartum haemorrhage is one of the leading preventable causes of MMR with 343 deaths per 100,000 live births in Uganda (Okungu, Marshal & Janine 2019:233). The researcher wanted to capture contextual, experiential reflective stories in managing a pregnant mother with postpartum haemorrhage, and its leading causes, prevention and management from the Phase II study participants. Inclusion of such realistic stories of postpartum haemorrhage is a crucial component of meeting the SDGs.

Nursing literature has numerous examples of how storytelling is used in educational practice and research (Fitzpatrick 2018:60). The researcher felt that using such realistic stories from Phase II reflective essays would be a powerful way of providing information leading to learning. The reflective essays narrated by the study participants are from their actual life experience as a midwife, managing a mother with an obstetric emergency. Such reflective stories can enable others to gain more insight. Relating information from actual events and the experiences of people allows for better retention. Garmston (2018:5) explained that stories are uniquely effective because they stimulate neurological changes that increase empathy; they personalise presentation content, which connects the audience and presenter; they open the intuitive knowledge of an audience, and they tap the resources of the unconscious mind. The researcher felt that this way of learning engages the students and allows for an enjoyable classroom learning experience. Discussions that arise from probing questions promote critical thinking and further guide learning and the application of their knowledge in their daily midwifery practice setting. Ingram (2021:337) stated that storytelling links the world of patients, family members, health professionals, health systems, policy makers, communities, and different cultures and traditions to find a shared understanding of experiences that match their expectations and improve the lived experience of rendering and receiving patient-centred health care.

In our daily life, during a normal conversation we have all shared our experiences with others through stories, or through looking at photos or illustrations of an events. Similarly, in midwifery training, the student can learn from reading textbooks, lectures, simulation, clinical practice, videos, audio recordings, discussions, debates, role-plays, clinical portfolios, and clinical pre- and post-conferences. However, the real-life stories are the ones that are best captured, remembered, retained, and applied. Storytelling in nursing education has been used successfully and effectively where the concept of caring for patients with mental health illnesses is taught (Rodríguez-Almagro, Prado-Laguna, Hernández-Martínez, Monzón-Ferrer, Muñoz-Camargo & Martín-Lopez 2021:694; Gurney, MacPhee, Howard & Rodney 2020:1).

In a study on storytelling by patients in an Intensive Care Unit (ICU), the following themes regarding positive thinking about how nurses experience their work, were identified: perspective taking, emphasising the value of caring, offering positive closure, stimulating team belonging, and creating a sense of hope. Ingram (2021:336) found that student midwives also realise the importance of listening to a mother's voice, regardless of nationality or cultural background. The outcome of developing an innovative educational package on storytelling using contextual reflective essays will provide the midwifery educators with a tool guiding them on how to use storytelling as a strategy for teaching midwifery students. It is this intention that motivated the researcher to research questions to which it is endeavoured to find answers.

Based on the discussion provided above, the following research question was posed to guide the study:

- How can storytelling be used as a teaching strategy for midwifery students?

To address the research question, the purpose and objectives for the study emerged.

1.4 PURPOSE AND OBJECTIVES OF THE STUDY

The purpose of the study was to explore and describe the use of storytelling as an innovative teaching strategy in order to develop an educational package for teaching midwives in Uganda.

The research was guided by the following objectives:

- explore and describe the meaning of the concept storytelling as a teaching strategy in midwifery education

- explore the experiences of midwives in managing midwifery health care by analysing their reflective essays on incidents in midwifery practice
- develop stories from the reflective essays to be used in the development of an innovative teaching strategy
- validate the stories with midwifery education experts for accuracy and application as a teaching strategy
- develop an educational package on storytelling as an innovative teaching strategy for teaching midwives

1.5 SIGNIFICANCE OF THE STUDY

Storytelling is a natural and organic aspect of adult education as it taps into the experience of the student. To build a science of nursing and midwifery education, research is needed that provides empirical evidence of the efficacy and effectiveness of diverse approaches to teaching and learning. Empirical knowledge alone is not sufficient. Storytelling is a useful tool to help facilitate the process of understanding in clinical midwifery situations and events. Hearing stories of actual life experiences serves as an effective tool for cultivating students (Noya et al 2022:8). Stories play a very significant role are very important to understand the complex health care system. The best place for this to occur is relate when student return from clinical placements. Sharing more significant clinical stories impacts the student learning environment, which needs to be emphasised during curriculum revision by the Ministry of education department. In the near future, more evidence-based research needs to be conducted in the different fields of midwifery care and practice using realistic stories and its impact on safe motherhood and the community which could in turn influence the policy makers at the Ministry of Health. Contributions made by researchers could play a key role in meeting the clinical learning standards and continuing health and medical education of the staff in providing quality care towards achieving SDGs by 2030.

Midwifery educators require pedagogical approaches beyond traditional methods to facilitate student learning of new competencies to practise in a complex health care environment (Phillips et al 2017:7-17). An important aspect in teaching midwifery is emergency cases. These emergency cases often require extensive teaching and understanding to ensure that students are prepared for the complex health care they will have to render. Exploring the experiences of midwives in managing midwifery health care incidents through reflective essays will enable the researcher to develop an innovative education package using storytelling as a pedagogy in teaching midwives. It will also demonstrate how it has the potential to influence the students' approach in professional practice. If students are taught through storytelling how to manage various midwifery health care incidents, they would also be comfortable in using storytelling for other general nursing and midwifery programmes

To meet the challenges of a rapidly changing health care system, midwifery educators are rethinking conventional approaches to education to develop new pedagogies that offer new ways of thinking about and using current approaches. Using storytelling may help to provide an effective way of getting students to apply their skills and understand the theoretical knowledge to real life-situations. Stories are a powerful way to connect with the experience of care and can inform practice change. Murray and Tuqiri (2020:4) mentioned that stories from the heart carry weight and create connections in ways that survey responses, directives and policy cannot. Midwifery educators need to be informed of the value of using storytelling as one of the teaching strategies in their current teaching practice.

Using a story-based learning model as a part of the theory generation process, may influence the current midwifery teaching and learning environment in delivering quality education. Developing an innovative teaching strategy on storytelling for teaching midwives in Uganda, and emphasising the benefits of this strategy, may help midwifery educators to recognise the importance of the phenomenon and its influence on the students' learning and therefore on the provision of a quality education.

1.6 DEFINITIONS OF KEY TERMS

The conceptual definitions are the key concepts relating to the research study inquiry topic. The concepts listed below were identified in the purpose of the study and inform the development of an educational package on storytelling as an innovative teaching strategy for teaching midwives.

1.6.1 Storytelling

Historically, storytelling is an ancient art and has been a way to pass on knowledge between generations to maintain an understanding of culture and beliefs (Ryan 2017:105). Storytelling plays a crucial role in the innovation process, from the initiation of innovative ideas through to their implementation, and the wide promotion of past and present innovations (Sergeeva & Trifilova 2018:490). Research suggests that learning through storytelling is more retrievable and memorable compared with learning through lectures, because students "remembered the facts from the stories" (Kromka & Goodboy 2019:24). In this study, the researcher is interested in developing storytelling as an innovative educational package for teaching nursing and midwifery students. The intent is to develop a storytelling educational package with instructions to educators on how to develop more of these packages for use in the classroom. Educators using storytelling strategies in the classroom will help the students undergo a reflective process on their own

professional experiences in order for them to relate to the educator's story. This will help to capture the students' interest in the course content.

1.6.2 The story

Stories have been a part of humanity since the beginning of human communication and have been used for learning extensively (Landrum et al 2019:247). "Story – written, spoken and shared is a powerful way of contextualising health and illness in a wider landscape of human values and interests and, as a form of enchantment in the face of scientific rationalisation, a human necessity" (Forman 2020:1).

In this study, the stories will mean the realistic stories developed from Phase I subphase 2 study participants' reflective essays. The purpose of including those realistic contextual stories is that they relate to the topic of postpartum haemorrhage – one of the leading causes of obstetric emergencies. Such inclusion of a reflected contextual story will help the student learn and relate to the incident, the preventable causes, and the management of postpartum haemorrhage, and can serve as a memorable learning experience.

1.6.3 The innovative teaching strategy

The COVID-19 pandemic has forced educational institutions to adapt and innovate their educational strategies. Nyoni, Fichardt and Botma (2022:2) introduced the innovation of boot camps as a strategy. These camps positively influenced the teaching and learning in the clinical field at a particular nursing education institution which highlighted the need for further research over a longer period to determine the long-term effect of using such innovative educational strategies.

The researcher is of the notion that in the current teaching and learning environment, with new emerging diseases and challenges in the health care, educators must be creative in making the learning environment more engaging and relevant for students. This research sets out to develop storytelling as an innovative educational package for teaching midwives about one of the leading conditions resulting in obstetric emergencies, postpartum haemorrhage, a preventable cause of maternal death. Globally, middle- and low-income countries face numerous challenges in managing such a preventable leading cause of MMR.

1.6.4 The educational package

It is the researcher's intention in this study to develop storytelling as an innovative educational package and to guide midwifery and nursing educators on its application as a teaching strategy in their classroom. For the purpose of this research, the researcher captured and included the Phase I subphase 2 study participants' realistic contextual stories of postpartum haemorrhage mothers to make the learning more realistic. The educational package is also intended to aid with formulating critical thought-provoking discussion questions to ensure quality midwifery care practice in promoting safe motherhood. The target is to assist Uganda in the achievement of the WHO SDG Goal 3, by 2030. Developing a user-friendly educational package with a step-by-step instruction guide will enable midwifery and nursing educators to apply it without any special training skills.

1.6.5 The midwife

A midwife is defined by the International Confederation of Midwives (ICM) (2017:n.p) as follows: "A midwife is a person who has successfully completed a midwifery education programme that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards of Midwifery Education, and is recognised in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery."

According to the Uganda Nurses and Midwives Council (UNMC) (1996:s23), a "midwife" means a person who is trained and qualified in the promotion of health, the prevention of disease and the care of the sick and who is registered or enrolled under section 23.

1.6.6 Reflective learning

Reflective learning is a learning approach adopted by education institutions, including nursing education institutions, to assist students in learning to adapt in a fast-paced dynamic health environment (Naicker & Van Rensburg 2018:2). Reflection is beneficial in supporting learning from experience, developing critical thinking, enabling integration of theory and practice and in the generation of knowledge in practice (Sweet, Bass, Sidebotham, Fenwick & Graham 2019:120). This type of learning may enhance student/teacher engagement as they learn from each other. In the context of this study, reflective learning refers to exploring the experiences of midwives in managing midwifery health care incidents through reflective essays, and the

development of educational package using the contextual reflective stories as an innovative teaching strategy for teaching midwives to promote reflective learning.

1.6.7 Reflective practice

Reflective practice is a key component of professional development and can be used as an educational strategy (Persson, Kvist & Ekelin 2018:73). Reflective practice entails learning through daily experiences and forms an integral part of undergraduate and postgraduate higher education midwifery programmes (Wain 2017:662). Reflective practice is based on different components, which include the deepening of one's understanding of self, of others, and the situation, focusing on cognitive, emotional, and behavioural aspects and connection between past, present and future (Karnieli-Miller 2020:2166). Reflective practice assists the nurse or midwife in critical thinking while caring for a diverse patient population from diverse backgrounds.

In this study, the contextual reflective stories were used as an innovative learning strategy in teaching various midwifery health conditions while teaching midwives and encouraging engaged student learning in the classroom. Reflective practice includes exploring and asking questions and analysing an experience in relation to three different aspects – cognitive, affective and behavioural (Karnieli-Miller 2020:2167). The researcher is of the view that reflecting through the use of realistic contextual stories helps in exploring what the midwifery student knows, and what the midwife wants to know more about regarding the situation that has occurred.

1.6.8 Reflective essay

Reflection is promoted as a learning strategy fostering professional maturity through critical analysis of one's experiences and is essential for development (O'Brien & Graham 2020:1). Reflective essays promote an understanding of why we should reflect and what the reflection is trying to do. In this study, the Phase I subphase 2 study participants are reflecting on their experience of the situation that occurred when managing a mother with one of the midwifery conditions. They reflect on actions taken, their feelings and how they managed the situation, or how they could have managed it differently, and on the way forward. Such reflective essays have huge benefits in the learning environment. Reflection is generally viewed as a positive process of learning (Steven, Wilson, Trurunen, Vizcaya-Moreno, Azimirad, Kakurel, Porras, Tella, Pérez-Cañaveras, Sasso & Aleo 2020:59).

1.6.9 Midwifery incidents

In this study, the midwifery incidents mean the situation which focuses on the state in which the midwife receives the pregnant mother and their joint experiences related to the care provided by for the mother, by the midwife, at their current health care facility.

1.6.10 Normal incidents and abnormal incidents

In this study, the normal incident refers to the care provided to the pregnant mother who delivered normally at health facility under the supervision of a registered midwife. Abnormal incident refers to the condition leading to any deviation by the pregnant mother, from the normal labour process, presenting an abnormal labour process leading to obstetric emergencies risking the lives of the mother and baby, or both, at the community or at health care facility.

1.6.11 Nurse educators

Nurse educators, in this study, are professional Registered Nurse (RN) or Registered Midwife (RM) who are trained, and qualified person registered with the UNMC with a valid licence status as RN, and who have completed the bachelor's and master's degree in nursing and who educate and train the bachelors nurses and midwives.

1.7 OVERVIEW OF RESEARCH DESIGN AND METHODOLOGY

A qualitative research approach using an interpretive phenomenology design was used. In this chapter, a brief overview of the research methodology is provided. In Chapter 2 a detailed explanation of the research approach and design is discussed.

1.7.1 Research approach and design

According to Creswell and Poth (2018:8), qualitative research is a systematic subjective approach used to describe and give meaning to life experiences and situations (Grove, Gray & Burns 2018:36). In this study, the reflective essays of the participants were analysed, meaning of the words were searched and a midwifery description of the experiences were provided, which promoted a richer understanding of the events.

The research question and purpose of the study guides the decision about which qualitative approach to use. In this study an interpretive phenomenological approach was used. The purpose of phenomenological research is to provide a thorough description of lived experiences. The researcher then interprets the explanation provided by the participants. Reflection is a way for them to share their experiences of a situation. In 1988, Graham Gibbs first described his Gibbs

Reflective Model (Adeani, Febriani & Syafryadin 2020:143). The Gibbs Model of Reflection comprises six stages covering: description, feelings, evaluation, analysis, conclusion and action plan (Adeani et al 2020:144). It helps the students to think about how they dealt with the various past midwifery health care incidents.

The intention of this research is to apply a story-based learning model blending content and process to enable learning the management of midwifery health care incidents using experienced contextual stories provided by the Phase I subphase 2 participants' reflective essays. The validated stories were used to develop an innovative teaching strategy for teaching midwives. This included a facilitator's guide and an evaluation tool for the storytelling sessions. It was felt that engaging this method could facilitate the construction of insightful, interpretative accounts of experiences in managing a pregnant mother, and that it could improve the understanding of managing various midwifery health care incidents in health care settings. Table 1.1 summarises the research methods discussed in detail in Chapter 2.

Table 1.1 Summary of the research methods

Phase	Objectives	Population/data source	Sampling method	Data collection	Data analysis	Rigour
Phase I	Subphase 1 Objective 1 To explore and describe the meaning of the concept storytelling in midwifery education Subphase 2 Objective 2 To explore the experiences of midwives in managing midwifery health care incidents through reflective essays	Database includes CINAHL, DOAJ, EBSCO Health source, Education source, ProQuest, PubMed, Science Direct, Scopus Academia education Sample: Final year midwifery students	CASP (2018) criteria for qualitative studies Quality assessment tool for quantitative study Convenience sampling	Integrative literature review Phase I Subphase 2 Objective 2 Reflective essays	PRISMA Thematic analysis (IPA)	Whittemore and Knafi (2005) (methodological rigour for integrative literature review Credibility Dependability Confirmability Transferability Authenticity
Phase II	Objective 3 To develop stories from the reflective essays be used in	Reflective essays from Phase I consented study participants	Convenience sampling	Phase I Reflective essays	Four different stories from the Phase I reflective essays identified using WHO 3 Delay Model	Credibility Dependability Confirmability Transferability Authenticity

Phase	Objectives	Population/data source	Sampling method	Data collection	Data analysis	Rigour
	the development of an innovative teaching strategy.					
Phase III	Objective 4 To validate the stories with midwifery education experts for accuracy and application as a teaching strategy	Sample: Three experienced midwifery educators	Convenience sampling	Integration of data from Phase I themes from the reflective essays	Heidegger's Hermeneutics circle approach	Credibility Dependability Confirmability Transferability Authenticity
Phase IV	Objective 5 To develop an educational package on storytelling as an innovative teaching strategy for teaching midwives	Data from the Phases I to III	Convenience sampling	Theoretical approach using (adult learning theory model)	Thematic approach	Credibility Dependability Confirmability Transferability Authenticity

1.8 ETHICAL CONSIDERATIONS

The Belmont Report (2016) described three basic ethical principles: the principle of respect of persons, beneficence, and justice. Ethical research is vital for generating sound empirical knowledge for evidence-based practice (Grove et al 2018:95). Elements of ethical research are: (1) protection of human rights (2) understanding informed consent (3) understanding institutional review of research, and (4) examining the balance of benefit and risks in a study (Grove et al 2018:95). Alase (2017:17) stated that in qualitative research it is imperative and ethically important that an Interpretive Phenomenological Analysis (IPA) study is cognisant of the right and privacy of the individuals participating in the study.

Serious ethical problems in research misconduct have increased over the past 20 years and include incidents of fabrication, falsification, or plagiarism in the process of conducting and reporting research in nursing and other health care settings (Grove et al 2018:95). Ethical research is essential for generating sound empirical knowledge for evidence-based practice. This research adheres to the guided ethical principles for research.

A detailed section of the ethical consideration is provided in Chapter 2. This study was approved by the Department of Health Studies Higher Degrees Committee at the University of South Africa (UNISA) (Annexure A) and by the National HIV/AIDS and Research Committee (NARC), Uganda (Annexure B1). Final institutional approval was requested (Annexure B1) and obtained from the National Ethical Review Board, Uganda National Council of Science and Technology (UNCST) (Annexure B2). Study site permission was requested and obtained from the Dean, Aga Khan University College of Nursing and Midwifery, East Africa (Annexure C).

1.9 SCOPE OF THE STUDY

This research explored the experiences of midwifery through reflective essays and developed stories to inform midwifery education in Uganda. Storytelling is under-used in nursing and midwifery practice and education (Lee, Fawcett & Demarco 2016:58-60). This research therefore endeavoured to investigate the utilisation of stories as one of the innovative teaching strategies in midwifery education to enhance practice and promote future efforts to research and publish more studies on this phenomenon.

1.10 STRUCTURE OF THE THESIS

This thesis comprises the following chapters:

Chapter 1: Orientation to the study

This chapter orients the study and introduces the background information on the research problem on which the study focused. The contextual background is described, and the objectives and purpose of the study are stated. The significance of the study is emphasised and key concepts relating to the purpose of the study are defined. A brief introduction of the research design and methods and of the research setting is highlighted. After reviewing the aspects of ethical consideration and trustworthiness, the chapter concludes with the scope of the study.

Chapter 2: Research design and methodology

This chapter comprises a detailed explanation of the research design, approach and the methods adopted in this study. It includes the theoretical foundation of the study, the study population, sampling, data collection, data analysis and measures to ensure trustworthiness and ethical consideration.

Chapter 3: Integrative literature review Phase I subphase 1

Chapter 3 provides integrated evidence from the literature review aiding the exploration and description of the meaning of the concept of storytelling as a strategy for teaching in midwifery education. The literature synthesis was also used to develop an education package using storytelling as a classroom tool.

Chapter 4: Phase I subphase 2 findings: Exploration of midwives' experiences through reflective essays

This chapter presents the exploration of the experiences of the midwives in managing midwifery health care incidents through their reflective essays.

Chapter 5: Phase II: Story development and Phase III: Story validation

This chapter on story development and validation presents the research findings of the data analysis, presentation, and data discussion of Phase I findings. It assisted in developing stories from the Phase I reflective essays. After the experts' review in Phase III, the validated stories

were used in the development of an innovative educational package on storytelling as a strategy for teaching midwives in Phase IV.

Chapter 6: Phase IV: Development of innovative educational package on storytelling as a teaching strategy for teaching midwives

This chapter describes the steps involved in developing an educational package using storytelling as an innovative teaching strategy for teaching midwives**.**

Chapter 7: Conclusion, recommendation and limitations

This concluding chapter is an overview of the study before presenting the concluding summary, the recommendations, discussion, and the limitation encountered in the course of the study.

1.11 SUMMARY

The chapter provides background information on the research problem regarding midwifery education. The above-mentioned information led to the development of the research problem, and the formulation of the research question, the purpose, and objectives.

Using storytelling as an innovative teaching strategy was discussed, and the need to introduce storytelling as a pedagogy and an education change strategy to lead and sustain transformation in teaching midwives. Stories make learning more interesting and keep the students engaged with the educator. The brief explanation of the rationale for choosing the qualitative interpretive phenomenology was discussed, followed by the purpose and objectives of this study, and the steps of the research methods. This chapter concluded with the summary of an overview of ethical considerations, measures to ensure trustworthiness, the scope of the study, and the structure of the thesis.

The next chapter explains the methodology of the study. It emphasises the philosophical underpinnings, qualitative research approach, and the adult learning theory.

CHAPTER 2

RESEARCH DESIGN AND METHODOLOGY

2.1 INTRODUCTION

Methodology has been defined as “the method used in conducting the investigation (Kamal 2019:1391). In Chapter 2, the researcher provides a detailed explanation of the philosophical underpinning of the study, the research paradigm, the research methodology applied, and the qualitative research approach. Explanations on data collection, data analysis, and measures to ensure trustworthiness and ethical consideration are included in this chapter.

2.2 PHILOSOPHICAL FOUNDATION

The term philosophy refers to a worldview. It denotes assumptions, values and beliefs, the nature of reality, knowledge, methods of obtaining knowledge, ourselves, our health, the health sciences, and the environment (Brink, Van der Walt & Van Rensburg 2018:23). Philosophical assumptions consist of a stance towards the nature of reality (ontology), the role of values in the research (axiology), the language of research (rhetoric), and the methods used in the process (methodology) (Creswell & Poth 2018:326). These assumptions are often applied in the research using theories. Qualitative methodology increases our understanding of why things are and the way they are in the social world, and why people act the way they do (Al-Ababneh 2020:76). Johnson and Christensen (2017:81) explained that the “paradigm dialogue” between quantitative research and the “new” research paradigm of qualitative research.

This section of the chapter predominantly describes the connection between the research paradigm and the philosophical foundation (ontology, epistemology, methodology, axiology, and rhetoric). Philosophical perspectives are important because, when made explicit, they reveal the assumptions that researchers are making about their research, leading to the choices that are applied to the purpose, design, methodology and methods of research, as well as to data analysis and interpretation.

The philosophical underpinnings of the research paradigm, the research methodologies, the approach, and the design used are explained in the section below. It also explains how their application to the study is justified, to enable understanding of the way in which the research was conducted.

2.2.1 Ontology

Ontology is defined as the study of the nature of reality (Creswell & Poth 2016:17). Ontology is concerned with what is true or real (Johnson & Christensen 2017:80). Guba and Lincoln (1994:105) state that ontological assumptions are those that respond to the question "what is there that can be known?" or "what is the nature of reality?". Reality is context bound; therefore, it is continuously recreated by its participants based on their understanding (Moroi 2021:128). Researchers have to assume that the world they investigate is a world populated by human beings who have their own thoughts, interpretations, and meanings. Ontology assists researchers to recognise how certain they can be about the nature and existence of objects they are researching. The ontological issues relate to the nature of reality and its characteristics. In this study, the researcher assumes that there are some realities: for example, the development of new diseases, outbreaks of communicable diseases and existing challenges of the health care delivery system to meet the demands of the population in providing quality care.

Storytelling sessions in the classroom can provide opportunities for teachers and students to appreciate multiple perspectives in response to prompts such as "Today I was worried when …" "I didn't know what to do or say when …" or "I was surprised to find …" (Ironside & Wonder 2017:224). Reality, as seen by participants in the study, is subjective and multiple (Creswell & Poth 2018:20). In this study, the researcher assumes that teaching, using real-life stories, makes it easier to remember the facts. With this assumption in mind and the intention of using the study participants' reflective essays narrating their real-life stories of managing a pregnant mother during an obstetric emergency, the researcher is brought to the research question and to the answers embracing the idea of multiple realities. The research question which guided the study is: How can storytelling be used as a teaching strategy for midwifery students?

The philosophical assumptions comprise five parts: a stance towards the nature of reality (ontology), how the researcher knows what she knows (epistemology), the role of values in the research (axiology), the language of research (rhetoric) and the methods used in the process (methodology) (Creswell & Poth 2018:16). Quotes and themes from the Phase I study participants' reflective essays were used and provided evidence of different perspectives. When studying individuals, qualitative researchers conduct a study intending to report these multiple realties. Evidence of multiple realities includes the multiple forms of evidence in themes using the actual words of different individuals and presenting different perspectives (Creswell & Poth 2018:35).

In this study, the researcher's ontological stance assumes that there are some realities, and this is clearly shown in the study's aim, targeted to explore and describe the meaning of the significant

human experiences of midwives in managing midwifery health care incidents through reflective essays. These essays focus on the essence of the phenomenon to develop an innovative educational package on storytelling as a teaching strategy for teaching midwives.

2.2.2 Epistemology

Polit and Beck (2019:9) stated the philosophical question for epistemology as: “What is the relationship between the inquirer and the phenomenon being studied?” Epistemology asks the following questions: What is the relationship between the knower and what is known? How do we know what we know? What counts as knowledge? The positivist epistemology, which evolved from the nineteenth-century philosophical approach, looked at the purpose of research as finding the scientific explanations for things (Buriro, Ednut & Khatoon 2020:239). Epistemology is important because it influences how researchers frame their research in their attempts to discover knowledge. Farghaly (2018:239) referred to Creswell and Poth (2016:35) purporting the epistemological assumption of conducting a qualitative study means the researchers try to get as close as possible to the participants being studied resulting in subjective evidence being assembled based on individual views. This is how knowledge is known. Through the subjective experiences of people.

It is important to conduct studies in the “field” where the participants live and work, as these are important contexts for understanding what the participants are saying. The longer researchers stay in the “field” or get to know the participants, the more they “know what they know” from first-hand information. This is another philosophical assumption for the qualitative researcher. It addresses the relationship between the researcher and what is being studied as interrelated, not independent. Rather than “distance,” a “closeness” flows between the researcher and that being researched. This closeness, for example, is manifested through time in the field, collaboration, and the impact that that being researched has on the researcher. (Creswell & Poth 2016:247).

The epistemological question that one asks, is: “What is the relationship between the researcher and that being researched?”. In this study, the research was guided by the objectives (see Chapter 1).

Epistemology is the branch of philosophy dealing with knowledge and justification (Johnson & Christensen 2017:80). The epistemological assumption is that the mind’s relation to reality is what enables the researcher to explore the experiences of midwives in managing midwifery health care incidents through reflective essays. Therefore, evidence was assembled based on individual views and how knowledge is known through their experience. In this study, the researcher became an ‘insider’. The epistemological assumption is that the way of understanding relates to

the idea that reality can be reflected in reflective essays which have in turn been shaped to fit the purposes of individuals and interpreted in a way that makes sense to them. The value is in revealing how an individual's experience shapes their perception of the world, which is important in a study, and to uncover knowledge in the context that the researcher will explore.

2.2.3 Methodology

Methodology is the identification, study, and justification of research methods (Johnson & Christensen 2017:81). Qualitative research aims to gain a better understanding of a phenomenon from the study participants' point of view and offers a rich description of the phenomenon (Guba & Lincoln 1994 cited in Moroi 2021:130). Johnson and Christensen (2017:80) quote from Guba (1990) stating that methodology deals with "How should the inquirer go about finding out knowledge?" or more specifically, what methods should be used in research.

There are five different approaches that guide researchers in exploring the best options that suit the study focus: narrative (i.e. exploring the life of an individual), phenomenological (i.e. understanding the essence of the experience), ground theory (i.e. developing a theory grounded in data from the field), ethnography (i.e. describing and interpreting a culture-sharing group), and case study (i.e. developing an in-depth description and analysis of research study cases) (Creswell & Poth 2016:66).

In this study, the researcher adopted a qualitative approach by means of a naturalistic paradigm and an interpretive phenomenology, designed to explore and understand the essence of the experiences of midwives in managing midwifery health care incidents through reflective essays. Using a qualitative approach helped to analyse the data thematically from the point of view of the Phase I subphase 2 study participants. Stories were developed from the reflective essays and validated for accuracy, which helped the researcher develop an innovative educational package on storytelling as a teaching strategy for teaching midwives in Phase IV.

2.2.4 Axiology

Axiology is the branch of philosophy that addresses values and ethics (Johnson & Christensen 2017:81). It also has to do with the role of values in research. This qualitative assumption holds that all research is value laden and includes the value systems of the inquirer, the theory, the paradigm used and the social and cultural norms of either the inquirer or respondents (Creswell & Poth 2018:247). Johnson and Christensen (2017:80) quote from Guba's (1990) axiology questions "What is the role of values in the inquiry process?"

The study recognises that research is value laden and that biases are present. Within an axiological approach the varieties of values are correlated with various aspects of human nature (the spiritual, moral, psychological, and biological) in which the important integrated feature of a person is a value orientation (Sovhira & Dusheckina 2018:62). This study aims to ensure that the reflected experiences of midwives in managing health care incidents includes not only the views of the participants but also that of the researcher.

An analysis of the publications of scientists reveals that within the axiological approach the variety of values is correlated with various aspects of human nature (spiritual, moral, psychological and biological) and the most important integrated feature of a person is a value orientation (Sovhira & Dushechkina 2018:62).

Axiology is of particular importance because values take “pride of place” and are perceived as “ineluctable” in shaping the findings of qualitative research (Guba & Lincoln 1994:105). In this research the values and nature of value judgements are discussed. These are closely related to two other realms of philosophy (ethics and aesthetics) that shaped the stories and include interpretation by the researcher in conjunction with the interpretations by the participants (Creswell & Poth 2018:21). Axiology considers what value researchers attribute to the different aspects of research such as participants, data, and audience. In other words, one’s axiological assumption can be inferred from the other three assumptions, i.e. ontology, epistemology, and methodology (Moroi 2021:131). An axiological approach is traditionally considered the methodological basis of humanistic-oriented pedagogical education since it involves the formation of humanistic values of personality in implementation (Sovhira & Dushechkina 2018:63). It was assumed that the values and biases of the Phase I subphase 2 study participants’ experiences would influence the discovery of detailed information and enhance the information quality put forward to students. This would, in turn, assist the researcher in the development of the educational package and help the students to better understand and learn.

2.2.5 Rhetoric

Rhetoric is the art of the science of language, oral and written communication, and argument (Johnson & Christensen 2017:81). To apply the rhetoric assumption in the current study, the researcher gathered data qualitatively through the reflected experiences of the midwives’ reflective essays from Phase I. The results were reported in Phase IV by means of developing an educational package on storytelling as an innovative teaching strategy for teaching midwives.

2.3 RESEARCH PARADIGM

Kamal (2019:1388) described the term paradigm as derived from the Greek meaning pattern. Creswell and Poth (2018:18), referring to Guba (1990), define a paradigm or worldview as the philosophical stance taken by the researcher, which provides a "basic set of beliefs that guides action". It can be seen as the "net that contains the researchers' epistemological, ontological and methodological premises". Paradigm plays an important role in the implications of every decision made in the research process. In relation to research, the researchers' thoughts and beliefs about any issues explored would subsequently guide their actions. Once researchers have made their choice, they then further shape their research by bringing to the inquiry paradigms or worldviews. Brink et al (2018:22) explained this in simple terms, namely a paradigm is an overarching philosophical framework of how the scientific knowledge is produced. The paradigm adopted directs the researchers' investigation, which includes data collection and analysis procedures. Van Rensburg, Botma, Heyns and Coetzee (2018:23) describe a paradigm as a set of assumptions about the basic kinds of entities in the world, about how these entities interact and about the proper methods to use in order to test and construct theories about these entities.

A paradigm represents the researcher's beliefs and values about the world, the way they define the world and the way they work within the world (Kamal 2019:1389). The twentieth century American researchers, Lincoln and Guba (1985) pioneered an alternative research paradigm – the naturalistic method of inquiry following the anthropology tradition. In this model, the researcher is an observer, interactor, and instrument, but not the manipulator of the process and outcomes (Lee 2022:87). The research is context driven and outcomes are specific to the related study situation and cannot be generalised.

The paradigm used in this study is a naturalistic paradigm. The naturalistic method seeks to explain people's complexities and leads to deep information that could clarify various dimensions of complex human phenomena (Moghaddam, Manzari, Heydari & Mohammadi 2018:7206).

The purpose of this study was to explore the experiences of the midwives in managing midwifery health care incident through reflective essays (Phase I subphase 2). A naturalistic approach was used. The researcher remained flexible to capturing unanticipated influences and issues that had arisen in managing midwifery health care incidents from Phase I subphase 2 study participants and the developed stories from the reflective essays in Phase I subphase 2. Those stories validated in Phase III to develop an innovative educational package on storytelling as a teaching strategy for teaching midwives as set out in Phase IV.

Beuving and De Vries (2020:50) stated that the naturalistic inquiry takes seriously the emic worldviews of the members of a society, rather than imputing external frames of meaning or significance to them. Naturalistic inquiry encourages modesty, postponement of normative judgement and cultivation of genuine interest in the lives of other people however different they may be from the researcher's own life Beuving and De Vries (2020:55).

2.4 RESEARCH APPROACH

According to Miller, Chan and Framer (2018:241), qualitative methodologies are widely recognised as valuable and credible approaches for conducting empirical research, Qualitative approaches to research values depth of meaning and peoples' subjective experiences as well as their meaning-making processes (Alase 2017:9). Grove et al (2018:67) stated that qualitative research is a systematic approach used to describe experience and situations from the perspective of the person in the situation. According to Nieswiadomy and Bailey (2018:59), qualitative research is concerned with the subjective meaning of experiences to individuals. Moroi (2021:131) highlighted that qualitative research, although subjective, provides a depth and richness of information regarding participants' feelings, thoughts, frames of references, and experiences with their own words. Qualitative research usually occurs in a natural setting with several research participants who are willing to share information about a phenomenon in narrative format.

Qualitative research focuses on achieving insight into a phenomenon, or on an understanding about an individual's perception of events. Qualitative research does not rely on manipulation and control, but instead on a person's interpretation of events and how those events shaped the person's beliefs and behaviours (Nieswiadomy & Bailey 2018:59). Moroi (2021:130) outlined that qualitative research aims to gain a better understanding of a phenomenon from the participant's point of view and offers rich descriptions of the phenomenon. Its interpretive nature calls for data collection through interviews, observations and participatory activities.

According to Beuving and De Vries (2020:62), societies are becoming more complex, more global, more unequal, and more intolerant, qualitative literacy is more important than ever, both inside and outside academia. Teaching students to ground their understandings of society in emic perspectives is imperative to arrive at a more transparent and more just society. Methodologically these approaches rely on inductive designs aimed at generating meaning and producing rich, descriptive data (Alase 2017:12).

The researcher used the qualitative approach to bring in the actual experiences of real people. This decision was due to the researcher's belief that the study would provide an opportunity to

explore the actual experiences of midwives in managing midwifery health care by analysing their reflective essays on incidents in midwifery practice. To study this problem, the researcher used a qualitative approach to probe. The collection of data in a natural setting provided Phase I subphase 2 study participants with the opportunity to express their experiences and opinions freely through reflective essays. The qualitative method further allowed midwives to reflect on the problems they faced on a day-to-day basis in their real-life settings, including the challenges that hindered their performances, and the issues in managing health care incidents leading to the obstetric emergency health care condition of a pregnant mother with a postpartum haemorrhage.

2.5 RESEARCH DESIGN

A research design is simply a blueprint or map that guides the researcher. The research design refers to the overall strategy chosen to logically integrate the different components of the study to address the research problem. Decisions regarding what, where, when, how much, and by what means, concerning an inquiry, or a research study, make up a research design (Kothari 2017:44). According to Pandey and Pandey (2021:18), a research design is a "the plan, structure and strategy of investigation conceived so as to obtain answers to research questions and to control variance". Nieswiadomy and Bailey (2018:159) state that researchers should have a clear sense of the research problem before they select the research design for their study. This approach allows the researchers to build a robust understanding of a topic, unpacking the meanings people ascribe in their lives to activities, situations, circumstances, people and objects (Saptanto & Dewi 2020:138).

Researchers can decide on the research design and methodology once they understand the philosophy that underpins each method. According to William Zikmund in Pandey and Pandey (2021:18), "research design is a master plan specifying the methods and procedures for collecting and analysing the needed information". The research objectives direct the researcher in selecting the appropriate design and methodology. The selection of a research design and methodology depends on the research questions and objectives, as well as the circumstances of the study, rather than on researchers' personal preferences. Kothari (2017:44) explains that "a research design is the arrangement of conditions for the collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure". In brief, research design must at least contain a clear statement of the research problem, procedure, and techniques to be used for gathering information, the population to be studied, and the methods to be used in processing and analysing data.

2.5.1 Interpretative phenomenology analysis

Polit and Beck (2017:470) state that phenomenology was rooted in a philosophical tradition developed by Husserl and Heidegger. It is an approach to understanding people's everyday life experience. Phenomenology is a form of qualitative research in which the researcher attempts to understand one or more individuals' consciousness and experience of a particular phenomenon (Johnson & Christensen 2017:102). The key element of the phenomenological research study is that the researcher attempts to understand how individuals experience a phenomenon from each person's own perspective.

In contrast to traditional or classical phenomenology of Husserl, a newer type of phenomenology, Interpretative Phenomenological Analysis (IPA) has been developed (Smith, Flower & Larkin 2009). Interpretive phenomenological analysis is a contemporary qualitative methodology first developed by psychologist Jonathan Smith (1996) (Noon 2018:75). Ngotie, Kaura and Mash (2022:3) recommend that this approach as a suitable 'contemporary' methodology due to its 'rich and nuanced insights into the experiences of the participants'. The focus of IPA is on the subjective experiences of persons in their real world. Studying individuals' experiences requires interpretation on the part of the researcher and the participant because it is not possible to directly access a person's real world. Polit and Beck (2017:473) explain that there are three key IPA principles. Firstly, it investigates the phenomenon of a person's experience. Secondly, it requires intense interpretation and engagement with the data obtained from the person. Lastly, it examines in detail the participant's real world. It attempts to explore personal experience and is concerned with an individual's personal perception (Smith & Osborn 2015a:41-42). Researchers desiring in-depth explorations of convergence and divergence within individual participant's meaning-making may find the approach particularly useful.

Phenomenological research aims at obtaining a view into the research participants' real world and to understand the meanings constructed from their "lived experiences". Phenomenological researchers usually assume that there is some cohesion in the human experience called the *essence* of the experience (a part of experience that is common or consistent across all the research participants) and do not only study the unique parts of an individual's experience that varies among individuals.

IPA focuses on how particular people in particular contexts make meaning and interpret their experiences. Different people might experience phenomena differently. IPA is concerned with the research participants' perspectives on their experiences and their distinctive experiences rather than attempting to describe their transcendental experience (i.e., the experience that cut across

all people universally). This guided the study exploration of the experiences of midwives in managing midwifery health care incidents through reflective essays.

In Phase I subphase 2 the study participants were the final year BSc Midwifery students familiar with writing reflecting essays. In this study, the Phase I subphase 2 the research participants are from the same context with similar backgrounds. They reflected their experiences through reflective essays using the Phase I subphase 2 instrument in managing a mother with postpartum haemorrhage.

Using the IPA approach is one of the effective strategies for eliciting data from participants who must think about and recall their experiences. They then need to describe the experience in their reflective essays. The need for them to recall, think about and write about their experiences guided the study: 'How can storytelling be used as a teaching strategy for midwifery students'?

During the data analysis of Phase I reflective essays, the researcher searched for significant statements and used a flexible seven-step analysis approach. Although, there is no single definitive method employed to undertake IPA, the founders of IPA offer a helpful seven-step data analysis guide adapted from Smith et al (2009) cited in Charlick, Pincombe, McKellar and Fielder (2016:210). The steps are as follows:

- Step 1: Reading and re-reading
- Step 2: Initial noting
- Step 3: Developing emergent themes
- Step 4: Searching for connections across emergent themes
- Step 5: Moving to the next case
- Step 6: Looking for patterns across cases
- Step 7: Taking interpretations to a deeper level

The above steps brought relevance to the phenomenon being studied. After constructing the lists of significant statements and meanings, the next step was search for themes in the data. Finally, the fundamental features of the experiences common to all the participants were extracted.

From the Phase I subphase 2 reflective essays stories were developed. In Phase III the developed stories were validated midwifery experts. In Phase IV an educational package on storytelling was developed as an innovative teaching strategy for teaching midwives.

The final report of this research is a typical phenomenological study. It is a narrative that includes a description of the participants in the study, and the methods used to obtain the information from

the participants (through reflective essays). The essays served as a rich description of the fundamental structure of the experience and a discussion of the findings. The report may also include a description of any interesting individual or group differences. A well-written report is highly descriptive of the participant's experience of the phenomenon and will elicit in the readers a feeling that they understand what it would be like to experience the phenomena themselves. In this study the researcher's final report is the outcome of the development of an innovative educational package to teach midwives explained in detail in (Chapter 6) using the Phase I subphase 2 participant's reflective essays.

Heidegger's IPA approach provides the philosophical underpinning that directed qualitative data collection, analysis, and interpretation of the findings (Miller et al 2018:245). IPA was suited to exploring the different participants' experiences of the same context (managing midwifery health care by analysing their reflective essays on incidents in midwifery practice) and aligned with the underlying philosophy stated by Neubauer, Witkop and Varpio (2019) and Tuffour (2017) of enabling co-creation of knowledge between the researcher and the participants through an iterative process between the 'part' and 'whole' circle.

IPA provides an opportunity to observe more personal perspectives on the issue. It does not look at the phenomena at a superficial level; instead, it seeks a way to understand how it is experienced by the individuals, who then make sense of the phenomena.

2.6 THEORETICAL FRAMEWORK

The Story Theory was used in this study (Smith & Liehr 2018:250). Sullivan (2021:14) stated that stories are powerful tools and convey thoughts, ideas and values while encouraging purposeful discussion. Storytelling contributes not only to the development of a nursing identity in students but also to the maintenance of a nursing identity in staff, re-asserting and enhancing their own connection with the practice (Attenborough & Abott 2020:19).

Through storytelling, clinical educators develop insight into students' individual needs (Timpani et al 2021:8). Özveren, Gülnar and Çalışkan (2022:870) studied the effect of storytelling technique on the attitudes of nursing students towards death using a mixed research design. The study concluded that explaining the subject of death with the storytelling technique positively affected the attitudes of the students towards death. Storytelling is the oldest form of teaching and has multiple benefits, including identifying emotional states, developing a vocabulary to allow self-advocacy, encouraging the use of strategy, and promoting a sense of hope (Sullivan 2021:14).

Timpani et al's (2021:1) integrative literature research synthesis, based on thirteen international papers, revealed that engaging in stories as a means of reflection improved student's self-knowledge and identified their preconceptions and stereotyping of patients, thus improving their patient interactions.

Chicca and Shellenbarger (2018:180-184) identified generational influences and the distinct characteristics of Generation Z, born between the mid-1990 and ending around 2012. Examination of the literature identified nine Generation Z characteristics. They were (i) high consumers of technology and cravers of the digital world (ii) pragmatic (iii) had underdeveloped social and relationship skills (iv) cautious and concerned with emotional, physical, and financial safety (v) individualistic (vi) have an increased risk for isolation, anxiety, insecurity and depression (vii) a short attention span, desiring convenience and immediacy (viii) open-minded, diverse and comfortable with diversity, and (ix) prone to sedentary activism.

To meet Generation Z's characteristics, educators need to employ active teaching-learning design strategies and experiential learning, as well as integrate technology into instruction to engage and guide students successfully. Storytelling is one strategy that promotes student-engaged learning which also engages educators in active involvement during classroom sessions.

Rogers (1994), Reed (1995) and Parse (1981) as cited in Smith and Liehr (2018:243) all indicate the idea of the story is not new to nursing. Several nursing theories explicitly or implicitly incorporate dimensions of story, according to Boykin and Schoenhofer (2001), Watson (1997, 1999), Peplau (1991) and Newman and Parse (1981), as cited in Smith and Liehr (2018:243). Collaborative work on story theory began in 1996, and the theory was first published in 1999. Smith and Liehr (2018:262) explained the development and publication of the theory led to further consideration and description of its use in practice. The purpose of this current study was to explore and describe the use of storytelling as a teaching strategy to develop an innovative educational package for teaching midwives.

2.6.1 Concepts of the Story Theory

Smith and Liehr (2018:250) stated that the human story is a health story in the broadest sense. It is a recounting of one's current life situation to clarify present meaning in relation to the past and with an eye towards the future. The Story Theory articulates the implicit wisdom of practicing nurses, enabling guidance for practice and a framework for research. Nurses have mastered the basic skills of assessment as a part of history collective, and they have been taught and known how to listen, which includes subjective and objective assessments, and so they can understand

what matters the most. The Story Theory is composed of three interrelated concepts: (1) intentional dialogue (2) connecting with self-in-relation, and (3) creating ease. According to theory, a story is a narrative process of connecting with self-in-relation through intentional dialogue to create ease. These concepts are further explained below.

2.6.1.1 Intentional dialogue

To elicit the story of a complicating health challenge is a purposeful engagement with another. There are two processes of *intentional dialogue*: *true presence* and *querying emergence*. *True presence* is the nurse's non-judgemental rhythmical focusing or refocusing of energy on the other, which is open to what was, what is and what can be to the other who is exploring the meaning of the situation (Liehr & Smith 2008:224).

Querying emergence of a health story is clarification of vague story directions. The nurse concentrates and tries to understand the story from the client's perspective. In this study, the purposeful engagement is to explore the experiences of midwives in managing the pregnant mother with postpartum haemorrhage.

2.6.1.2 Connecting with self-in-relation

Smith and Liehr (2018:231) cited Surrey (1991), developed a theory of *self-in-relation* identified by Hall and Allan (1994) as a central concept in their model for nursing practice and focused on the meaning of the concept for nurse-client interaction, noting that the "self is created in relation to others". In the Story Theory, *connecting with self-in-relation* is composed of personal history and reflective awareness. Personal history is the unique narrative uncovered when individuals reflect on 'where they have come from', 'where they are now', and 'where they are going in life'. In sharing the story, the Phase I study participants reflected on their experiences through the reflective essays which were, in turn, shared with the researcher.

2.6.1.3 Creating ease

According to Smith and Liehr (2018:249), *creating ease* serves as an energising release experienced by participants as the story comes together and moves towards resolution. No story is one sided. The person experiencing loss is also experiencing gain and the one who is lonely often has uplifting interactions with others. When story sharing becomes a vehicle for healing, an "embracing story" happens. Ease is a resonating energy, enabling vision even if for only a moment − a powerful moment creating possibilities for human development. In this study the area of

creating ease is included in the discussion section of the storytelling session in the educational package.

2.6.2 Relationships among the concepts: Story Theory

The theory comes to life in practice and research through the traditional dimension of a story. Smith and Liehr (2018:249) assert that stories are composed of complicating, developmental and resolving processes. These authors (Smith & Liehr 2018:250), further indicate that the story model incorporates story processes (complicating health challenge, developing the story plot and a movement toward resolution) that provide a basis for gathering stories in research and practice. Story plot is the organising theme that brings the events of the story together as a meaningful whole. It is proposed that developing a story plot about a complicating health challenge facilitates movement toward resolving that challenge.

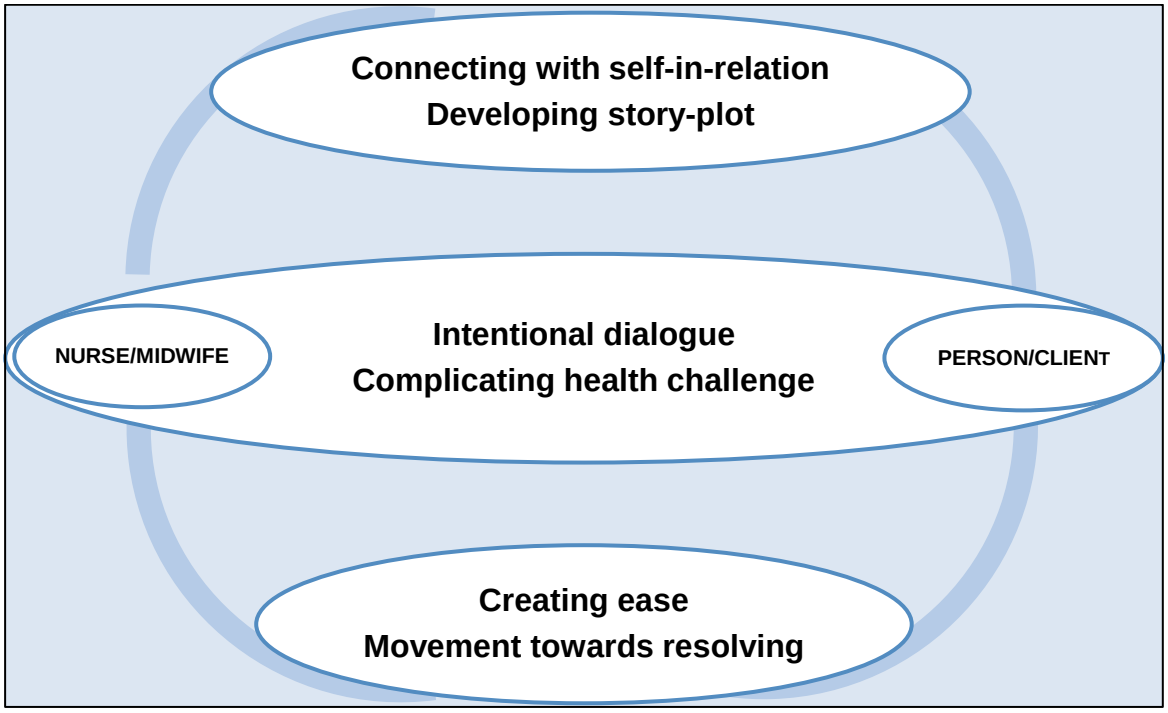


Figure 2.1 Story Theory
(Smith & Liehr 2018:250)

2.6.3 Theory-guided story gathering

Smith and Liehr's (2018:250) Story Theory proposes a common process for gathering stories, whether the nurse is doing research or is in practice. To gather a story is to engage in intentional dialogue and to invite the telling of the story of a complicating health care challenge through the development of a plot, and the movement towards resolving the health challenge. In this study,

the reflective essays of the Phase I subphase 2 study participants' experiences in caring for pregnant women who had suffered with postpartum haemorrhage, were collected.

2.6.3.1 Complicating health challenge

The complicating health challenge may be an obvious illness-related phenomenon, such as the diagnosis of a serious illness, or it may be a naturally occurring developmental event like sending a youngest child off to college (Smith & Liehr 2018:251). Whatever the complication, story gathering begins when the nurse asks the storyteller about "what matters most. In this study midwives report back on the complicating health challenges of pregnant woman with postpartum haemorrhage.

2.6.3.2 Developing story plot

The nurse invites a reflection on the past, focusing on important issues that arose or took place at the time, and which further complicated the patient's health. The issues are the beginnings of the developing story plot and are critical to understanding self-in-relation. Changing life circumstances, mentioned by the storyteller when talking about a complicating health challenge, will generally be recognised as story-plot turning points. Smith and Liehr (2018:252) explain that at the empirical level, story plot may be documented as high points, low points and turning points synthesised in the description of the complicating health challenge. High points include times when things are going well, low points are times when things are not going so well, and turning points can be important decisions or twists in the story.

Smith and Liehr (2014:225-251) maintain that a path is a synthesis of high points, low points, and turning points that characterise critical moments of the story plot. As a research approach, the story path enables the collection of stories about a particular health challenge with the consistent structure of a present-past-future focus. Smith and Liehr (2014:225 -251) have used the story path approach to gather data in studies of lifestyle change for haemodialysis patients, the experience of nurses caring for SARS patients, the experience of caregiving when a loved one has cancer and the experience of living with a migraine headache.

The Phase I instrument provides the guidelines for writing the experiences in the form of a reflective essay on managing a mother with postpartum haemorrhage. The story path approach collected focused stories on managing the pregnant mother with postpartum haemorrhage and those stories were traditional for qualitative studies. The 15 reflective essays gathered from the Phase I subphase 2 study participants led to a greater number of shorter stories for analysis.

2.6.3.3 Movement toward resolving

Resolving happens in keeping the storyteller immersed in the "now" health experience. Smith and Liehr (2018:253) state that in a centred-present focus one is free to take on the complicating health challenge and to view it in a manageable way. It is an opportunity to change thinking and feeling and to move on differently. An educational package on using storytelling as an innovative teaching strategy for teaching midwives is set out in Phase IV using the contextual experiential stories, guided with discussion questions, to promote a quality outcome.

2.6.4 Use of the Story Theory in nursing research

Smith and Liehr (2018:254) explained that the Story Theory has explored ways to measure what is learned from practice stories and has debated the best qualitative approach, and the value of a quantitative approach, for analysing story data when guided by the theory. The Story Theory used to gather health stories for scholarly inquiry requires an analysis strategy based on a research question. The wording of the question guides the method of analysis. In this study, the research question was "How can storytelling be used as a teaching strategy for midwifery student?"

2.6.4.1 Analysing story data: Quantitative

Smith and Liehr (2018:255) cited Hain (2008) and Pennebaker and Stone (2003), say a quantitative analysis that captures story progression offers congruence, as does relationship analysis, where the words used are analysed in associating with health outcome indicators to expand understanding of a health challenge. When words used in a story about a health challenge are quantified, quantification is not intended to represent a measure of the story but rather a numeric record of story word qualities (for example: negative emotion words; positive emotion words; cognitive process words; linguistic elements) over time, or an opportunity for understanding story-health outcome connections.

2.6.4.2 Analysing story data: Qualitative

Phenomenological analysis is an example of an established way to analyse story data when the research question addresses the human experience (Creswell & Poth 2018:79). The ontology affirms that "story is an inner human resource for making meaning," and the epistemology is based on the understanding that "middle range theory binds research and practice in a method of knowledge development. Smith and Liehr (2018:257) explained that when using the story inquiry method, the researcher will pose a research question related to a complicating health

challenge, story plot (high points, low points, turning points), and/or movement toward resolving the health challenge.

Smith and Liehr (2018:257) explained the five process story inquiry method as follows: "(i) gather stories about a complicating health challenge using a meaningful, consistent structure to encourage story sharing (ii) begin deciphering the dimensions of the complicating health challenge (iii) describe the developing story plot (high points, low points, turning points) (iv) identify movement toward resolving, and (v) synthesise findings to address the research question". All the story analysis processes (complicating health challenges; story plot; approaches for resolving challenges) are addressed in this study.

In Phase II, the researcher developed stories from the Phase I subphase 2 reflective essays to be used in the development of an educational package on storytelling as an innovative teaching strategy for teaching midwives as given in Phase IV. The educational package content was generated from the thematic analysis of the reflective essays.

2.6.5 Use of the theory in nursing practice

Stories are integral to nursing practice and are often gathered by nurses and used to guide health care decision making without a second thought about their potential for knowledge development. Smith and Liehr (2008:259) introduced an approach for analysing practice stories guided by story theory. They propose a seven-phase inquiry process to direct practicing nurses wishing to use stories as practical evidence contributing to knowledge development. The phases of inquiry are: (i) gather a story about a complicating health challenge (ii) compose a reconstructed story (iii) connect existing literature to the health challenge (iv) refine the name of the complicating health challenge (v) describe the developing story plot (vi) identify movement toward resolving, and (vii) collect individual stories about the complicating health challenge (Smith & Liehr 2018:260). Smith and Liehr (2018:261) explain that story-theory guided practice acknowledges the power of stories for nursing practice. By knowing a person through a story, the nurse can identify what it is most important and develop goals which may result in better health outcomes that the person is likely to embrace.

In applying a seven-phase approach in the current study, the researcher (i) gathered stories from Phase I subphase 2 study participants in managing a pregnant mother with postpartum haemorrhage as a complicating health challenge (ii) included in Phase III four validated stories for developing a Phase IV innovative education package on storytelling as an innovative teaching strategy for teaching midwives (iii) connected existing literature to the health challenge of evidence-based management of postpartum haemorrhage (iv) refined the first three stories based

on the influencing factors related to the Three Delay Model introduced by Thaddeus and Maine (1994) and the fourth story focusing as an ideal story of managing a pregnant mother with No Delays (v) the four stories included the story plot documents with high points (things are going well), low points (times when things are not going well) and turning points (important decisions or twists in the story) as stated by Smith and Liehr (2018:252), and (iv) identified movement toward resolving the critical moments of the story plots aided by classroom-based probing question on past, present and future challenges and way forward recommendations for the four individual stories (Delay 1, Delay 2, Delay 3 and No Delays). These are included in the educational package as the stories about managing the mother with postpartum haemorrhage who has complicating health challenge.

2.6.6 Use of theory in nursing education

Story theory development began in around 1996 and the theory was first published in 1999. Since those early years, the development of story theories for health has made great strides. It provides a substantive guide for story gathering in research and practice.

Smith and Liehr (2018:261-263) described applying the Story Theory to build structure during an undergraduate clinical course for students in an honours programme. The result was an innovative teaching strategy that increased the quality for all students in the practicum experience.

Although educators widely use storytelling, it remains a hidden and not explicitly identified part of the curriculum. Attenborough and Abott (2020:19) suggest that future research should focus on how nursing students perceive storytelling by their lectures and the impact of their immediate learning on their professional development. As nursing education institutions move towards producing a greater number of nurses and midwives with practice doctorates, it is important to honour the wisdom found in nursing practice stories. It is also necessary to identify systematic approaches for using practice stories for nursing and midwifery knowledge development (Smith & Liehr 2018:262). Story theories provide a systematic approach for viewing practice stories, where the stories create the foundation for knowledge development. Smith and Liehr (2018:262) believe that the story is central to nursing practice and to nursing practice scholarship; they provide a structure enabling ready access to the wisdom of practice stories.

Story processes focus on the complicating health challenge, developing story plot, and movement toward resolving and have an inherent potential for growing nursing knowledge and guiding nursing practice.

2.7 PURPOSE AND OBJECTIVES OF THE STUDY

The purpose and objectives of the study were formulated to help explore and describe the meaning of significant human experiences, and to focus on the essence of the phenomena.

2.7.1 Purpose of the study

The purpose of the study was to explore and describe storytelling as a teaching strategy that could be used to develop an innovative educational package for teaching midwives.

2.7.2 Objectives of the study

The research was guided by five objectives which were to:

- explore and describe the meaning of the concept storytelling as a teaching strategy in midwifery education (Phase I subphase 1)
- explore the experiences of the midwives in managing midwifery health care incidents through reflective essays (Phase I subphase 2)
- develop stories from the reflective essays that would be used in the development of an innovative teaching strategy (Phase II)
- validate the stories with midwifery education experts for accuracy and applications as a teaching strategy (Phase III)
- develop an educational package on storytelling as an innovative teaching strategy for teaching midwives (Phase IV)

2.8 RESEARCH SETTING

The research setting is the site or location used to conduct a study (Grove et al 2018:276). The selection of the setting in this qualitative research was based on the purpose of the study, accessibility of the setting, and number and type of participants or subjects available there. A natural or field setting is an uncontrolled, real-life situation or environment. Conducting a study in a natural setting means that the researcher does not manipulate or change the environment for the study (Grove et al 2018:277).

Figure 2.2 Map of Uganda

(https://www.dreamstime.com/stock-illustration-vector-street-map-republic-uganda-detailed-image74346279)

The study was conducted in the Kampala Central division of Uganda. Kampala is the capital and largest city in Uganda. It is administratively divided into five (5) divisions, (Kampala Central, Nakawa, Kawempe, Lubaga and Makindye). Uganda has a total population of 41.1 million, according to The State of Uganda Population Report 2019 (United Nations Population Fund [UNFPA] 2019:15).

The research site was the Aga Khan University's School of Nursing and Midwifery East Africa (EA) Uganda campus. AKU-SoNaM, East Africa, has implemented an innovative work-study programme, which allows students to continue working whilst studying (Kyakuwaire, Kirikumwino, Nabbosa & Edwards 2020:64). Traditional access to career advancement for nurses and midwives working in low-income countries is difficult if not impossible, as most courses are full time. This programme offers a two day per week education programme, spread over two and a

half years, so that enrolled and registered nurses and midwives can gain higher qualifications improving their skill levels and enhancing their career prospects. AKU-SoNaM, East Africa, is a not-for-profit tertiary education provider committed to supporting Uganda, Kenya, Tanzania and the East Africa region in its effort to ensure the provision of high quality, responsive health service (Kyakuwaire et al 2020:65).

The first flexible work-study programme was a Bachelor of Science in Nursing (BScN) offered to Ugandan nurses in 2000 and started in Kenya and Tanzania in 2001 (Aga Khan University 2020). The programmes have been extended to include an enrolled-nurse-to-registered nurse conversion, and transition from registered-midwife-to Bachelor of Science in Midwifery. The programmes have effectively graduated over 2,138 students. A formal impact evaluation revealed that the majority of graduates are promoted to senior leadership positions within the East African nursing and health professional workforce within two years of completion of their course (Brownie, Robb, Hunter, Aliga, Kambo, Machar et al 2016:16).

The rationale for selecting AKU-SoNaM, East Africa, Uganda campus as the research site, was because the university offers the Bachelor of Science in Midwifery, and the study was to explore the experiences of the final year students of Bachelor of Science in Midwifery. The unique work study programme at AKU-SoNaM, allows the student to continue working whilst studying. Many employers cannot release these nurses and midwives for study, so they attend the university programme on their off days whilst continuing to work. The uniqueness of this setting is that all the participants had the experience of managing midwifery health care incidents, and had also handled obstetric emergencies at their workplaces. They had managed mothers with postpartum haemorrhages, one of the leading causes of MMR (WHO, UNICEF, UNFPA, World Bank and UNDP 2015). All these students had learned to write reflective essays in their first year as part of their clinical portfolio requirement and they formed the population. Their experiences and ability to write about their reflections helped to record and explore their experiences as final year midwifery students, and to develop the reflective essay tool (Annexure E) in managing midwifery health care incidents affecting mothers experiencing postpartum haemorrhage.

2.9 POPULATION AND SAMPLE

The target population comprised the final year midwifery students complying with the sampling criteria. A sample is a subset of population elements, which are the most basic units about which data is collected (Polit & Beck 2017:250). All the final year midwifery student from Bachelor of Science in Midwifery programme at AKU-SoNaM, East Africa, Uganda campus were included.

2.9.1 Sampling frame

A sampling frame is a list of all the elements in the population from which the sample is selected (Polit & Beck 2017:744). The 15 students who comprised the first batch of Post Registered Midwives (Post RM-BSc M) enrolled for the Bachelor of Science in Midwifery programme at AKU-SoNaM, East Africa, Uganda Campus in 2015 were used. All 15 students consented to take part as study participants while doing their final year of the work-study programme.

2.9.2 Sampling approach

Polit and Beck (2017:736) state that the selection of sampling units (i.e. participants) could be from a population using non-random procedures. (e.g. convenience sampling). Convenience sampling is a type of non-probability sampling in which people are sampled simply because they are “convenient” sources of data for the researchers, and they are conveniently available within the geographical proximity, and willing to participate are included in the study. Non-probability sampling is a method of selecting units from a population using a subjective non-random sample.

2.9.3 Sampling technique

Sampling is the process of selecting cases to represent an entire population and permits inferences about the population (Polit & Beck 2017:250).

Convenience sampling is a type of non-probability or non-random sampling where members of the target population that meet certain practical criteria, such as easy accessibility, geographical proximity, availability at a given time or the willingness to participate are included for the purpose of study (Etikan, Musa & Alkassim 2016:2). The final year midwifery students of 2015 at the AKU-SoNaM, East Africa, Uganda Campus, were conveniently available.

The convenience sampling technique is especially useful for exploring a phenomenon in depth. Phenomenology aims to identifying the ‘essence’ of the human experience of a phenomenon overview (Lewis & Stehler 2010 cited by Flick 2017:94). Because the reflective experience is assumed to be universal, the experience of any human-being qualified to have that experience is considered a case in point. Convenience sampling is therefore sufficient, and no special sampling strategy is required. Any individual who meets the condition of having had the experience being studied would be a suitable participant and, because of the relative homogeneity of the phenomenon, comparatively small samples would be acceptable. This is reflected in smaller sample sizes found in Gutterkans’s (2015) analysis, ranging from 8 to 52 participants (Flick 2017:95).

Convenience sampling defines the process of data collection from a population that is close at hand and easily accessible to the researcher (Rahi 2017:3). The present study objective was to explore the experiences of midwives in managing midwifery health care by analysing their reflective essays on incidents in midwifery practice. In this study, the researcher conveniently selected the consenting final year midwifery students at the AKU-SoNaM, East Africa, Uganda Campus in 2015.

2.9.4 Sample size

The number of people who participate in a study are an important factor in the analysis, and the validity of the conclusion of that study (Polit & Beck 2017:743). The sample size of this study was not limited, it included all available and willing students who met the criteria. They were final year midwifery students with certain common characteristics including being registered midwives, having a minimum 2 years of experience, enrolled for the Bachelor's degrees of Science in Midwifery at the AKU-SoNaM, East Africa, Uganda campus, and in the work-study programme. There were 15 students who met the criteria during the data collection period and all 15 consented to take part in the study. All 15 became Phase I study participants, and all returned the reflective essays within the stipulated time. None of them experienced any discomfort while recording their stories in reflective essay.

The intention was to explore the experiences of midwives in managing the midwifery health care issues by analysing their reflective essays on incidents in midwifery practice. Therefore, there is no standard method for determining the correct sample size. As this study used IPA, a smaller sample size was used because of the in-depth nature of the study exploring the experiences of midwives in managing the health care incidents through the reflective essays. In other words, it was not necessary to draw a random sample from the target population. For this reason, there was no definitive formula or guide used to determine the sample size. Instead, the sample size depended upon how much information was needed and collected to achieve the study objective of Phase I subphase 2. The sample size for this study is therefore based on the reflective essays collected from Phase I subphase 2 study participants.

2.10 DATA COLLECTION

Polit and Beck (2017:725) explain that data collection is the gathering of information to address a research problem. Following is a discussion on the data collection processes.

2.10.1 Phase I

The first phase consisted of two subphases.

2.10.1.1 Phase I subphase 1

The first objective in Phase I subphase 1 was to explore and describe the meaning of the concept of storytelling as a teaching strategy in midwifery education.

An integrative literature review was done to explore and describe the meaning of the concept of storytelling as a teaching strategy in midwifery education and was explained in detail in Chapter 3. Santos, Figueiredo and Vieira (2019:13) highlighted the fact that innovative approaches increase student engagement, motivation, critical thinking, increase reflection, higher level of thinking and of deep learning. Innovative pedagogical practices also improve the responsibility for learning, the ability to interact with peers and teachers, and immediate feedback to students.

The relevant available literature on the subject was systematically analysed and evidence used to describe and understand the meaning of the concept storytelling. The evidence obtained from the integrative review was used in Phase IV for the development of an educational package on storytelling as an innovative teaching strategy for teaching midwives. The process of the integrative literature review was carried out to explore and describe the meaning and concept storytelling as a teaching strategy in midwifery is explained in detail in the integrative literature review chapter.

2.10.1.2 Phase I subphase 2

The second objective in Phase I subphase 2 was to explore the experience of the midwives in managing midwifery health care incidents through reflective essays.

A group of fifteen final year Bachelor of Science in Midwifery students were individually approached on campus and invited to participate in the research study. Once they had agreed to take part, they were again each approached (on campus at a time convenient to them) and the purpose of the study was explained and their informed consent to participate obtained. After signing a consent form, participants were given the approved stamped copy of the Phase I subphase 2 data collection instrument (Annexure E), which provided the guidelines for writing their experiences in the form of reflective essay, on managing a mother with postpartum haemorrhage − an obstetric emergency.

Phase I subphase 2 study participants were final year midwifery students and familiar with reflective essays which they had used since first year to complete their assignments for their clinical portfolios. The study participants used the guidelines set out in Annexure E to elaborate on their experiences in detail. Hard copies of the signed consent form received from the study participants were kept by the researcher.

The researcher worked as a midwifery educator at the AKU-SoNaM, East Africa, Uganda campus during the period of data collection, The participants in the study were all students following an in-service work-study programme with two days per week on campus attending in-person lectures at the AKU-S0NaM, East Africa Uganda campus.

The students were accustomed to using the internet and email as part of their course and all had university email addresses and identities. They were comfortable sending their reflective essays detailing their experience managing a mother with postpartum haemorrhage (using the Annexure E guidelines) by email to the researcher. None of the participant experienced any distress while recalling their incident of care and all responded within the stipulated time frame. The reflective essays were sent to the researcher's university email address and stored in a separate digital folder on the researcher's password protected personal computer. Only the researcher had access to this computer.

2.10.2 Phase II

The third objective was met in Phase II. It was to develop stories from the reflective essays that could be used in the development of an innovative teaching strategy.

Interpretative phenomenology was utilised allowing the multiple individuals (Phase I participants R1 to R15) to reflect their experiences of managing a mother with postpartum haemorrhage without any distortions and prosecutions (Creswell & Poth 2018:82). The next step was using Phase II findings to develop the stories from the reflective essays to be used in the development of an innovative educational package. The coded reflective essays received from the Phase I subphase 2 participants were then deconstructed and interpreted to obtain data. The data was analysed using IPA. It was labour intensive as all fifteen reflective essays needed to be read line by line several times. The IPA approach aims to provide evidence of the participants making sense of phenomena, and at the same time the researcher must make sense of the documents from an emic and an etic perspective (Pietkiewicz & Smith 2014:7-8).

2.10.3 Phase III

During Phase III the stories were validated with the midwifery education experts for application as a teaching strategy. The role of the midwifery experts was to validate the four selected reflective stories obtained from the Phase II analysis. Selection of the experts was based on their varied areas of experience. The first expert is experienced in midwifery education, the second expert in midwifery practice and administration and the third expert is an international midwife, with a PhD in Education and an ICM member.

The work experience of the midwifery experts includes the following: expert one has 32 years of experience in midwifery education, a teaching diploma and bachelor's degree in nursing and midwifery programmes in Uganda. The second expert has 34 years of midwifery clinical practice with experience working in labour ward and in a national referral hospital as practitioner and administrator in Uganda. The third midwifery expert was chosen because she is an international midwife, and a scholar from United Kingdom (UK), with more than 49 years of experience in nursing and midwifery education and practice in the UK. She is currently an active member of ICM and working on a contract basis as the Director of Midwifery Programme at the AKU-SoNaM, East Africa, Uganda Campus. She served as a local mentor to the researcher on Uganda campus.

Validation of Phase II stories from the three experts with different midwifery backgrounds and experience enabled all the key components of the course learning outcomes of the midwifery programme to be covered, meeting the curriculum and quality standards of care in a midwifery education programme.

The three midwifery experts consented to assess the four stories (selected by the researcher from the fifteen coded reflective essays (R1 to R15) and validate the selected four stories. They were provided with copies of all the original stories, not just the final four. This allowed them to assess whether any of the other stories could have been more relevant. None however chose another story than the four selected by the researcher.

The four validated stories/essays selected from Phase II and validated in Phase III were submitted to the primary supervisor for her final review and provisional approval for inclusion as the four validated contextual reality stories to be developed into an educational package using storytelling as an innovative teaching strategy in Phase IV. It would be used to teach midwives in the classroom how to manage ta mother with postpartum haemorrhage.

2.10.4 Phase IV

The Phase IV objective was to develop an educational package on storytelling as an innovative strategy for teaching midwives. The validated stories were included in the development of the Innovative Educational Package on storytelling. The four stories included are as follows:

- Story 1 narrating on the incidence of “Delay 3”
- Story 2 narrating on the incidence of “Delay 1 and 3”
- Story 3 narrating on the incident on “Delay 1, Delay 2 and Delay 3”
- Story 4 on “No Delays”

The outline of the content of the educational package on storytelling for teaching nursing and midwifery students includes the following:

- Lesson plan template blank outline view.
- Completed/filled-in sample lesson plan for Story 1 classroom storytelling session (educator instruction guide on how to write a lesson plan for other story sessions).
- Instructions for step-by-step approach for educators to conduct the story telling session.
- Four validated stories with their guiding questions for classroom discussion.
- Art diagram for story 1, story 2, story 3 and story 4.
- Verbal feedback from students on storytelling classroom session.
- Student evaluation form on storytelling session.
- Student feedback form on using storytelling strategy in midwifery/nursing education.
- Educators quick reference source for storytelling classroom session.

After completing the development of Phase IV “Storytelling: An innovative teaching strategy for teaching midwives” the researcher, under the guidance of the primary supervisor, sent the educational package for expert review by fourteen expert reviewers (national and international).

Table 2.1 provides a summary of the data collection process.

Table 2.1 Phases of data collection process

Phases of data collection	Objectives for each phase of data collection	Summary of activities adopted at each phase of data collection process
Phase I subphase 1	Objective 1: To explore and describe the meaning of the concept storytelling as a teaching strategy in midwifery education	Integrative literature review was done
Phase I subphase 2	Objective 2: To explore the experiences of the midwives in managing midwifery health care incidents through reflective essays	Received 15 coded reflective essays from Phase I subphase 2 study participants
Phase II	To develop stories from the reflective essays that will be used in the development of an innovative teaching strategy	Four stories were developed from Phase I subphase 2 reflective essays
Phase III	To validate the stories with midwifery education experts for accuracy and application as a teaching strategy	Validated the four selected stories with the three identified midwifery experts
Phase IV	To develop an educational package on storytelling as an innovative teaching strategy for teaching midwives	Developed storytelling an innovative teaching strategy for teaching midwifes

2.11 DATA ANALYSIS

2.11.1 Phase I subphase 1

An integrative literature review was done to explore and describe the meaning of the concept storytelling as a teaching strategy in midwifery education. The purpose of the integrative literature review was to explore and describe the meaning of the concept 'storytelling as a teaching strategy in midwifery education'. The literature review formed Phase I subphase 1. Data collected from the Phase I subphase 1 literature review was used to develop an innovative educational package on storytelling as the outcome of the Phase IV findings.

The process of conducting an integrative literature review was done using the following stages: problem formulation (problem identification), literature search, data evaluation, data analysis, and presentation (Whittemore & Knafi 2005:548, 552). The integrative literature review explored storytelling as an effective teaching strategy for students to enhance learning from experience and to reflect on their own experience. Kirk, Tonkin, Skirton, McDonald, Cope and Morgan (2013:518) explain that storytelling has been used as powerful education medium in many

professions. Similarly, Paliadelis and Wood (2016:39) also highlighted the use of storytelling as an educational tool and means of supporting students to reflect on and re-imagine practice. The literature review processes, and the steps involved are explained in detail in the integrative literature review in Chapter 3.

2.11.2 Phase I subphase 2

In Phase I subphase 2 study participants used guidelines based on Gibbs (1988:n.p), to achieve objective 2: to explore the experiences of midwives in managing midwifery health care incidents through reflective essays. All fifteen participants in Phase I were female final year midwifery students enrolled for bachelor's degree in midwifery after completing their diploma in midwifery. All the study participants had more than two years of experience in midwifery practice and were employed and enrolled in a work-study programme. Seven of the participants worked in a national referral hospital, two participants worked in non-profit private hospitals, three in private for-profit hospitals and three of them in health centre IVs. None of the consented participant experienced any distress while recalling the incident. All fifteen participants consented to participate in the study, and their reflective essays were received within the stipulated study period. In order to ensure anonymity, the reflective essays were coded with a unique number from 1 to 15 preceded by a capital letter R (R1 to R15). The first participant was R1 and the last R15.

The reflective process in Phase I subphase 2 was guided by the following steps as depicted in Figure 2.3.

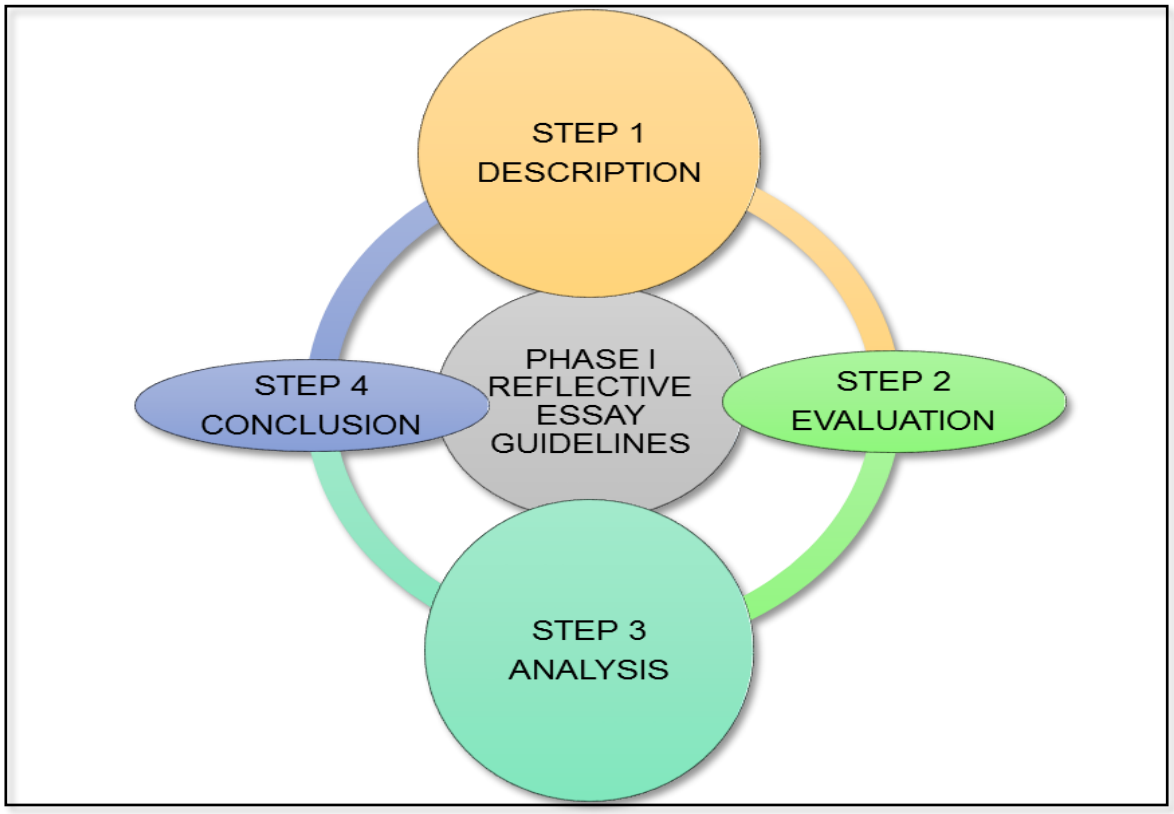


Figure 2.3 Reflective essay guidelines (Phase I subphase 2 instrument)

(Arumugam, Balaji, Narayanan, Kathiravan & Nagalingam 2017:47)

A "reflective essay" is the result of an analytical practice in which the researcher writes down a real or imaginary scene, interaction, passing thought, or memory, adding a personal reflection on the meaning of the item or incident, thought, feeling emotion or situation in his other life (Arumugam et al 2017:47). There are several types of reflective cycles. They include the Gibbs Model of Reflection, Kolb's Reflective Cycle, Rofle's Framework for Reflective Practice and Joh's Reflective Cycle. The Gibbs Model of Reflection cycle is one of the commonest theoretical models of reflection. It includes several phases. The *Description* phase includes information on an event in the researcher's own language, followed by feelings/thoughts, with the person revealing their own thoughts and creating awareness, good or bad, about the event. *Evaluation* is one of the very important stages in which the person comes to a decision and starts evaluating. At this stage the person can rate or judge the event or the situation. The Analysis phase is similar to the evaluation phase, and the person gets a clear analysis of the event. In the *Conclusion* phase the person get a clear idea about the *Do's and Don'ts* of the event. This is followed by an *Action plan* − after clearly understanding the context of the event a person can derive a better action plan for the future by applying innovative ideas (Arumugam et al 2017:48).

The Gibbs Model of Reflection was utilised to help the participants share their experiences in sequences. One of the most popular theories related to reflective practice is this model by Gibbs, which helps students achieve higher levels of thought processes and enhances their lifelong learning skills (Tawanwongsri & Phenwan 2019:2). The Gibbs Model of Reflection assists in identifying the critical incidents and provides more light to reach a solution; and promotes critical thinking and reasoning. The Phase I subphase 2 research instrument in Annexure E, based on the Gibbs Model of Reflection guidelines, helped the participants express their thoughts in systematic way to elaborate the critical incidents, feelings and how they were able to learn from the incident after considering the various factors that led to a particular incident.

To achieve the critical thinking skills in providing quality care, students need to be prepared to analyse and evaluate the solutions for the problems in their assigned clinical roles and areas of responsibility and to promote evidence-based holistic care. Developing the reflective contextual stories in an actual learning situation and sharing experiences in managing similar conditions in different clinical setting will make the learning more realistic. Analysis of Phase I subphase 2 reflections enabled the selection of reflective stories to include in an innovative teaching strategy.

2.11.2.1 Theoretical underpinning of interpretative phenomenological analysis

Alase (2017:9) stated that IPA as a qualitative approach provides an ideal opportunity to understand the innermost deliberation of the 'lived' experiences. IPA aims to capture and explore the meanings that participants reflect about their experiences. In today's research arena IPA is viewed as appropriate to use when individuals experience similar events and need to have their unique voices heard or tell their own story (Bowden 2019:47). In this study the Phase I subphase 2, research participants reflected on their experiences on managing a mother with postpartum haemorrhage in their clinical settings while using the instrument based on the Gibbs Model of Reflection. IPA is committed to the systematic exploration of personal experience (Noon 2017:45) and is a good approach for use in educational research where traditional phenomenological approaches might prevent the freedom to express unique experiences in totality (Creswell & Poth 2018:81). Participants are the experts on their own experiences and provide researchers with an understanding of their descriptions, evaluations, analyses and conclusions, through their own stories/essays. The values and personal experiences of the researcher are essential in the interpretation of the participants' experience (Pietkiewicz & Smith 2014:7-8) and this process is known as double hermeneutics because participants are trying to make sense of their world, whilst the researcher is trying to make sense of the participants trying to make sense of their world (Bowden 2019:45).

The findings from the IPA will help the researcher identify two main aspects:

- the use of broad knowledge principles and understanding them in local context, highlighting what works in 'your' setting and what doesn't work in 'most' settings
- to explore people in particular contexts who have shared a similar experience (Charlick et al 2016:213).

A successful analysis is interpretative, so the results are not given the status of facts, transparent (grounded in example from the data) and plausible (to participants, expert validators, supervisors and general readers) as stated in (Bright, Hutchinson, Oakes & Marsland 2018:405). Jeong and Othman (2016:562) suggested that the IPA practice from a realist perspective helps to go beyond postmodernism paradigms that seem to exert considerable influence on qualitative research in education, as part of their implications in their study on using IPA based on realism for educational research.

IPA is a contemporary qualitative methodology first developed by psychologist Jonathan Smith (Noon 2017:75). IPA provides a framework to explore individuals lived experiences (Charlick, McKellar, Fielder & Pincombe 2015:50). IPA has three influences: phenomenology, hermeneutics and ideography. Phenomenology is a philosophical approach to the study of experience. The goal is to explore lived experience phenomena so that they can be communicate to the outside world (Charlick et al 2015:49). As such IPA, is not 'simply descriptive'; the researcher is required to present an interpretive account of what 'it means' for a respondents to have such experiences, within their particular context (Noon 2018:75). In this study the focus was on the context-dependent life words of participants, reliant upon social, historical and cultural factors as reflected by Phase I subphase 2 participants' reflective essays.

The second theoretical underpinning of IPA is hermeneutics. Hermeneutics is the "practice or art of interpretation" and involves "the restoration of meaning" (Noon 2018:75). The aim of hermeneutics is to provide surer foundation and processes for interpreting text (Charlick et al 2015:49). Hence in this study hermeneutics facilitates the meaning within the participants reflective stories to be interpreted, providing a deeper level of analysis. IPA dictates the requirement of double hermeneutic: "the participant is trying to make sense of their personal and social world; the researcher is trying to make sense of the participant trying to make sense of their personal and social world" (Noon 2017:45). The objective is therefore, to obtain a description which gets as 'close' to the respondent's view as is possible.

The third influence upon IPA is concerned with the individual and their particular circumstances which operates in two levels: firstly, in the sense of detail, with a thorough systematic depth of

analysis; and secondly from the perspective of particular people in particular context (Charlick et al 2015:49). IPA can provide a framework for a study in which participants can reflect on their experiences in managing a mother with postpartum haemorrhage (Charlick et al 2015:50). IPA seeks to capture the convergence and divergence, of Phase I reflective essays and focuses on the deep reflection of a few rather than the general insights of many. In Phase I subphase 2 the experiences of the midwives in managing midwifery health care incidents were explored through the fifteen coded reflective essays using the Phase I subphase 2 research instrument (Annexure E).

2.11.3 Phase II

In Phase II objective four, stories were developed from the reflective essays that were be used in the development of an innovative teaching strategy. The main factors that prevent women from receiving or seeking care during pregnancy and childbirth are poverty, distance to facilities, lack of information, inadequate and poor-quality services, and cultural beliefs and practices (WHO 2018:n.p). Thaddeus and Maine's (1994) Three Delay Model was used to study the underlying causes, treatment, prevention and management in each reflective essay. According to Thaddeus and Maine's (1994) Three Delay Model, the delay in seeking care, reaching a health facility, and receiving appropriate care feed into each other (Mukuru, Gorry, Kiwanuka, Gibson, Musoke & Ssengooba 2021:3). From the fifteen reflective essays, four different reflective stories were identified based on the themes and subthemes using the Thaddeus and Maine's (1994) Three Delay Model. IPA allowed participants to reflect on their experiences of managing a mother with postpartum haemorrhage without any distortions and prosecutions. By using IPA in this study, the focus was on describing what all participants have in common as they experience a phenomenon and has enabled them to share experiences in the form of a reflective essay on managing a mother with postpartum haemorrhage which is an obstetric emergency. IPA provided an ideal opportunity to understand the innermost deliberations of the "lived experiences that aimed to capture and explore the meanings that participants reflected about their experiences. IPA is committed to the systematic exploration of personal experience (Noon 2017:45) and it is a good approach for use in educational research where traditional phenomenological approach might prevent the freedom to express unique experiences in totality (Creswell & Poth 2018:81). The findings from the IPA assisted in identifying two main aspects, namely (1) the use of broad knowledge principles and understanding them in a local context, highlighting what works in 'your' setting and what does not work in 'most' settings; and (2) to explore people in particular contexts who had shared similar experiences. Four different stories were identified from those coded Phase I reflective essays and they, along with other remaining eleven coded reflective essay stories, were send for validation to the midwifery experts in Phase III.

Table 2.2 Summary of Phase I subphase 2 analysis of coded reflective essays using Thaddeus and Maine's (1994) Three Delay Model

Coded reflective essay	Delay 1	Delay 2	Delay 3	Delay summary
R1		√	√	Delay 2 & 3
R2	√	√		Delay 1 & 2
R3			√	Delay 3
R4			√	Delay 3
R5			√	Delay 3
R6			√	Delay 3
R7			√	Delay 3
R8			√	Delay 3
R9		√	√	Delay 2 & 3
R10			√	Delay 3
R11	√		√	Delay 1 & 3
R12			√	Delay 3
R13			√	Delay 3
R14			No delays	No delays
R15	√	√	√	Delay 1, Delay 2 & Delay 3

2.11.4 Phase III

Objective four was to validate the stories for accuracy with midwifery education experts. Phase II stories were validated by three experts who have different perspectives and a combination of national and international experience in different fields of nursing and midwifery (education, service and administration and research). The in-depth detail of the expert review process and standards to assess the quality of phenomenology involved in story validation is explained in chapter 5. Prior to analysing of Phase I reflections, the Phase I participants' identifiers were removed and the reflective essays were each provided with a code numbered ranging from R1 to R15 for reference during investigator discussions.

Data was analysed used a thematic content analysis method to illuminate underlying thematic patterns. As a qualitative (phenomenology) researcher, it is the role and responsibility of the researcher to investigate and interpret the impact of the research subject-matter on the 'lived experiences' of the research participants (Alase 2017:13).

In Phase I subphase 2 the data was analysed inductively, building from particular to general themes; and interpretating the meaning of the data (Creswell & Poth 2018:305). In this study the data was generated from of the participants' experience in managing a mother with postpartum haemorrhage using the reflective essays written by the participants. Many researchers prefer to

use written narratives to the spoken word because such notes permit participants to think about what they wish to share and their experience (Streubert & Carpenter 2013:40).

The Phase I subphase 2 coded reflective essays (R1 to R15) were read line by line and analysed using an inductive process in order to understand the meanings the participants assigned to their experience under each of the four themes (Delay 1, Delay 2, Delay 3, and No delay) and four categories (description, evaluation, analysis and conclusion).

Table 2.3 Phase I subphase 2 coded reflective essay analysis summary displaying the causes leading to Three Delay Model

Coded reflective Essay	**Delay 1**	**Delay 2**	**Delay 3**	**Causes leading to delay for each reflective essays (R1 − R15)**
R1		√	√	− One midwife on duty − Delay in reaching the health facility due to lack of human resources to help − No transport − Two mothers on active stage of labour − Lack of supplies − **Delay 2 & 3**
R2	√	√		− No proper antenatal follow-up − Failed to diagnose twins − Prolonged labour − Referred after 8 hours to the health facility − **Delay 1 & 2**
R3			√	− Silent postpartum haemorrhage at hospital − Mother was not monitored during the fourth stage of labour − **Delay 3**
R4			√	− Hospital delivery − Improper assessment − Death in theatre. − Previous history of postpartum haemorrhage, anaemia, DIC − Mismanaged third stage of labour not knowing the past history of the mother − **Delay 3**
R5			√	− Grand multiparity − Hospital delivery − One staff on duty − Lack of human resources − **Delay 3**
R6			√	− Delay in decision-making − Negligence − Lack of resources

Coded reflective Essay	Delay 1	Delay 2	Delay 3	Causes leading to delay for each reflective essays (R1 − R15)
				− Eventually lost the mother and baby in the hospital − **Delay 3**
R7			√	− Death of the newborn − Lack of assessment − Negligence − Unethical reasoning − **Delay 3**
R8			√	− Lost primi mother in labour ward due to improper follow-up and immediate action − Preventable cause leading to death at hospital − **Delay 3**
R9		√	√	− Lack of adequate facilities at health centre in meeting the emergencies − Death of the mother after delivery − Preparedness of the mother to seek well equipped hospital for managing postpartum haemorrhage was not educated to the mother − **Delay 2 & Delay 3**
R10			√	− Failing to assess and do measures appropriately to mother's complaints − Delayed assessment − Delayed interventions − **Delay 3**
R11	√		√	− Postpartum haemorrhage − Single mother − No attender − No staff~~s~~ for help − Lack of resources like (plaster to secure the IV site, blood transfusion, 24 hours lab facilities) − Poverty − No job − Anxiety and stress − Lack of infection prevention control measures − Work overload − Role strain − Lack of support − Lack of teamwork model − No time for break − Increased number of patients − Self-motivation − Lack of mentors and role modelling

Coded reflective Essay	Delay 1	Delay 2	Delay 3	Causes leading to delay for each reflective essays (R1 − R15)
				− Lack of supervision − Lack of recording and documentation − Lack of follow-up − Lack of assessment − Lack of accountability − Unethical behaviour of being on duty on time − Lack of auditing of maternal records − Lack of counselling − No proper discharge plans for the mother − Lack of safety and security for the patient and staff − Mother getting absconding from the ward due to no staff looking for bringing food from home − **Delay 1 & 3**
R12			√	− Lack of assessment − Lack of resources − Lack of staffs − Lack of supervision − Lack of birth preparedness − Lack of documentation − Lack of infection prevention control measures − Poverty − Low socioeconomic background − Anaemia − Lack of spacing − Lack of follow-up − Role strain for the mother for regular follow-up − Increased workload for staffs − **Delay 3**
R13			√	− Lack of teamwork − Unethical behaviour of the duty staff due to personal grudge − Anxiety of the medical personnel managing their own family members − **Delay 3**
R14			No delays	− Previous experience of postpartum haemorrhage by the mother − Mother is well aware to make decisions and reached the facility on time − Good assessment made by the staff − Good teamwork in managing the mother with postpartum haemorrhage

Coded reflective Essay	Delay 1	Delay 2	Delay 3	Causes leading to delay for each reflective essays (R1 − R15)
				− Mother and team was happy with the outcome of the management − **No delay**
R15	√	√	√	− Delivery by unskilled TBAs − Delay 1 in decision making − Delay 2 to reach the health facility − Mismanagement of the third stage of labour − Hasty delivery − More chance of puerperal infection and postpartum haemorrhage − Lack of infection prevention control measure − Lack of facilities at health centre − Lack of resources − Delay 3 in obtaining adequate treatment at health facility − Lack of emergency preparedness − Slow to act and manage − Lack of accountability − Lack of commitment − Lack of knowledge and skills − Unethical behaviour − Death of the mother − **Delay 1, Delay 2 & Delay 3**

2.11.5 Phase IV

Phase IV explains the steps taken to meet objective five: to develop an educational package on storytelling as an innovative teaching strategy for teaching midwives. Bano et al (2020:1) state that one of the time-tested techniques that engages students is storytelling, theme-based storytelling provides a unique, unexpected, and enjoyable experience to the postgraduate midwifery nursing students. The researcher, after an in-depth review of the available relevant literature felt that little had been published explaining the benefits of using storytelling in midwifery education. There is scope for future research exploring storytelling as a foundation of the midwifery education.

The findings of this study enabled the development of an educational package on storytelling which would help teachers appreciate the need to be educated in understanding the value of storytelling and the need for spontaneous and powerful storytellers. Midwifery and nursing educators also need to be skilled in the process of storytelling (Flanagan 2015:181). One of the

key preparations is planning for the storytelling session. Good preparation is essential to maximise the strategy of storytelling. Using a lesson plan (see Table 6.9) ensures the key points are included and the story is logical and relevant.

The innovative storytelling educational package includes an educator instruction guide on storytelling, as well as the four validated stories and their associated art pictures, discussion guiding questions (for educators and students). It also includes evaluation forms for both the storytelling session, and the student evaluation of the storyteller.

2.12 ETHICAL CONSIDERATIONS

The consideration of ethical issues is crucial throughout all the phases of this qualitative study to keep balance between the potential risks of research and likely benefits of the research outcome. In this study the researcher took the responsibility to ensure participants had the choice to become involve in the study or not. The participants' identity was protected throughout the recruitment and dissemination process, and clear and honest research reporting was promoted by following the steps of the ethical considerations.

The ethical dilemma inherent in issues surrounding informed consent, anonymity and confidentiality, data generation, treatment, publication, and participant-researcher relationships are reviewed considering the unique issues They help to determine the difference between acceptable and unacceptable behaviours. The researcher must be open to the possibility of new, and up to date, unexamined ethical concerns related to qualitative research that emerge in the design and conduct of qualitative investigations (Streubert & Carpenter 2013:61).

Ethical clearance was obtained from the Higher Degrees Committee, Department of Health Studies at UNISA (HSHDC/633/2017) (Annexure A). Permission was obtained from Uganda National Council for Science and Technology (UNCST) (Annexure B2). Study site permission was obtained from the Dean, Aga Khan University College of Nursing and Midwifery, East Africa (Annexure C).

2.12.1 Autonomy

Ethical considerations are an important aspect of research. They help to determine the difference between acceptable and unacceptable behaviours. The ethical dilemma inherent in issues surrounding informed consent, anonymity and confidentiality, data generation, treatment, publication, and participant-researcher relationships are reviewed in light of the unique issues that emerged in the design and conduct of qualitative investigations. Brink et al (2018:35-38) explained

the necessity of implementing ethical principles like *autonomy, justice* and *beneficence*. The protection of human subjects through the application of appropriate ethical principles is important in all research studies. In this qualitative study, ethical considerations have a particular resonance due to the in-depth nature of the study process (Arifin 2018:33).

Autonomy is maintained when participants and institutions have the right to self-determinism and protection, thus individuals and institutions have the right to be fully informed about, and to withdraw from, the research (Brink et al 2018:39). The respondent's right to self-determination at each phase of the study was respected. Self-determinism means respect for human dignity (Polit & Beck 2017:140).

Autonomy also includes that participants will not be identified. Anonymity of the participants was guaranteed both while using quotes during publications and scientific presentations, and by keeping participants information confidential. Written consent was obtained after explaining the details of the study (Streubert & Carpenter 2013:61).

Participation must be voluntary thereby supporting the principle of respect for persons which indicates that people should be treated as autonomous, with the right to self-determination and freedom to participate or not participate in the research (Grove et al 2018:98).

2.12.2 Informed consent

Informed consent is an ethical principle that requires the obtaining of voluntary participation, after individuals are informed of possible risks and benefits (Polit & Beck 2017:731). Informed consent does not mean simply completing and signing the consent form. The participants of this study were provided with a participant information leaflet, which explains the purpose of the study, and other relevant information such as confidentiality, potential benefits, security of the data and information regarding the communication of the findings of the study (Grove et al 2018:264). (Annexure F).

Before obtaining consent from the study participant, the reason for inviting them to participate was explained to each person, as was the nature of their participation and the purpose of the study. It was explained that their participation was voluntary, and they could withdraw from the study at any time without any penalties. Potential benefits of taking part in this study, such as sharing their experience, will contribute to the development of an educational package for the midwives in the study.

All participants in this study were adults over 18 years of age. Informed consent focussed on areas such as disclosure, and voluntary consent to take part in the study and was ensured by the researcher (Grove et al 2018:111). Study participants were assured that they might withdraw from the study at any time without personal consequences.

The researcher's contact details were left with each participant letter, in case they had further questions. The extent and general circumstances of sharing the information (e.g. that the researcher is a student and has to share the information with her supervisor when a need for guidance arises) was explained to each participant. A similar procedure was followed to obtain consent in Phase III in order to validate the stories with midwifery education experts. Finally, consent was needed for the Phase IV expert review process so that experts from the different fields of expertise (education, clinical practice, pedagogy, research, leadership and administration) could assess the selected stories that were used to develop an educational package on storytelling. as an innovative teaching strategy for teaching midwives.

2.12.3 Potential risks (non-maleficence)

Participants must not be harmed, thereby supporting the principle of beneficence. No physical risks were envisaged, but the student midwives might have become distressed whilst recalling their experiences. Issues such as the potential distress that might arise while recalling, through their reflective essays, their past experiences managing a mother with postpartum haemorrhage, was discussed. This was well explained to each individual before they were given the consent form. None of the study participants have experienced any mental distress while recalling their reflective essays. However, the researcher had briefed the university appointed on-site counsellor in case their intervention or support became necessary.

2.12.4 Data storage and disposal

Confidentiality refers to the protection of participants' data to ensure it is not publicly divulged without the consent of the participants (Polit & Beck 2017:723). All documents and records were stored securely with the principal investigator and at UNISA. The collected Phase I reflective journals containing the essays were stored in a password protected computer to which only the researcher had access. Hard copies of the reflective essays will be stored by the researcher for a minimum of ten years after completion of the study, in a locked filing cabinet in the university research department for future research or academic purposes.

Future use of the stored data will be subject to further Research Ethics Review and approval, if applicable. Hard copies will be shredded, and permanently deleted from the hard drive of the

computer using an appropriate computer software programme. The principal investigator will be responsible for secure storage and will be the only person to have access to the reflective notes of the participants. All reflective essays were anonymised with the name being replaced by a code which was used when the stories were reviewed by experts. No field workers or research assistants were involved in data collection analysis.

2.12.5 Researcher-participant relationship

The private and intimate nature of the relationship imposes unique constraints and raises distinct ethical issues for investigators using qualitative methods. Polit and Beck (2017:82) stated that the nature of the researcher-participant relationship has an impact on the collection and interpretation of data. The researcher created and maintained a respectful relationship with each participant, which included being honest and open about the purpose and methods of the study. The researcher explained the nature and aim of the research on a one-to-one basis and obtained informed consent from participants to avoid ethical issues. After receiving the informed consent, the study participants handed in their reflective journal either in person (hard copy) or emailed (digital) them, within the stipulated period. Coded reflective essays of the study participants were analysed using The Three Delay Model, and the reflective "quotes" reflected by the study participants enabled the researcher to develop the educational package. The evidence is shared in excerpts of story analysis in as contained in Annexure F. The below Table 2.4 sets out the areas of ethical considerations applied in this study.

Table 2.4 Ethical considerations

Ethical consideration	Ways in which it was implemented
Autonomy	• Detail information to the study participants Phase I subphase 2: − Purpose − Instruction for writing a reflective journal • Consent from university • Consent from UNCST (In-country Ethics Review Board) • Permission from study site • Consent from Phase III experts to validate the selected stories for developing the innovative educational package
Informed consent	• Voluntary consent • Voluntary participation • Right to withdraw • Privacy • Anonymity of the participants is assured while using quotes • Benefits of taking part in this study
Any potential risks (non-maleficence)	• No physical harm

Ethical consideration	Ways in which it was implemented
	• Management of emotional discomfort while recalling the past experiences while writing reflective journal • Appointed university campus student counsellor to address the emotional discomfort, if any
Data storage and disposal	• Confidentiality ensured using codes on each of the reflective essays • Coded essays saved in a password protected computer accessible only by the researcher • Coded hard copies of the Phase I reflective essays kept in locked cabinet accessible only by the researcher • All anonymised data securely stored for a period of 10 years in accordance with the university Stirling Code of Good Research Practice. • All anonymised data securely disposed of after a period of 10 years in accordance with the university Stirling Code of Good Research Practice • Required procedure followed for the use of stored data for • further studies, in accordance with the university requirements of Data Protection Act
Researcher-participant relationship	• Respect • Privacy • Voluntary participation • No physical harm • Honest with study participants • Right to withdraw • Participants right to not be exploited applied by the research at each phase of the study.

2.13 TRUSTWORTHINESS

Trustworthiness and validity in research ensure that the qualitative research is plausible, credible, trustworthy, and defensible (Johnson & Christensen 2017:264). The trustworthiness or truth value of qualitative research and the transparency of the conduct of the study are crucial to the usefulness and integrity of the findings (Connelly 2016:435). The model of trustworthiness proposed by Lincoln and Guba (1985) addresses five components, namely credibility, transferability, dependability, confirmability, and authenticity. Quality in interpretive research design can be achieved through the elements of credibility, confirmability, dependability, and transferability. In Table 2.1 all five components are concisely summarised to indicate how they were implemented in the study to ensure trustworthiness in research process.

2.13.1 Credibility

Credibility in this context refers to confidence in the truth of the data and interpretations of data (Polit & Beck 2017:323). Credibility deals with the accuracy of the data. Credibility makes research "worth paying attention to" (Lincoln & Guba 1985:290). During the process of obtaining consent from Phase I participants, spent sufficient time was spent explaining the study purpose, and why they were selected as participants for the study. It was explained to the study participants that the study aimed to capture the reflection of midwives who have direct experience in managing midwifery health care incidents, especially in handling an obstetric emergency. As experienced midwives, completing a bachelor's degree in midwifery, their reflections of their experiences were integral to the study. In Phase I subphase 2, the nature of their participation in the study was explaining that the participant would need to complete a reflective journal (called a reflective essay) in of their experiences. This was similar to those they had already completed as part of their studies.

It was explained to students that they would use the Phase I subphase 2 instrument guidelines to write a reflective essay on their experiences and thoughts on managing a midwifery health care incident, specifically on managing a mother with a postpartum haemorrhage. Participants were assured that written guidance for completing the journal would be provided, and the reflection could be left with the researcher in person or emailed. The potential benefit of taking part in this study − contribution to the development of an innovative educational package for midwives − was explained.

It was also explained that during the Phase II analysis the reflective essays would be read to determine the suitability of developing any one story into part of an educational package. If necessary, the participant might be contacted via WhatsApp or email to clarify a point in a story. The students willingly provided their contact details which were kept on a password protected laptop with the study data.

2.13.2 Dependability

This is the second criterion in the Lincoln-Guba framework, which refers to the stability (reliability) of data over time and conditions (Polit & Beck 2017:559). In Phase III, to validate the developed stories of Phase I subphase 2, for accuracy, three experienced midwifery educators who had consented to validate the stories were used. Their experience ranged from 30 to 47 years' clinical work experience in Uganda as well as university teaching at the Aga Khan University. The experts helped to validate and select the best stories to contribute to the development of the innovative education strategy on storytelling.

2.13.3 Confirmability

Confirmability refers to the objectivity, which is the potential for congruence between two or more independent people about the data accuracy, relevance, or meaning (Polit & Beck 2017:323). This criterion is concerned with establishing that the data represents the information participants provided, and not on the interpretation of imaginary data. In this study, the researcher ensured that the findings reflect the participant's reflective thoughts and the conditions of inquiry, and not the researcher's biases, motivation, or perspectives. Eusafzai (2014:181) refers to (Dieble (2008) stating that confirmability implies the ability of the researcher to hinder his/her biases from impinging on his/her interpretation of the participants' perceptions. This was reinforced through the Phase III validation of getting the experts' opinions as independent reviewers to check for objectivity and consistency.

2.13.4 Transferability

Transferability refers to the potential for extrapolation, i.e. the extent to which findings can be transferred to, or have applicability in, other settings or groups (Polit & Beck 2017:560). Study transferability was supported with a rich, detailed description of the context, location and people studied, and by being transparent about the analysis and trustworthiness (Connelly 2016:435).

Sufficient descriptive data from the study findings has been provided to enable readers to evaluate the applicability of the data in other contexts. Someone interested in making a transfer into another area of interest can reach a conclusion about whether stories could be used as ab innovative teaching strategy in another context.

2.13.5 Authenticity

Authenticity refers to the extent to which a range of realities has been shown fairly and faithfully (Polit & Beck 2017:560). When a text achieves authenticity, readers are better able to understand the lives being portrayed "in the round" with some sense of mood, feeling, experience, language, and context of those lives. Realities captured from the phenomena of the reflective essays will be captured in the four selected stories while developing the educational package.

Table 2.5 Trustworthiness

Strategy	Criteria	Application by researcher
Credibility	Truth value	• Obtaining consent from Phase I subphase 2 and Phase II participants • Explained of the purpose of the study to the study participants • In Phase I and Phase II the nature of participation was well explained • Phase I and Phase III participants were provided with guidelines for writing the reflective essay and to validate the reflective stories for developing educational package • Potential benefit of taking part in this research was well explained • All coded reflective essays of Phase I subphase 2 study participants were saved in a password protected computer
Dependability	Stability (reliability) of the data	• To validate the developed stories of Phase I subphase 2 for accuracy, three experienced midwives from various backgrounds (education, clinical practice, administration and research) used • Findings could be verified if replicated with the same participants essays
Confirmability	Data accuracy, relevance, objectivity	• Findings reflect the participant's experienced in the reflective essay and the conditions of inquiry, and are not the researcher's biases, motivation or perspectives.\ • Phase III validation is reinforced by getting experts opinion from independent reviewers to check for objectivity and consistency.\
Transferability	Refers to the potential for extrapolation.	• Sufficient descriptive data from study findings were provided to enable the consumers to evaluate the applicability of the data in other contexts
Authenticity	Refers to the extent to which researchers fairly and faithfully show a range of realities (Polit & Beck 2017:560)	• The realities from the phenomena of the reflective essays were developed into stories for the educational package

2.14 SUMMARY

In this chapter, the reasons behind the selection of a qualitative approach and the philosophical underpinning of the qualitative research design by using interpretive phenomenology are explained. The application of the research technique and reasons for use in this study are clearly explained. Each step of the research process has fitted into the researcher's final design, approach and methods to produce the outcome of the study from Phase I subphase 1 integrative literature review, Phase I subphase 2 obtaining the reflective essays, Phase II developing the stories from the reflective essays leading to the next process in Phase III, the validation of the reflective stories. In Phase IV an innovative educational package using storytelling is developed.

The next chapter discusses the integrative literature review. The integrative literature review formed the first subphase in Phase I.

CHAPTER 3

INTEGRATIVE LITERATURE REVIEW (PHASE I SUBPHASE 1)

3.1 INTRODUCTION

Toronto (2020:1-2) describes the integrative literature review as a review that "looks more broadly at a phenomenon of interest than systematic reviews and allows for diverse research, which may contain theoretical, methodological literature to address the aim of the review". Christmals and Gross (2017:7) state that reviews are vital in the academic and clinical nursing community.

The purpose of the integrative literature review was to explore and describe the meaning of the concept 'storytelling' as a teaching strategy in midwifery education as set out in Phase I subphase 1 of the study. Lubbe, Ten Ham-Baloyi and Smith (2020:308-309) explained that the findings of the integrative literature review help in summarising multiple instances of evidence, addressing problems and allows researchers to go beyond an analysis and synthesis of primary research findings and provide new insights and summarised knowledge. The integrative literature review process helped in establishing familiarity and a more comprehensive understanding of the research topic on storytelling and its analytical evidence, methods, gaps, and findings than what was already known. It enabled the development of an innovative educational package on storytelling as the outcome of the Phase IV findings, based on the reflective essays by the Phase I subphase 2 study participants.

An integrative review is a non-experimental design in which researchers objectively critique, summarise, and make conclusions about a subject matter through a systematic search (Christmals & Gross 2017:7). The aim of the integrative review was to understand the meaning of the concept 'storytelling' in order to use storytelling as a teaching strategy in midwifery education. A review could also benefit future research and help to provide recommendations on how to employ storytelling as a teaching strategy in nursing and midwifery education.

The stages of the integrative literature review were: problem formulation (problem identification), literature search, data evaluation, data analysis, and presentation (Whittemore & Knafi 2005:548, 552).

3.2 STAGES OF AN INTEGRATIVE LITERATURE REVIEW

Over the past years, many changes in nursing and midwifery education strategies around student engaged learning in the classroom, and the clinical practice learning environment, have taken

place. It is important that these developments are underpinned with good quality evidence in nursing and midwifery education, which is essential to promote the in-depth understanding of information, according to Breytenbach, Ten Ham-Baloyi and Jordan (2017:193). According to Orton (2020:1), the clinical learning environment is essential for the development of health care students' clinical training, clinical competence, and professional identity. In midwifery practice particularly, sharing of realistic clinical stories, enables students to understand others and feel empathy, and also help them to recall their experiences, fears and outcomes, when they come across similar conditions in their daily care at work.

3.2.1 Problem formulation (problem identification)

Storytelling is one of the oldest, most widely used and most effective strategies for teaching and learning across many cultures, as stated by Billings (2016), Lawrence and Paige (2016), Fawcett and Fawcett (2011), Haige and Hardy (2011), Hunter and Eder (2010) and Andrew, Hull and Donahue (2009) as cited in Timbrel (2017:305). Nursing and midwifery students have become accustomed to living in a fast-paced, easily accessible, highly technological world with easy access to multimedia. This challenges modern midwifery educators to find a way of teaching that catches the interests of students and focuses on learning in the classroom and practice settings. The value of the nursing and midwifery profession is communicated through storytelling as mentioned in Lawrence and Paige (2016:63). According to Fisch and Block (2018), review questions are directly linked to the problem formulation and are of concern where there is a gap in knowledge (Toronto 2020:16). This chapter highlights how storytelling as a teaching strategy can be applied to midwifery education.

The following question formed the basis of the integrative literature review:

- What is the meaning of *storytelling as a teaching strategy for midwifery students?*

Teaching, which captures the attention of students, is a very important aspect of classroom learning. Listening to class lectures for hours on end lacks stimulation or engagement and may result in a lack of attention. One strategy to capture and keep attention in the classroom that educators can use is the storytelling method. The purpose of this review was to explore the meaning of storytelling as a teaching strategy in midwifery education.

3.2.2 Literature search

An integrative review of the literature was conducted to determine the inclusion and exclusion criteria to focus on in the articles search. Application of inclusion and exclusion criteria can make

the amount of literature that needs to be screened more manageable and help to identify relevant papers for the review (Toronto 2020:17). Very few manuscripts relating to the use of narrative pedagogy or inquiry in relation to midwifery were identified, which was a surprise (Gould 2017:44). Initially, the search period was limited to the last five years, however, since very few articles were identified, the search period was extended to ten years from (2011-2021). All journal articles that were published in English over a 10-year period from 2011 to 2021 and that focused on storytelling as a teaching strategy in nursing and midwifery education were included. Midwifery educators were defined as those teaching undergraduate midwifery students. The following studies were included:

- Studies which specifically outlined strategies relating to improving storytelling skills among midwifery educators and midwifery students.
- Studies that highlighted the benefits and impact of a storytelling strategy on student engagement in both the theory and practical setting.
- Studies that specially evaluated storytelling teaching strategy among midwifery students.
- Qualitative studies, literature reviews, and qualitative research study reports were included as there were very few studies from nurse educators relating to storytelling strategy.

The aim of the search was to explore the evidence around storytelling as a teaching strategy in nursing and midwifery. Studies that did not meet the inclusion criteria were excluded. The inclusion and exclusion criteria were as follows:

Table 3.1 Inclusion and exclusion criteria

Inclusion criteria	Exclusion
• Published between (2011-2021) • Published in English • Primary research articles containing key search words related to storytelling, teaching strategy, teaching methods, midwives, nurses, midwifery student, nursing, and midwifery education • Peer-reviewed academic literature, systematic reviews, few grey literature items such as research reports, dialogues, and doctoral theses • Studies on midwifery educators, student participation or both, on storytelling teaching strategy, healthcare subjects including science and life science courses as a part of the course curriculum of an undergraduate nursing and midwifery programme	• Published prior to 2011 • Published in a language other than English • Any article other than primary research that did not contain the key words related to storytelling, teaching strategy, teaching methods, midwifery • Pure quantitative studies, theoretical studies and contributions that were not original reviews

In total, 14 articles were included after the 26 articles were undergoing a critical review (see explanation in section 3.4.2).

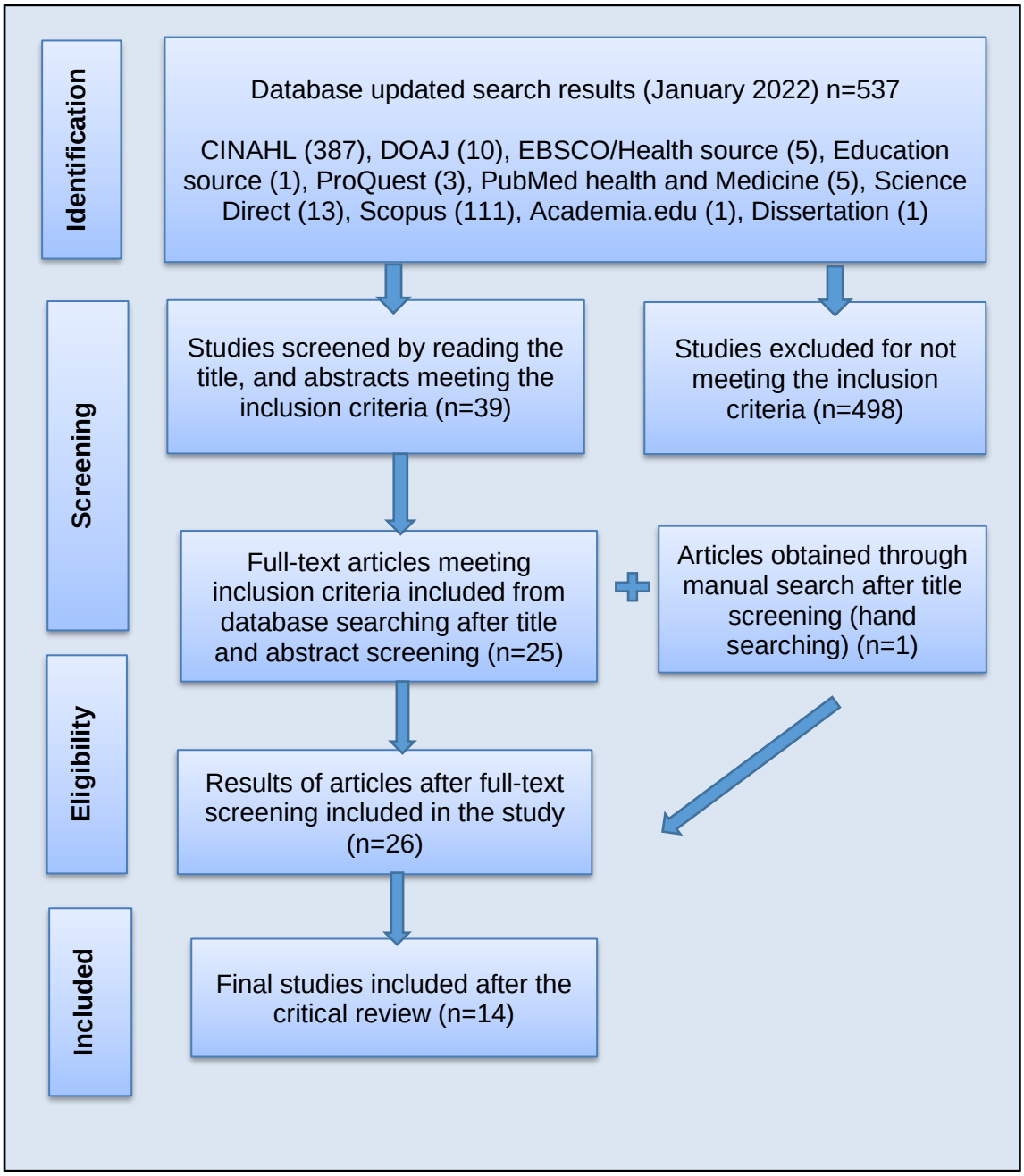


Figure 3.1 Literature search process adapted from PRISMA

(Page, McKenzie, Bossuyt, Boutron, Hoffmann, Mulrow et al 2021:n71)

Table 3.2 below is a tabulation of the number of articles included per database, before the critical literature review process. Hand-searched studies are also indicated as such on the table.

Table 3.2 Number of included articles per database (n=14)

Data base	Search terms	Total
CINAHL	Storytelling OR Teaching Method OR Teaching Strategy Or Midwives OR Nursing and Midwifery and Midwifery Students OR Midwifery Education	3
DOAJ	Storytelling OR Teaching Method OR Teaching Strategy Or Midwives OR Nursing and Midwifery Students OR Midwifery Education	2
EBSCO/Health source	Storytelling OR Teaching Method OR Teaching Strategy Or Midwives OR Nursing and Midwifery Students OR Midwifery Education	2
Education source	Storytelling OR Teaching Method OR Teaching Strategy Or Midwives OR Nursing and Midwifery Students OR Midwifery Education	1
ProQuest	Storytelling OR Teaching Method OR Teaching Strategy Or Midwives OR Nursing and Midwifery Students OR Midwifery Education	1
PubMed articles health and medicine	Storytelling OR Teaching Method OR Teaching Strategy Or Midwives OR Nursing and Midwifery Students OR Midwifery Education	1
Science direct	Storytelling OR Teaching Method OR Teaching Strategy Or Midwives OR Nursing and Midwifery Students OR Midwifery Education	1
Scopus	Storytelling OR Teaching Method OR Teaching Strategy Or Midwives OR Nursing and Midwifery Students OR Midwifery Education	1
Academia education	Storytelling OR Teaching Method OR Teaching Strategy Or Midwives OR Nursing and Midwifery Students OR Midwifery Education	1
Dissertation	Storytelling OR Teaching Method OR Teaching Strategy Or Midwives OR Nursing and Midwifery Students OR Midwifery Education	1 (hand searched)
Total		**14**

3.2.3 Data evaluation

Literature searches from various databases using the Cumulated Index to Nursing and Allied Health Literature (CINAHL), the Directory of Open Access Journals (DOAJ), the Information Service EBSCO/Health source, ProQuest, PubMed articles on Health and Medicine, Science Direct, the SCOPUS list of indexed journals, and a few grey literature items from other organisational reports such as Academia.edu and Doctoral Dissertations. The initial five-year date range returned insufficient relevant publications and was subsequently increased to ten years (2011-2021). The references cited in the retrieved studies were examined, as well as studies in Google Scholar that cited the retrieved studies. Within the context of midwifery education, the search terms relating to ‘storytelling’ or ‘teaching strategy’ or ‘teaching method’ or ‘midwifery

students' or 'midwifery education' were used. The Integrative Literature Review (ILR) process was done using:

- A description of all information sources, including databases, that were used; search results, such as year of publication, language, and publication status and search term used.
- A search diagram format that depicts the flow of information through different phases of the review. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) provided a flow diagram (Toronto 2020:23).

3.2.4 Data analysis

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) recommendations were used for preparing and reporting the integrative review (O'Connor, Jolliffe, Stanmore, Renwick, Schmitt & Booth 2017:1993). A total of 537 articles were identified. Of these articles, 498 did not meet the inclusion criteria. After screening the search inclusion criteria and removing the duplicates, 26 full-text articles were selected for further critical review analysis were obtained.

Searched review articles from databases (correct up to January 2022) are presented in Table 3.2. The researcher and a second reviewer independently reviewed the study titles and abstracts to remove duplicates and to include eligible studies. Confirmation of eligibility was based on reading the full texts. In addition, a hand-search was performed to include relevant doctoral theses. Articles which met the criteria for review were read and checked against the inclusion and exclusion criteria.

Following this process, a total of 14 articles were included in the review in Table 3.2. The first phase of screening was done by the researcher and co-supervisor. The primary supervisor of the research study served to resolve any issues that occur in determining the relevance of the titles, abstracts, and full text papers in order to ensure consensus. The data extraction showing the characteristics of the included articles is given in Table 3.6, providing an overview of the articles included in the review.

3.2.4.1 Quality appraisal

While conducting an integrative review, the quality of the data is central to the process Kutcher and LeBaron (2022:17). A quality evaluation during an integrative review involves multiple approaches where papers use similar research designs. A scoring system allows for comparisons between studies. Findings are evaluated using a specific quality appraisal instrument. In this

instance, the Critical Appraisal Skills Programme's (CASP's) (2018) qualitative research checklist (Annexure D) was used to evaluate the quality of the data. This tool contains a question checklist that enables the rigour and applicability of the research to be assessed.

The CASP tools do not give numerical scores, but the checklist directs the reviewer on how to assess the quality of a paper to be included in the integrative review. The researcher and co-reviewer each performed an independent data appraisal of the fourteen articles using the CASP Qualitative Research checklist as per Table 3.3. Moderate and high methodological quality was defined as meeting 6-8 and 9-10 of the CASP's (2018) checklist. Qualitative papers were ranked, according to the quality of design (Low/Medium/Can't Tell) as per the checklist criteria. The outcome is shown in Table 3.3 (Annexure D).

Table 3.3 Quality assessment

No	Authors	1	2	3	4	5	6	7	8	9	10	Quality rating
A1	Facer, K	Y	Y	Y	CT	Y	CT	CT	Y	Y	Y	Moderate
A2	Weston, R	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
A4	Wood, J	Y	Y	Y	Y	Y	CT	Y	CT	Y	Y	High
A5	Morris, J (qualitative)	Y	Y	Y	Y	Y	CT	Y	Y	Y	Y	High
A7	Bano, N et al	Y	Y	Y	Y	Y	CT	Y	Y	Y	Y	High
A8	Weston, R	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
A9	Gould, J	Y	Y	CT	CT	Y	CT	CT	CT	Y	Y	Weak
A10	Gidman, J	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
A11	McHaffie, J	Y	N	N	N	N	N	CT	Y	Y	Y	Weak
A12	Suzuki, WA et al	Y	Y	Y	Y	Y	CT	CT	Y	N	Y	Moderate
A13	Ukwuoma, CU	Y	Y	CT	Y	Y	Y	CT	CT	Y	Y	Moderate
A14	Cleverley-Thompson, S	Y	Y	Y	Y	Y	CT	CT	Y	Y	Y	High

Based on CASP (2018) criteria for qualitative studies

Among the fourteen articles that were included in the analysis, eight were of high quality, four scored moderately and two were weak. Similarly, two are literature review articles (A3 and A6) and were assessed based on the CASP systematic review checklist (Annexure D). One article (A5) was a mixed method article (including both quantitative and qualitative designs). The qualitative section of the methodology was assessed using the CASP qualitative research checklist using the ten criteria as per Table 3.3. The quantitative section methodology was assessed using the Quality Assessment for Quantitative studies on the following eight criteria (given in Table 3.5): selection bias, study design, confounders, blinding, data collection method, withdrawals/dropouts, intervention integrity and data analysis (Rieger, West, Kenny, Chooniedass, Demczuk, Mitchell, Chateau & Scott 2018:6) (Annexure D for questions used).

Table 3.4 Quality assessment based on CASP systematic review checklist

No	Authors	1	2	3	4	5	6	7	8	9	10	Quality rating
A3	Timpan et al	Y	Y	Y	Y	Y	Y	Y	Y	Y	CT	High
A6	Jáuregui-Lobera et al	Y	Y	Y	Y	CT	Y	CT	Y	CT	CT	Moderate

(Adapted from CASP 2018)

The global rating for the quantitative tool scores for the mixed method article (A5) are rated as: STRONG (no WEAK ratings), MODERATE (there is one WEAK ratings) and WEAK (there are two or more WEAK ratings) by Evans, Olsen and Tsey (2015:48-49). The initial scoring was done by the researcher and reviewed by the co-supervisor, and then final review of the document was by the primary supervisor. Article five (A5), when rated using a quality assessment tool for quantitative studies, was rated as moderate as displayed in Table 3.5.

Table 3.5 Quality assessment tool for quantitative study (Article A5)

Criteria	Score			Quality rating
A Selection bias	Strong 1	Moderate 2	Weak 3	Strong
B Study design	Strong 1	Moderate 2	Weak 3	Strong
C Confounders	Strong 1	Moderate 2	Weak 3	Moderate
D Blinding	Strong 1	Moderate 2	Weak 3	Moderate
E Data collection method	Strong 1	Moderate 2	Weak 3	Strong
F Withdrawals/dropouts	Strong 1	Moderate 2	Weak 3	Weak
G Intervention integrity and data analysis	Strong 1	Moderate 2	Weak 3	Strong

3.2.4.2 Data display presentation

More than half of the studies used a qualitative methodology (10 out of 14). A summary of the studies and their findings is presented Table 3.3, Table 3.4, and Table 3.5. Out of the fourteen reviewed studies ten were qualitative, one an integrative review, one a systematic review and meta-analysis, one a doctoral thesis (mixed methods), and one a research report. Table 3.6 shows the outline of the literature reviews, including the following: title of study; author, year and country; objectives, and findings. The literature includes similar topics studied from various countries, providing a global perspective. Included were studies from Included were studies from Europe (Facer 2019), England (Weston 2011), Australia (Wood 2014), Timpani et al (2021) United States of America (Morris 2015), Spain (Jáuregui-Lobera, Martínez-Gamarra, Montes-Martínez & Martínez-Quiñones 2020), Saudi Arabia (Bano et al 2020), United Kingdom (Gidman 2013), New Zealand (Mchaffie 2015), New York (Suzuki, Feliú-Mójer, Hasson, Yehuda & Zarate 2018),

Southern Africa (Ukwuoma 2016), Switzerland (Cleverley-Thompson 2018). Key points from the study objectives and results are summarised in Table 3.6.

Table 3.6 Data display table showing the outline of studies included in the review

No	Title of the study	Author/year/country/ journal/ design/sample	Aim of the study	Results/findings
A1	Storytelling in troubled times: What is the role of educators in the deep crises of the 21st century?	Facer 2019 Europe Literacy N=1 Reflective Essay (Research paper)	This essay examines the role of educators in the tangled economic, social, environmental, and technological crises of the present time.	The author concludes that supporting students to make, tell and listen to stories has a critical role to play in enabling students to feel and respond to their desires, hopes, fears and dreams for the future and to engage in the rich complexities of the present.
A2	Midwifery students' significant birth stories: Telling the drama, Part 1.	Weston 2011 England British Journal of Midwifery N=5 (five final year midwifery students from BSc (Hons) Midwifery Programme of 2007 batch	This article presents the first part of a narrative inquiry which aims to explore the value students place on storytelling, and the significant birth stories they hear and tell during their midwifery programme.	The findings suggest that stories do assist students to link theory to practise and facilitates deeper learning. They have implications for students, midwifery mentors, and lecturers.
A3	Storytelling: One arts-based learning strategy to reflect on clinical placement. An integrative review.	Timpani et al 2021 Australia Nurse Education in Practice/ILR	In this study, the integrative literature review explores storytelling as an arts-based approach to learning during clinical placements.	The synthesis revealed four main themes: arts-based learning in nurse education, student–patient communication, student-registered nurse communication, and student-educator communication. Reflection using the affective domain assisted students to reflect more broadly about their placement experience.

No	Title of the study	Author/year/country/ journal/ design/sample	Aim of the study	Results/findings
A5	Using storytelling as a teaching strategy to increase student engagement in STEM classes.	Morris 2015 Virginia Research repository West Virginia University, USA Design: Mixed methodology (Quan/Qual) 47 students for control group and ten students for qualitative study	This study investigated whether the storytelling strategy could be used to increase student engagement and learning among non-STEM/STEAM majors taking part in STEM/STEAM courses required by their study programme	Findings provided evidence that storytelling is an effective teaching strategy when teaching STEM/STEAM content to non-STEM/STEAM majors.
A6	Storytelling as instrument of communication in health contexts.	Jáuregui-Lobera et al 2020 Spain Journal of Negative and No Positive Results Systematic Review and Meta-Analysis	Storytelling has emerged as an instrument that helps in the learning and management of disease by taking advantage of teachings transmitted by other patients who have gone through the same illnesses, and shared similar experience	Study findings indicate that the use of storytelling can serve as a means of establishing a network of trust and equality among participants, allowing a way of expression that would eliminate the stigmatisation of those suffering from a disease. Storytelling facilitates support for the disease suffer by allowing the patient to examine their emotions and problem-solving strategies. Students can understand feelings, emotions, fear and empathy.
A7	Theme-based storytelling in teaching pharmacology to postgraduate	Bano et al 2020 Saudi Arabia Cogent education/ eight students from postgraduate midwifery master's programme	This study describes the experience of postgraduate midwifery nursing students with	The theme-based storytelling provided a unique, unexpected, and enjoyable experience to the postgraduate midwifery nursing students.

No	Title of the study	Author/year/country/ journal/ design/sample	Aim of the study	Results/findings
	nursing students.	registered for clinical pharmacology	theme-based storytelling in a pharmacology course.	
A8	'Telling stories, hearing stories': The value to midwifery students. Part 2.	Weston 2011 British Journal of Midwifery Purposive sampling of 46 final-year midwifery students from two cohorts in one university in southeast England	Part 2 of the study focuses on whether students value storytelling in developing their learning.	The findings suggest storytelling is valued by students and does facilitate learning.
A9	Storytelling in midwifery: Is it time to value oral tradition?	Gould 2017 UK British Journal of Midwifery/ review report published in scientific journal, meeting publication criteria	Author says historically, midwifery has been an oral culture and influences development in practice.	Author concluded in his findings saying that midwives should be encouraged to value more highly the sharing of experience via storytelling.
A10	Listening to stories: Valuing knowledge from patient experience.	Gidman 2013 UK Nurse Education in Practice/ Research report	This article has explored students' perceptions of learning from listening to patient stories.	The findings confirm the value of service users as a resource for student learning. Listening to patients' stories is a strategy all respondents adopted to access this as a source of knowledge.
A11	Storytelling: a powerful tool for nurse educators	Mchaffie 2015 Hamilton, Nursing New Zealand Reflective narrative story by author	Concludes storytelling is a powerful tool for teaching new nurses, and for working nurses to communicate with each other.	Author reflects various examples of lessons learned, stating that sharing stories – whether real or simulated – provides students with an opportunity to create their own definitions of nursing practice.
A12	Dialogues: The science and power of storytelling.	Suzuki et al 2018 New York Journal of Neuroscience /Dialogue by scientists (research paper)	Authors argues that skilful storytelling helps listeners understand the essence of complex	The students were presented with part of a conversation between a group of scientists actively engaged in practice and/or science. Storytelling highlighted the fact that

No	Title of the study	Author/year/country/ journal/ design/sample	Aim of the study	Results/findings
			concepts and ideas in meaningful and often personal ways.	the telling and hearing of stories adds a deeper dimension to communication with students and colleagues as well as helping to make the profession more inclusive. It concluded by saying that there is much more to learn about how scientists can incorporate storytelling into professional lives, as they strive to make science more understandable, more inclusive, and more beneficial to the world.
A13	Rethinking learning and teaching in Africa: Storytelling and sitting position as engagement strategy.	Ukwuoma 2016 Botswana International University of Science SNF Technology, Research in Pedagogy/ 28 science students from an accredited university in South Africa/In depth qualitative interview, focus group discussion and participant observations	In this study, the researcher rearranged students' sitting position in a class, integrated local language into instruction, and turned lecturing into oral storytelling.	Results indicated that the participants believed that the circular sitting arrangement and integration of oral storytelling into instruction facilitated classroom engagement.
A14	Teaching storytelling as a leadership practice.	Cleverley-Thompson 2018 Switzerland Journal of Leadership Education/Cohort model (research paper)	This paper supports active learning, group discussion, and reflective practice to teach storytelling as a leadership skill.	Study findings revealed that leadership educators need to help students understand how to develop stories, identify situations in which to tell stories, and practise the art of leadership storytelling.

3.2.4.3 Data findings

The delivery of health care has dramatically changed in the 21st century and become significantly challenging. A critical aspect of this review was to collect evidence and to gather information from the patient, the medical records, family members, and other members of the health care team, and to put it all together into an innovative storytelling package for teaching midwifery students. Literature discusses the benefits of storytelling in general, but this review summarised how storytelling can be an innovative teaching strategy for teaching midwifery students specifically.

3.2.4.4 Literature review key findings

For decades storytelling was used as a means of reflective communication. This section discusses the use of storytelling as a teaching strategy in midwifery education. The researcher was able, from among the fourteen selected reviews, to extract key findings for use in storytelling as an innovative teaching strategy in midwifery education.

The data extraction table, Table 3.7, includes the analysis and reviews of the fourteen sources between 2011 and 2021. Each article review covers the benefits of a storytelling strategy in the areas of midwifery education, midwifery practice, midwifery leadership and midwifery research.

Table 3.7 Summary of the contributions to the field of midwifery education literature review

Author	**Positive aspects of storytelling strategy in midwifery education, midwifery practice, midwifery leadership and midwifery research**
Facer (2019)	• Concluded in his study that supporting students to make, tell and listen to stories has a critical role to play in enabling them to identify and articulate desires, hopes, fears and dreams for the future, and to engage with the rich complexities of the present.
Weston (2011)	• Lecturers using well-told stories, influenced a student's practice beyond the original telling, and facilitate refection. • Stories assist students in linking theory to practise and facilitates deeper learning. • Sharing stories have implications for students, midwifery mentors, and lecturers. • Midwifery students value telling significant birth stories to their peers, particularly on their return from clinical placement areas. • Dramatic stories help to affirm a student's decision-making in practice. • Humorous stories embed in one's memory and are deliberately retold to help students not take anything for granted in practice. • Emotional and traumatic stories facilitate reflection on practice

Author	Positive aspects of storytelling strategy in midwifery education, midwifery practice, midwifery leadership and midwifery research
	• Lecturers' well-chosen stories enable deeper student learning. They remember far beyond the original telling and apply the lessons to their own practice.
Timpani et al (2021)	• Engaging in stories as a means of reflection after clinical placement improved the student's self-knowledge and patient interaction. • Storytelling provided a creative approach to reflect on practice. • The review concluded that storytelling during clinical facilitation allowed the students to develop communication skills with patients as well as enhance their own learning. • The review concluded that storytelling promotes a positive relationship between registered nurses and students, reduced anxiety, and encouraged students to focus on quality patient care. • Through storytelling, clinical educators developed an insight into students' individual needs. The insight created a more holistic approach to facilitation of learning. • The concept of arts-based learning and storytelling can guide future empirical and theoretical work towards clinical placement learning for nursing students.
Wood (2014)	• Graduate students' reader-response to a story from the past demonstrates that historical narratives engage students' historical imagination as they discuss, question, make assumptions, and translate the past to the present. • Reader-response theory offers a valuable foundation for narrative learning. It extends the focus more clearly from the text to the reader and to the way the readers' active response to the text is taken from a social, aesthetic, and interpretive context.
Morris (2015)	• Quantitative findings in this study suggested that those who were assigned to storytelling conditions were more likely to report higher levels of student engagement, content retention, and ratings of teacher effectiveness associated with perceived teacher interest and enthusiasm for the subject. • Qualitative findings revealed emotions play a significant role in the effective use of the storytelling strategy. • Supporting the idea of a comprehensive learning experience, suggests that under certain circumstances storytelling can provide a reasonable approximation of a lived experience.
Jáuregui-Lobera et al (2020)	• Story telling during lectures encourages eye contact (a significant nonverbal form of communication, results in the student developing listening skills, allowing the listener to conceptualise and create more valuable ideas, establishing a network of trust, eliminate stigmatisation and breaks resistance to the message promoting a healthy lifestyle.

Author	Positive aspects of storytelling strategy in midwifery education, midwifery practice, midwifery leadership and midwifery research
Bano et al (2020)	• Theme-based storytelling provided an enjoyable experience. The midwifery students enjoy the classes once they grasped the technique and started taking an active part in the discussion. • Students said that storytelling during lectures ensued in a warm and friendly environment. • It also created a sense of closeness between the students and teacher and the students themselves. • Students felt “clarity” of the mind in learning and could relate the information learnt to their own experience. • Students felt they experienced control over their thoughts and behaviours. • The classroom served as a platform, where they could connect and relate to real-life experiences in a structured manner. • Students also experienced deep learning as their minds gradually accepted the learning process and became attuned to it. • Storytelling brought midwifery students closer together with the realisation that they had the same experiences in different clinical scenarios.
Weston (2012) (2011)	• Students gain confidence in their ability to face challenging situations in future practice, based on hearing stories of others. • Storytelling helps students validate their own experiences and reflect on practice. • Lecturers who can ‘tell a good story ‘To illustrate their teaching are highly valued. • Stories are deliberately used by students as an informal peer-to-peer teaching tool. • Students value hearing their stories about their own experiences of others. These help them gain confidence. • Relevant stories assist students in helping them to make sense of their experience. • Mentors and lecturers should be encouraged to use stories to facilitate learning. • The mentor-student relationship is crucial for developing student learning in practice. • Mentors should facilitate opportunities for students to share their stories and uncertainties about practice. • Mentors should help to minimise student fears of being “judged” negatively and instead develop skills in actively listening to students’ stories. • If the stories are told vividly, and with humour in the classroom, students gain insights about practice. • Lecturers should seek ways to use stories in their teaching, because stories remain in the students’ memories for a long time, and often become an integral part of their midwifery practice.

Author	Positive aspects of storytelling strategy in midwifery education, midwifery practice, midwifery leadership and midwifery research
	• Educators should seek ways to integrate storytelling strategies into midwifery or other wider health curricular designs.
Gould (2017)	• The relatively recent professionalisation of midwifery has resulted in a knowledge base that has drawn heavily on medicine and other health professions. • Scientific 'ways of knowing' have come to dominate midwifery practice. • Oral culture in midwifery remains prevalent and influences developments in practice. • Midwives should be encouraged to value more highly the sharing of experience via storytelling.
Gidman (2013)	• Patient stories are a valuable learning resource for students. • The data indicate that listening to stories during practice placement provides a valuable alternative source of knowledge for students in understanding patients' perspectives. • Study suggested that educators need to recognise and value learning from patient stories and should provide time and opportunities to facilitate reflection on those experiences. • Patient- and student-centred approach to learning, and an understanding of storytelling as a learning and teaching strategy should be encouraged.
McHaffie (2015)	• Storytelling is a powerful tool for teaching new nurses and for working nurses to communicate with each other. • Storytelling is a technique used in a variety of health professions to help the people being care for find a voice. It also aids the healing process for children experiencing grief and loss and can provide a glimpse into their lives. • Sharing stories, whether real or simulated, provides students with an opportunity to create their own definitions of nursing practice. • For students with no nursing practice or reflective personal experience stories to draw upon, it is an opportunity to explore and reflect on personal responses to human experiences.
Suzuki et al (2018)	• Skillful storytelling helps listeners understand the essence of complex concepts and ideas in meaningful and often personal ways.
Ukwuoma (2016)	• A circular sitting arrangement and integration of oral storytelling into instruction facilitated classroom engagement.
Cleverley-Thompson (2018)	• Leadership education programmes that include teaching storytelling as a leadership practice can provide students with an opportunity to learn and practice a communication skill that can help them be more effective leaders.

Facer (2019:3) in his article on storytelling in troubled times, asks: "What is the role for educators in the deep crises of the 21st century?" In his literature he explains that the reflective essay should

examine the role of educators in the tangled economic, social, environmental, and technological crises of the present time. Educators should ask the urgent question: “How is what and how I am teaching adequate for the times we are living in?” He summarised in his article that arguing with students and supporting them to identify and articulate their desires, hopes, fears and dreams for the future helped them to engage with the rich complexities of the present.

Weston (2011:786) in his study explored the value of the student’s place in storytelling, and the significant birth stories they hear and tell during their midwifery programme. After significant story analysis, four types of story-telling themes emerged. Each has its own benefits and a different learning purpose as summarised in Table 3.8.

Timpani et al (2021:1) conducted an integrative review on storytelling: An arts-based learning strategy reflecting on clinical placement revealed four main themes: arts-based learning in nurse education, student-patient communication, student-registered nurse communication, and student-educator communication. Various other benefits of the reviews were also included in Table 3.8.

Wood’s (2014:473) study found that historical stories stimulate historical imagination and offer a different frame of reference for a student’s development of textual competence and the application of insights to the present.

Morris (2015:67) investigated using storytelling as a teaching strategy to increase student engagement in Science, Technology, Engineering and Mathematics (STEM) classes. The study specifically examined whether using storytelling to teach health science content to Early Childhood Development and Elementary Education students contributed to higher levels of student engagement, retention of content knowledge, self-reported preparedness to teach the content as future teachers, and ratings for teacher effectiveness. Similar studies need to be applied in the areas of midwifery and nursing educations as it has its own benefits for student engagement and retention of knowledge. A true experimental design was used for the quantitative portion of the study while semi-structured group interviews were used in the qualitative portion. The themes from the qualitative findings supported the quantitative results and indicated that students participating in the treatment condition had high levels of student engagement, believed they retained the content knowledge at a higher level, and perceived the instructor as more effective.

Jáuregui-Lobera et al (2020:863) explored systematic reviews and meta-analysis on the reports of storytelling as an instrument of communication in health contexts. The searching process

yielded a total of 222 articles, of which 185 articles were considered. The researcher discussed storytelling as a vehicle that breaks resistance to the messages, promoting a healthy lifestyle.

Bano et al (2020:1-8) aimed to describe the experiences of postgraduate midwifery students with theme-based storytelling in a pharmacology course. A simple descriptive qualitative design was used. Study findings concluded that theme-based storytelling provided a unique, unexpected, and enjoyable experience to the postgraduate midwifery nursing students.

Weston (2011:786-793) in his article on the findings of telling stories and hearing stories described the value of student's place in birth storytelling and the significant stories that they tell and hear during their midwifery programme. This is the second of two articles and focuses on whether storytelling is valued by students in developing their learning. Two focus groups enabled data collection and seven themes emerged from the data analysis, validating experiences, stories used as reflection, listening to other student's stories, retold stories, lecturer's humorous stories, not wanting to be judged by mentors when recounting stories, and opportunities for story-sharing. The reflective feedback by one of the student participants at the end of the session stated:

> "Midwifery is all about storytelling and passing on knowledge, its lovely, it's really highlighted to me how it doesn't really change, technology changes, but the ethos of the stories they don't change." (Weston 2012:48)

The findings suggest that storytelling is valued by students and facilitates learning. This study can have implications for students, mentors, midwifery lecturers, others in higher education and for curriculum development.

Gould (2017:41) explored storytelling in midwifery and the study suggests that midwives should be encouraged to value a "way of knowing more highly" and that in the UK midwifery practice research should be undertaken to further develop the knowledge base. Feminist theory has high relevance to midwifery practice, education, research, and the associated generation of knowledge. The use of narrative approaches as a strategy for the formal development of midwifery practice, education, and research is highly relevant and should be explored further.

Gidman (2013:192) reports on a research project which explored a student's perception of learning from listening to patient stories. The study adopted a descriptive phenomenological approach employing in-depth, conversational interviews with a sample of twelve pre-qualifying nursing, midwifery, and social work students. The findings confirm the value of service users as a resource for student learning and indicate that listening to patient stories was a strategy which all respondents adopted to access this source of knowledge.

McHaffie (2015:28-29) in her reflective report on storytelling as a powerful tool for nursing educators, refers to the purpose as being to help a future generation of nurses gain knowledge. McHaffie states:

> "Students in the lecture theatre do not have nursing practice to draw on, so the stories I tell give them my insight into both historical contexts of nursing and also my recollections of practice at the time." (McHaffie 2015:29).

She reflects that the art of nursing is about what nurses do and who they are, which means personal knowing. "Knowing" can be divided into four: empirical knowing (science of nursing), ethical knowing (moral, rights and responsibilities), personal knowing (self-awareness and integrity) and aesthetic knowing (art of nursing). Stories provide an opportunity to explore, experience and reflect on responses to the human experiences.

Suzuki et al (2018:9468) saw storytelling as adding a deeper dimension to communication with students and colleagues. Engaging listeners in the scientific journey creates a stronger and more meaningful transfer of knowledge because it elicits participation and creates intellectual investment and an emotional bond between the speaker and the audience.

Ukwuoma (2016:120) in his research reported using elements of autoethnography and mixed research in his efforts to engage his students during classroom instruction. Twenty-eight science students from a regionally accredited university in Southern Africa took part. The researcher rearranged the students' sitting positions in class, integrated local language into instruction, and turned the teacher's talk into oral storytelling. Data was drawn using surveys, in-depth qualitative interviews, focus group discussions and participant observations, with attention to nonverbal communication components. The results showed the participants believed that the circular sitting arrangement and integration of oral storytelling into instruction facilitated classroom engagement.

Cleverley-Thompson's (2018:132) article supported active learning, group discussion and reflective practice as a way to teach storytelling as a leadership skill. This study not only investigated the student engagement during classroom discussions, it also elicited the team approach by demonstrating leadership styles and professionalism. The findings revealed that leadership educators need to help students understand how to develop stories, identify situations in which to tell stories, and also to practise the art of leadership storytelling.

Besides the above summary of the key findings, the positive aspects of storytelling as a teaching strategy in midwifery education, midwifery practice, midwifery leadership and midwifery research were also highlighted.

3.2.4.5 Data comparison

Data comparisons were made to understand the study and explain the similarities and differences. Table 3.8 shows patterns as themes, categories, and subcategories. The synthesis revealed three major themes: (i) storytelling as a teaching strategy − the benefits of using storytelling as teaching strategy in theory and clinical practice (ii) storytelling in nursing and midwifery education − the benefits of the application of storytelling in nursing and midwifery education, clinical application, leadership and management, and research (iii) storytelling in future and its implications in nursing and midwifery programmes.

Table 3.8 Data comparison of literature findings

Theme	Category	Subcategory
1 Storytelling as a teaching strategy (Timpani et al 2021:1) (Facer 2019:11) (Morris (2015:1)	1.1 Theory	1.1.1 Engage with present complexities 1.1.2 Self-knowledge 1.1.3 Student engagement
	1.2 Clinical practice	1.2.1 Improving patient interaction 1.2.2 Build capacity of critical hope 1.2.3 Positive relationship between patient and staff at clinical practice.
2 Storytelling in nursing and midwifery education (Weston,2011:786) (Jauregui-Lobeera et al,2020:864) (Timpani et al 2021-8)	2.1 Education	2.1.1 Links theory and practice 2.1.2 Builds problem-solving abilities
	2.2 Clinical application	2.2.1 Influence students' practice 2.2.2 Stimulate students' imagination 2.2.3 High levels of student engagement 2.2.4 Enhance their experiential learning
	2.3 Leadership and management	2.3.1 Clinical educators developed insights into individual student needs 2.3.2 Holistic approach to facilitation of learning. 2.3.3 Develop insight, empathy, connectedness, and intuition 2.3.4 Teach leadership practice
	2.4 Research	2.4.1 Provides a unique and enjoyable experience 2.4.2 Implication on mentors, midwifery lectures and curriculum development 2.4.3 Captures the essence of social reality, lived experience, complexity of practice and co-construction of knowledge

Theme	Category	Subcategory
3 Storytelling in future (Weston 2011:792) (Morris 2015:34) Fejjoo-Cid, Morina, Gomez-Ibanez and Levya-Moral 2017:5) (Pangandaman, Boloron, Lambayong, Ergas, Raki-in, Mai-Alauya & Mukattil 2019:1547) (Gould 2017:44)	3.1 Implications	3.1.1 Affects students, midwifery mentors and lecturers 3.1.2 Dramatic stories, humorous stories, emotional and traumatic stories, circular sitting, lecturer's well-told stories facilitate classroom engagement. 3.1.3 Opportunity for reality stories 3.1.4 Facilitates reflection 3.1.5 Creates their own definitions of nursing practice 3.1.6 Understand the essence of complex concepts 3.1.7 Enable students to identify and articulate desires, hopes, fears and dreams for the future

3.3 DISCUSSION OF FINDINGS

3.3.1 Theme 1: Storytelling as a teaching strategy

Theme 1 highlights the value of storytelling as a teaching strategy to engage with the rich complexities of the present, improve students' self-knowledge, and improve patient interaction (Timpani et al 2021:1). Making, telling, listening to, and reading stories in education allows for the expression of ideas of the future and engagement with the complexities of the present (Facer 2019:11).

Theme 1 identified that students participating in a classroom storytelling session had a high level of student engagement and believed that they retained content knowledge at a higher level and perceived the instructor as more effective (Morris 2015:1). Using storytelling as a teaching strategy helps the students to think through and reflect on the classroom experience, the clinical practice and the lessons learned. Through the sharing of their reflective reality stories in the learning environment students and teachers are provided with more opportunities to connect with their experiences holistically. It also promotes a positive relationship between the patient and staff within clinical practice (Facer 2019:3; Morris 2015:1).

3.3.2 Theme 2: Storytelling in nursing and midwifery education

One of the articles in this integrative literature review also revealed in theme 2 that the application of storytelling in nursing and midwifery education programmes can benefit classroom teaching, clinical application, leadership, and research. In his article, Weston (2011:786) explained the four

types of ‘storytelling’ themes that emerged, each with a different learning purpose. These include dramatic stories that helped students to affirm decision making in practice; humorous stories embedded in memories, and emotional and traumatic stories that facilitated reflection on practice. Lecturers’ well-told stories influence students in practice beyond original telling.

Jáuregui-Lobera et al’s (2020:864) study revealed that telling stories can be used as a vehicle to break resistance to a message promoting a healthy lifestyle, which promotes behavioural changes improving health and overcoming disease. The review of Timpani et al (2021:8) revealed findings around the following four themes: arts-based learning in nursing, student-patient communication, student-registered nurse communication, and student-facilitator communication, all of which created a more holistic approach to the facilitation of learning.

3.3.3 Theme 3: Storytelling in future

Weston (2011:792) recommends that the age-old tradition of storytelling should have a greater place within the 21st century midwifery student learning and practice.

The challenge for educators is to determine which pedagogy works best with today’s nursing and midwifery education system (Morris 2015:34). Results from this integrative review suggest that the storytelling strategy in midwifery education can be used effectively to increase a student’s retention of content knowledge, increase engagement, and increase the perception of teacher effectiveness (Morris 2015).

Feijoo-Cid, Morina, Gomez-Ibanez and Leyva-Moral (2017:5) studied the Expert Patient Illness Narrative (EPIN) offered to 64 students of the Universitat Autonam de Barcelona and found EPIN had helped the students to understand the phenomenon of illness, train them to be better listeners (Santo 2011), and develop cultural sensitivity to respect and trust others (Pangandaman, Boloron, Lambayong, Ergas, Raki-in, Mai-Alauya & Mukattil 2019:1547). Gould (2017:44) mentioned that although biomedical knowledge is critical to provide high quality midwifery care, using stories as pedagogy and inquiry has the potential to further develop the art of midwifery practice via the generation of knowledge that is potentially highly relevant to the profession.

3.4 RIGOUR

To ensure rigour in the process of the integrative literature review, representative literature on a topic was reviewed and synthesised in an integrated way, generating new evidence-based perspectives of the topic. In this process, past or theoretical literature was summarised to provide a more comprehensive understanding of storytelling as a teaching strategy in midwifery

education. The integrative literature review included the aspects of the preparation of guiding questions, analysis, data collection, synthesis, and evaluation of information. Critical analysis of the studies included discussion of the results as well as researchers' original thoughts, ideas and findings on the topic based on the available evidence.

The researcher of this thesis adhered to UNISA's Policy for Copyright Infringement and Plagiarism to maintain the academic integrity of the study. All the sources reviewed in the integrative literature review were listed in the bibliography list according to UNISA guidelines (University of South Africa, Department of Health Studies 2022). The supervisor was consulted, and the guidance provided incorporated.

Based on the review of the studies on the innovative teaching strategies on storytelling in midwifery education, the evidence suggests that traditional teaching is somewhat limited to fit the student nurses and midwives' active physiognomies of learning (Pangandaman et al 2019:1547). Active student-engaged learning and the academic performance of students needs to be considered. The results of this integrative review will inform the recommendation of the use of storytelling as a teaching strategy in midwifery education and may have wider applicability for other subjects and other fields of health care research.

3.5 REVIEW CONCLUSIONS

Midwives are story people. Storytelling is a powerful tool highlighted in various related literature reviews (Kearney 2011; Stacey & Hardy 2011 cited by Paliadelis & Wood 2016:39). Midwifery, in its purest form, is about non-intervention and is respectful and supportive of the physiology of pregnancy and birth (Gould 2017:43). Review findings show that storytelling, which has been used as a teaching strategy in midwifery education, has many benefits, especially student engagement, retention, and the application of knowledge in current practice. This is the success of using storytelling as a teaching strategy.

The current higher education environment means that educators cannot remain stagnant in the ways they teach, and innovative methods need to be developed in line with the changing demands on resources and curriculum delivery (Petty 2016:307). Every midwifery educator should master the art and technique of using storytelling as a teaching strategy, as it appears to be an effective way to teach skills, values, and to create realistic meaningful memories and connections to past, present, and future life experiences. The knowledge and skills of reflective stories from personal and heard stories possess the power to situational model, mentor, inform and caution novices, and to validate and honour the practices of the nurses and midwives' family.

Literature review analysis and synthesis indicates that storytelling is widely used in midwifery and nursing programmes to provide a globally relevant educational experience for students (Bano et al 2020:2). The review result showed storytelling adds value to teaching. The power of storytelling to change lives is recognised by many researchers of women's health (Weston 2011:786).

Students value hearing stories about the experiences of others. It helps them gain confidence to face similar situations in practice. (Weston 2012:48). The purpose of this integrative literature review was the value of storytelling as a teaching strategy in midwifery education.

3.6 SUMMARY

The integrative literature review was included in Phase I subphase 1 of the study. The process involved during the integrative review was explained at each stage. The source of information from the integrative literature review enabled the synthesis of data comparisons of storytelling as a strategy and its implications in future nursing and midwifery programmes.

CHAPTER 4

RESEARCH FINDINGS (PHASE I SUBPHASE 2)

4.1 INTRODUCTION

Chapter 2 provided a detailed explanation of the philosophical underpinning of the study, the research paradigm, the research methodology applied, and the qualitative research approach. Chapter 3 provided the source of studies supporting the benefits and its value in the implication of storytelling as a teaching strategy in midwifery education in future. In this chapter, a qualitative thematic analysis is used to detail the data gathered from Phase I subphase 2 participants' reflections. The data obtained in subphase 2 addressed the second objective of Phase I, to explore the experiences of the midwives in managing obstetric emergencies through reflective essays.

Chapter 4 reflects on the process of selecting the best four stories from the reflective essays acquired from study participants in Phase I subphase 2, and how these were used to develop an innovative teaching strategy on storytelling, thus fulfilling the Phase II objective.

The reflective essay guidelines by the Gibbs Model of Reflection were used in Phase I (Annexure E). Once the participating students had provided their consent in Phase I, they were provided with the reflective essay guidelines in order to record their experience managing a mother with postpartum haemorrhage.

4.2 PROCESS INVOLVED IN PHASE I SUBPHASE 2 DATA ANALYSIS

IPA encourages researchers to use their theoretical knowledge in inductively analysing data (Jeong & Othman 2016:561). Analysis relies on the process of people making sense of the world and their experiences, firstly for the participant, and secondly for the analyst.

It is important to understand the 'lived experiences' of midwifery students managing obstetric emergencies. It serves to enlighten midwifery educators on how students interpret or make sense of educational experiences and interventions in midwifery education. The analysis of the data through IPA is aimed at learning how study participants attempt to make sense of their experiences.

During this stage of analysis, which was to collect data from Phase I subphase 2 study participants' reflective essays (R1 to R15), notes were made while transcribing the reflective

essays in order to meet the second objective. The latter was to develop stories from the reflective essays which could be used in the development of an innovative teaching strategy. The stories were then validated by midwifery education experts in Phase II for accuracy. To do this, Charlick et al (2015:49) have suggested the following flexible seven-step approach to substantial analysis. These steps were used in this study:

- Step 1: Reading and re-reading
- Step 2: Initial noting
- Step 3: Developing emergent themes
- Step 4: Searching for connections across emergent themes
- Step 5: Moving to the next case
- Step 6: Looking for patterns across cases
- Step 7: Taking interpretations to a deeper level

4.2.1 Reading and re-reading

The reading and re-reading step of the analysis, where the original data was noted down and the initial ideas captured, was a time-consuming undertaking.

The initial focus of the data analysis was on the reflective essays of all fifteen consenting study participants. These were coded in ascending order, from Reflection (R1) to Reflection (R15). Analysis went from the first coded Phase I subphase 2 study participant (R1) to the last study participant (R15) and had to be rigorous and systematic. All the reflective essays were checked to verify that the 15 coded participants have followed the Gibbs Model of Reflection guidelines and had written their experiences under the following headings: description, analysis, evaluation, and conclusion, to ensure the completeness of each reflective essays.

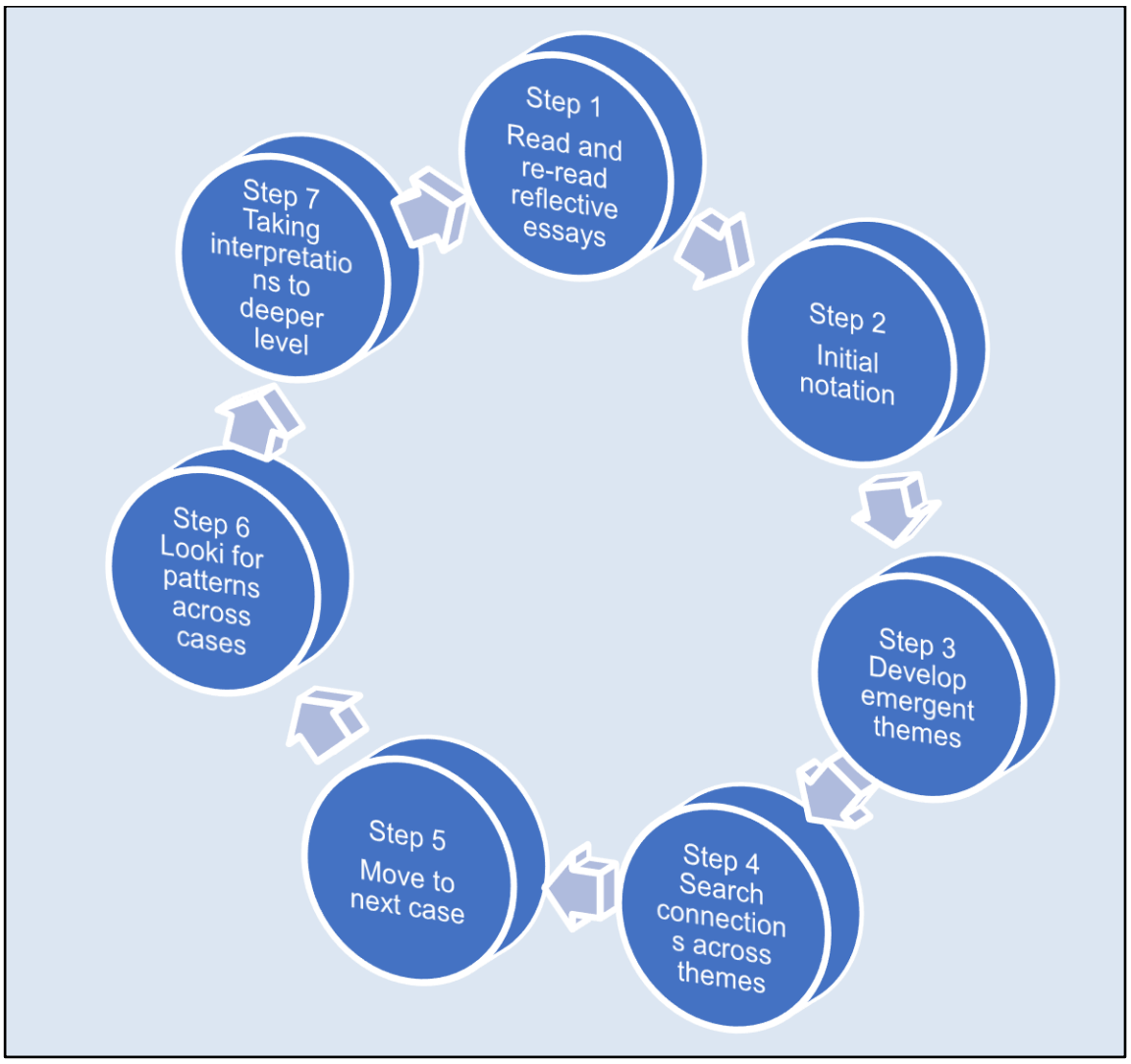


Figure 4.1 The seven-steps of IPA data analysis

(Charlick et al 2015:49 adapted from Smith et al 2009)

4.2.2 Initial noting (Gibbs Model of Reflection)

Each transcript was next analysed and noted separately and in full, to maintain a 'bottom-up' idiographic stance. This allowed the experience of each participant to be reflected in its entirety and provided space for the researcher's reflection and reflexive practice (Finlay, Peacock & Elander 2018:846-871).

IPA does not test hypotheses and avoids prior assumptions. The purpose of the study was to capture and explore the meaning of what participants specifically reflected as their experiences in a clinical setting when managing an obstetric emergency of a mother with postpartum haemorrhage. The participants were conveniently selected because of their proficiency and knowledge of the phenomenon being explored. Step 1 and step 2 included getting closer to each participant's reflective essay to ensure that all the guidelines of the instrument, as shown in Table

4.1, were captured. This table (4.1) sets out the elements of the reflective essay guideline, Phase I, instrument.

Table 4.1 Reflective essay guideline Phase I subphase 2 instrument

Description	• Describe a critical incident. It could be something that stands out for you, such as a positive or negative incident presented by a patient, his/her family, or the health team. • What and where did it happen (time of the day, location and social context)? • What actually happened (who said and did what)? • What were your thoughts and feelings during or after the incident?
Evaluation	• Why did this incident stand out? • What was going on? • Were there different levels of behaviour and activity? • Did you bring a personal bias, experience, or a particular mind-set to the event?
Analysis	• Identify and challenge assumptions. • Could I have interpreted this event differently, or from another point of view? • Could I have challenged the importance of the context?
Conclusion	• What can I learn from this episode? • What can I do to progress a resolution of the problems? • Could I have explored alternatives?

(Gibbs 1988:n.p)

The Gibbs Model of Reflection has proved to be a good one due to its clear and precise nature. In the *Description* step of the study, participants described the details of the events that occurred exactly the way they happened. They express their feelings about the situation using as a guideline the heading 'descriptions of a critical incident' (where, how, when, and why). Later, they expressed the positive and negative part of their experience using the second heading, *Evaluation.* They asked themselves the question*: "*Why did this incident stand out, and at the time was there any different level of behaviour and/or activity?" Using individual self-reflection, they interpreted their lived experiential story of managing an emergency health care incident. In the third step, *Analysis*, the participants identified and challenged their assumptions.

In the last part of the Phase I subphase 2 instrument, *Conclusion*, each participant, in their own words, described their conclusions and determined how they would approach a similar situation in the future, exploring possible alternative actions in their reflective essays.

Each participant's (R1 to R15) essay was then analysed systematically. As Charlick et al (2016:210) suggested, step 1 and step 2 merged naturally. In those two steps, the researcher

carefully read each reflective essay, determining that all 15 reflective essays were written using all the guidelines provided in the Table 4.1.

At this stage of initial noting, three types of comments were identified: firstly *descriptive comments* which were a rephrasing of the stories, reflected by the participants under each heading of the Phase I research instrument (Table 4.1); secondly each participants' *original expression of their comments* in their own words under each heading of the Phase I subphase 2 instrument; thirdly *conceptual comments* that reflected knowledge from literature in interpreting situations in line with the Three Delay Model introduced by Thaddeus and Maine (1994).

The Three Delay Model identifies three different factors which may result in a delay in pregnant women and girls seeking out the health care they need. These are: delay by individuals, families, or both in deciding to seek out care (Delay 1), delay in reaching the health facility (Delay 2), and delay in receiving satisfactory care in the facility (Delay 3) leading to maternal death in developed countries.

4.2.3 Developing emergent themes

The third step of the Gibbs Model of Reflection involved the identification of emergent themes based on the three kinds of comments arising out of the first two steps of Figure 4.1. The data reading become more interpretative with the comparison of the descriptive and original expression of the participants' comments in their own words. This enabled the researcher to develop themes from the conceptual comments using the Three Delay Model of Thaddeus and Maine (1994). This served as an effective tool for evaluating the circumstances surrounding access to and accessing the appropriate Emergency Obstetrics and Neonatal care (EmONC) (Mohammed, Gelany, Eladwy, Ali, Gadelrab, Ibrahim, Khalifa, Abdelhakium, Fares, Yousef & Hassan 2020:1-8).

The Three Delay Model identifies barriers and intervention points during a woman's pathway from home to hospital. Following the literature review of Smith et al (2009) as cited in Jeong and Othman (2016:562), the themes needed to be concise, but at the same time to reflect the original sources from which they emerged.

Using the Three Delay Model, the causes of delays were identified from the reflective essays and captured in Table 4.2 below. This ensured the researcher was guided by the research question and literature, and that the themes addressed the research question. It meant there was a balance of 'emic' and 'etic' positions in the IPA (Cheng & Southcott 2016:48). In the earlier part of the analysis process, the (phenomenological, insider position) the researcher captured the

participants' views from their reflective stories and prioritised their worldview as the core. In the latter (interpretative, outsider) position, the researcher attempts to understand and make sense of participants' experiences and concerns to highlight them in a way that answers the research question.

The intensive analysis procedure was underpinned by a process of coding, organising, integrating, and interpreting the data. The similarities and uniqueness of the Phase I reflective essays were assessed and three stories selected from the 15 based on the influencing factors, as listed in the Three Delay Model, for developing an innovative educational package on storytelling. The researcher also identified the uniqueness of one participant's story. She had written her reflective essay on successfully managing, without any delays, a woman who suffered with postpartum haemorrhage, and had named it 'No Delays'. This was the fourth story to be used in addition to the initial three delay stories. It was an additional outcome identified from the analysis of Phase I reflective essays.

Following inductive analysis, four master themes emerged from the data, which aligned the research purpose of the study, namely, to explore and describe the use of storytelling as an innovative teaching strategy and to develop an educational package for teaching midwives. The four themes emerging from the coded reflective essays of Phase I analysis are listed in below Table 4.2 below.

Table 4.2 Emergent themes from Phase I subphase 2 analysis

Themes	
Theme 1	Delay in the decision to seek care (Seeking care) – Delay 1
Theme 2	Delay in arrival at a health facility (Reaching care) – Delay 2
Theme 3	Delay in receiving adequate health care (Receiving care) – Delay 3
Theme 4	'No Delays' was the unique finding from the reflective essay

Table 4.3 below summarises the fifteen reflective essays written by the participants. It groups each under a separate theme specific to the type of delay and is based on an in-depth analysis of Phase I reflective essays.

Table 4.3 Interpretation of Phase I subphase 2 reflective essay with themes

Phase I subphase 2 Reflective essay codes	Delay – 1 (Seeking Care) Theme 1	Delay–- 2 (Reaching Care) Theme 2	Delay – 3 (Receiving Care Theme 3	Delay summary of Phase I subphase 2 reflective essays
R1		√	√	Delay 2 & 3
R2	√	√		Delay 1 & 2
R3			√	Delay 3
R4			√	Delay 3
R5			√	Delay 3
R6			√	Delay 3
R7			√	Delay 3
R8			√	Delay 3
R9		√	√	Delay 2 & 3
R10			√	Delay 3
R11	√		√	Delay 1 & 3
R12			√	Delay 3
R13			√	Delay 3
R14			No Delays	'No Delays' (Theme 4)
R15	√	√	√	Delay 1, Delay 2 & Delay 3

(Thaddeus & Maine 1994)

4.2.4 Searching for connections across emergent themes

This fourth step involved searching for connections across emergent themes. The themes were first grouped into different superordinate themes. The superordinate themes were based on the subthemes, and also interpreted using the Three Delay Model by Thaddeus and Maine (1994). Next, commonalities and divergences in themes were considered. Themes were then identified and relationships between them were explored. The analysis conducted on fifteen coded Phase I subphase 2 reflective essays isolated four (4) themes. All the themes and sub-themes are given in Table 4.4.

Table 4.4 Connections across emergent themes and sub-themes

Themes	Sub-themes
Theme 1: Delay in the decision to seek care (seeking care) – Delay 1	1.1 Multiple pregnancies with Intra Uterine Foetal Death and prolonged labour (R2)
Theme 2: Delay in arrival at a health facility (reaching care) – Delay 2	2.1 One midwife on night duty (R1) 2.2 Preventable death of a pregnant mother at a private health facility (R9)
Theme 3: Delay in receiving adequate health care (receiving care) – Delay 3	3.1 Pregnant mother with silent postpartum haemorrhage (R3) 3.2 A pregnant midwife and her own birthing experience in hospital (R4) 3.3 Birth experience of grand multigravida G10 in a hospital setting (R5) 3.4 Negligence and lack of resources at hospital delivery (R6) 3.5 Delay in assessment and unethical reasoning (R7) 3.6 Preventable death of a pregnant mother at hospital (R8) 3.7 Inappropriate assessment and treatment delays(R10) 3.8 Multiple factors of Delay 3 (R11) 3.9 Lack of accountability (R12) 3.10 Lack of teamwork and conflict among health care workers (R13) 3.11 Mother experiencing all 3 Delays (Delay 1, Delay 2 and Delay 3) (R15)
Theme 4: “No Delays”	4.1 “No Delays” (R14)

In this section, themes were abstracted and integrated. This was necessary to undertake hermeneutic dialogues between themes, sub-themes, concepts, data from the different participants, and between the theme and a particular concept. Step 4 was a repetition of the previous four steps following what had been done to make connections with the emergent themes from the Phase I reflective essays.

4.2.5 Moving to the next case

This stage involved moving from one essay to the next essay and repeating the process, trying to bracket previous themes and keep an open mind to do justice to the individuality of each reflective essays (R1 to R15). Steps one to four were therefore repeated for each coded participant’s reflective essay.

4.2.6 Looking for patterns across cases

This step involved moving towards a more theoretical level of analysis as individual themes and sub-themes were identified, reflecting higher order concepts shared by all participants (R1 to R15). The themes are those interpreted to reflect aspects of each participant's experience (first level). The sub-themes provide a greater level of detail of the experiences (second level), and concepts echo the deeper level of participants' experiences (third level). Once each reflective essay had been analysed, a final table for each theme with its sub-themes and concepts was drawn up. These were extracted from each reflective essay based on the interpretations of the factors contributing to the different reasons for delay (as covered in the Three Delay Model) leading to maternal mortality.

4.2.7 Taking interpretations to a deeper level

To support the analysis and interpretation of data from each reflective essay, direct quotations from the participants essays were included in this section. According to Bowden (2019:84), the use of literal quotations is a key feature of IPA and allows the reader an opportunity to evaluate the integrity of the interpretations. The distillation of data aimed at extracting the most important aspects and essential meanings through a process of detailed and in-depth interpretation was followed.

The above steps resulted in a 'double hermeneutic' circle as the researcher strived to make sense of the cognitive perspective of an individual who is themself trying to make sense of an own experience (Smith & Osborn 2015b:25-53). In addition, the researcher needed to negotiate the dynamic relationship between each individual experience (the part) and draw meaning across all experiences (the whole). This process enabled a deeper understanding of commonalities and divergences of experience and, in so doing, illuminated new knowledge (Atkinson & McNamara 2017:55).

4.3 INTERPRETATION OF THEMES AND SUB-THEMES FROM PHASE I SUBPHASE 2 REFLECTIVE ESSAYS

The seven steps above generated an iterative process and ensured a continued close connection to the participants. Tables 4.5 to 4.8 displays the final results, representing the themes and associated sub-themes illustrated with the participants' reflections.

4.3.1 Theme 1: Delay 1 − Delay in the decision to seek care

Delay 1 is a delay in making *the **decision to seek care***. With the first delay, the patient or her family fails to recognise the severity of her situation and delays the decision to seek care (Pacheco, Katz, Souza & De Amorim 2014:91). The literature shows various reasons for Delay 1 including one or more of: social issues, cultural issues, lack of the woman's empowerment to make decisions regarding health, beliefs, financial constraints, lack of knowledge and information about the danger signs of pregnancy (Kansal, Garg & Sharma 2018:300). Delay 1 is a major contributor to maternal deaths in India. In order to stop preventable maternal deaths occurring, effective action must be taken (Agarwal, Patel & Bdkur 2020:1273).

The theme is divided into sub-themes and concepts, as shown in Table 4.5 below. The sub-themes that emerged from the data are the factors related to Delay 1.

Table 4.5 Theme 1: Delay 1 – Delay in the decision to seek care

Theme 1: Delay in the decision to seek care (seeking care) – Delay 1	
Sub-themes	**Concepts**
1.1 Multiple pregnancies with intra uterine foetal death and prolonged labour (R2)	1.1.1 Undiagnosed twins during antenatal care 1.1.2 Delay in decision to seek health care 1.1.3 Prolonged labour 1.1.4 Referred after eight hours to health facility 1.1.5 Intra uterine foetal death of twins 1.1.6 Delay 1 leading to Delay 2

4.3.1.1 Description of the incident

In this section of the Gibbs Model of Reflection, the heading "description of the incident," (R2) was the one under which the participant reflected on the type and causes of Delay 1. The participant then moved to the next Delay 2 in the same essay and reflected on the positive incident of a pregnant mother, who was grand multipara with undiagnosed twins and who during antenatal care got admitted to a private clinic for treatment. She was later referred to one of the referral hospitals and after eight hours of prolonged labour gave birth to stillborn twins. This was evident from the reflective essay.

Sub-theme 1.1: This story describes *"multiple pregnancy with Intra Uterine Foetal Death, and prolonged labour"* as narrated by the Phase I subphase 2 participant in her reflective essay (R2):

> "I took care of the mother who had booked antenatal care from referral hospital to be delivered at the same hospital. When labour started she decided to go to the nearby clinic where she laboured for more than 8 (eight) hours then she was referred to referral hospital, on arrival she was examined and was in second stage of labour, mother collapsed the midwife shouted for help, about four midwives came, one was taking vitals, second one put up an intravenous fluid of normal saline, another one conducted the delivery, then another one was supporting the mother's legs. Mother become semi-conscious, mother delivered the first baby only to see that there is a second baby both were fresh still birth, was also delivered within five minutes. Immediately injection oxytocin 10 I.U was given intravenously because she had a line on, active management of third stage of labour was done." (R2)
>
> "Mother was transferred immediately to high risk labour ward reaching their mother was received by the doctor in admission room who examined the mother again to know the exact cause of bleeding, he could not do it thoroughly because the mother was bleeding profusely, In theatre mother was operated and sub-total hysterectomy was done because they tried all the manoeuvres of controlling bleeding and failed, mother was transfused with 5 units of blood and mother was transferred to High dependence unit for monitoring closely. The husband of the mother came back to labour ward 14 and thanked all the midwives who were on duty and said that if the mother was to remain in the clinic she would have died, and also said that people outside say that public Hospital staff are not working, it is not true because what he says was unique about the care that was given to the mother." (R2)
>
> "After four days mother was discharged home in good general condition, happy that was alive although her twins had died, she was grateful to all the midwives who took care of her and the doctors who operated her." (R2)

The above view in the reflective story is supported by Sanchez (2021:1) who explained that Near-Death Experiences (NDEs) refer to profound psychological events, and those memories are rich in phenomenology. Stories from patients and their families can offer valuable feedback to health professionals and organisations about their user experience of health care services (Tavendale 2015:15).

4.3.1.2 Evaluation

Sub-theme 1.1: The story *"multiple pregnancy and Intra Uterine Foetal Death and prolonged labour"* from reflective essay R2 is evaluated below.

> "Evaluation of this reflective story, shows the mother had postpartum haemorrhage because of multiple pregnancy with Intra uterine foetal death and prolonged labour has been delayed in making decision to seek health care." (R2)

> "Mother was Gravida 6, parity Zero." (R2)

Realistic stories in classroom teaching assist students to improve their understanding of how to approach problems when assessing the mothers.

4.3.1.3 Analysis

Sub-theme 1.1: Story analysis: *"multiple pregnancy and Intra Uterine Foetal Death, and prolonged labour."* (R2)

The "multiple pregnancy and Intra Uterine Foetal Death, and prolonged labour" (R2) reflective essay analysis reveals that the story was about a Grand Multipara mother with undiagnosed twins who was referred from a private clinic to a referral hospital. She was only diagnosed at the referral hospital after eight hours of prolonged labour. This reflective essay describes the delay in seeking care.

The mother was managed well by the midwife team, who rightly diagnosed the cause, though:

> "unable to save the twins but mother was saved." (R2)

This reflective essay shows that effective prehospital care, even in low-resourced limited settings, improves survival by delaying the time of treatment (Kironji, Hodkinson, De Ramirez, Anest, Wallis, Razzak, Jenson & Hansoti 2018:2).

The participant had written down the positive experience of saving a mother's life and the negative experience of losing the twins due to prolonged labour. From the storytelling, the students learn what to do in a similar situation in the future. The quality of the therapeutic relationship determines whether patients have a positive or negative experience (Tavendale 2015:15).

4.3.1.4 Conclusion

Sub-theme 1.1: Story conclusion: *"multiple pregnancy and Intra Uterine Foetal Death and prolonged labour."* (R2)

At the conclusion of the *"multiple pregnancy and Intra Uterine Foetal Death and prolonged labour"* (R2) essay, *t*he students were asked to take a step back and to question what could have been done in this situation to save the life of the twins and reduce the prolonged labour of eight hours.

The participant essay reflected that a postpartum haemorrhage mother with no proper antenatal follow up care failed to confirm twin pregnancy during their antenatal visits. Although the mother's life was saved and she recovered in the referral unit, and the team managed the postpartum haemorrhage well, including an immediate operation, the twins were lost.

> "The government should streamline and enforce good referral system because this mother delayed in the clinic." (R2)

In the 'conclusion' section, the participant reflected on an action plan for future situations. In the areas where the things did not go so well, the participant reflected on the role of policy makers in streamlining and enforcing a good referral system as an effective approach to changing in the system.

4.3.2 Theme 2: Delay 2 − Delay in arrival at a health facility

Delay 2 includes factors resulting in a ***delay in reaching care***. After making the decision to access care, delay may be encountered on the way to reach the health facility. This is mainly due to poor roads, lack of transport facilities, hard to reach areas, and unavailable ambulance services.

Two reflective essays (R1 and R9) reflected the story of pregnant women experiencing Delay 2, later moving towards Delay 3. The Delay 2 factors are reflected separately under each sub-themes in Table 4.6.

Table 4.6 Theme 2: Delay 2 – Delay in reaching care

Theme 2: Delay in arrival at a health facility (reaching care) – Delay 2	
Sub-themes	**Concepts**
2.1 One midwife on night duty (R1)	2.1.1 One midwife on duty 2.1.2 Two pregnant mothers in active stage of labour 2.1.3 Delay in reaching the health facility 2.1.4 No transport facilities at health centre 2.1.5 Lack of human resources to help 2.1.6 Lack of supplies 2.1.7 Delay 2 leading to Delay 3
2.2 Preventable death of a pregnant mother at a private health facility (R9)	2.2.1 Grand multigravida G6 2.2.2 Admitted without an antenatal card 2.2.3 Lack of medical emergencies to treat post-partum haemorrhage at private maternity centre 2.2.4 Death of the mother after delivery of a live baby 2.2.5 Lack of preparedness by the mother to seek an equipped hospital for managing postpartum haemorrhage − the mother was not aware of options 2.2.6 One midwife on night duty managing obstetric emergency was not safe 2.2.7 One duty midwife with 3 mothers in active stage of labour 2.2.8 Delay 2 further leading to Delay 3

4.3.2.1 Description of the incident

In this section, the participant reflects the story of a mother who was diagnosed with postpartum haemorrhage. There was one midwife on night duty**,** delay in reaching care due to a lack of family members, relative or neighbours to help, no transport, and two other mothers in the active stages of labour. The most critical negative aspect is that the mother was from a private maternity centre, referred with part of the placenta after birth retained inside the uterus and showing signs of postpartum haemorrhage with (600 ml) blood loss. Referral to the state hospital was done with the help of the patient attender. The midwife on duty documented the events and drugs before transportation.

Sub-theme 2.1: Story described as about *"one midwife on night duty*." (R1)

> "In emergency midwifery obstetric care, was alone on duty, tasked to call for help immediately, but for me I was the only staff on night duty; with two more mothers in the first stage of labour; the maternity centre had no standby ambulance for a quick

> referral. The only person I would send around for anything was her husband, who was waiting outside the labour ward. I informed her husband about the whole scenario, asked him to call the in-charge of the maternity centre on phone, and organise a special hire taxi to take us to Referral Hospital for further management." (R1)

Sub-theme 2.2: Story describes *"preventable death of a pregnant mother at private health facility."* (R9)

A Gravida 6 mother came to the health centre for delivery. They forgot to bring the antenatal health record. The midwife asked the husband to get the records from home. Delivery of the baby was uneventful, and the mother was shifted to the postnatal ward. Her husband showed the antenatal card to the midwife. Her card indicated the mother had a history of postpartum haemorrhage. She had not been told that she was to deliver in the hospital. An hour following the delivery, she started bleeding seriously and when she squatted on the bucket to urinate, she only passing a lot of clotted blood. The mother collapsed in a few seconds. An ambulance was arranged after management of the postpartum haemorrhage, and the husband informed.

> "Later on I went to police and they helped with their ambulance. I escorted the patient while resuscitating her, communicating to the husband what was happening to his wife. She was not responsive, too weak but unfortunately, immediately we reached hospital this mother passed on. I felt so bad because this mother passed on after all the much effort I had made, this incidence happened at night, health Centre had no ambulance, and it was very hard to get transport to refer this patient to hospital for further management." **(**R9)

When the hospital is far away, the mode of transport is particularly important in determining how fast the treatment to save two lives can be given (Thorsen & Sundby 2012:e52090). Based on the above critical incident (R9), the researcher realised that developing such challenging situational stories as an educational strategy in nursing can help the student midwives to look from another perspective and critically assess the incident to determine what could be done to improve or prevent such experiences and to save two lives.

4.3.2.2 Evaluation

Obstetric emergency, to save two lives, one midwife with three mothers on active labour.

Sub-theme 1.1: The story of *"one midwife on night duty"* (R1) was evaluated.

> "Why did this incident stand out? This incident stood so out to me because it was a postpartum haemorrhage which is an obstetric emergency that needs quick and emergency care to save the life of the mother, baby and also prevent any further complications." (R1)

> "Were there different levels of behaviour and activity? Yes, there were different levels of behaviour and activity in a way that when was given report from the day duty midwife that I had three mothers in the labour ward; I was scared and thought if the three went into second stage of labour at the same time. I also thought that it was a lot of work for one person to do." (R1)

Sub-theme 1.2: Story of the *"preventable death of a pregnant mother at private health facility."* (R9)

Firstly, this incidence happened because the mother was not properly prepared during her antenatal care. She was not told that, based on her previous history of postpartum haemorrhage, she was a high-risk mother and that, as she was also multiparous, she needed to deliver from the hospital.

Secondly, this mother had left her antenatal card at home, so it was difficult (impossible) to review her history of previous experiences of postpartum haemorrhage so that the midwife could prepare accordingly. When some health workers were called upon, they did not turn up. Also, the lack of a medical emergency team contributed to the delay in referring this mother for further management. The midwife states she "feared leaving the mother alone to go and look for transport".

> "And lastly lack of transport at the health facility contributed so much to the death of this mother because if there was readily available transport, this mother's life would be saved." (R9)

The above two reflective stories (R1 and R9) will teach the student midwives the importance of health education about antenatal care through proper planning based on the needs of the mother (like brining antenatal cards while visiting the hospital for follow-up visits) and to gain experience and develop involvement in the quality of care given to the patient.

4.3.2.3 Analysis

Sub-theme 2.1: An analysis of the story of *"one midwife on night duty."* (R1)

Important points were: *postpartum haemorrhage* (600 ml blood loss due to retained cotyledons); decision to save two lives, plus early referral; two other mothers in active stage of labour; one midwife on duty during the night shift.

> "This scenario not only put the life of these mothers in danger considering that I also had to transfer a mother to Referral Hospital for further management; the rest of the two mothers were left at the maternity centre by themselves and also the midwife was not safe to work alone at night with all that workload." (R1)

Sub-theme 2.2: Further analysis of *"preventable death of a pregnant mother at private health facility."* (R9)

Though this mother was determined as a risky mother during her antenatal care, she was not informed that she was to deliver from the hospital, leading to a bad outcome. The lack of teamwork led to a delay in referring the mother, also contributing to the bad result.

> "Mother with history of previous postpartum haemorrhage should be handled with care on the subsequent deliveries as it may reoccur." (R9)

With reference to the above themes, storytelling – a narrative event related to nursing and linked to evidence – provides a context for learning, particularly for students who require a rich context to understand and integrate concepts related to patient care (Billings 2016:109).

4.3.2.4 Conclusion

Sub-theme 2.1: Analysis of the story of *"one midwife on night duty."* (R1)

Maternity centres should have sufficient human resources. This means at least two midwives during each shift. This would enable staff to seek help from one another during emergency care and plan for timely referrals.

> "There should be a proper standby referral means of transport for maternity centres that can easily be reached to transfer mothers to more multifunctional health facilities." (R1)

Sub-theme 2.2: Story conclusion of *"preventable death of a pregnant mother at private health facility."* (R9)

> "The lesson learnt from this scenario is that every health care worker should be prepared for emergencies which might occur any time, and even if someone is not on duty and an emergency occurs when he/she is near the health centre, the health care professional should participate actively. Every health centre where there is a maternity ward should select an emergency team for proper saving of mothers' lives, and the government should work hard to see that every health centre with maternity facilities is provided with an ambulance to help in emergencies." (R9)

> "Once a healthcare worker identifies any risk factor during ANC, which requires a mother to deliver from hospital, she should be informed immediately and recorded on her card and in the ANC book." (R9)

4.3.3 Theme 3: Delay 3 − Delay in receiving care

Delay 3, a delay in receiving adequate treatment after reaching a health facility is covered in Theme 3. Maternal and neonatal morbidity and mortality in low-income countries, especially in Sub-Saharan Africa, involve many interrelated causes. The Three Delay Model has remained unchanged for two decades, as stated in the WHO maternal mortality fact sheet (WHO 2018:n.p). Some of the causes of Delay 3 include staff shortages, staff not at station, medicine shortages, equipment shortages, equipment not working, and sub-optimal late treatment (Dorji, Lethro, Tshering & Tshomo 2018:42).

Eleven reflective essays (R3, R4, R5, R6, R7, R8, R10, R11, R12, R13 and R15) covered the story of a pregnant mother experiencing Delay 3. Whereas reflective essays R1 and R9 captured the stories resulting in a Delay 2 and Delay 3, the reflective essay R2 reflected Delay 1 and Delay 2. Reflective essay R15 captured all the 3 Delays (Delays 1 to 3). Many women fail to receive adequate care due to one of the delays or a combination of two or more delays (Hassan & Woodbury 2020:19). The presence of the first delay along with the third delay results in a high probability of death (Rodríguez-Angulo, Pech & Vázquez 2018:121).

Reflective essay R14 is a story that reflected "No Delays". This is a unique finding and was identified from a Phase I study participant's reflective essay analysis, which reflected the ideal team efforts and the midwifery-led model of care.

Table 4.7 Analysis of delay summary (Phase I)

Characteristics	Incidents	Percentage
Delay 1	3	20
Delay 2	4	26
Delay 3	13	86.6
No Delays	1	6.6

Figure 4.2 below shows the analysis of Phase I subphase 2 types of delays. Among the three delays, the third delay was reflected in 86.6%, or in 13 of the 15 essays. The Y axis (vertical view) of the figure 4.2 shares the percentages of delay three reflected by the fifteen coded study participants in the study analysis. The X axis (horizontal view) of figure 4.2 projects the delays reflected by the study participants. The 'no delays' analysis was one of the unique findings of the analysis of the reflective essay.

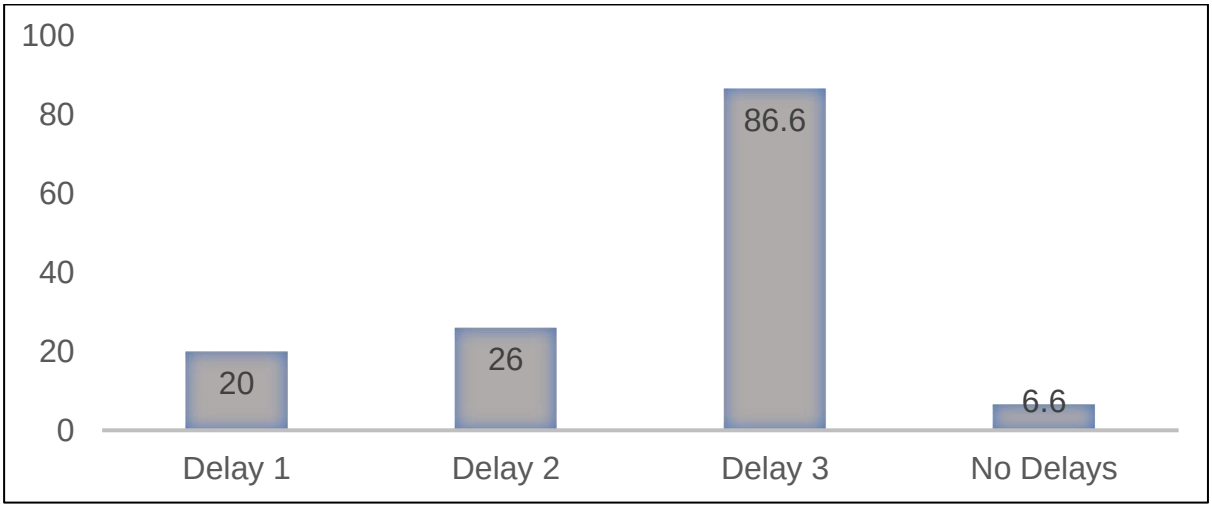


Figure 4.2 Analysis of type of delays (Phase I)

In this section, there are thirteen reflective stories. In most of the reflective stories, the narration focussed on the predisposing causes leading specifically to Delay 3. Of these, eleven reflective essays (R3, R4, R5, R6, R7, R8, R10, R11, R12, R13 and R15) set out the causes directly contributing to Delay 3. The sub-themes that emerged from these 11 reflective essays of Phase I data encompassed the aspects related to the causes of Delay 3. Theme 3 and sub-themes, and the related concepts are listed in Table 4.8.

Table 4.8 Theme 3: Delay 3 – Delay in receiving care

Theme 3: Delay in arrival at a health facility (receiving care) – Delay 3	
Sub-themes	**Concepts**
3.1 Pregnant mother with silent postpartum haemorrhage at hospital (R3)	3.1.1 Experiencing the signs of silent postpartum haemorrhage 3.1.2 No monitoring during the fourth stage of labour 3.1.3 Delay 3
3.2 A pregnant midwife and her birthing experience at a hospital narrated by another midwife on duty who took care of that pregnant midwife (R4)	3.2.1 Pregnant midwife (healthcare worker) and her birth experience 3.2.2 Improper assessment 3.2.3 Death of a pregnant midwife (healthcare worker) in the operation theatre 3.2.4 Failed to save the mother and baby 3.2.4 Previous history of postpartum haemorrhage, anaemia, DIC (Disseminated Intravascular Coagulation) 3.2.5 Predisposing factors 3.2.6 Mismanaged third stage of labour 3.2.7 Past history of the mother was initially unknown 3.2.8 Delay 3
3.3 Birth experience of grand multigravida G10 in a hospital setting (R5)	3.3.1 Grand multiparty 3.3.2 Hospital delivery 3.3.3 One staff on duty 3.3.4 Lack of human resources 3.3.5 Delay 3
3.4 Negligence and lack of resources at hospital delivery (R6)	3.4.1 Delay in decision making to diagnose 3.4.2 Negligence 3.4.3 Lack of resources 3.4.4 Death of mother and baby at hospital 3.4.5 Delay 3
3.5 Delay in assessment and unethical reasoning (R7)	3.5.1 Death of newborn 3.5.2 Lack of assessment 3.5.3 Negligence 3.5.4 Unethical reasoning 3.5.5 Delay 3
3.6 Preventable death of a pregnant mother at a hospital setting (R8)	3.6.1 Death of primigravida mother in labour ward 3.6.2 Improper follow-up 3.6.3 Lack of immediate action 3.6.4 Preventable death at hospital 3.6.5 Delay 3
3.7 Inappropriate assessment and treatment delays (R10)	3.7.1 Failing to assess the mother after reaching the health facility 3.7.2 Failing to attend mother's complaints 3.7.3 Delayed assessment and intervention

Theme 3: Delay in arrival at a health facility (receiving care) – Delay 3		
	3.7.4	Delay 3
3.8 Multiple factors of Delay 3 (R11)	3.8.1	Postpartum haemorrhage
	3.8.2	Single mother
	3.8.3	No attendant
	3.8.4	No staff to help
	3.8.5	Lack of resources such as plaster to secure the intravenous site, blood transfusion, 24 hours' lab facilities
	3.8.6	Poverty
	3.8.7	No job
	3.8.8	Anxiety and stress
	3.8.9	Lack of infection prevention control measures
	3.8.10	Increased workload
	3.8.11	Role strain
	3.8.12	Lack of support
	3.8.13	Lack of teamwork model
	3.8.14	No time for tea-break at work
	3.8.15	Increased number of patients
	3.8.16	Lack of Self-motivation
	3.8.17	Lack of mentors and role-models
	3.8.18	Lack of supervision
	3.8.19	Lack of recording and documentation
	3.8.20	Lack of follow-up
	3.8.21	Lack of assessment
	3.8.22	Lack of accountability
	3.8.23	Poor work ethic – not worried about being on duty on time
	3.8.24	Lack of auditing of maternal records
	3.8.25	Lack of counselling
	3.8.26	No proper discharge plan for the mother
	3.8.27	Lack of safety and security for the patient and staff
	3.8.28	Mother got absconded out of the labour ward without informing the midwife
	3.8.29	Delay 1 and three
3.9 Lack of accountability (R12)	3.9.1	Lack of assessment
	3.9.2	Lack of resources
	3.9.3	Lack of staff
	3.9.4	Lack of supervision
	3.9.5	Lack of birth preparedness plans
	3.9.6	Lack of documentation
	3.9.7	Lack of infection prevention control measures
	3.9.8	Poverty
	3.9.10	Low socio-economic background
	3.9.11	Anaemia

Theme 3: Delay in arrival at a health facility (receiving care) – Delay 3	
	3.9.12 Lack of spacing 3.9.13 Lack of follow-up 3.9.14 Role strain for the mother for regular follow-up due to multiple roles preventing regular antenatal visits 3.9.15 Increased workload for staff 3.9.16 Delay 3
3.10 Lack of teamwork and conflict among health care workers (R13)	3.10.1 Lack of teamwork 3.10.2 Unethical behaviour of the duty staff 3.10.3 Duty staff member held personal grudge 3.10.4 Anxiety of the medical staff 3.10.5 Medical staff (the husband) who is an obstetrician working in that unit, forced to attend her own family member in obstetric emergency 3.10.6 Delay 3
3.11 Mother experiencing all three delays (Delay 1, Delay 2 and Delay 3) (R15)	3.11.1 Delivery by unskilled Traditional Birth Attender (TBA) 3.11.2 Delay 1 in decision making 3.11.3 Delay 2 to reach the health facility 3.11.4 Mismanagement of the third stage of labour 3.11.5 Hasty (hurried delivery 3.11.6 More chance of puerperal infection and postpartum haemorrhage 3.11.7 Lack of infection prevention control measures 3.11.8 Lack of facilities at health centre 3.11.9 Lack of resources 3.11.10 Delay 3 in obtaining adequate treatment at health centre 3.11.11 Lack of emergency preparedness 3.11.12 Slow to act and manage emergencies 3.11.13 Lack of accountability 3.11.14 Lack of commitment 3.11.15 Lack of knowledge and skills 3.11.16 Poor work ethic behaviour 3.11.17 Death of the mother 3.11.18 Delay 1, Delay 2 and Delay 3

4.3.3.1 Description of the incident

Delay 3 captures the reflective experiences of delay in receiving care after reaching the health care facility. Treatment of a pregnant mother who arrives at a health care facility is delayed and she does not receive appropriate care in a timely manner. Over two-thirds of the women in this study experienced some type of treatment delay, categorised as Delay 3. The WHO maternal

mortality key facts sheet (19 September 2019) reports that most of the postpartum haemorrhages are preventable and two-thirds of the causes are due to Delay 3 type issues (WHO 2019:n.p). Out of fifteen reflective essays, thirteen of the essays touched on Delay 3 type causes.

Sub-theme 3.1: The story describes the incident of *"pregnant mother with silent postpartum haemorrhage at hospital."* (R3)

> "This reflective story describes a mother at Hospital Delivery had given birth vaginally to a baby girl, weighing 4kgs, cried immediately was initiated breastfeed within 30 minutes. Third stage of labour was managed well and transferred to her special room. Neighbour heard baby over crying without attention, and she found mother was alone in a pool of blood, unable to shout for help and immediately she sends her attendant to call the midwives on duty. Midwives arrived and managed as a team."

> "When they called me, I thought the attendant was exaggerating the situation, so I told my colleague let us go and see, I felt so touched on reaching the mother's room. She had collapsed not even able to talk loudly just whispering nurse I am going please help and we had not checked on her for more than 15 minutes neither had we told her to empty the bladder." (R3).

Sub-theme 3.2: This is the story of a *"pregnant midwife and her own birthing experience of a hospital delivery."* (R4).

The critical incident narrated by the R4 participant was the story of taking care of a pregnant mother, who was also a midwife by profession, and who was admitted to a hospital for her delivery. Attempted Vaginal Birth After Caesarean (VBAC) section, delivered baby boy weighing 3600gms. Postpartum haemorrhage occurred due to retained placental membranes. The mother was managed for postpartum haemorrhage and transferred to the theatre where she died. The health care staff failed to save the mother and baby even after reaching hospital.

> "But one of the most agonising moments that made me sad was that she was a midwife and was saying, "Call my mother am going to die, colleagues am dying." (R4)

Sub-theme 3.3: The story of a birth experience of *"grand multigravida G10 delivered in hospital."* (R5).

The R5 reflective essay told the story of an incident where there was only one staff member on duty to conduct the delivery for one mother, and to manage the third stage of labour for another mother who had just delivered. The second mother was then showing the active stage of labour by pushing. The first mother who had just delivered developed postpartum haemorrhage. After the mother was assessed, the patient's relative was sent to the next ward to call for help from another staff member who was on duty. Another attendant was sent to call the doctor from the theatre. The attendant was again used to send the blood for cross matching. The mother's haemoglobin was 5gms% and two units of blood were transfused. All the steps to manage postpartum haemorrhage were followed, and the first mother survived."

> "During the whole time of the incidence I was cursing the person who allocated me in the labour suite and asking myself why I did not go with the mother who was taken to theatre but rather stayed with the mother in labour in the labour suite. I felt small because I was not sure whether what I was doing was the right or wrong thing, actually I lacked confidence." (R5)

Sub-theme 3.4: Story of *"negligence and lack of resources at hospital delivery."* (R6)

> "Staffs in the unit are in the party mood of celebrating X-mas evening moving out of the ward for parties leaving one junior staff. 15 mothers on labour referred from other health centres. One mother Gravida 6 referred to the hospital due to big baby. Doctor examined and referred to theatre for Lower Segmental Caesarean Section (LSCS). All pending women were categorised based on the abdominal scars for the theatre, since mother NS doesn't have scars she was delayed to go to theatre. Mother became anxious as she had 5 Spontaneous Vaginal Delivery and why to Theatre for the 6th delivery. Mother in active phase with good contractions but cervix was not fully dilated. Mother delivered a fresh still birth with 4 kgs vaginally with no medical staff at her bed side to help in the process of delivery, by the time they came to rescue, mother was losing lot of blood, third stage was inevitable. Mother condition deteriorated. Mother was examined and found bilateral tears of the cervix that had extended to the lower pole of the uterus. Doctor managed to repair the tear, as there were no stirrups the midwives help the legs and assisting with torch to repair the tears."

"One of the staff who attended the evening party was asked to get Misoprostol from pharmacy. Staff on duty sends the labour ward cleaner to pick the drug, who had drunk little wine from his friends evening Christmas party, though the cleaner had heard the name of the drug, the cleaner could not pronounce the name of the drug to the pharmacy staff where she was sent to, she just relaxed somewhere without giving feedback to the ward staff who has asked to pick the drug, and just went to bed to sleep without communicating to the staff, yet we had to work as a team to save the mother. Then the team realised the staff they had send for misoprostol was sleeping, it was too late. Secured for 4 units of blood, each blood transfused could just flow out through the vagina. There was no frozen plasma in the hospital not could we secure a unit of platelets for her. Failed to secure Haemacel infusion solution for the mother. Two staffs, one doctor, one anaesthetist, another staff in bed as a team failed to save the life of the mother and mother died." (R6)

Sub-theme 3.5: Story of *"delay in assessment and unethical reasoning."* (R7)

"Mother came to the referral hospital after delivery from a health centre to receive her postnatal care and advice. As hospital labour was being busiest ward midwives were conducting delivery, this mother was left on the bed for rest since she came after delivery. I found this mother restless when I asked the attendant who was carrying bed what happened she had no answer because no one had told them anything."

"I called her by name asking her what has happened, "am getting weak and it seems am bleeding" I immediately picked gloves, a quick assessment was done and the following nursing concerns were identified; pale mucus membranes, un contracted uterus, restless, cold and clammy skin with low blood pressure. Shouted for help and interventions on postpartum haemorrhage was done and mother was managed but discovered that mother was dead already in the hospital where she delivered." (R7)

Sub-theme 3.6: Story of *"preventable death of a pregnant mother at a hospital setting."* (R8)

"Primigravida mother who got admitted to hospital for delivery. Scan report shows primigravida mother with estimated birth weight 3900Kgms. Labour lasted for more than 12 hours, had spontaneous vaginal delivery, male baby weighing 4.2 Kgs. Baby was taken to intensive care unit for observation. Mother had second degree tear and sutured, massaged the uterus and left the mother to rest. Mother developed

postpartum haemorrhage after one hour following her delivery. Mother was not observed for every 15 minutes in the first 2 hours of the fourth stage of labour. postpartum haemorrhage was managed at the ward, but the mother was still bleeding." (R8)

"Doctor later came and ordered the patient to be taken to the operating theatre were examination under anaesthesia was done and mother had sustained multiple cervical tears unfortunately the mother died before doctor's interventions while in the operating theatre." (R8)

Sub-theme 3.7: Story describing *"inappropriate assessment and treatment delays."* (R10)

"It was during my night duty when I received a para 1+0 mother who had been done elective caesarean section due to big baby. The outcome was good, baby score well 9/10 birth weight 3.9kgs. She was received back from theatre at 19:00 hrs and I took over at 21:00 hrs. I greeted the mother and she responded well but complained of feeling a lot of abdominal pain but the midwife whom I took over from said that she had just given her a pain killer so there was no reason why she should complain of pain. I didn't take her vitals at that particular time and the midwife whom I took over from had taken the vitals once, that is at the time when she had just come back from theatre." (R10)

"Our routine round of at around midnight, the mother was found crying, complaining of severe abdominal pain. When I palpated the abdomen, the fundal height was at around 28 cm from the symphysis pubis. So I called in my colleague who suggested that we check for per vaginal bleeding which was normal. When we took the vitals, her blood pressure was 80/54 mmgh, pulse 126 b/m and the temperature was 35.60c at the time when we got to know that we are dealing an emergency. My colleague put on the second line to take off blood for grouping and cross matching and I went ahead to call the doctor on duty. Doctor was busy in theatre with two emergencies and advise to run the saline drip and to call the junior doctor in charge. After one hour the mother condition become worse the midwife called the junior doctor in charge, she didn't respond well. Finally, the doctor in charge also came in when we had just rushed the mother back to the theatre for re-opening." (R10)

"During that incidence, I thought that if this mother gets a serious problem or if she dies, I will be partly to blame because I didn't act as expected. I really felt guilty that

the mother by the time she complained of pain she was already bleeding internally." (R10)

Sub-theme 3.8: Story describing on *"multiple factors of Delay 3."* (R11)

"Working in health centre IV alone. Conducted the delivery. Had postpartum Haemorrhage at 4th stage of labour, it was at 5:30pm in the evening, I had worked since 8:00am and at that time, I was to be out of duty but due staff shortage I had no one to hand over to so I remained alone on duty until the night shift and hand over to the night staff." (R11)

"Mother had a normal delivery, and third stage was managed with active management but the mother experienced bleeding 30 minutes after the placenta was out, which became un controllable and as I was rubbing the uterus to contract, she told me that ‘*'musawo omwana wange omukumanga bulungi this was in the local language, meaning that I take care of her baby forever because she was dying* **''** and she stopped talking. I felt shocked and I said oh my God, come for my rescue and save this mother's life." (R11)

"I called the mother's name but could not respond, her pulse was very weak and irregular I could not record it, with a low blood pressure of 70/50 mmhg. I elevated foot of the bed, kept mother warm but the doctor failed to pick his phone. The askari (security) ran to in patient ward and got a masking tape and I used it to secure the cannula. Imagine the askari being my assistant and the man was very scared about the mother's condition. With the help of askari shifted the mother to postnatal ward and assessed the mother and she gained little conscious offered Oral Rehydration Solution (ORS)." (R11)

"The mother gained consciousness and asked for food but there was no food and I had to mix oral rehydration salt and I gave her to take as I prepared some hot water for tea. She took the cup and finished it all at once and added her more and said that, she was feeling somehow better but I did not tell her what had happened to her immediately after delivery. Then I gave her a cup of dry tea with sugar at 07:30pm because it was what I could afford at that time. I handed her over to the night staff, and I left the ward. The night staff also disappeared from the ward and the mother used that chance to escape the ward" participant when reported next day morning for duty and looked for the mother, whom she cares was missing the next day morning as reflected by the participant." (R11).

Sub-theme 3.9: Story described *"lack of accountability."* (R12)

> "It was my first year of service as a qualified midwife when I encountered a multiparous (G5P4+0) who came to our hospital around midday complaining of labour-like pains which had started at around 8 am that morning. I admitted her with the antenatal card, which had all her past histories which I didn't repeat but went straight to vital observations and then abdominal examination; where the fundal height was 38/40, presentation-cephalic, lie-longitudinal, position-right occipital anterior, and foetal heart rate normal. Labour was progressing well. The doctor suggested that we fasten her labour by using Pitocin. At 8 cm cervical dilatation, the doctor ordered me to put up an infusion of oxytocin in normal saline, which I did. But after like 20 minutes of infusion, the mother complained of very strong and intense pain that was unbearable and suddenly she collapsed. I stopped the infusion immediately replaced with plain Normal saline infusion of 500 mls. Bleeding history was captured in evaluation section." (R12)

> "Doctor examined the mother mucous membrane showing signs of anaemia, order for blood transfusion, no blood available and got from other blood bank outside. Mother started gasping, advised to administer oxygen. Blood transfusion was immediately started and oxygen therapy was also administered but the mother suddenly stopped breathing. We started cardiac massaging and chest compressions, but all was in vain, within the next few minutes the mother was pronounced dead." (R12)

Sub-theme 3.10: Story described *"lack of teamwork and conflict among health care workers."* (R13):

> "Reported on night duty, Dr NS wife got admitted in referral hospital private ward for labour. Another co-staff has unresolved issue refused to care Dr NS wife. Delivery was managed well. After 1-hour mother developed the signs of postpartum haemorrhage. Dr NS who was with his wife and new-born baby immediately managed his wife in managing the postpartum haemorrhage for his wife by shouting for help, intravenous line, administration of Uterotonic drugs, sending staff for blood, monitoring, uterine massage with single staff and assistant to run and pick the drugs and blood." (R13)

> "During emergency management the staff who has issues with Dr NS refused to help during emergencies. After one hour of postpartum haemorrhage management

finally mother and baby were doing well. Dr N told the duty sister to keep informed the mother-in-law who was very anxiously waiting outside." (R13)

Sub-themes 3.11: Story described "*mother experiencing all three delays (Delay 1, Delay 2 and Delay 3.")* (R15)

"At 11:30 am when I received a para 7+0 who was being brought by some two men, carrying her into maternity ward because she was in unconscious state. Admitted her in clean warm bed took quick history and on history taking the men who brought her couldn't give proper history only mentioning that: me am a boda-boda man I don't know much we just helped her." (R15)

On observation she was soiled with blood and unconscious. Immediately I brought an emergency tray, called for help and my colleague came in. As I am taking vital signs of my colleague, she was putting an iv line, BP was non recordable, pulse weak and rapid, respirations 13bm.On Physical examination mucus membranes pale, skin clammy, palm and soles pale, P/A fundal height 18cm bladder felt full and on vaginal examination bleeding + + + + cord seen per vagina hanging tied on stick." (R15)

"Shortly after 10minutes there comes a woman shouting *o"mwanawange"* then we asked what happened her and reported that she delivered from clinic and after delivering the baby she began bleeding profusely then *musawo* tried pulling the placenta out but it failed and after seeing the mothers condition worsening then she told us" go very fast to Health Centre IV " and she called a boda-boda man *(who transports patient in scooter, is the cheapest means of transport in the community)* who brought her up to here." (R15)

"Following history taking and examination her final diagnosis was postpartum haemorrhage due to retained placenta, passed a urinary catheter, massage the uterus and did manual removal of the placenta successfully, Pitocin 10 IU given and monitored vitals closely and later came into semiconscious state. Did investigations including haemoglobin estimation and it was 2.9g/dl, matching, grouping and her h group 0+. after receiving the results immediately laboratory and informed about the condition of the mother and they mentioned no blood in the blood bank, continued with resuscitation, and external manual compression to stop bleeding." (R15)

> "As my colleague-initiated referral to the next level, unfortunately they had no transport, I called doctor to inform about the condition of the mother because he was out of station and as I was still talking to him than the relative came shouting "*musawo come and see the patient"*, I ran very fast and found her breathing her last breath." (R15)

Students' thoughts and feelings towards the incident were that:

> "Delivering from TBAs and clinics is another contributing factor to maternal death in our country and lack of essential supplies and drugs like blood in health facilities is contributory too in regard to postpartum haemorrhage." (R15)

From all 11 sub-themes critical incidents descriptions in the reflective essays above, (as reflected by the Phase I subphase 2 participants in their essays R3, R4, R5, R6, R7, R8, R10, R11, R12, R13, R15) it is evident that midwifery students can vary in how and what they learn from their experiences. This is born out in how they are reflected differently in the above eleven reflective essays. Reflections narrating the experiential critical stories can promote deep learning. Reflections on practice situations can inform future practice. Midwifery students can use storytelling to bridge the gap between the ideal and real practice situations (Paliadelis & Wood 2016:39). The above stories narrating the critical incidents should influence nursing education to promote best practise learning through sharing experiences or patient stories from realistic settings. This can deepen their understanding of care in a holistic way."

4.3.3.2 Evaluation

Sub-theme 3.1: Evaluation of the incident of *a "pregnant mother with silent postpartum haemorrhage at hospital."* (R3):

> "Antenatal history reveals a previous history of postpartum haemorrhage which was not noticed, and mother was transferred to the room alone, and not monitored closely in first few hours after delivery." (R3)

> "This mother indicated during ANC that she bleeds a lot after delivery, but we just transferred her to the room alone, where we were unable to monitor her closely." (R3)

Sub-theme 3.2: Evaluation of a story of *a "pregnant midwife and her birthing* exper*ience of hospital delivery."* (R4)

> "I presume this incident happened because we did not anticipate that the mother was a high-risk mother and was not fully prepared to handle the emergency. After her death only they looked at the previous health history showing the hidden history of previous postpartum haemorrhage where she also narrowly died on the operation table and advised not to conceive again because she was already at risk of losing her life. On arrival was anaemic. Her haemoglobin level was low which was not managed well during antenatal." (R4)

> Surprisingly information start spreading after the death of the midwife that she had been neglected this went viral, the whole hospital including the administrators had to come in even without finding out what had really happened, just started blaming the midwives who were on duty; it became too much for the obstetrician who was also on the team during care and requested for an autopsy to be done to find the cause of death, and it was found that mother was anaemic before and had gone into hypovolemic shock that led to Disseminated Intravascular Coagulopathy (DIC) which was the cause of death." (R4)

> "During her burial many health workers attended the ceremony, but the staffs who were working on the same unit were isolated by colleagues, even those who were not involved in the care that day. I know that losing a mother during antepartum, intrapartum, and postpartum causes a lot of pain in the hearts of so many but did not expect this reaction from the health team at large. We were labelled to have killed the midwife." (R4)

Sub-theme 3.3: An evaluation of the story of the *"birth experience of grand multigravida G10 in a hospital setting."* (R5)

> "The incidence stood out for me because it put me through a lot of anxiety, stress and lots of lessons to learn. I had only learnt about postpartum haemorrhage in class but not witnessed it. As I kept on massaging the uterus and put 10 IU oxytocin in Normal Saline, there was a reduction in bleeding and by the time Doctor came the bleeding had really reduced." (R5)

> "What was good about the experience was that at the end of the day mother survived though I did have the best experience in managing postpartum haemorrhage and I

was able to perform some of steps that should be performed in case of any emergency like calling for help. What was bad about the experience was that the relative was not counselled so there was too much anxiety, stress and tension to her side." (R5)

Sub-theme 3.4: The evaluation of the story the of *"negligence and lack of resources at hospital delivery."* (R6):

The mother lamented in bed saying:

> "Please help me to tell my husband to look after our children that me I cannot make it, I have gone." We all cried including the men in the unit because we felt had this mother been brought to the theatre early, she would not have died or have lost her baby. Had the tear been seen early, mother would have not got Disseminated Intravascular Coagulation (DIC)." (R6)

Sub-theme 3.5: An evaluation of the story of the *"delay in assessment and unethical reasoning."* (R7)

> "The incident stood out because "this mother would have gone back home after her delivery on the way, but she continued to hospital with a mindset of getting post-delivery care and treatment which she didn't get instead she gotten after birth complications that is post-partum haemorrhage due to negligence of medical personnel. She came to the health facility hoping to get better instead she got worse by the way she lost her baby during this time that she was not well however it was hard to tell whether the baby was alive on admission time since no staff checked on the baby during admission." (R7)

Sub-theme 3.6: An evaluation of the story of the *"preventable death of a pregnant mother at a hospital setting."* (R8)

> "The incident stood up because a young prime gravid mother came alive to the health facility hoping to go back home alive together with her baby which wasn't possible due to the inappropriate management that was done to the mother after developing post-partum haemorrhage. What was going on is that the midwife on duty failed to establish the right cause of bleeding which lead to poor management of the condition. The midwife displayed different level of behaviour by not calling for help from other midwives on duty." (R8)

> “I had a particular mind sent to the event because most midwives miss out cervical tears because they do not use a speculum to visualise the cervix after the birth of the placenta. What was good about the experience was that the doctors were able to find out the cause of bleeding whereas the bad thing about the experience was the death of the mother.” (R8)

Sub-theme 3.7: An evaluation of the story of the *“inappropriate assessment and treatment delays.”* (R10)

> “This incident stood out because this mother reported her case early enough but the responses from us the midwives were not welcoming. First of all, this mother like any other postoperative mother, needed to be monitored every after 30 minutes which was not done. By the time I took over this mother after almost two hours of post-operative, they had taken her vitals only once.” (R10)

> “When I took over this mother, I didn’t take her observations too. Remember she even complained of severe abdominal pain that was ignored by both of us yet if I had taken her complaint plus taking her observations, I would have been guided on the condition of the mother. This brings about the attitude of midwives towards mothers which is always pointed out as being negative.” (R10)

Sub-theme 3.8: An evaluation of the story of the of *“Delay 3 on multiple factors.”* (R11)

> “I wanted help, but it was a disaster, I acted alone until later when the askari came in because I was to hand over to the night staff who by then could not be accessed because the night shift starts at 08:00pm so I had to wait for her, yet I had worked since morning. There were no blood transfusion services at the facility so the mother was to be referred to another level but there was no transport at that moment. It was not a personal bias but what I experienced was too much for me to bear, because even when I handed over the mother to my colleague, I spent the whole night worried thinking about the same mother and I did not sleep at all.” (R11)

> “Then the following morning I reported on duty as usual, anxiously expecting to talk to the mother if she was well. Unfortunately, the mother escaped from the ward and no report by the night staff at all because I did not find the mother on ward. Good enough the mother brought the baby for immunisation and I got her but I had no words for the mother, I just looked at her, wondering to myself whether that mother

was the one, but all was her according to the records and she apologised for escaping from the ward. She told me that she was very hungry, so she had to run home for food because no one was at home to bring to her food. The mother did not know that she was at risk by escaping from the facility according to her situation, what if she collapsed on the way, who would help her? I explained to her what had happened and requested for HB investigations unfortunately, our lab did not have that service at that time, so I referred her to the nearest hospital, in this case it was in one of the referral hospital." (R11)

Sub-theme 3.9: An evaluation of the story about the *"lack of accountability."* (R12)

"It was a very shocking moment for me because I had been with her the whole day and felt inefficient just breaking the news to the husband and their children was a very difficult task altogether. Later, more information got from the attendant was that the mother had had per vaginal bleeding a week back but refused to disclose it because she thought that we would blame her if she had told us. The doctor concluded that the mother died of disseminated intravascular coagulation." (R12)

"Feelings involving the event were: Ineffectiveness; felt that I had not done the best to save the mother's life and in turn perceived as a failure. The thoughts involved in the Event were that: if I had done general physical examination from head to toe would have discovered signs of anaemia; If I had taken time to probe about the history of the present pregnancy, would have discovered about the antepartum haemorrhage; If the blood for transfusion was readily available and got as early as possible, the mother's life would have been saved; If the doctor made a timely decision to perform hysterectomy, the mother's life would have been saved since she was at least a para 5. The impact that the event had on my behaviour and attitude were that; despite a mother having many past normal deliveries, every pregnancy is altogether an experience on its own and shouldn't base on the past successful deliveries in managing the present. However healthy a mother may present, giving birth is between life and death experience." (R12)

Sub-theme 3.10: An evaluation of the story of the *"lack of teamwork and conflict among health care workers."* (R13)

"This incident stood out because it had to a medical person that I worked with which sort of compromised care we could have given to this woman and the fact that the woman collapsed. Dr N wanted special treatment for his wife as well as privacy

> which we tried to provide but later compromised our quality of care. We left Dr N. with his wife and the baby alone putting in mind that he was medical personnel but forgetting that he is not supposed to treat or manage his wife because that was our role." (R13)

> "My colleague refused to involve herself in the care of the woman because she and Dr N had unresolved differences between them. Fortunately, I had prior experience in management of postpartum haemorrhage, so I based my actions on that until Dr B came in to take over the team leadership role." (R13)

Sub-theme 3.11: An evaluation of the story of the *"mother experiencing all the three delays (Delay 1, Delay 2 and Delay 3)."* (R15)

> "This incident stood out because this mother died because of poor management and delayed referral to the next level and mothers still prefer delivering at clinics than health facilities where probably she could be saved." (R15)

What was going on …

> "Was that since the mother was already unconscious and as we were trying to do what we can than the relatives were already weeping, so we tried our best in panic to save her although unfortunately she passed on." (R15)

> "The different level of behaviour was that after resuscitation on arrival she came into semiconscious state but again went back into unconscious state shortly because of the continuous bleeding due to atonic uterus." (R15)

After the evaluation of the subcategory from Theme 2, the eleven reflective essays covering factors related to Delay 3 were found to bring new learning, and a better understanding of the challenges faced by midwives, to the students. The eleven participants shared their different experiential stories about the preventable causes of maternal mortality, from the same context, but from different health care settings. Such stories also make the learning more interesting for the students. Table 4.8 above summarises the evaluation of reasons leading to Delay 3 as identified from the 11 reflective stories from Phase I subphase 2 study participants.

4.3.3.3 Analysis

IPA is used in many qualitative research studies to investigate and interpret the 'lived experiences' of people who have experienced similar (common) phenomena, such as the reasons leading to Delay 3 (Alase 2017:11). In this study, IPA allows multiple Phase I study participants, who had experienced similar events, to tell their story using the reflective essays with no distortions or consequences.

According to Creswell and Poth (2018:75), "a phenomenological study describes the common meaning for several individuals of their lived experiences of a concept or phenomenon". The most important aspect here is the analysis of reasons leading to the common themes of Delay 3. Sense is made of the 'lived experiences' of the participants in an attempt to explore the phenomena that the researcher is trying to reflect.

Sub-theme.3.1: The incident of *"pregnant mother with silent postpartum haemorrhage at hospital"* (R3) is analysed below.

> "Multipara who was likely to develop postpartum haemorrhage and needed close observation and clear instructions, but they were not given to her and she was alone in the room with no attendant to alert the midwives in case of any problem." (R3)

> "In my own view, such a mother needs to be monitored closely near the nurses' station and needs to be given clear instructions about what she is supposed to do, or watch out for, in the first few hours after birth and report in case of any deviation from normal. Reviewing mother's history on admission when in labour can also help to prevent such mistakes and prevent complications in our settings with less technology. These could be like alarms, bells, intercom in rooms that could be used to alert the medical team in case help as needed." (R3)

Sub-theme 3.2: Analysis of the story of a *"pregnant midwife and her own birthing experience of hospital delivery."* (R4)

> "In clinical practice, postpartum haemorrhage is a subjective assessment of an estimated blood loss that threatens haemodynamic stability. Therefore, it is important to not wait until any of these thresholds are met before implementing steps to control postpartum haemorrhage. Most importantly, more than half of all deaths attributed to haemorrhage are preventable. Identification of risk factors, preventive

measures, and early detection and management can help mitigate the adverse consequences of this complication."

"Most importantly, more than half of all deaths attributed to haemorrhage are preventable." (R4)

Sub-theme 3.3: Analysis of *"birth experience of grand multigravida G10 in a hospital setting."* (R5)

"An atonic uterus is the primary cause of postpartum haemorrhage and its risk factors include prolonged stages of labour, retained placenta, augmented labour, over distention of uterus, placenta accrete, multiparty or previous history of postpartum haemorrhage and in this case the mother was a grand multiparty with an over distended uterus hence the primary postpartum haemorrhage."

"Postpartum haemorrhage treatment covers both medical and surgical treatment." (R5)

Sub-theme 3.4: Analysis of the story of the *"negligence and lack of resources at hospital delivery."* (R6)

"On the observation of what happened on the entire maternity unit was delayed decision making. Mother after being diagnosed with big baby needed to access the theatre immediately but the delay to be taken to theatre led to the cervical tears she got and eventually the uncontrollable bleeding mother experienced. When diagnosed with postpartum haemorrhage mother was managed from the labour suit but decision to consult a more experienced colleague was delayed and by the time the consultant was informed about mother, it was already late that mother in a very critical condition." (R6)

"Another delay was experienced when a staff was sent to bring an emergency drug to save a mother and she just decided to go to bed, perhaps mother would have been saved". (R6)

"Many delays have led to the death of so many women, yet they can be prevented with effective and early decision making." (R6)

Sub-theme 3.5: Analysis of the story of the *"delay in assessment and unethical reasoning."* (R7)

> "In this case, there was no evidence of postnatal care. In this case there was need for behavioural change towards the situation to lessen the dangers of maternal and neonatal mortality that happen due health provider's negligence. These events changed me totally whereby I started working towards midwifery ethics and provide holistic nursing to all mothers. There a management gap for a postnatal mother because no one carries out quick history taking, observations, and examination which were going to guide them on management and make proper decision."

> "In this case, mother was going die due to negligence of the health workers to act professionally." (R7)

Sub-theme 3.6: Analysis of the story of the *"preventable death of a pregnant mother at hospital setting."* (R8)

> "What I identified in this context is incompetence of the midwife prior to failure to identify the cause of bleeding and I could challenge in the way that as a midwife you are supposed to rule out the cause of bleeding and you manage the mother accordingly." (R8)

> "The sense I can make out of what happened is that the mother died of negligence failure for the health worker to realise the cause of bleeding that delayed the whole process of management." (R8)

Sub-theme 3.7: Analysis of the story of the *"inappropriate assessment and treatment delays."* (R10)

> "During the care of this mother, my communication would be very important to this mother. Post-operative mothers are supposed to be monitored for bleeding and fundus every after 15 minutes for the first one hour then half hourly for the next four hours or when they are stable. This helps to assess early signs and symptoms of post-operative complications like that of bleeding that happened to this mother. Attitudes and behaviours affect patients' wellbeing, satisfaction with care and thus care seeking is also affected." (R10)

> "I realised later that if I had reacted positively to this mother's concern, she would have been saved early without going through all what she went through." (R10)

Sub-theme 3.8: Analysis of the story of the *"Delay 3 on multiple factors"* (R11) is as follows:

> "That was a challenging situation beyond my capacity because it involved many stake holders i.e. the patient herself, she had no attendant, the staffing also had issues with shortages, the issue of supplies and equipment which also was a problem that most of time health workers have to improvise all the time but for this case God just saved this mother's life for sure. Ideally, the mother would have got a unit of blood because she was anaemic but thank God the mother survived. I did not follow up the mother at six days and six months because she had gone to the village at her mother's home as told by her neighbour and she had no contact." (R11)

> "In fact, it was very important for this mother to be followed up but, the system could not allow. The husband was not seen completely both at the facility and at home. Men involvement still remains a challenge despite the health education made to the community. The community is interested in bearing children but with less support to the women and children, they expect everything to be provided by the government. The social economic status of our communities that we serve is so bad and we cannot do much about it. Most families are jobless, other are single mothers who are taking the responsibilities." (R11)

Sub-theme 3.9: Analysis of the story of the *"lack of accountability."* (R12)

> "Women who enter labour with reduced haemoglobin concentration (below 10g/dl) may succumb more quickly to any subsequent blood loss however small. In relational to this particular mother with history of antepartum haemorrhage which involve bleeding leading to loss of clotting factors responsible for clotting which predisposes one to postpartum haemorrhage hence developing disseminated intravascular coagulation (DIC)." Acute obstetrical haemorrhage is one of the leading causes of DIC in pregnancy and is one of the most avoidable aetiologies of maternal death (Erez 2017:S56). DIC is a serious medical emergency that is the result of uncontrolled systemic activation of the haemostatic system." (R12)

> "There is a possibility that the mother had anaemia which was not detected." (R12)

Sub-theme 3.10: Analysis of the story of the *"lack of teamwork and conflict among health care workers."* (R13)

> "Dr B and I assumed that by giving him and wife time to bond with their baby without us was a better option and that Dr N would identify any problem would alert us as soon any problem arose basing on the fact that he was a doctor, but he did not he went ahead and tried to manage the postpartum haemorrhage himself which was disastrous. Dr B assumed that since the lady had a normal delivery with no history of postpartum haemorrhage even though she had had precipitate labour before so he drove out of the hospital, however, he could have waited a little bit longer until 2 hours postpartum like he usually does for mothers at risk of postpartum haemorrhage." (R13)

> "My colleague assumed that I and Dr NS did not need her help since I had the SHO, Dr B, and the nursing assistant plus the fact that there were misunderstandings between her and Dr NS. However, this was an obstetrical emergency that could have led to the woman's death, no woman deserved to die while bring forth a life, this is something that is taught and stressed in every midwifery school." (R13)

With obstetrical emergencies, one needs to act very fast and efficiently so, the more people helping to manage the issue the better. The statement below is justified by the WHO report that: "Most deaths resulting from postpartum haemorrhage occur during the first 24 hours after birth; the majority of these could be avoided through the use of prophylactic uterotonics during the third stage of labour and by timely and appropriate management." (WHO 2019:n.p).

> "If she was around to help, … I would not have had to pause the uterine massage to establish the second IV line because she could have done it but thank God the woman did not die." (R13)

Sub-theme 3.11: Analysis of the story of the *"mother experiencing all three delays (Delay 1, Delay 2 and Delay 3")* (R15)

> "Postpartum haemorrhage is the leading cause of maternal mortality worldwide contributing 26% and more so." (R15)

> "In this incident who was a para 7 and after the removal of the placenta again she had atonic uterus which led to continuous bleeding. And Other causes of postpartum haemorrhage as per the 4 T's." (R15)

In the analysis of the themes in Delay 3, each of the Phase I participants' stories was evaluated, and the reasons for the delay listed in Table 4.4. The participants analysed the stories and provided reasons for the delays themselves, and based on their reflective experiences as narrated, the delay type was determined. Eleven different experiential reflective stories depicting incidents of Delay 3 according to the Three Delay Model were identified. Delay 3 is one the leading causes of maternal death as per the WHO maternal mortality key facts (19 September 2019) (WHO 2019:n.p).

4.3.3.4 Conclusion

In conclusion, all the reflective essays leading to the Delay 3 were analysed. Each participant, based on their own reflective story, had to propose various recommendations and action plans to prevent similar delays in the future.

Sub-theme 3.1: Story conclusion of the incident of *"pregnant mother with silent postpartum haemorrhage at hospital."* (R3)

> "Previous history of mothers with postpartum haemorrhage needs to be monitored closely by the midwives and to be given clear instructions about what she is supposed to do or watch out for in the first few hours after birth and report in case of any deviation from normal." (R3)

> "It's a good learning point to strengthen our care for the mothers after delivery and look at a full bladder as silent cause of postpartum haemorrhage but major and always ignored." (R3)

Sub-theme 3.2: Story conclusion about *"a pregnant midwife and her birthing experience at the hospital."* (R4)

> "Maternal death can occur to any woman whether learnt or not therefore as midwives we have a big role to play. Sometimes death is inevitable, but we need to prevent it by all means. Autopsy was requested to find the cause of maternal death, and results indicated silent rupture of the posterior wall of the uterus, patient was also anaemic. Among the many recommendations, one was." (R4)

> "Professional Advocacy for improved healthcare service provision for women during antepartum, intrapartum, and postpartum would be an essential step towards the achievement of the sustainable development goal by 2030." (R4)

Sub-theme 3.3: Story conclusion of *"birth experience of grand multigravida G10 in a hospital setting"* (R5)

> "In this incidence I learnt that having knowledge and skills in managing obstetric emergencies is very important because it reduces nervousness, anxiety, stress as you will be confident of what you are doing. I also learnt it is always important to inform the next of kin of what is happening because this helps to alley their anxiety." (R5)

> "I also learnt that calling for help in case of emergency is very important because with other people around work is done faster and you can share knowledge which in the end benefits the patient and also reduces your anxiety and nervousness. To progress a resolution of the problem, it is always important to be well equipped with the knowledge and skills in managing obstetric emergencies of course putting it consideration the sequence of procedures to follow, giving the right medication in the right doses in the right routes." (R5)

Sub-theme 3.4: Story conclusion of the *"negligence and lack of resources at hospital delivery."* (R6)

> "In conclusion, many deaths in a woman's lifetime can be prevented." (R6)

> "If decision making is made early enough, if decisions made are implemented early enough, and if diagnosed early, emergency care given early can save many lives." (R6)

Sub-theme 3.5: Story evaluation of the *"delay in assessment and unethical reasoning."* (R7)

> "In relation to this situation, I learnt that being a midwife is challenging whereby all time you face different situations that need to use knowledge and skills got from training schools, working experience, and trainings on job. I also learnt to always think, analyse, and interpret the situation instead of leaving the mother alone without taking history and examination." (R7)

> "It was important that, midwives should always be in position to save lives of both mother and the baby regardless of anything. Postpartum haemorrhage is an obstetric emergency and can be prevented when proper assessment is done." (R7)

Sub-theme 3.6: Story conclusion of the *"preventable death of a pregnant mother at a hospital setting."* (R8)

> "What I can learn from this incidence is proper history taking of the mother using antenatal records, lab results and scan results that will guide you in the management of the mother and what may happen in case wrong decisions are made in addition to the use a partograph while in labour because it will help you detect the deviations from normal since this mother was not monitored using a partograph so she exceeded the normal hours of labour which wasn't noticed by the midwife. Always to incorporate theory into practice not doing things without a purpose and involving the rest of the health workers while managing emergency. What I can do to progress a resolution of the problems is availing partograph in labour ward and endeavouring its properly used to each mother being admitted in active phase of labour furthermore sticking post-partum haemorrhage management protocol in the labour ward." (R8)

> "What I would do differently in future is always to refer to mother antenatal records before prior to admission to the labour ward likewise shouting for help in case of an emergency and not forgetting the inspection of the cervix using a speculum immediately after the delivery of the placenta." (R8)

Sub-theme 3.7: Story evaluated the *"inappropriate assessment and treatment delays."* (R10)

> "Writing this reflection has made me aware of my approach to mothers who have unobvious danger signs. It was only being so kind and take the vitals plus listening to mother's complaint that would have help me and other health care workers to diagnose what this mother was going through." (R10)

> "The mother was diagnosed with internal bleeding which was alerted to us by only the persisting increasing pulse otherwise this mother would have died in bed. So it's important to give great attention to attitudes and behaviours of maternal health care workers with efforts to improve maternal health." (R10)

Sub-theme 3.8: Story conclusion of *"Delay 3 on multiple factors." (R11)*

> "The story has been about postpartum haemorrhage, mother escaping from the ward because, she was hungry, no attendant to take care of her, the midwife was alone on duty that even when she shouted for help no one came on time. The midwife was skilled because, she did her best to make sure the mother survives and indeed God answered her prayer. No blood transfusion services at most health centres IV in the country." (R11)

> "I appreciate my faculty for giving me opportunity to tell this story because it was bothering me a lot but now, I feel relieved and let this not be the end of its kind, reach all midwives because "all midwives have stories to tell the public in their various departments." (R11)

Sub-theme 3.9: Story concluded the *"lack of accountability."* (R12)

> "I recommend that when admitting a mother in labour the following should be emphasised." (R12)

> "Various histories of social, medical, obstetric, surgical, gynaecological, and family planning to be reviewed despite information on the antenatal card. General examination of the mother which includes vital observation and physical examination to exclude any danger signs which may complicate labour. Special investigations to be done routinely to every pregnant mother which may include complete blood count, grouping, and coagulation time; urine testing for proteins and sugars to exclude any complication that may arise and manage immediately. In-service trainings on different obstetric emergencies and their management by the experienced and more trained staffs." (R12)

Sub-theme 3.10: Story concluded *"lack of teamwork and conflict among health care workers."* (R13)

> "I learnt from this incident that being knowledgeable and competent in managing obstetrical emergencies is a key quality in midwifery, Obstetrician (Dr N) in the same room but it was like they both froze! I heard always wondered why close family members are not allowed to treat their own, but that day Dr N demonstrated the reason to me." (R13)

> "Furthermore, being rude and insensitive on the side of the medical personnel can accelerate a client's death or increase the morbidity. Medical personnel should put aside their grudges when it comes to doing their work because it involves saving lives and improving the quality of life. I could have explained to my colleague that since she was on duty and Dr N was the client's husband at that moment, he had no authority to stop her from carrying out her duties. We should also have activated the blue code which is responsible for resuscitation in the hospital which would have helped to manage the woman faster than we did and finally, I should have prevented this incident from happening by monitoring of the woman with the baby every 15minutes as it was recommended in the hospital protocols." (R13)

Sub-theme 3.11: Story concluded the *"mother experiencing all the three delays (Delay 1, Delay 2 and Delay 3.")* (R15)

> "In this I learnt that postpartum haemorrhage is one of the causes of maternal mortality in Uganda this is in reflection with what I experienced with this mother who came in bleeding after delivery and later died due to anaemia." (R15)

What can I do about this process?

> "Is by conducting health education talks to pregnant mothers on dangers of delivering from clinic, home, TBAs to avoid more incidences from occurring." (R15)

And what I could do differently?

> "Is by informing the higher authorities on the importance of having essential supplies and drugs that required in emergencies and proper planning for mothers who are risk of postpartum haemorrhage, the husband and other relatives should be taught on dangers of clinic delivery and its outcomes." (R15)

Phillips et al (2017:7) state that nurse educators require pedagogical approaches beyond traditional methods to facilitate students' learning of the new competencies needed to practise midwifery in a complex and challenging health care system.

This section conclusion summarised the recommendations and future action plans for each of the reflective stories leading to Delay 3. Listening to a reflective story of a mother's death (for example R8) can bring the intensity of each one's grief to the classroom environment, which gives them a chance to talk about their losses.

4.3.4 Theme 4: 'No Delay' − A unique finding of the Phase I subphase 2 analysis

In Theme 4, the sub-theme and concepts emerging from the data analysis reflected the story of managing a pregnant mother in labour in a health care setting with "No Delays". Reflective essay R14 revealed a unique story amongst fifteen reflective essays received from Phase I study participants. It told the story of ideal management in preventing delays. Knowledgeable and skilled health care professionals managed and executed each level of the assessment and treatment of the pregnant mother. Using the Gibbs Model of Reflection guidelines, participant R14 narrated the incident against the following headings: description, evaluation, analysis, and conclusion. The sub-theme that emerged from the essay was 'showcasing' the ideal way of managing the pregnant mother with "No Delays". The theme four and it sub-themes and concepts for R14 are listed in Table 4.9.

Table 4.9 Theme 4: "No delays"

Theme 4: "No delays"	
Sub-themes	**Concepts**
4.1 "No delays" (R14)	4.1.1 Previous history of postpartum haemorrhage 4.1.2 Aware of danger signs by the mother 4.1.3 Pregnant mother was well informed about her health and progress 4.1.3 Quick assessment and immediate management by unit staffs 4.1.4 Knowledge and skill on assessment and management of postpartum haemorrhage 4.1.5 Team effort in managing postpartum haemorrhage 4.1.6 Mother and team happy with the outcome of delivery and management 4.1.7 No complications 4.1.8 Mother and baby are normal and safe 4.1.9 No delays

4.3.4.1 Description of the incident

Sub-theme 4.1: Story describing the incident of *"no delays."* (R14)

Critical incident

> "Mother NR 29 years T3P0A0L3 a known hypertensive chronic with history of previous primary postpartum haemorrhage on the second baby (2013) due to unknown cause reported by the mother, she reported that she was not told the cause and she was transfused with one unit of blood and never reacted to it. It was on

29th/10/16 at 10:30hours when she delivered on private maternity unit alive baby boy who cried immediately with birth weight 3.7 kgs." (R14)

"It was a positive incident presented to me by mother." (R14)

"I was on night shift on 29th October 2016 and I had just reported to register my name in the register book and I was working in neonatal care unit private adjacent to the maternity unit, mother came I was still standing there and reported to me: "nurse am bleeding heavily." (R14)

What and where it happened?

"For the second baby (2013) due to unknown cause reported by the mother, she reported that she was not told the cause and she was transfused with one unit of blood and never reacted to it." (R14)

What actually happened?

"It was a positive incident presented to me by mother." (R14)

"I thanked this mother to have realised the active bleeding and I got concerned, since there was staff on that unit, I called staff please come and we rescue this mother, staff came immediately." (R14)

What were your thoughts and feeling during or after the incident?

"Mother was managed well." (R14)

"I thought if this mother had not approached me and since she had the previous episode in 2013, we would have lost that mother but thank God she was knowledgeable and I felt if all mothers are able to detect the deviations and decision making done to approach a health worker, we can save mothers and reduce the mortality rate." (R14)

4.3.4.2 Evaluation

Theme 4.1: Story evaluated the incident of *"no delays."* (R14)

> "That incident stood out for me because mother was knowledgeable and experienced with the past episode of primary haemorrhage, that's why she reacted positively and we were able to handle the situation." (R14)

> "Mother responded and what we were doing to the mother was flowing well in systematic way." (R14)

Were their different level of behaviour and activity? (R14)

> "Yes, there were different levels of activities and behaviour because mother was following what was going on, calm, we staff knew what to do to the mother and teamwork was highly maximised." (R14)

Did you bring a personal bias/experiences or particular mind set to the event? (R14)

> "There was personal experience, knowledge and competency that's why we were able to control the bleeding." (R14)

4.3.4.3 Analysis

Sub-theme 4.1: Story analysed the incident of *"no delays."* (R14)

Challenge assumption

> "If this mother had not got this episode before it would be hard for her to realise the problem and always it is our responsibility for a health worker to have the post-delivery observations in the first 24 hours: in the first 1-2 hours check every 15 minutes until stable; check every 30minutes for one hour; 4 hours for 12hours. After 12 hours check 4 hourly then 8 hourly." (R14)

Could I have interpreted differently from another point of view?

> "I could not interpret this incidence differently because the mother had experienced it and she knew it that it could happen again." (R14)

Could I challenge the importance of the context?

> "I could not challenge the importance of the context because always mothers with previous postpartum haemorrhage normally can have the same problem." (R14)

4.3.4.4 Conclusion

Sub-theme 4.1: Story concluded the incident of *"no delays."* (R14)

What can I learn from this episode?

> "This reflective essay episode was that having the knowledge, skills, and competence, have teamwork, mother's knowledge made this incidence successful in management." (R14)

What can I do to progress a resolution of the problems?

> "To progress the resolution of the problem is to have deep research about postpartum haemorrhage and to alert mothers with such to inform health worker whenever they come to a health facility." (R14)

Could I explore alternatives?

> "The alternative I could explore in case I happen to have such a case; proactive management is very important." (R14)

This unique story reflects a situation with "no delays". Sometimes students are surprised by the excellent quality of stories produced in their class and may want to discuss the different ways to "showcase" the stories. This particular story which captures the learning outcome of the session, can mutually benefit the educators and the students to achieve the learning objectives of the classroom session. The reason for categorising the story under the Theme four "No Delays" is all the event of the mother's journey from the initiation of labour, through planning for delivery, to the management of labour and its outcome were ideal and successful. Reflective essay R14 uniquely depicts the journey of safe motherhood in reducing maternal mortality from preventable causes.

4.4 SUMMARY

In this chapter, the approach to selecting the stories from the analysis of Phase I subphase 2 reflective essays is explained. This approach enabled the identification of three stories as stated in the proposal in Chapter 1 as well as the new finding from the analysis of story four, which uniquely presents a positive story of ideal good practice and quality care of a mother in the management of postpartum haemorrhage with no delays. This saved two lives (the mother and baby) and promoted the quality of life of the mother, neonate, family, community, and nation.

The next chapter, Chapter 5, explains the process involved in developing stories in Phase II from Phase I subphase 2 reflective essays, after validation of the four selected stories by midwifery experts in Phase III. The four validated stories have been used in the development of an educational package on storytelling as an innovative teaching strategy for teaching midwives in Phase IV.

CHAPTER 5

PHASE II (STORY DEVELOPMENT) AND PHASE III (STORY VALIDATION)

5.1 INTRODUCTION

In this chapter, the research findings from the data collected during Phase I subphase 2 are analysed to enable the selection of suitable reflective essays to be developed as stories. Using interpretative phenomenology allows multiple individuals (participants R1 to R15) with experience managing a mother with postpartum haemorrhage (WHO 2018:n.p), to reflect these as stories with no distortion or risk of prosecution (Creswell & Poth 2018:79-80).

This chapter addresses objective three: to develop from the reflective essays the stories to be used in the development of an innovative educational package. Coded reflective essays received from the participants were used to construct and interpret the real-world experience of participants. IPA was used to analyse the data (fifteen reflective essays). An IPA approach aims to provide evidence of the participants making sense of phenomena and at the same time documents the researcher's sense-making from an emic and etic perspective (Pietkiewicz & Smith 2014:7-14).

5.2 FINDINGS OF PHASE II ANALYSIS

The completion of the Phase I subphase 2 analysis provided the pre-planning steps for Phase II (story selection followed by story development), and Phrase III (obtaining midwifery expert validation of the selected stories from the Phase I subphase 2 analysis findings).

In Phase II the Three Delay Model of events leading to maternal death in obstetric care guided the interpretation and analysis of the essays.

The in-depth interpretation of the Phase I subphase 2 analysis was followed by story selection enabling three stories to be identified (as stated in Chapter 1). These stories were based on the similarities and differences found in the fifteen coded reflective essays (R1 to R15).

Besides the three stories determined suitable for use in Phase IV, a unique story from theme 4 was identified at the conclusion of the Phase I subphase 2 analysis. This story became the showcase of an ideal story for good practice. It sets out how to provide a mother experiencing postpartum haemorrhage with well-managed quality care without any delays. This saved the two lives, and promoted quality of life for the mother, the neonate, the family, and the community.

Given below in Table 5.1 is the pre-plan summary. It provided the insight, after the analysis of the Phase I subphase 2 reflective essays, for selecting the four specific stories. At the conclusion of Phase II, the next phase could start, namely the approval and validation of the stories in Phase III. During this phase, the approval and validation confirmed the four stories to be used in the educational package, thus meeting objective 4. This enabled commencement of Phase IV to meet objective 5: to develop an educational package on storytelling as an innovative teaching strategy for teaching midwives.

Table 5.1 Story selection using the Three Delay Model

Phase I coded reflective essays (R1 To R15)	**Sub-themes**	**Interpretation of themes according to the Three Delay Model**	**Story selection for phase III validation**
R1	1.1 One midwife on night duty (R1)	Theme 2 Delay 2 & 3	
R2	2.1 Multiple pregnancies with Intra Uterine Foetal Death and prolonged labour (R2)	Theme 1 Delay 1 & 2	
R3	3.1 Pregnant mother with silent postpartum haemorrhage (R3)	Theme 3 Delay 3	
R4	3.2 A pregnant midwife and her own birthing experience in hospital (R4)	Theme 3 Delay 3	STORY 1 on Delay 3 for developing an innovative storytelling educational package
R5	3.3 Birth experience of grand multigravida G10 in a hospital setting (R5)	Theme 3 Delay 3	
R6	3.4 Negligence and lack of resources at hospital delivery (R6)	Theme 3 Delay 3	
R7	3.5 Delay in assessment and unethical reasoning (R7)	Theme 3 Delay 3	
R8	3.6 Preventable death of a pregnant mother at a hospital setting (R8)	Theme 3 Delay 3	
R9	2.2 Preventable death of a pregnant mother at a private health facility (R9)	Theme 2 Delay 2 & 3	
R10	3.7 Inappropriate assessment and treatment delays (R10)	Theme 3 Delay 3	

Phase I coded reflective essays (R1 To R15)	Sub-themes	Interpretation of themes according to the Three Delay Model	Story selection for phase III validation
R11	3.8 Multiple factors leading to delay 3 (R11)	Theme 3 Delay 1 & 3	STORY 2 on Delay 1 & 3 for developing an innovative storytelling educational package
R12	3.9 Lack of accountability (R12)	Theme 3 Delay 3	
R13	3.10 Lack of teamwork and conflict among health care workers (R13)	Theme 3 Delay 3	
R14	4.1 "No Delays" (R14)	Theme 4 "No Delays"	STORY 4 on "No Delays" for developing an innovative storytelling educational package
R15	3.11 Mother experiencing all 3 Delays (Delay 1, Delay 2, and Delay 3 (R15)	Theme 3 Delay 3	STORY 3 on Delays 1, 2 & 3 for developing an innovative storytelling educational package

5.2.1 Background: Overview of Phase I subphase 2 findings

In this chapter the findings from the data extracted from participants is analysed, presented, and discussed, to move on to the third objective: to validate the process of the story selection for developing an innovative teaching strategy on storytelling. A qualitative thematic analysis was used to detail the richness of the stories using an interpretive phenomenology approach. Using the theoretical Three Delay Model leading to maternal mortality, analysis and in-depth interpretation were possible. The four themes, four sub-themes and related concepts were extracted from the coded Phase I subphase 2 reflective essays, which were themselves written using the Gibbs Model of Reflection guidelines.

Job et al (2017:722) argue that incorporating patient stories into health care education encourages the use of reflection and facilitates critical thinking, which automatically helps bridge the theory-practice gap. Based on personal experience, the researcher also felt that hearing reflective stories of similar conditions handled differently in various challenging settings enables students to internalise both the information and the management of similar situations in different

ways. There is a great need for innovative teaching strategies which can help students learn about and understand concepts better (Low & Scala 2015:2).

Interpretation of the data isolated the type of delay and reasons for the delay in managing a mother with postpartum haemorrhage. The different delay reasons were identified and the four different stories for the Phase III detailed validation process selected for further development. The opinion of the midwifery experts on the suitability of the use of the selected stories in an innovative teaching strategy for teaching midwives was then sought.

5.3 PHASE II AND PHASE III PROCESS (STORY SELECTION, DEVELOPMENT AND VALIDATION)

Phase III explains in detail the process for developing an innovative educational package using a storytelling strategy. The figures and tables show the use of the (adapted) recommended steps using IPA during the Phase I data analysis process (Creswell & Poth 2018:294).

Prior to the analysis of the Phase I reflective essays, the participants' identifying information was replaced with codes numbered in sequence from R1 to R15. Reference to all essays from this point was by the code number. Data analysis used a thematic content analysis method to illuminate underlying thematic patterns. As a qualitative (phenomenology) researcher, it is the role and responsibility of the researcher to investigate and interpret the impact of the research subject-matter on the 'lived experiences' of the research participants (Creswell & Poth 2018:75).

5.3.1 Phase II story selection process

The outcome of the Phase I subphase 2 analysis became the findings of Phase II. Phase I data analysis was inductive, building from a particular event to general themes based on an interpretation of the meaning of the data (Creswell & Poth 2018:294). The data was extrapolated from the participants' experience in managing a mother with postpartum haemorrhage using the reflective essays written by the participants. Various researchers prefer to use written narratives to the spoken word because the narrative permits participants to think about what they wish to share and their experience (Streubert & Carpenter 2013:40).

IPA has become dominant in qualitative research methodology in many academic disciplines (Tuffour 2017:1). In this approach, the researcher actively explores the category of lived experience in all modalities. The Phase I coded reflective essays (R1 to R15) were read line by line and analysed using an inductive process, to understand the meanings, the participants assigned to their experience. Four Themes: (Delay 1, Delay 2, Delay 3 and No Delay) were

identified and four Categories (Description, Evaluation, Analysis and Conclusion) were used to analyse each theme. See Figure 5.1 below.

The analysis process was as follows:

- First the essays were reviewed intuitively to identify the surface meaning by reading between the lines for deeper understanding.
- Next the dynamic relationship between the 'part' and the 'whole' at numerous levels of a holistic analytical interpretation were explored (Tuffour 2017:4). The 'part' corresponds to the encounter with the participants in the research study, especially in Phase I, and the 'whole' to the drawing upon the knowledge and experience of the researcher. Phenomenology aims at gaining a deeper understanding of the nature or meaning of our everyday experiences. The main purpose of phenomenological research is to explore the reality experiences from the individuals' feelings and experiences through their narratives which helps to understand the depth explanations of the phenomena by the individual. Similarly, the use of such experiential reflective stories, does not limit the thinking or reasoning capacity of the students in a learning environment.

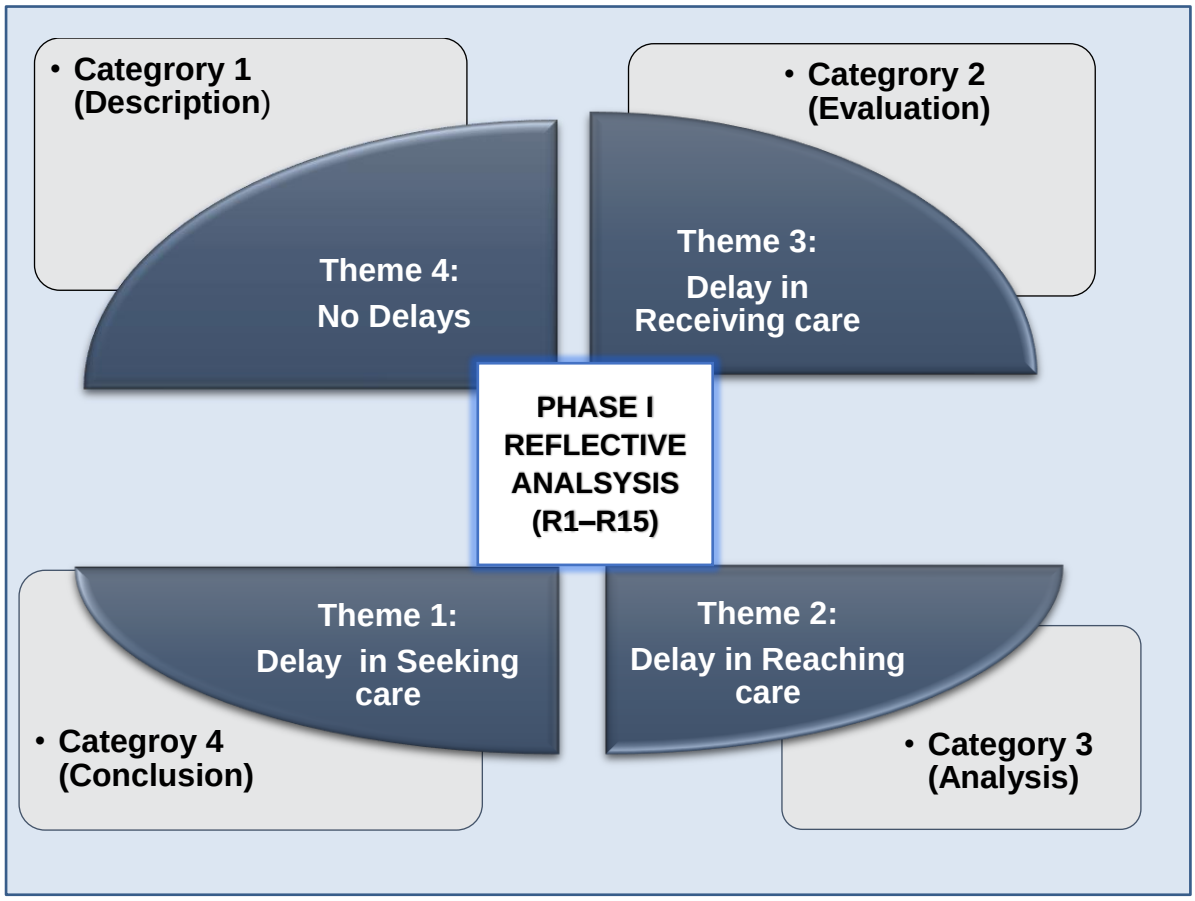


Figure 5.1 Phase I subphase 2: Data analysis (themes and categories)

- Creswell and Poth (2018:81) advocate bracketing also known as "*epoche".* The third step allows the researchers "to set aside their experiences as much as possible, to take a fresh perspective towards the phenomenon". It maintains the accuracy of stories but does not affect the interpretation of the participant's actual views. Everything bracketed under the four themes and four categories used in the analysis of the reflective stories of Phase I makes the reader more aware of their own biases when reading the stories and making interpretation.
- The last step was the analysis of the coded reflective essays of Phase I subphase 2. Table 5.1 summarises the analysis of the four stories selected for developing an educational packing on storytelling as a teaching strategy for teaching midwives.

Objective 4 was to validate the stories with midwifery education experts for accuracy. The findings of Phase II were based on the Phase I analysis using the process described in Chapter 4. From the Phase I subphase 2 study participants' reflective essays which focused on four different critical areas as displayed in Table 5.1, stories were identified for validation by midwifery experts. Once validated, they became the basis of Phase IV: Objective 5 − the development of an innovative educational package on for teaching midwives.

5.3.2 Expert review validity process

In Phase III the opinion of midwifery experts on the validity and suitability of the selected stories for use in an innovative teaching strategy for teaching midwives was then sought. Three midwifery experts had previously been approached, and their agreement obtained to review and validate the coded reflective essays (R1 to R15). These midwifery experts have varied areas of experience. The first expert has rich experience in midwifery education, the second expert is experienced in midwifery practice and administration, and the third expert is an international midwife, with a PhD in Education and an ICM member. Phillips et al (2017:7) state that nurse educators need a variety of pedagogical approaches that are more creative and innovative than the traditional methods to facilitate student learning of new competencies to prepare them to practise in a complex health care environment.

The background of the midwifery experts' experiences was as follows: The first midwifery expert has 30 years' experience in midwifery education, a teaching diploma and bachelor's degree in nursing and midwifery programmes from the same context (Uganda). The second midwifery expert has 32 years of varied midwifery clinical practice experience working in labour wards all those years, in one national referral hospital in Uganda as a practitioner and administrator. The third midwifery expert is an international midwife. She is a scholar from the United Kingdom (UK), with over 47 years of experience in nursing and midwifery education and practice from UK, and currently an active member of ICM.

Validation of the Phase II stories was from the three experts who have different perspectives and a combination of national and international experience, as well as experience from different areas of nursing and midwifery (education, service and administration, and research). Their broad background and experience enabled the researcher to cover all the key components of the course learning outcomes of the midwifery programme, therefore meeting the curriculum context and quality standards of care.

The three midwifery experts validated hard copies of the coded reflective essays. The two Ugandan experts discussed their final views with the third midwifery expert, an international midwife from the UK and a Professor and Head of the Department of Midwifery Programme, the AKU-SoNaM, East Africa, Uganda. The international expert, after the review discussion and after reaching a consensus with the two Ugandan experts, provided the researcher with a feedback report regarding the validated stories. The four validated stories were then submitted to the primary supervisor for final review and inclusion in the educational package to be used to teach midwives in the classroom about managing a mother with postpartum haemorrhage (see Table 5.2).

The stories offer a range of benefits in midwifery education. Reflecting on, and analysing, patient stories before undertaking clinical practice can give students an insight into what is genuinely important to a patient (Tavendale 2015:15). The rationale for choosing the four stories analysed is summarised in Table 5.1 and Figure 5.2 and is further explained in this chapter.

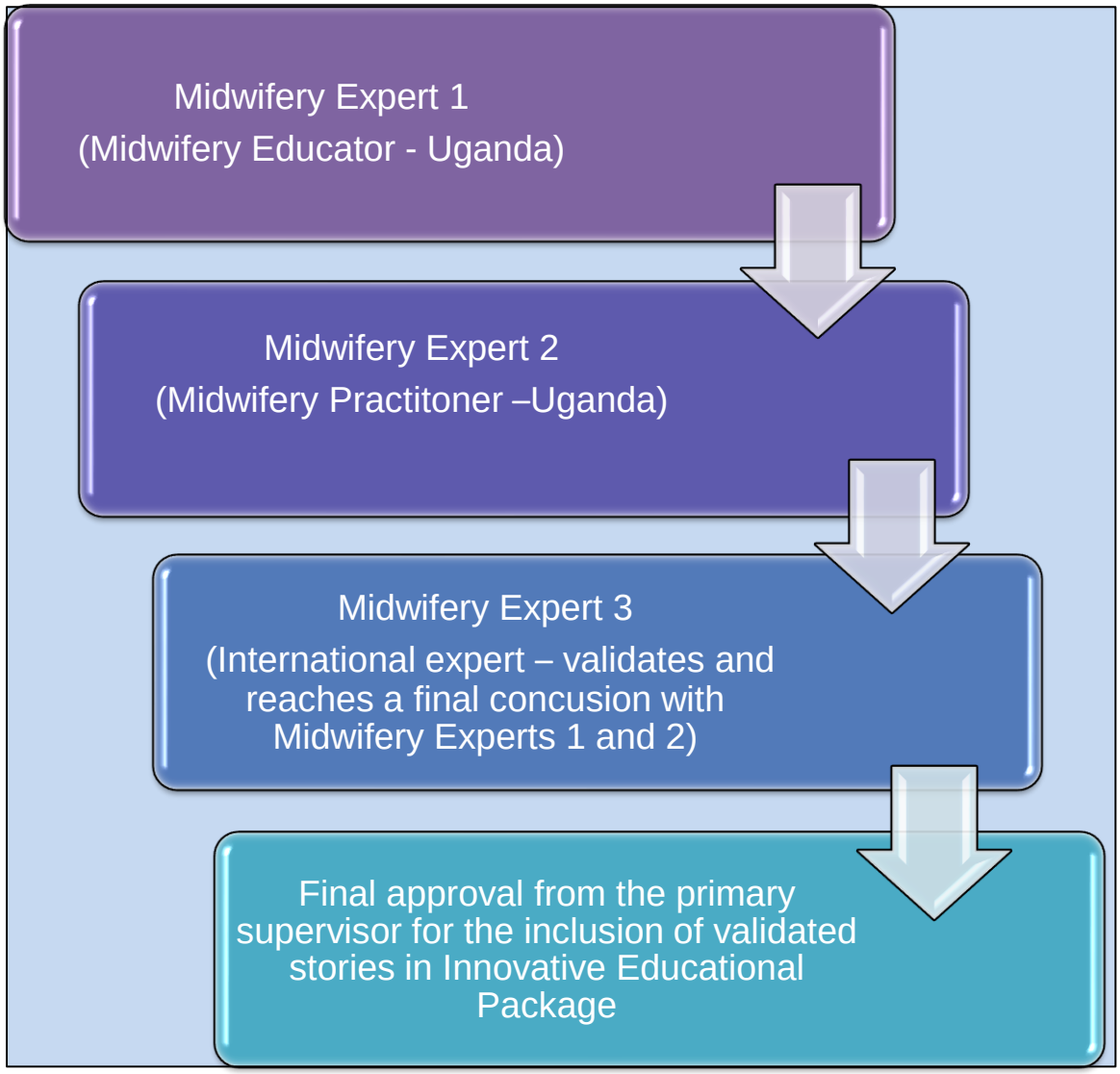


Figure 5.2 Midwifery expert review process for validation of selected stories

Once agreement had been obtained from the three midwifery experts on the validity and suitability of the stories selected, the next level was to finalise the four reflective essays and to include them as four different stories for a classroom teaching session, for midwives and nurses, on the management of postpartum haemorrhage.

Alase (2017:11) stated that the quality of qualitative research findings is extremely important to the credibility of a study. The same Phase I research instrument used to write the reflective essays by the study participants, as to analyse the findings by the researcher and experts. The tool headings (Description, Evaluation, Analysis and Conclusion) enabled identification of the four major themes based on the WHO Three Delay Model leading to maternal mortality. This was made easier because the participants had reflected their real-life experiences of how they managed a pregnant mother with postpartum haemorrhage using the themes of the WHO Three Delay Model.

5.3.2.1 Standards to assess the quality of phenomenology

According to Creswell and Poth (2018:273), asking certain key questions can improve the standard of excellence in a phenomenological research study.

This section shows how the analysis was met at each step, to assess the quality of phenomenology. It demonstrates how the researcher answered the questions below:

- *Does the researcher convey an understanding of the philosophical tenets of phenomenology*? The study conveys an understanding of the Phase I participants' reflective essays (R1 to R15) and summarised them in Tables 4.3 and 4.4. The analysis of the types and reasons for the three Delays were identified and categorised according to similar experiences and grouped under the four major themes of the WHO Three Delay Model of maternal mortality (Delay 1, Delay 2, and Delay 3). 'No Delays' was the new findings from one of the coded Phase I reflective essays (narrating the events of birth outcomes without any Delays and which ensured that the mother and baby were safe before, during and after delivery). This fourth option was added to the tables. One of the unique findings from among the fifteen reflective essays of the Phase I study participants (R14) was one of a "positive reflection" experienced by the participant and viewed as a 'Showcase Story'. This was an ideal story of good practice. The mother was well managed at each stage of decision making, from the decision to seek care, through to reaching the facility, and receiving care with 'No Delays'. This story was an ideal story for teaching a positive experience of managing a mother with postpartum haemorrhage. Based on this story, a fourth theme of No Delay was added to the stories to be used.
- *Does the researcher have a clear "phenomenon" that is articulated concisely to study?* The reflective essays from Phase I participants were analysed according to the different types of Delays, as classified clearly by the WHO Three Delay Model of maternal mortality. This provided a concise phenomenon to study.
- *Does the researcher use procedures of data analysis in phenomenology, such as the procedures* by Alase (2017:19). The textbook entitled: Researching Lived Experience: Human Science for an Action Sensitive Pedagogy by Van Manen (2016:27) was reviewed, concentrating on the heading description, or interpretation of phenomenology, The lived experiences by students, of managing a mother with postpartum haemorrhage were recorded in the reflective essays of the Phase I participants and collected. The thoughts and interpretation were analysed and categorised into different themes and four stories selected to be validated for accuracy as the findings of the study, by the three midwifery experts. The Phase I research instrument guidelines were used to understand how to group the coded

reflective essays (R1 to R15) under the four themes. Table 4.2 is a summary analysis of the reasons the essays were chosen according to each type of themes.

- *Does the researcher convey the overall essence of the experience of the participants? Does this essence include the description of the experience and the context in which it occurred*? All fifteen essays were summarised in their entirety for reasons for Delay in Chapter 3. An analysis summary under the four themes and four categories from the same context at different health care settings was done. The analysis included stories of managing a mother with postpartum haemorrhage at a referral hospital, in a private hospital setting, and in health centres. A detailed description of the participants' experiences and the context in which they occurred is explained in detail in Chapter 3.
- *Is the researcher reflective throughout the study?* The researcher took further time to read all the coded Phase I reflective essays and match the stories under four themes to develop four stories for validation by midwifery experts. The study applied the above standard questions uniformly to every interpretation of each reflective essays (R1 to R15) to ensure the quality of phenomenology in meeting the standards of excellence in phenomenological research study (Creswell & Poth 2018:260).

5.3.3 Rationale for selecting the four stories

The fifteen coded reflective essays reflected the Phase I participants' experiences in managing a mother with postpartum haemorrhage. Most of the maternal deaths were preventable had there been prompt and adequate medical interventions. There are no documented contextual stories on identifying avoidable factors for maternal deaths which is also not available in textbooks as case studies. There is a need to identify avoidable factors and the medical causes contributing to maternal deaths, rather than teaching using the traditional lecture method using textbooks. Storytelling is an influential way in nursing education to promote best learning by reflecting on nursing student experience (Demir 2019:286).

The intention in this study was to use contextual stories on factors affecting pregnant mothers which lead to mortality. These need to be identified and documented as realistic contextual stories which can be used by the midwifery educators as an innovative storytelling pedagogy in teaching midwifery students. Paliadelis and Wood (2016) cited that literature promotes the storytelling to help students to better prepare for the real clinical practice.

Stories in midwifery practice have not been explored adequately (Demir 2019:287). There is a need for innovative teaching strategies which can help students learn and understand the field of midwifery practice. A greater understanding and practice of using stories as alternative innovative teaching strategies in midwifery education is needed. Classifying the causes of postpartum

haemorrhage according to the Three Delays enables students to strengthen the monitoring and supervision of maternal and neonatal care services in the country, and to draw recommendations for interventions from real-life experiences in order to prevent or manage incidents in the future.

The coded reflective essay R4 depicted the causes leading to delay three as Story 1 for the educational package. The story is about a pregnant midwife who is admitted in labour to the same ward where she normally worked. A pregnant midwife colleague, who wrote the reflective essay in Phase I took care of this mother narrating her experience in a hospital, reflecting the delay the mother experienced in receiving adequate treatment after reaching the health facility. The essay of the pregnant midwife (the essay writer was also a health care worker) and her experience in taking care of her pregnant midwife colleague during her labour management, where they failed to save the mother and baby, will be a really a touching story for the midwives.

Reflective essay R11 described the causes leading to two delays (Delay 1 and Delay 3) and was selected as Story 2 educational package. It reflected the multiple causes of Delay 3 (including single mother, poverty, no attender, no staff to help, lack of hospital resources like plaster to secure the intravenous site, no blood available for transfusion, no lab facilities, etc.) It is interesting to imagine fact-based stories, including various factors which are avoidable, but which may lead to death.

Reflective essay R15 became Story 3 and described the causes leading to all three delays (Delay 1, Delay 2, Delay 3). It is a story of a mother experiencing all three delays reflecting the preventable causes. These included delivering by unskilled TBAs, delay in decision making followed by a delay in reaching the health facility, mismanagement of the third stage of labour, speedy delivery not giving time for the normal physiological events of different stages of labour, lack of infection prevention and control measures during delivery, lack of resources, delay in obtaining adequate treatment at health facility, lack of emergency preparedness, staff slow to act and manage emergencies, lack of accountability, commitment, knowledge and skills, and unethical behaviour leading to all three delays and a negative outcome.

The thematic analysis of the reflective essays based on the Three Delay Model revealed an interesting and unique ‘showcase story’. Reflective essay R14 is a story reflecting on ‘No Delays’ and how well the mother was managed. It became the ideal story (Story 4) and provided a success story to share. It is about how the midwives managed and played a key role in saving the mother and baby.

Reflective essay R14 depicted a mother with a history of postpartum haemorrhage who experienced no delays in getting the proper treatment. The pregnant mother was well informed about her health and progress and aware of the danger signs. She received a quick assessment and immediate management by unit staff who had updated knowledge and skill on the

assessment and management of postpartum haemorrhage. It was a team effort in managing the postpartum haemorrhage mother, and there were no complications. The mother and baby came through safely, and the entire team and family were happy with the outcome.

The research outcomes of arriving at the four different stories (Delay 1, Delay 2, Delay 3, and No Delay) was a new learning experience for the researcher. The contents of the coded reflective essays were interpreted and included as the four different contextual real-life stories in the innovative education package after validation from the experts. The researcher studied that the process of storytelling for midwifery students could also generate new ideas that have the potential to enable them to develop solutions and contribute to policy making in preventing avoidable maternal deaths due to postpartum haemorrhage in a given context. The process of storytelling can help save the mother and baby and contributing to the country's health sector strategic plan in meeting the SDGs. This analysis is shown in Table 5.2 (Annexure G).

Table 5.2 Summary table for selecting four stories for developing educational package from Phase I reflective essays

Reflective essay codes	Delay 1	Delay 2	Delay 3	Delay summary	Selection of four stories for developing an educational package
R1		√	√	**Delay 2 & 3**	
R2	√	√		**Delay 1 & 2**	
R3			√	**Delay 3**	
R4			√	**Delay 3 (R4)**	**Story 1 on Delay 3** for developing an innovative storytelling educational package
R5			√	**Delay 3**	
R6			√	**Delay 3**	
R7			√	**Delay 3**	
R8			√	**Delay 3**	
R9		√	√	**Delay 2 & 3**	
R10			√	**Delay 3**	
R11	√		√	**Delay 1 & 3 (R11)**	**Story 2 on Delay 1 & 3** for developing an innovative storytelling educational package
R12			√	**Delay 3**	
R13			√	**Delay 3**	
R14			**No Delay**	**No Delay (R14)**	**Story 4 on No Delay** for developing an innovative storytelling educational package

Reflective essay codes	Delay 1	Delay 2	Delay 3	Delay summary	Selection of four stories for developing an educational package
R15	√	√	√	**Delay 1, Delay 2 & Delay 3 (R15)**	**Story 3 on Delay 1, 2 & 3** for developing an innovative storytelling educational package

5.4 VALIDATED STORY 1 FOR EDUCATIONAL PACKAGE

Chapter 4, Table 4.2, describes what exactly was written and reflected by the participants' experiences in managing the mother with postpartum haemorrhage. Reflective essay R4 was written using the reflective instrument. It is the basis for Story 1 reflecting on the reasons leading to Theme 3, Delay 3, in the management of mothers with postpartum haemorrhage. Story 1 exactly used what participant R4 reflected in her own words and is included in Chapter 6 − development of an educational package.

5.5 VALIDATED STORY 2 FOR EDUCATIONAL PACKAGE

As depicted in Table 3.11 in Chapter 3, reflective essay R11 was used to develop a story using the reflective instrument. Story 2 reflects on reasons leading to Delay 1 and Delay 3 in the management of mothers with postpartum haemorrhage. Story 2 as reflected by participant R11 from her practical experience is included in Chapter 6 in the development of an educational package.

5.6 VALIDATED STORY 3 FOR EDUCATIONAL PACKAGE

Reflective essay R15 was used to develop a story using the reflective instrument. The basis of Story 3 is essay R15. It reflects on reasons leading to Delay 1, Delay 2, and Delay 3 of the management of mothers with postpartum haemorrhage. Story 3 is reflected by participant R15 and is included in Chapter 6 in the development of an educational package.

5.7 VALIDATED STORY 4 FOR EDUCATIONAL PACKAGE

Reflective essay R14 was used to develop Story 4. The reflective instrument provided guidelines to reach this conclusion. Story 4 reflects a positive outcome to the mother and baby and was categorised as 'No Delay', which was a unique outcome of the study finding. Reflective essay R14 depicted a positive outcome and became a 'showcase story' for safe motherhood showing how the mother with postpartum haemorrhage was managed well from the viewpoint of all the

preventable causes of the WHO Three Delays Model leading to maternal death. Story 4, reflected by participant R14, was included in Chapter 6 in the development of an educational package.

5.8 SUMMARY

This chapter provided an overview of the Phase I subphase 2 analysis, followed by the approaches used to select four stories as exactly reflected by the participants using the reflective instrument. It also explained the process involved in Phase II story selection and Phase III story validation.

Chapter 6 discusses the steps involved in Phase IV to develop an educational package on storytelling as a teaching strategy for teaching midwives and nurses in nursing and midwifery programme.

CHAPTER 6

PHASE IV: DEVELOPMENT OF AN EDUCATIONAL PACKAGE ON STORYTELLING AS AN INNOVATIVE TEACHING STRATEGY

6.1 INTRODUCTION

This chapter describes the steps involved in meeting objective four: to develop an educational package on storytelling as an innovative teaching strategy for teaching midwives. It describes in detail the processes involved in the development of the educational package on storytelling and its utilisation in classroom sessions. The findings from the integrative literature review as well as the data collected from the participants and the development of the stories, enabled the researcher to develop an educational package on storytelling as an innovative teaching strategy.

6.2 STORYTELLING AS AN INNOVATIVE TEACHING STRATEGY

Storytelling is a narration of events related to any environment. The linked evidence within the story provides students with a rich context to understand and integrate concepts related to patient care (Billings 2016:109). Since midwifery is a profession that requires the acquisition of cognitive, psycho-motor, and attitudinal behaviours, it is crucial to use innovative practices and methods in education (Tatli, Turan-Güntepe, Ozkan, Kurt & Caylak-Altun 2017:6809).

6.2.1 Storytelling in classroom teaching

Storytelling is the foundation of the teaching profession, “Great teachers, from Homer and Plato, through Jesus, Li Po and Gandhi have used stories, myths, parables and personal history to instruct, to illustrate, and to guide the thinking of their students” (Myers, Tollerud & Jeon 2012:1). From the researcher’s personal teaching experience as a nursing and midwifery educator, stories can be used as an introduction to get the students’ attention. Beginning the classroom session with a relevant, interesting story will help to meet the learning outcome more easily. If there is difficulty in explaining some concepts in the classroom, using stories as illustrations can help to relate theory to realistic practice. Telling stories within the classroom can also engage the reluctant students. The presentation of the story brings in various emotions and may make one laugh, cry, fear, imagine, and think. It helps the students to put themselves in someone else’s shoes.

Taylor (2018:1) said: “I’ve learnt that people will forget what you said, people will forget what you did, but people will never forget how you made them feel”. Since the early days storytelling was

used as anecdotes and as metaphors that resulted in valuable learning experiences for students. For didactic purposes, the following five-stage paradigm of the dynamics of trance induction and suggestion through storytelling, was developed by Erickson, Rossi and Rossi (1976). According to this model, the five stages of conversational trance induction are: fixation of attention, depotentiation of habitual frameworks and belief systems, unconscious search, unconscious process, and hypnotic response (Abrahamson 1998:3).

The first process of 'Fixation of Attention' encourages students to attentively listen to a story taking them, for the moment, to a level of forgetting other issues such as their exams in their next class, by fixing the students' attention on the teacher. The innovative package uses reflective stories from within the context of teaching nursing and midwifery students. The focus is on the educators teaching the management of one of the obstetric emergency conditions, namely a mother with a postpartum haemorrhage.

The storyteller encourages the students to focus on listening to a contextual story including issues leading to preventable delays in treating postpartum haemorrhaging. This is an effective means of focussing and fixing attention in conversational trance induction and acknowledges and relates it to the students' learning objective. It is the basis of the utilisation approach to trance induction, wherein the educator gains their students' attention by focussing on their student current behaviour and experience (Erickson et al 1976).

In the second process of 'Depotentiating Habitual Frameworks and Belief Systems', the educator uses what was shared in the classroom session during the fixation of attention stage to consciously pull the student into the story. Discussion guiding questions, which form part of the package, are provided with each story. These enable the students and educators to be more focussed on the topic under discussion in the that session. Any experience of shock, surprise, perceptions as unrealistic, unusual, or fantastic, or any aspects in a story that creates confusion, doubt, dissociation, and disequilibrium are all means of depotentiation of the students' learnt limitations, so that they become open and available to new means of experiencing and learning, which is the essence of the conversational (therapeutic) trance (Erickson et al 1976). Any interpretations of the story that alters their frame of reference creates an opportunity for new knowledge to be obtained from the guided classroom discussions.

During the third process, 'Unconscious Search', individuals, when faced with a new experience, often go into their memory bank to locate a memory of some relevant detail to resolve that particular experience. Using the storytelling session as an educational package, student nurses and midwives will reflect on either or both of their past experience and the new learning experience as narrated in each validated story.

While attempting storytelling as an innovative strategy in this study, the researcher concluded that storytelling as a trance-inducement mechanism in the way it has been discussed, afforded students the opportunity to assimilate new knowledge and concepts which can enhance the learning experience (Erickson et al 1976). The guiding questions for student group discussions for each story, will allow the students to explore and think.

In the fourth stage, 'Unconscious Process', the story telling starts an unconscious search and facilitates unconscious processes within the students who often find themselves open to new ideas and concepts to which they were previously closed (Training International 1970). The indirect forms of suggestions through storytelling within the classroom help the students bypass their learnt limitations, enabling the accomplishment of a lot more than they can usually accomplish (Erickson et al 1976).

The 'Hypnotic Response' is the fifth process. It is said to be the natural outcome of the unconscious searches and processes initiated by the educator when employing the storytelling technique within the classroom. The students experience a mild sense of pleasant surprise when they find themselves responding in this in an automatic and involuntary manner. In summary, the utilisation of a trance enabled by a teaching strategy on storytelling, and as facilitation in an innovative learning process for student engagement and active learning and participation in the classroom, represents a procedure of relevant and appropriate quality education.

In conclusion, the utilisation of a trance within the storytelling learning process results in an effective trance state or hypnotic response that relates directly to the material being covered by the instructor. It stimulates the students' learning and is an enabler of achieving the desired results.

6.2.2 Preparing the classroom for storytelling

Storytelling utilises a qualitative methodology narrating real-life stories that have a unique quality regarding the emotion, tone and imagery used to illustrate the storyteller's perspective. A meaningful story enables midwives to identify what is most important to their patients. Qualitative research in midwifery extracts stories in a semi-structured manner, enabling an in-depth understanding of issues and experiences and linking theory to practice (Matriano & Middleton 2020:4; Travendale 2015:15).

6.2.2.1 Preparation for the storytelling session

This study aimed at developing an innovative education package on storytelling as a teaching strategy, because students learn best if exposed to a variety of learning methods, and realistic contextual stories can provide a more realistic visualisation 'experience' of the content being covered. It enables midwifery students to improve their critical thinking skills in the case management of safe motherhood, administration, management, leadership, and research.

To use storytelling effectively, it is important for the nursing and midwifery educators to be aware of, and understand, the students' past and current experiences, their current training, the clinical situations in which they work, their own hopes, feelings and fears, their culture and values system, and the biases which they came across in their professional environment. Abrahamson (1998:1) stated that storytelling can be clearly viewed as the foundation of the teaching profession. As the instructor delivers the content through the story, the students try to interpret the learning content in their own way of understanding, and to assimilate the content into their own mental awareness in their own individual way.

There is little in literature that explains the benefits of on storytelling in midwifery education. Research needs to be done to prove that storytelling can successfully become the foundation of midwifery education. Bano et al (2020:1) state that one of the time-tested techniques that engages students is storytelling. Theme-based storytelling provides postgraduate midwifery nursing students with a unique, unexpected and enjoyable experience.

Midwifery and nursing educators need to be skilled in the process of storytelling (Flanagan 2015:181). Good preparation is essential to maximise the strategy of storytelling. One of the key preparations is planning the storytelling session. Using a lesson plan (see Table 6.1) ensures the inclusion of key points, and that the story is logical and relevant.

6.2.2.1.1 Steps in conducting a storytelling session

Mundy-Taylor (2013:43) described the different dynamics of story reading and storytelling (Isabelle 2007:24) as:

> "When a story is read, the primary reference for the communication event is the text, as fixed upon the page. In a storytelling event, the words are not memorised, but are created through spontaneous, energetic performance, assisted by audience participation and interaction."

Storytelling involves a deep connection between the storyteller and story listener, which makes a story come to life. In their literature review, Yaghoubi and Shaeri (2019:3) described educating storytelling styles which broadly include four stages.

The first stage of teaching through storytelling features that which makes associations, create excitement and suspense, solves the crisis of the experience, describes the previous lessons, and define the characters. The second stage of the teaching through storytelling may include the emotional structures of the story (Yaghoubi & Saheri 2019:3) and include personal stories, realistic stories, and imaginary stories. The third stage includes the skills required for teaching through storytelling. These include oral language, facial expressions, body language, and emotions, and denote the coordinated use of expressions by the storyteller when narrating a specific event. Unrelated details help the audience imagine the story to create a sense of virtual reality based on the narrated events ranging from introducing the story to the conclusion of events, and may include things like a sense of humour, and disappointment. Short pauses during the narration of a story allow the listener to imagine the story being explained. The last stage includes suggestions for solving some challenges in storytelling. This includes the summation at the end of the storytelling, grabbing attention during storytelling, tailoring the story to the needs of the students' learning outcome, and using new stories by adding new events to a previously recounted story.

The educating storytelling styles in the above review of teaching are reflected in the development of the educational package. The selected four stories match each stage given in the review referred to above, especially in making associations regarding the causes of delay in reaching the hospital, creating excitement and suspense in the outcome and the management of the mother and newborn baby. The storytelling contributes to the students' critical thinking and problem-solving skills and the drawing-upon-lessons-learnt from past experience. Together with present learning, these promote learning through realistic stories in managing the pregnant mother with postpartum haemorrhage. Guiding questions for classroom group activities for each story were formulated. The questions assist educators to ask critical questions to stimulate discussion. It further enables students to determine preparation and interventions to avert the delays leading to preventable deaths in the management of pregnant mothers with postpartum haemorrhage. An educators' instruction guide on storytelling with the four validated stories is vital to give direction to how the teaching strategy should be implemented.

The educational package contains the four stories. Each story includes a relevant picture and guiding questions for use by both educators and students in group discussions. An evaluation form for use with the storytelling session, and one for student evaluation on the use of storytelling

in the course unit, are included. Refer to Innovative Educational Package on storytelling (Annexure I).

6.3 EXPERT REVIEW OF THE INNOVATIVE EDUCATIONAL PACKAGE ON STORYTELLING

Experts reviewed the newly developed educational package. This section explains the steps followed to obtain expert reviews of the stories and reviewers' invaluable comments and feedback. The table below explains the sequence of the steps involved in the expert review process of the educational package on storytelling.

Table 6.1 Expert review process

Expert review process	Actions
Step 1	Request letter sent to expert reviewers to evaluate an innovative educational package on storytelling
Step 2	Informed consent for expert review
Step 3	Expert review feedback form
Step 4	Identification of expert reviewers
Step 5	Expert reviewer feedback analysis
Step 6	Development of updated educator instructional guide on storytelling as an Innovative Educational Package for Teaching Midwives

6.3.1 Step 1: Request letter to evaluate an educational package on storytelling

In step 1, the researcher compiled the request letter to evaluate the educational package on storytelling: an innovative teaching strategy for teaching midwives (Annexure H). This request letter served to obtain expert opinion on the newly developed educational package on storytelling as a teaching strategy for teaching midwives, based on their availability and consent. The request letter was emailed to each identified expert.

6.3.2 Step 2: Informed consent for expert review

In step 2, correspondence was by email. A letter of request was sent to the willing potential reviewers asking that they review the work in question. In response to their agreement, they were asked to sign the attached informed consent form and to respond to the criteria provided in the evaluation form, within two weeks from the date of issue of the request letter.

As required, some of the expert reviewers were given an additional week to respond. The identified expert reviewers returned the request letter, and consent and feedback form for expert

review within the agreed time to the researcher's email address. A sample consent form is provided in Annexure H.

6.3.3 Step 3: Expert review evaluation form

Step 3 involved the expert evaluation of the educational package on storytelling: An innovative teaching strategy for teaching midwives. The form used requested demographic data, including academic credentials and the reviewers' current job title. The list of review experts included individuals with very specific areas of expertise related to the review of the educational package contents. Amongst the review experts were a midwifery scholar, clinical educator, trainer, academic educator, academic programme head/coordinator, education researcher, clinical teaching expert, pedagogy expert, curriculum expert, nurse scientist in global and women's health and others such as a professional nurse manager, policy makers, nurse leaders, research scientists, public health promotion community department professor, and a trainer/mentor/ proprietor of a maternity centre run under the leadership of senior midwives. The identified expert reviewers were all at that time employed in the field of midwifery and related areas.

The researcher developed an evaluation tool for expert review with seven important criteria and certain items specific to each criterion, which would help the expert reviewers evaluate and rate the educational package based on the criteria displayed in Annexure H. The evaluation form for each expert reviewer included directions for completion and for the rating of the educational package according to the stated areas.

6.3.4 Step 4: Identification of experts for the review process

Fourteen experts agreed to review the documents and give feedback. The review, consent and feedback process took between two and three weeks. A summary is given in Table 6.2.

Table 6.2 List of expert reviewers who reviewed the educational package

Expert Reviewer (ER)	Informed consent received	Academic credentials		Field of expertise interest
		Job titles/roles	Employed at	
ER 1	Yes	Academic Educator, Education Researcher, Senior Lecturer, Specialisation: Nursing Education, Nursing Management, Quality Assurance	University, South Africa	Curriculum expert

Expert Reviewer (ER)	Informed consent received	Academic credentials		Field of expertise interest
		Job titles/roles	Employed at	
ER 2	Yes	Academic Educator, Faculty of Health Sciences	University, South Africa	Midwifery Expert
ER 3	Yes	Academic/Programme Head/Coordinator	College, South Africa	Pedagogy Expert, Curriculum Expert
ER 4	Yes	Deputy Director: Nurse Education and Training	National Department of Health South Africa	Policy Maker
ER 5	Yes	Retired Principal Lecturer, Midwifery	University, UK	Midwifery Expert
ER 6	Yes	Clinical Educator/Trainer	WHO/UN	Public Health Promotion
ER 7	Yes	Midwifery Regulator	Regulatory Council/Ministry of Health, Uganda	Midwifery Expert, Pedagogy Expert, Policy Maker
ER 8	Yes	Professor, Public Health	Health workforce development content expert, USA.	Caring Sciences
ER 9	Yes	Chief Executive Officer Nursing Education Association, Sessional Lecturer	X sessional, NGO, South Africa	Midwifery Interest, Clinical Teaching Expert
ER 10	Yes	Associate Professor-Maternal and Child Health, Academic Educator, Education Researcher	University, Tanzania	Midwifery Expert
ER 11	Yes	Trainer/Mentor for in-service and student midwives both government and private	Proprietor Midwifery Led Maternity Centre, Uganda	Midwifery Expert
ER 12	Yes	Educator- Midwifery	University, South Africa	Midwifery Expert; Clinical teaching Expert
ER 13	Yes	Professor Department of Health Studies	College of Human Sciences, University, South Africa	Academic Educator, Educator Researcher, Midwifery Expert
ER 14	Yes	Interim Associate Dean Research and Graduate Studies, Professor	University, Canada	Academic/Programme Head/Coordinator; Education Researcher

6.3.5 Step 5: Analysis of the expert reviewers' feedback

Step 5 involved the analysis of the expert reviewers' feedback on the educator's instruction guide for the storytelling educational package. The feedback received plus comments were copied to the research supervisor upon receipt. There was a total of seven criteria, and each had a few items under that heading. Table 6.3 provides details of the criteria, the items listed under each criterion and the feedback comments from each expert.

Table 6.3 Criteria list of the evaluation form

Criteria	**Specific items list to evaluate under each criterion**
A. Organisation/clarity	1
B. Instructional skills	2
C. Enthusiasm/encouragement	2
D. Knowledge/understanding and remembering	2
E. Student engaged learning/analysis and synthesis	2
F. Application	15
G. Evaluation	2
Total 7 criteria's	**Total 26 specific items**

Table 6.3 shows that there were 26 specific items which made up the seven criteria. Table 6.4, in turn, indicates the scoring guidelines.

Table 6.4 Scoring details

Score	**Description of the score**
Score 1	Acceptable as described
Score 2	Acceptable with recommended changes
Score 3	Not acceptable or needs major revision

Besides a place for the scoring, there was also opportunity for additional comments. A summary of the scores, description and overall ratings of the expert reviewer is given in Table 6.5.

Table 6.5 Expert review evaluation form (score analysis and feedback comments from experts)

Score ratings	Description of the score	Percentage analysis from the fourteen expert reviewers against each score
Score 1	Acceptable as described	246 (68%)
Score 2	Acceptable with recommended changes	101(28%)
Score 3	Not acceptable or needs major revision	16 (4%)
Total score ratings		**363 (100%)**

Table 6.6 Total written feedback comments from expert reviewers

Feedback comments from expert reviewers	Total
Comments that required the researcher to add additional reviews and contents	20 (17%)
Comments that required no changes	96 (83%)
Total number of feedback comments from fourteen expert reviewers	**116 (100%)**

The extensive analysis provided by the expert reviewers as given in Table 6.5, and the written feedback provided by the fourteen expert reviewers on the storytelling educational package, enabled the incorporation of additional content and updates to the educational package.

The final process was step 6 which was to develop an educator's instruction guide on the storytelling educational package.

6.3.6 Step 6: Development of updated educator's instruction guide

Step 6 was the development of an educator's instructor's guide. Expert review analysis, feedback and comments were incorporated into the instructor's guide under the direction of the supervisor.

6.4 STORYTELLING: AN INNOVATIVE EDUCATIONAL PACKAGE FOR TEACHING MIDWIVES AND NURSES

The intention of the researcher in developing this educational package on storytelling was to assist midwifery and nursing educators in utilising storytelling in their teaching. The researcher focused on developing a user-friendly package for midwifery and nursing educators. No special training is required to use the educational package and the step-by-step instruction guide. The package focuses on managing one of the midwifery health conditions in a given setting, especially the major preventable leading condition in obstetric emergency – that of managing a mother with

a postpartum haemorrhage. It is envisaged that the package could be adapted and used to teach any midwifery topic, either broadly or in depth.

The educational package content was generated from the reflective essays of the participants in Phase I. The essays were accounts of the experiences of final year midwifery students on one of the preventable causes leading to postpartum haemorrhage. In this package there are four stories. The first three stories are based on the influencing factors and are related to the Three Delay Model introduced by Thaddeus and Maine (1994).

Story 1 focuses on Delay 3 (delay in receiving satisfactory care after reaching the health facility) and Story 2 focuses on Delay 1 and 3 (consequence of delay 1 because of a delay in the decision to seek professional care by individuals, the family or both) leading to Delay 3. Story 3 focuses on all the three delays (Delay 1, Delay 2 and Delay 3) and narrates the consequences of all three delays on the pregnant woman. The fourth story focuses on an ideal situation – the managing of the pregnant mother with No Delays and its impact on the delivery outcomes of achieving safe motherhood.

The design of the storytelling educational package is such that it can be readily implemented, using the step-by-step instructor's guide for classroom teaching by the midwifery educator. The package contains seven documents. Each document is described and includes detailed explanations of the use of the package during the storytelling classroom teaching session.

6.4.1 Educator's instruction guide outline (document one)

This section of the educational package provides step-by-step instructions for the midwifery and nursing educators on how to use the various tools in their classroom storytelling session.

Table 6.7 Educator's instruction guide outline

The educator's instruction guide on the storytelling educational package includes the following tools:

- Lesson plan template (blank outline view)
- Sample completed lesson plan (applicable for Story 1)
- The template that can be used for stories (one, two, three and four)

This educational package includes:

- Four validated stories with guiding questions for classroom discussion
- Separate art visuals to accompany each story
- A student evaluation form for the storytelling classroom session
- A student feedback form on the use of a storytelling strategy in midwifery/nursing education

6.5 LESSON PLAN TEMPLATE BLANK OUTLINE VIEW (DOCUMENT TWO)

The lesson plan outline guides midwifery and nurse educators on the teaching of the session, on how to engage students, and the learning evaluation. Using the lesson plan will help midwifery and nurse educators to plan and execute their teaching more effectively. Using the lesson plan for each session specifically, will help the midwifery and nurse educators to reflect on, analyse and adapt their own teaching strategies. This lesson plan template encourages a systematic approach and helps with time management and planning for subsequent sessions.

Table 6.8 Lesson plan template blank outline view (document two)

<table>
<tr><td>Subject name:

Lesson topic title:</td><td>Date and time of the session:
___/____/_202____

_____ Hour _____ Minutes

Educator name:

Team teaching, including novice educators, and mentors/subject experts) (if any):</td></tr>
<tr><td colspan="2">Lesson objectives:

Explain the value of the lesson to the student, which provides motivation.
_____
_____</td></tr>
<tr><td colspan="2">Learning outcomes:

Formulate outcomes in such a way that they will be clear on:

a what the student must accomplish by the end of the session
b the settings under which the learning outcomes must be completed
c how the outcomes should be achieved (provide action verbs for each outcome)

At the end of the storytelling session, the students must be able to:
1 _____
2 _____
3 _____</td></tr>
<tr><td>Assessment and sharing of previous experience knowledge reflections (if any):

Assess for any current experience or previous knowledge and whether the student can already achieve the objective.</td><td>Teaching materials to be used for this storytelling session (if any):

The classroom materials that are necessary for conducting the storytelling lesson.</td></tr>
</table>

Time management plan (for meeting each specific objective relevant to the lesson topic)	**Educator's role in this storytelling classroom teaching session**	**Students' roles and classroom learning activities**	**Teaching resources to be used in this classroom teaching session**
Planning of time duration for handling each specific objective of the storytelling classroom session	*List of roles to be played by midwifery/nurse educators to enable learning in meeting each specific objective of the classroom storytelling session:*	*Role of students in achieving the learning objective in this storytelling session:*	*Teaching materials/ tools to be used for student engagement during storytelling classroom session*
Post-assessment: • Conclude the session on capturing each specific objective covered in the unit and to recall the lessons learnt through the storytelling classroom session, its strengths, and areas of improvement. *Note:* *Student should keep a note of each story discussed in this educational package, as each story has its specific self-learning reflection of each delay "Delay 1, Delay 2, Delay 3 and/ or No delays".*			
End of the classroom session: • Conclusion feedback by midwife or nurse educator on storytelling session. • Verbal feedback by students on storytelling classroom session. (Please refer to Document five). • Completion of student evaluation form on storytelling classroom session. (Please refer to Document six). • Completion of student feedback form on storytelling strategy in midwifery/nursing education. (Please refer to Document seven.)			

6.5.1 Completed lesson plan for Story 1 classroom storytelling session

The table below is the sample lesson plan template for the midwife/nurse educator. These examples provide guidance to midwife/nurse educators using this approach for the first time.

Table 6.9 Lesson plan: Completed sample lesson plan template for Story 1 (educator instruction guide)

Subject name: *Midwifery* **Lesson topic title:** *Management of mother with Postpartum: Haemorrhage (Preventable factors)*	**Date and time of the session:** ___/____/_202____ ____1_ Hour __30___ Minutes **Educator name:** _____ **Team teaching including novice educators, mentors/subject expert members (if any):** _____

Lesson objectives (explains the value of the lesson to the student, provides motivation):

By the end of the session the student should be able to:

- Identify the factors which influenced the delay in pregnant mother receiving the treatment she needed.
- Determine which of these factors could have occurred in a health facility.
- Recognise the factors which contribute to maternal death due to postpartum haemorrhage.
- List deaths that are largely are preventable.
- Recall the immediate steps to be taken to stop bleeding and save the mother and to understand how and when to arrange for a referral and safe transfer of a patient if required.
- Discuss practices and important links between assessment process/steps and outcome in respect of preventing and managing postpartum haemorrhage.
- Make practical recommendations which will improve the outcome while managing postpartum haemorrhage.
- Identify actions needed to be taken to prevent another pregnant mother (Mrs Y) from dying.

Learning outcome: Outcomes formulated in such a way that they will be clear on:

a What the student must accomplish at the end of the session.
b Settings under which it must be achieved.
c How exactly it must be achieved?

At the end of each storytelling session the students will be able to:

- Present the story and discuss the important guiding questions.
- Describe the three types of delay and the factors that influence delay in seeking care at health facility/midwifery care.
- Discuss how other women may also benefit from aspects of care which contributed to a safe outcome, or from lessons learnt from poor outcome.
- Describe how improved maternity care can influence the outcome of the third stage of labour and management of postpartum haemorrhage, giving examples from the reflective stories.
- Explain the necessary care and the documentation records which must be kept during transfer of the patient.
- Discuss the steps to be taken to prevent death from preventable/avoidable factors.

• Explain the importance of reflecting on realistic stories to evaluate and improve care in practical settings. • Discuss the action needed to be taken to prevent another pregnant mother (Mrs. Y) from dying.

Assessment and sharing of experience of previous knowledge reflections (if any):	**Teaching materials to be used for the storytelling session (if any):**
Assess any current experience or previous knowledge of the students in achieving this specific objective of the unit lesson. Midwifery educator should be able to plan the activity according to the students' previous or current learning experience.	Classroom materials that are necessary to conduct the storytelling lesson. WHO. 2017. *Recommendations for the prevention and treatment of PPH and the woman trial.* June 2017. From: https://www.who.int/reproductivehealth/topics/maternal_perinatal/pph-woman-trial/en/ (accessed 12 March 2022). WHO. 2008. *Maternal health and safe motherhood programme. Education material for teachers of midwifery: midwifery education modules*. 2nd edition. From: https://apps.who.int/iris/handle/10665/44145 (accessed 18 February 2022). WHO. 2012. *WHO recommendations for the prevention and treatment of postpartum haemorrhage*. Geneva: WHO.

Time management plan (for meeting each specific objective of the midwifery class units)	**Midwifery and nursing educators' roles in this classroom session teaching session**	**Students' roles and classroom learning activity**	**Teaching resources to be used in this classroom learning session**
Planning of time duration for handling each specific objective of the storytelling classroom session.	*List the type of activity roles to be played by midwifery/nurse educators to enable learning in meeting the specific objectives of the classroom storytelling session.*	*Role of students in achieving the learning objective in this storytelling session.*	*Teaching materials or tools to be used for student engagement during storytelling classroom session.*
		Listening.	
		Making notes.	Whiteboard.
			PPT for stories.

<table>
<tr><td rowspan="2">1.5 Hours for covering Story 1 classroom session.</td><td rowspan="2"></td><td>Students' guiding question on stories discussed in class.</td><td>Story handouts for group discussion.</td></tr>
<tr><td rowspan="2">Reflecting thoughts, views on critical questions.</td><td rowspan="2">Collar microphone if the classroom strength is big.</td></tr>
<tr><td rowspan="5">Note*:
(For completing the four stories educators need to do the time plan based on the timetable hours according to the programme stipulated hours).</td><td rowspan="2">Introduction of the topic and objectives of the session. (10 minutes).</td><td rowspan="2">Active participation in classroom group discussions.</td><td>Evaluation forms.</td></tr>
<tr><td>Reference list.</td></tr>
<tr><td rowspan="4">Presentation of the stories by the educator in classroom (15 minutes).</td><td rowspan="4">Completing the storytelling evaluation forms.</td><td rowspan="4">Additional learning from the educator includes links, books, journals, guides, etc.</td></tr>
<tr><td rowspan="2">Classroom discussion using guiding questions on storytelling (40 minutes for each story).</td></tr>
<tr><td rowspan="2">Conclusion and completion of evaluation forms (25 minutes).</td></tr>
<tr><td colspan="4">Post-assessment:

• To assess if the student can apply the learning skill identified in the learning objective.
• Discuss what would help to promote saving the mother and baby in each community in the prevention of postpartum haemorrhage avoidable factors (3 Delays), early recognition, management of primary, secondary, and tertiary preventive measures.

Note:
Student should keep a note of each story discussed in this educational package, because each story has its specific self-learning reflection of the "Delay 1, Delay 2, Delay 3 and No delays".</td></tr>
<tr><td colspan="4">End of classroom session:

• Conclusion feedback by educator on storytelling session. (To be done after completing the session by listing the objectives of the unit, eliciting students' active participation and areas of improvement based on the storytelling session conducted by the educator). (Allotted time: 2 minutes).
• Verbal feedback by students on storytelling classroom session. (Please refer to Document five) (Allotted time: 10 minutes).
Completing student evaluation form on storytelling classroom session. (Please refer to Document six) (Allotted time: 5 minutes).
• Completing the student feedback form on storytelling strategy in midwifery/nursing education (Please refer to Document Seven). (Allotted time: 8 minutes).</td></tr>
</table>

6.6 INSTRUCTIONS FOR STEP-BY-STEP APPROACH TO CONDUCTING THE STORYTELLING CLASSROOM SESSION (DOCUMENT THREE)

- The duration indicated in the lesson plan is flexible and can be changed by the midwifery or nurse educator, as required. The prior knowledge and abilities of students and their learning needs influence the flexibility of the time taken. Based on these, the duration may be longer or shorter than the time specified in the sample lesson plan.
- Ensure that, if needed, the story handouts and group discussion guiding questions for students needed in the session, are prepared in advance, and are made available to your class at the beginning of the session (hard copies for classroom discussion).
- Before the session, print the student evaluation forms for distribution at the end of the storytelling session. This saves time (and provides input into the planning part of next storytelling session).
- Remember that this unit is not meant to replace the recommended midwifery textbooks provided in the curriculum. You should mention at least one recommended source (i.e. midwifery textbook) from the curriculum.
- Please ensure the recommended reference list is mentioned in your storytelling classroom session and it should be available for reference in a library or online digital library, for self-directed learning for midwifery students, as you continue with the other three stories (i.e. Story 2, Story 3 and Story 4) during your next scheduled storytelling classroom session.

6.6.1 Classroom Instruction

- Divide the class into small groups (6-8 or 8-10 students per group) for storytelling group discussion − depending on the number of students in the class. (Note: The educator will group students.)
- All the students in each group have the same learning method for the given story for the class discussion.
- The story will be read by the midwifery educator in the class.
- Each group will give their views on the story reflected by the midwifery educator in the classroom after the completion of the storytelling session.
- For group discussion post assessment, students are provided with guiding questions for each of the four stories in this educational package.

6.6.2 Overview outline of the storytelling session

This section provides a step-by-step guide for the session.

6.6.3 Introduction of the classroom storytelling session

Remind students that:

- What has been learnt in theory concepts is relevant in this session.
- It is important to reflect on clinical practice and to learn from the reality stories within the context.
- There is a relationship between knowledge, skills, practice outcome and process may help to promote safe motherhood.

6.6.4 Midwifery educator narrates the story to the class and captures the reactions and feelings after the storytelling session

- Presentation of the first story (Story 1) by the educator or any one of the students from the class (with listed guiding questions on Story 1 to initiate classroom group discussion).
- Provide the opportunity for questions and answers for each story.
- After classroom discussion and completion of Story 1, present Story 2 for the second group discussion.
- Provide the opportunity for questions and answers about Story 2.
- After the classroom discussion of Story 2, present Story 3 for the third group discussion.
- Provide the opportunity for questions and answers about Story 3.
- Likewise, after the classroom discussion of Story 3, present Story 4 for the group four discussion.
- Provide the opportunity for questions and answers about Story 4 (the “No delays” story).
- Again, after the classroom discussion of Story 4, present Story 4 for group discussion.
- Summary and conclusion of story presentations by the educator.
- It is important to link classroom learning with the expected learning outcomes of the course unit.
- Provide encouragement and appreciation to the students who were actively involved in the *critical discussion* of the discussed stories. It is especially important to assess if the midwifery student have demonstrated the ability to.
  - Reflect on their own practice based on the new learning experience from the classroom storytelling session.
  - Provide positive and healthy criticism.

- Manage classrooms appropriately. For a class size above 40 students, the educator can divide the students into four groups (group of 8 to 10 students) and provide them with stories and guiding questions for each group.
- Provide engagement of all participants. During the group discussion, everyone in the group should participate more than twice in a discussion. (Each student should make a note of their reflective question in a paper). Note: In the case of any one of the students not thinking of any reflective questions during the discussion, they need to be probed to ensure they understood the story well.
- The educator should encourage students in the group to brainstorm and respond to each other's thoughts and comments, reflecting on how they understood the story, while the educator summarises the discussion before the end of the session.
- Remind students of the story and encourage them to list the contributing factors which they discovered during this storytelling session.
- List the answers from the groups (students should feel they are working as a group for the story given to contribute towards safe motherhood.
- Make sure that each student has a copy of the story assigned to their group and also write it down on the blackboard/flip charts (by teacher or the group leader).
- Example: You can begin by saying this: 'Group, confirm that midwifery care is essential to promote safe motherhood. We will assign you to a small discussion group. A group leader is required to volunteers to report back on behalf of the group."

  You can give them an indication of the planned time assigned by the educator for each group.
- The purpose of this group activity is to provide students with an opportunity to discuss the narrated story, identify the delays, and make suggestions as to how to manage the mother by promoting safe motherhood.
- Divide the students into small groups and review with them the instructions for group work, included at the end of the storytelling session.
- The students should feel they are working together as groups in this storytelling session for their assigned story.
- Make sure that students understand what is expected at the end of the storytelling discussion, what their assigned story is, and that they must use the flip chart notes.
- Brief the time allocated for their group discussion action plan and a way forward for the story being discussed in the classroom.
- Spend some time with each group to facilitate their discussion.
- Allow assigned minutes for each group to provide feedback on the story they heard and discussed in their class.

- During classroom session, encourage rest of the group to listen, showing empathy and understanding. Some students may express distressing personal stories from their clinical experiences. Be ready to support them.
- During the discussion ensure they discuss the story issues professionally, reason the ethical and unethical issues by working respectfully, and discover the respectful care and role of the husband, male involvement, family involvement and community involvement to accommodate the right of women to safe motherhood.
- Make sure each story is discussed respectfully. Try to give students a positive credit for some part they have done well. Provide encouragement wherever necessary.
- Discuss what would help to promote safe motherhood.
- As the group's report-back, consider how realistic their ideas are, and the suggestion made, regarding future actions, in relation to each story discussed in their class.
- Provide guidance where necessary.
- Summarise the session and answer any remaining questions.

6.6.5 Discussion questions for the storytelling classroom group session activity

Discussions will be based on the story assigned to each group. There are four stories in this educational package. The first three stories are based on the Three Delays (1-3), the fourth story is on 'No delays' which was unique. Thaddeus and Maine's (1994) Three Delays Model was used to identify barriers and potential points of interventions for the past twenty years (Chavane, Bailey, Loquiha, Dgedge, Aerts & Temmerman 2018:1). According to this Three delay model, the first delay (Delay 1) occurs at the household and community level and is a delay in deciding to seek care for pregnancy complications. Delay 2 refers to delay in reaching the (nearest) health facility that provides emergency obstetric neonatal care (EmONC), and the third delay (Delay 3) refers to the delay that occurs in receiving care after reaching the health facility. The fourth story (No delays) demonstrates prevention and management of a mother without any delays in achieving safe motherhood. The text box provided below is very similar to the Table 6.10.

<u>Story 1 on Delay 3</u> (Delay 3 means delay in receiving adequate health care after reaching the health facility) (discussion questions):

- What caused death and what factors were predisposed to it?
- What were the problems faced in giving lifesaving management?
- What needs to be done to avoid those situations in the near future?
- Reflect on the facts about the practice which you have learnt through Story 1.

<u>Story 2 on Delay 1 and Delay 3</u> (Delay 1 means delay in decision to seek care and Delay 3 means delay in receiving adequate health care after reaching the health care facility) (discussion questions):

- Which actions saved the woman's life?
- What made these actions possible?

- Were there any additional points in the management or clinical situation that could improve in order to reduce the risk to another woman?
- Reflect on the reality of facts about the practice which you have learnt through this Story 2

<u>Story 3 on Delay 1, Delay 2, and Delay 3</u> discussion questions
(Delay 1 means delay in the decision to seek care, Delay 2 is delay in reaching the health facility and Delay 3 is delay in receiving adequate health care after reaching the health care facility)

- What caused death and what factors made the patient predisposed to it?
- What were the challenges and problems in giving lifesaving management?
- What needs to be done to avoid these problems in the future?
- Reflect on the facts about the practice which you have learnt through Story 3.

<u>Story 4 on "No delays"</u> discussion questions
(No delay means there was no delay such as Delay 1, 2 or 3 in this story

- Which actions saved the woman's life?
- What made these actions possible?
- What else in the management or clinical situation could be improved upon to reduce risk to other woman?
- Reflect on the real-life facts about the practice which you have learnt through Story 4.

6.6.6 Guide for group discussion

Table 6.10 Instructions for students: Guide for group discussion activity

Instruction for students:

Guide for group discussion activity for the questions raised by the educators for each story during storytelling session.

Story Number: (1/2/3/4)

Description of the incident	**Class learning outcome**
• What happened? This will include details of postpartum haemorrhage and the status of the mother and baby?	• This depicts the outcome of the labour/ delivery/birth events.
• Identify the influencing risk factors if any (e.g., history of previous postpartum haemorrhage, anaemia or any other risk?).	• This is the process involved in the identification of the influencing risk factors.
• How was the mother managed during the first, second, and third stages of labour?	• This explains the systematic process of sequential procedures involved in the management.
• Elaborate on the key areas of midwifery practice, emphasising the management of the mother was in that situation.	• Depicting the impact of the process of outcome.
• If maternal death occurs, ask the following question: Was the death avoidable/ preventable.	• Demonstrates experiential learning and evidence-based learning.
Recommendations: (Action to prevent other women from dying in future from similar preventable causes.)	

6.6.7 Feedback and conclusion by the educator after the group discussion of each story

- Ask each student to reflect on their personal feelings about the pregnant mother in the story. Encourage the rest of the group to listen, demonstrating empathy and understanding. Students may remember distressing personal experiences during these stories so be ready to support them and respect their discussion cues.
- Discuss each story and its description profile respectfully. Try to give students credit or words of appreciation for their thoughtful summary of their learnings in, and reflections on, the critical preventable factors leading to the delay. Remember how important it is to promote a supportive environment for students in the classroom.
- At the end of the session, you should have a list of points about ideal midwifery practice. These include things to do, things not to do and repeat, and what could have been done better, and ideal and best-practice midwifery care in the field, which must be discussed by the entire class. Emphasise the points that are important in saving the mother and baby in order to promote safe motherhood.
- Debate how good practice can be further developed and how bad or unsafe practices that are harmful and avoidable could be prevented.
- Finally, the students should be invited to put forward recommendations about the practices that need to be improved and what they think will help to make the postpartum haemorrhage management safer in their clinical area of practice. Focus should be on a few key conclusion questions, as follows.
  - What needs to be improved or better provided?
  - How can we bring change in the delivery of care?
  - How much change can we make in a real-life situation?
  - Who are the responsible action players for bringing change to our health care delivery system?
  - Who will provide the support?
  - What strategies/policies/schemes/approaches/plans need to be in place, and why?
  - What is the latest research and evidence?
  - Where will the action take place?
  - When will the action take place?
  - Why is it necessary to evaluate the advantages and disadvantages of the actions that will be taken?
  - Who are the team members to evaluate this procedure and by when must it be done?
  - Any other *Do's and Don'ts* that the student can identify, any that the educator may have missed or should have included.

6.7 FOUR VALIDATED STORIES FOR EDUCATIONAL PACKAGE (DOCUMENT FOUR)

Outlined in this section are the four validated stories.

6.7.1 Story 1 reflecting "Delay 3"

Story 1 details the factors that led to the Theme Delay 3 and describes the management of a mother with postpartum haemorrhage.

Story 1: Description of the incident

Mrs NR is a 32-year-old female Gravida seven, Term five, Para five, Abortion one, Live five ($G_7 T_5 P_5 A_1 L_5$) with one previous caesarean scar. She was admitted to the labour ward at one of the referral hospitals with labour-like pains on _____ (educator can enter any date). Midwife X on assessment found Mrs NR was already in the second stage of labour and at 07:30 she had a spontaneous vaginal delivery to a live baby boy in good health with a birth weight of 3600 g.

Shortly after birth, she began to bleed profusely due to a postpartum haemorrhage caused by retained pieces of membrane. Midwife X, who had conducted the delivery, shouted for help for another midwife, midwife Y. Midwife Y rushed quickly to the labour suit, put on gloves, palpated the uterine fundus to feel for its firmness. Upon assessment, it was found not to be firm. She gently massaged the uterus externally to stimulate contraction, but this method was not effective. Midwife Y started up an intravenous infusion of 500 ml normal saline, including oxytocin 10 IU in the drip, to stimulate the uterus to contract and checked the blood pressure which was 80/44 mmHg, with a pulse rate of 120 bpm.

Mrs NR was becoming weak, tired, and restless, saying:

> "Call my mother because I am going to die, but please do not call my husband."

Mrs NR continued to bleed profusely. As soon as midwife Y removed her hand from the fundus, the uterus would relax, and the lethal seepage would begin again. In addition to the care given, midwife X elevated the mother's lower extremities to improve circulation, then assessed the blood pressure, which was not recordable at that stage (an indication of significant blood loss). Continued rigorous hydration with normal saline was given as fast as possible, to try to stop the bleeding, but without success.

Midwifes X and midwife Y had to shout for help calling other midwives from the neonatal.

Intensive care unit to intervene. The doctor was contacted by phone regarding the condition of the mother. He came to see the patient immediately and inspected her for perineal tears. There were no tears and haemostasis had been achieved by that time, the uterus was well contracted, and the bleeding was controlled.

The doctor felt that the mother's condition was not a concern at that stage. However, five minutes after he had left, the patient started bleeding again, became restless and her condition changed. The midwife again called the doctor, who assessed the patient and prescribed oxygen and transfer to theatre for examination to determine the cause of bleeding.

There was no oxygen in the labour unit. While preparing the patient for transfer from the labour ward to the operation theatre, she started gasping for air and blacked out. She died as midwife X had put her on the trolley ready to be wheeled to theatre.

6.7.1.1 Story 1: Art visual

(Artist: Kirubashree 2020)

6.7.1.2 Story 1: Classroom activity for educator and students

Table 6.11 Story 1: Classroom activity for educator and students

<table>
<tr><td colspan="2">Note to educator:
After narrating Story 1, give the class the discussion questions and the discussion guide instructions for group activities. Concluded the session with feedback, recommendations, and evaluation of the storytelling session.

Story 1 on Delay 3 discussion questions

• What caused death and what factors made it more likely?
• What were the problems in providing lifesaving management?
• What needs to be done to avoid these problems occurring in the future?
• Review the facts about the practice of midwifery you learnt through Story 1.</td></tr>
<tr><td colspan="2">Note: Instructions for students
(Discussion guide for the use of prepared questions related to each relevant Story covered during the group activity).</td></tr>
<tr><td colspan="2">Story 1</td></tr>
<tr><td colspan="2">Description of the incident</td></tr>
<tr><td>• What happened? This will include details of the postpartum haemorrhage and the status of the mother and baby.</td><td>• This is the outcome of the labour/ delivery/ birth event.</td></tr>
<tr><td>• Identify the influencing risk factors for postpartum haemorrhage if any (e.g., history of previous postpartum haemorrhage, anaemia, or any other risks).</td><td>• This is the process involved in the identification of risks.</td></tr>
<tr><td>• How was the mother managed during the first, second, and third stage of labour.</td><td>• This explains the systematic process of sequential procedures involved in the management.</td></tr>
<tr><td>• Elicit the key areas of midwifery practice, emphasising the management of the mother in that situation.</td><td>• Describes the impact of the process on the outcome.</td></tr>
<tr><td>• In cases of maternal death, ask the following question: Was the death avoidable or preventable.</td><td>• Demonstrates experiential learning and evidence-based learning.</td></tr>
<tr><td colspan="2">Recommendations: (Action to prevent another woman dying of similar preventable causes in future.)</td></tr>
</table>

The educator must follow each group discussion of each story with feedback and a conclusion using the key points summarised under the feedback and conclusion. Refer to 6.6.7.

6.7.2 Story 2: Reflecting "Delay 1 and Delay 3"

Story 2 details the reasons leading to Delay 1 and Delay 3 in the management of a mother with postpartum haemorrhage. The story is as follows:

Story 2 description of the incident

Midwife X qualified as a registered midwife in May 1996. In 2005, she joined a government facility, and was posted to Health Centre IV, where she was in charge of the Maternal and Child Health (MCH) department. Later, she was transferred to another Health Centre IV in a remote area.

In her midwifery practice, she had encountered many cases with successful outcomes. However, for her reflective essay she concentrated on the management of postpartum haemorrhage. Postpartum haemorrhage is one of the leading causes of maternal mortality in developing countries. While managing postpartum haemorrhage one needs help, skilled staff, and proper equipment at hand.

In _____ (educator can fill in any date) _____she reports managing a mother who was Gravida 3 and Para 2. G_3 $P_{2+0.}$ Midwife X conducted her second stage assessment well, managed the third stage using active management, and did all that was required, such as inspecting for perineal tears and expelling clots, but still postpartum haemorrhage occurred during the fourth stage of labour.

At 17:30 that day midwife X had been on duty since 08:00 and should already have been off duty but, due a staff shortage, she had no one to hand over to and so remained alone on duty until she could hand over to the night staff.

Earlier in the day, a mother had arrived in latent labour and had been admitted. She had been on the ward since 10:00. According to her Antenatal Clinic (ANC), record book recording, she had attended an antenatal check-up four times as recommended by the Ministry of Health. Most investigations had been done (i.e. HIV, syphilis, urinalysis, and her haemoglobin Hgb were done once during her second trimester. Her Hgb was 11.4g/dl. On admission, she was clinically well, however, she reported she had been treated for malaria two weeks earlier.

The mother had a normal delivery, and the third stage was managed with active management, but the mother began bleeding 30 minutes after the placenta was out. This became uncontrollable. As the midwife was rubbing the uterus to contract, the mother said to her: **'**'musawo omwana wange omukumang bulungi (take care of my baby because I am dying) and then she stopped talking. The midwife reports feeling shocked and prayed to God to come to her rescue and save the mother's life.

The mother collapsed and stopped responding to the midwife X, who had no assistance and was alone on the ward. Midwife X shouted for help, but no one came to assist her. She put up two bottles of normal saline at once, but she had no plaster and she functioned as a plaster by holding the cannula and the giving set, praying while calling for anyone nearby to help.

Midwife X could not move away from the mother. After 30 minutes, a watchman (askari) came in and midwife X called him to assist her. Midwife X instructed him to call the doctor so that he could send for an ambulance and transfer the mother to the regional referral hospital. At that time, the mother had received only one litre of normal saline.

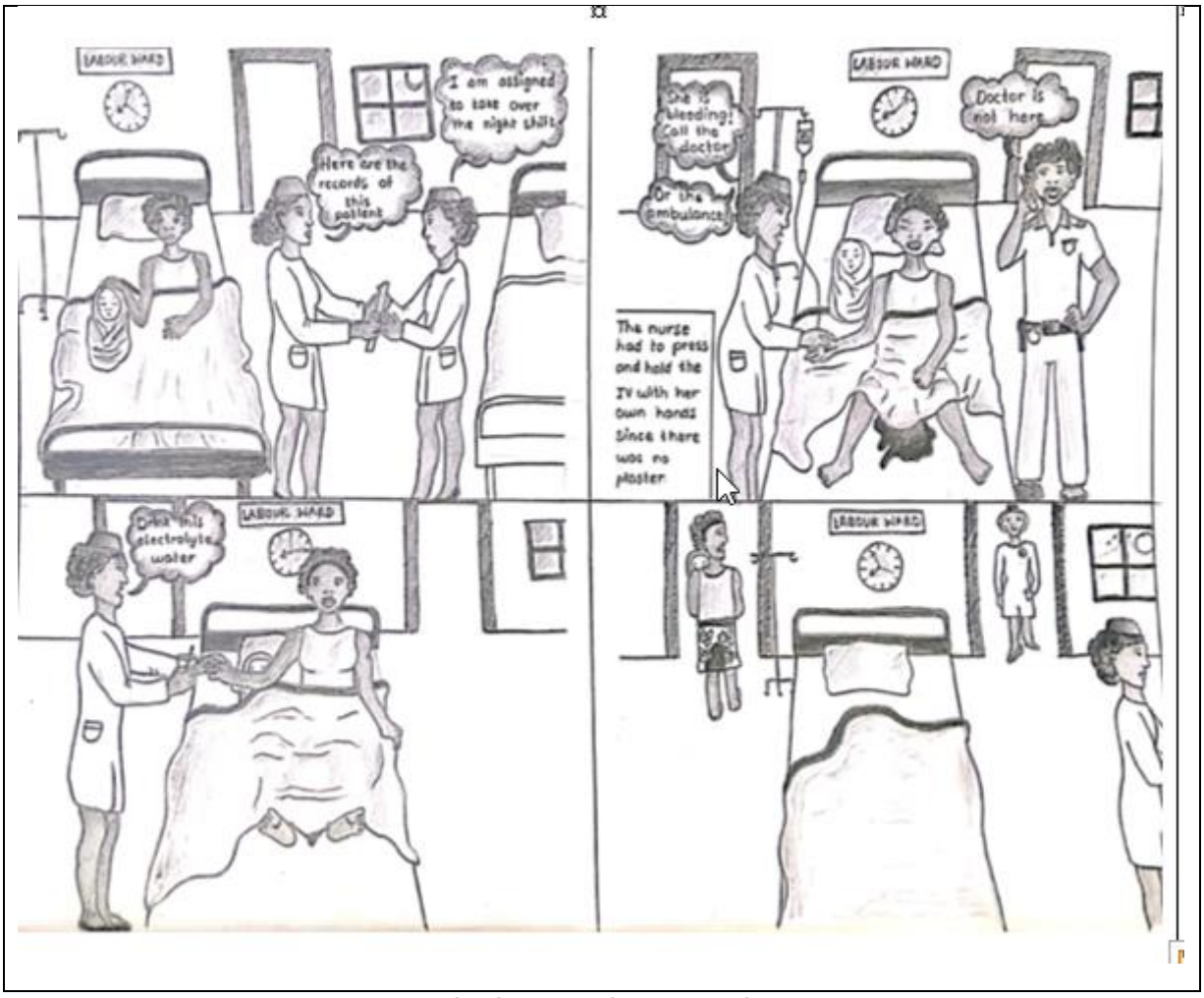
Midwife X called the mother's name, but she did not respond. Her pulse was very weak and irregular so Midwife X could not record it. The mother had a low blood pressure of 70/50mmHg. All midwife X could do was to elevate the foot end of the bed and keep the mother warm. The doctor failed to answer his phone. The watchman ran to the in-patient ward and got masking tape, which midwife X used to secure the cannula. Imagine the watchman being midwife X's assistant! The man was very scared about the mother's condition.

Midwife X requested the watchman to help her, and they transferred the mother up to the postnatal ward from the delivery bed. As soon as they put the mother on the bed, she started gaining consciousness but could not talk – just looked at the midwife. The duty midwife Y in the postnatal ward called her name again, and she replied in an exceptionally faint voice. Midwife Y checked on the perineal pad. Bleeding had reduced, and perineal tears were all intact, and the bladder was empty. After the midwife had removed the clots, the uterus was well contracted.

The mother gained consciousness and asked for food, but there was no food and so the midwife mixed oral rehydration salt, which she gave to the mother as she prepared hot water for tea. She took the cup and finished it all at once, so the midwife gave her more. At that point, the mother stated she was feeling a bit better. The midwife did not tell her what had happened to her immediately after the delivery. Midwife X gave her a cup of black tea with sugar at 19:30 because it was all that was available at time. Midwife X handed her over to the night duty staff, and she left the ward.

The night staff also disappeared from the ward and the mother who had delivered used that chance to escape from the ward taking her baby with her.

6.7.2.1 Story 2: Art visual



(Artist: Keerthana 2020)

6.7.2.2 Story 2: Classroom activity for educator and students

Table 6.12 Story 2: Classroom activity for educators and students

Note to educator: *After narrating Story 2, give the class the discussion questions and the discussion guide instructions for group activities. Concluded the session with feedback, recommendations, and evaluation of the storytelling session.* **Story 2 on Delay 1 and Delay 3 discussion questions:** • Which actions saved the woman's life? • What made these actions possible? • Were there any additional points in the management or clinical situation that could be improved upon to reduce the risk for other women? • Review the facts about the practice of midwifery you learnt through Story 2.
Note: Instruction for students *Discussion guide for the use of prepared questions related to each relevant Story during group activity.*

Story 2	
Description of the incident:	
• What happened? This will include details of the postpartum haemorrhage and the status of the mother and baby.	• This story depicts the outcome of the labour/ delivery/birth events.
• Identify the influencing risk factors for postpartum haemorrhage if any (e.g., history of previous postpartum haemorrhage, anaemia, or any other risks).	• This is the process involved in the identification of influencing risk factors.
• How was the pregnancy and the first, second, and third stage of labour managed?	• This explains the systematic process of sequential procedures involved in the management.
• Elicit the key areas of midwifery practice, emphasising how the mother was managed in this situation?	• Describing the impact of the process on the outcome.
• In case of death, ask: was this avoidable or preventable?	• Demonstrates experiential learning and evidence-based learning.
Recommendations: (Action to prevent another woman dying of similar preventable causes.)	

The educator must follow each group discussion of each story with feedback and a conclusion, using the key points summarised under feedback and conclusion in 6.6.7.

6.7.3 Story 3: Incident narrating on "Delay 1, Delay 2 and Delay 3"

Story 3 reflects on reasons leading to Delay 1, Delay 2, and Delay 3 of the management of a mother with postpartum haemorrhage. The story is as follows:

Story 3 description of the incident:

It was at 11:30 on _____ that midwife X received an unconscious mother soiled with blood Para 7+0 carried into the maternity ward by two men. She was admitted, placed in a clean warm bed, and a quick history was taken. The men who brought her in could not give a proper history. One man was a boda-boda man (a motorcyclist). He said: "I don't know much, we just helped her".

Immediately, midwife X brought an emergency tray, called for help and another duty midwife, midwife Y came in. The duty midwife X took her vital signs while her colleague, midwife Y, put in an intravenous (IV) line. Her blood pressure (BP) was non-recordable, her pulse weak and rapid, and respiration was thirteen breaths per minute.

On physical examination, her mucous membrane was pale, her skin clammy, and her palms and soles pale. There was abdominal palpation, the fundal height was eighteen centimetres, her bladder felt full and on a vaginal examination severe bleeding was noticed and the umbilical cord was seen in the vagina hanging tied to a stick.

About ten minutes after admission, the woman came round shouting out “mwanawange” (my son). Midwives X and Y asked what happened to her. She replied saying that she had delivered at a clinic. After delivering the baby she began bleeding profusely and the musawo (the doctor) tried pulling the placenta out but failed. On seeing the mother’s condition worsening, the doctor told her to “go very fast to the nearby HC IV and she called a boda-boda man who took her there.”

After taking her history and a further examination, the duty midwifes concluded that her final diagnosis was postpartum haemorrhage due to a retained placenta. They passed a urinary catheter, massage the uterus, and successfully did a manual removal of the placenta. She was given an injection of Pitocin 10IU and her vitals closely monitored. Shortly afterwards the mother became semiconscious.

Further examinations were done including a haemoglobin estimation which was 2.9g/dl. Her blood was matched, the group determined as blood group O Positive (O+ve). After receiving the results from the laboratory, the midwife immediately informed them of the condition of the mother. The laboratory informed midwife X that there was no blood available. Midwife X continued with the attempted resuscitation and external manual compression to stop the bleeding while her colleague, midwife Y, initiated referral to the next level of hospital where more services were available.

Unfortunately, they had no transport to move the mother to the referral hospital. The doctor was not on site and midwife X had to phone him to inform him of the condition of the mother. While midwife X was still talking to him, a relative came shouting” musawo” come and see the patient. The midwife immediately responded, but the patient breathed her last breath.

6.7.3.1 Story 3: Art visual

(Artist: Keerthana 2020)

6.7.3.2 Story 3: Classroom activity for educator and students

Table 6.13 Story 3: Classroom activity for educator and students

<table>
<tr><td colspan="2">Note to educator:
After narrating Story 3, give the class the discussion questions and the discussion guide instructions for group activities. Conclude the session with feedback, recommendations, and evaluation of the storytelling session.

Story 3 on Delay 1, Delay 2 and Delay 3 discussion questions:

• What caused death and what factors made it more likely?
• What were the problems in providing lifesaving management?
• What needs to be done to avoid these problems occurring in the future?
• Review the facts about the practice of midwifery you learnt through Story 3.</td></tr>
<tr><td colspan="2">Note: Instruction for students
Discussion guide for the use of prepared questions related to each relevant Story during the group activity.</td></tr>
<tr><td colspan="2">Story 3</td></tr>
<tr><td colspan="2">Description of the incident</td></tr>
<tr><td>• What happened? This will include details of the postpartum haemorrhage and the status of the mother and baby.</td><td>• This is the outcome of the labour/ delivery/ birth event.</td></tr>
<tr><td>• Identify the influencing risk factors for postpartum haemorrhage if any (e.g., history of previous postpartum haemorrhage, anaemia, or any other risks).</td><td>• This is the process involved in the identification of risks.</td></tr>
<tr><td>• How was the mother managed during the first, second, and third stage of labour.</td><td>• This explains the systematic process of sequential procedures involved in the management.</td></tr>
<tr><td>• Elicit the key areas of midwifery practice, emphasising the management of the mother in that situation.</td><td>• Describes the impact of the process on the outcome.</td></tr>
<tr><td>• In cases of maternal death, ask the following question: Was the death avoidable or preventable.</td><td>• Demonstrates experiential learning and evidence-based learning.</td></tr>
<tr><td colspan="2">Recommendations: (Action to prevent another woman dying of similar preventable causes in future.)</td></tr>
</table>

The educator must follow each group discussion of each story with feedback and a conclusion, using the key points summarised under feedback and conclusion in 6.6.7.

6.7.4 Story 4: "No Delays"

Story 4 (No delay) reflects a uniquely positive outcome for the mother and baby. It shows how a mother with postpartum haemorrhage was professionally managed, with all the preventable causes of maternal death avoided. The story is as follows:

Story 4 description of the incident:

The mother NR was 29 years old, and a known chronic hypertensive with a history of a previous primary postpartum haemorrhage on the second baby in insert date here____, due to an unknown cause. According to the mother, she was not told the cause of the haemorrhage. At the time she was transfused with one unit of blood and did not react to it.

It was at 10:30 on _____insert date here___ that this postpartum delivered a live baby in a private maternity unit at one of the referral hospitals. The baby boy with a birth weight of 3.7kgs cried immediately. It was a positive midwifery incident as experienced midwife X and the mother.

On ___ insert date here _____midwife X was on night shift the same day working in the private neonatal care unit next to the maternity unit and had just registered for duty. She was still standing at the register when the mother came up to her saying, "nurse I am bleeding heavily".

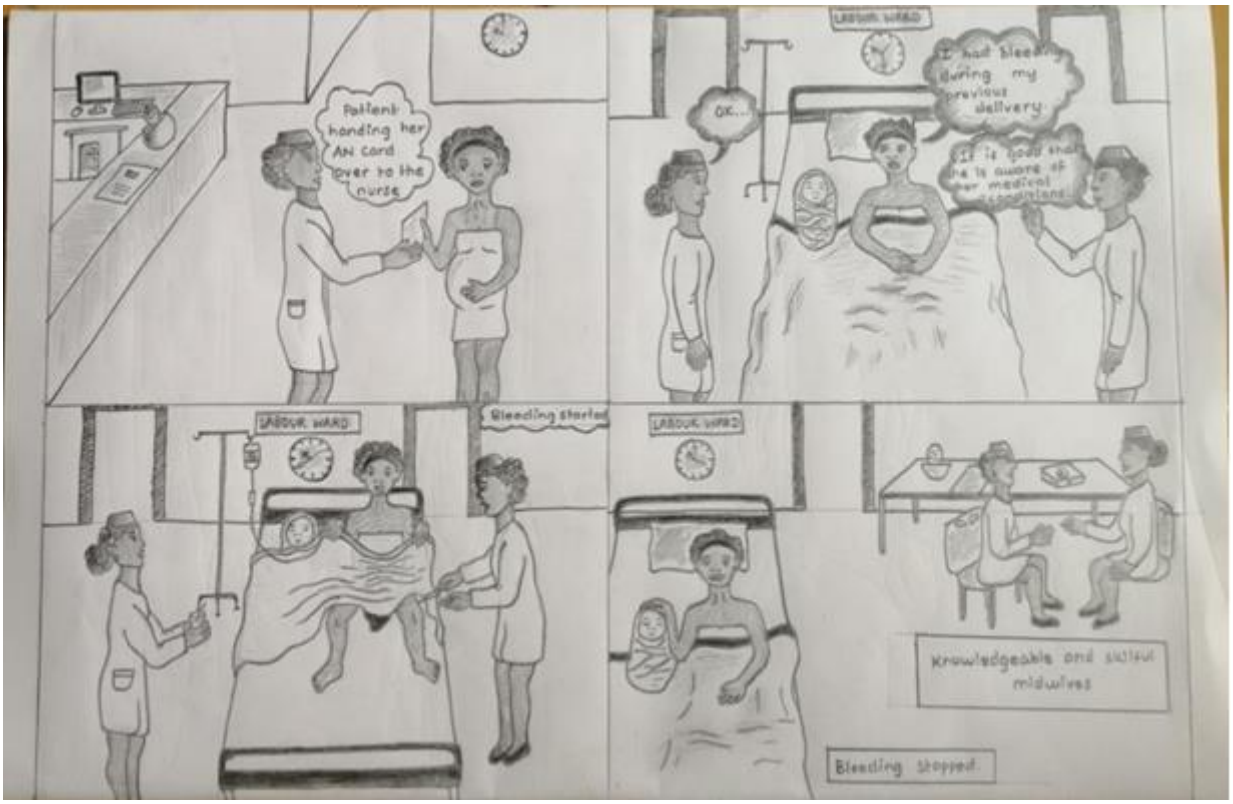
Midwife X appreciated the fact that this mother had recognised the active bleeding and became concerned. As there were staff on duty in the maternity unit, she called to them for help. They came immediately and instructed the mother to get into bed. They exposed her, and her tummy looked big. The staff asked the mother whether she has been voiding and she replied "yes, and I had few fresh blood clots about five times since delivery".

I saw the staff midwife palpating the fundus. It was a two fingers' width above the umbilicus, indicating at 24/40 cms. The uterus was not well contracted and was deviating away from the midline. The staff instructed midwife Y to bring a catheter with a urinary bag. She inserted the catheter. Meanwhile, midwife X told midwife X to up an oxytocin drip with 10IU in normal saline and inserted misoprostol 400microgram (2 tablets) rectally.

Afterwards, the staff left the mother comfortable as the bleeding had ceased. Midwife X updated the mother's file and informed her obstetrician about the situation.

According to the midwives in that unit, "based on her history of an episode in 2013, I felt that if this mother had not approached midwife X when she did, we would have lost her. Thank God she was knowledgeable and knew something serious was wrong. I feel if all mothers were better informed and able to detect deviation and make the decision to seek help, we could save mothers and reduce the mortality rate".

6.7.4.1 Story 4: Art visual



(Artist: Keerthana 2020)

6.7.4.2 Story 4: Classroom activity for educator and students

Table 6.14 Story 4: Classroom activity for educator and students)

Note to educator: *After narrating Story 4, give the class the discussion questions and the discussion guide instructions for group activities. Concluded the session with feedback, recommendations, and evaluation of the storytelling session.* **Story 4 on "No delays" discussion questions:** • Which actions saved the woman's life? • What made these actions possible? • Were there any additional points in the management or clinical situation that could be improved upon to reduce any possible risk for other women in the same situation? • Review the facts about the practice of midwifery you learnt through Story 4.
Note: Instruction for students *Discussion guide for the use of prepared questions related to each relevant Story during group activity.*

Story 4	
Description of the incident:	
• What happened? This will include the details of postpartum haemorrhage and the status of the mother and baby.	This depicts the outcome of the labour/delivery/birth events.
• Risk factors for postpartum haemorrhage if any (e.g., history of previous postpartum haemorrhage, anaemia, or any other risk).	This process involves the identification of influencing risk factors.
• How was the mother managed during the first, second and third stage of labour?	This explains the systematic process of sequential procedures involved in the management.
• Elicit the key areas of midwifery practice, emphasising how the mother was managed in that situation?	Describes the impact of the process of outcome.
• In case of maternal death occurs, ask the following question: Was the death avoidable or preventable?	Demonstrates experiential learning and evidence-based learning.
Recommendations: (Actions to prevent another woman from dying from similar preventable causes in future.)	

The educator must follow each group discussion, of each story, with feedback and a conclusion, using the key points summarised under feedback and conclusion in 3.7.

6.8 VERBAL FEEDBACK FROM STUDENTS ON STORYTELLING CLASSROOM SESSION (DOCUMENT FIVE)

At the conclusion of the class, it is important to allow the students to give verbal feedback on the storytelling session. Ask them at least two questions and ask any two volunteers to come forward to give their opinions about the storytelling strategy which was used by the educator:

- What did you enjoy the most in today's session using a storytelling method?
- What are the areas to be improved in today's storytelling session?

6.9 STUDENT EVALUATION FORM ON STORYTELLING SESSION (DOCUMENT SIX)

At the end of the session, give the students will be given 10 minutes to fill in an evaluation form. The tool found below can be distributed by the session educator or the team educator to the students, and the filled evaluation form must be returned to the educator at an agreed time.

Table 6.15 Student evaluation form on storytelling session

STUDENT EVALUATION FORM ON STORYTELLING SESSION

Date: _____ Academic year: _____ Sem: _____

Course: _____ Educator name: _____ Prog: _____

Directions: Please rate the storytelling session according to the stated areas. Check only the one number which describes your level of agreement with each statement. The lowest level is 1 and the highest level is 4.

**Note: (You need not mention your name on this form.)*

1	2	3	4	NA
Never	Occasionally	Often	Very often	Not applicable

A	ORGANISATION/CLARITY	1	2	3	4	NA
1	The story covered the specific topic objectives.					
2	Storytelling strategy was an appropriate method for this topic.					

B	ENTHUSIASM AND ENCOURAGEMENT	1	2	3	4	NA
1	The story telling session was interesting and stimulating.					
2	Positive reinforcement was provided and promoted student engagement.					
3	The stories were audible, clear, and touching all the emotional areas of the story.					

C	KNOWLEDGE	1	2	3	4	NA
1	The session was underpinned by current developments and knowledge in the field and encouraged me to appreciate advances in practice.					
2	The link between theory and practice was clear.					
3	Discussions in class enabled me to understand the concepts clearly.					

D	STUDENT ENGAGED LEARNING	1	2	3	4	NA
1	Educator promotes healthy discussion and active participation in class.					
2	Time management was well organised for this session.					

E.	INSTRUCTIONAL SKILLS	1	2	3	4	NA
1	Narration of the story was touching and realistic.					
2	The storytelling session ensured learning took place in a warm and friendly environment.					
3	Story narration promotes critical thinking, reasoning, and tries to find solutions within the realistic situation in the context.					

Additional comments:

Benefits of using storytelling strategy in this session:

- Strengths of the educator in managing this storytelling session:
- Students' strengths in this storytelling session:
- Areas requiring improvement:

6.10 STUDENT FEEDBACK FORM ON USING STORYTELLING STRATEGY IN MIDWIFERY AND NURSING EDUCATION (DOCUMENT SEVEN)

At the end of the session, the student will be given time to complete this feedback form.

Table 6.16 Student feedback form on using storytelling strategy in nursing and midwifery education

STUDENT FEEDBACK FORM ON USING STORYTELLING STRATEGY IN MIDWIFERY AND NURSING EDUCATION

Date: _____ Academic Year: _____ Sem: _____

Subject: _____ Programme: _____

Educator name: _____

Directions: Please rate the course unit according to the stated areas. Check only one rating number as it describes your level of agreement with each statement. The lowest level is 1 and the highest level is 4.

**Note: You need not mention your name on this form*.

1	2	3	4	NA
Never	Occasionally	Often	Very often	Not applicable

EVALUATION STRATEGIES	1	2	3	4	NA
1 The story covered the topic's objectives.					
2 Storytelling strategy was appropriate for this topic.					
3 The story content was challenging and realistic to context.					
4 The story content and concepts were organised in sequence, were realistic, and interrelated.					
5 The storytelling session added to the students' knowledge in understanding the management of postpartum haemorrhage.					
6. The storytelling session encouraged continuous listening and active participation in class.					
7 The storytelling session provided a valuable learning experience.					
8 The time allocation for the storytelling session was appropriate.					
10 Selected story probes and /or, questions were helpful and relevant.					
11 The story tasks were pertinent and reflected the emphasis of the course.					
12 Overall, this storytelling session was meaningful and provided me with new knowledge, skills, confidence, and awareness which can be applied in the clinical setting.					

Additional comments:

- Please comment generally on the strength of the course.

- Please suggest ways to improve the course.

6.11 EDUCATOR QUICK REFERENCE GUIDE FOR STORYTELLING CLASSROOM SESSION

The quick reference guide for educators will enable the midwifery/nursing educator to review the preparatory steps and key points, captured from the various sources. It was felt that nurses/midwives would benefit from pre-classroom session reference material covering storytelling an innovative educational package for teaching midwives specifically on preventable causes leading to delays and management the pregnant mother with postpartum haemorrhage. Such a resource would capture the key points of the session material key to ensure consistency in the content's delivery.

The innovative educational package includes a detailed reference list, but a handy reading reference summarising the key points taken from various recommended sources has also been drawn up as an aid in preparing for the storytelling classroom session. The reading reference on the prevention and management of postpartum haemorrhage is taken from the WHO recommendations for the prevention and treatment of postpartum haemorrhage, developed by the Guideline Development Group of the World Health Organization (WHO 2017:n.p). The Educator Quick Reference Guide captures the phase of delays and glossary of terms adopted from the WHO education material for teachers of midwifery (WHO 2008:n.p). The Educator Quick Reference Guide includes quick reading tips in key areas as key areas of as follows:

- Reading reference 1 (phases of delay)
- Reading reference 2 (prevention and management of postpartum haemorrhage)
- Reading reference 3 (storytelling tips)
- Rubrics for storytelling session

6.11.1 Reading reference 1: Phases of delay

The educator should ensure the student realises the importance of the causes leading to delay in receiving the appropriate care. These causes could pose a risk, resulting in complication for her or her newborn baby, either during the pregnancy, the labour, or the postnatal period. Delay in receiving appropriate and adequate care can occur at various times and for varied reasons.

What can be done to:

- avoid delay
- prevent death
- promote safe motherhood

6.11.1.1 Phases of delay

Table 6.17 Phases of delay

Delay 1 Decision to seek care
Delay 2 Reaching the medical facility
Delay 3 Receiving adequate treatment

(WHO 2008:n.p)

6.11.1.2 Additional probing question on delays

Table 6.18 Additional guiding questions on phase of delay

Delays	This is affected by	Additional probing questions to aid the classroom discussion specific to each delay
Delay 1: Delay in decision to seek care	• Economic status. • Educational status. • Women's status. • Illness characteristics.	• Do people use health care facilities as often as they should? • Who uses the health facilities most? Why. • What prevents utilisation? • Who makes the decision to seek care? • Does this sometimes cause delay? • Does the status of women in the community prevent them from making decisions?
Delay 2: Delay in reaching the medical facility	• Distance. • Transport. • Roads. • Cost.	• How far do women have to travel to seek care? • How do they get there? • What is the cost? • Who pays?
Delay 3: Delay in receiving adequate treatment	The 'right kind of help' means: • skilled staff • drugs • sterile equipment • blood for transfusion. • What other 'right kind of help' can students suggest?	• What quality of care can women expect at health facilities? • Is there always the 'right kind of help' available?

(WHO 2007:n.p)

6.11.1.3 How phases of delay combine

Recall the story specific to each delay following the classroom discussion of (Story 1, following Story 2, Story 3 and Story 4).

Examples of the phases of delay in the mother receiving treatment are listed below:

- There was delay in seeking care, because she did not realise she had a life-threatening condition (cord around the neck).
- There was a delay in reaching the hospital (she lived in a remote village and the journey was on a *boda-boda* motorcycle).

- There was a delay even when she reached the hospital (she had to wait for the doctor for three hours after admission before she had surgery).

Ask the students which of the following factors influenced the delay in obtaining treatment for Mrs X:

- Economic status
- Educational status
- Women's status
- Illness characteristics (she was undernourished, anaemic, had parasitic infestations)
- Distance
- Transport, roads
- Cost
- Quality of care

All of these factors contributed to delay in the treatment of Mrs X.

6.11.1.4 Why did Mrs X die?

Table 6.19 Why did Mrs X die?

Why did Mrs X die? *Students may present using the story provided for group discussion.* *For example:*
… By the time they had found a vehicle to go to the hospital *… By the time they struggled to get her an admission card* *… By the time she was admitted* *… By the time her file was made up* *… By the time the midwife was called* *… By the time the midwife finished eating* *… By the time the midwife came* *… By the time the husband went and bought some gloves* *… By the time the midwife examined the woman* *… By the time the bleeding started* *… By the time the doctor was called* *… By the time the doctor could be found* *… By the time the ambulance went to find the doctor* *… By the time the doctor came* *… By the time the husband went to buy drugs, IV set and drip* *… By the time the motorcyclist reached the hospital with the mother* *… By the time the security went to call the midwife*

… By the time the attender noticed the mother was bleeding
... By the time the husband went out to look for blood bags all-round the city
... By the time the husband found a blood bag
… By the time the father had begged the pharmacist to reduce the prices, as he had no money
… By the time the haematologist was called
… By the time the haematologist came and took blood from the exhausted husband
… By the time the day and night nurses changed duty
… By the time the midwife came again

Mrs X had died while giving birth.

(WHO 2008:n.p)

6.11.1.5 Feedback and Conclusion on delays leading to death

1 Factors influencing the delays could include the following issues:

- transport
- bureaucracy makes filling in forms and getting procedures right more important than the people who need help
- procedures/routines (e.g., admission) are useful, but not when they get in the way of giving prompt attention
- availability of staff (if on duty/on call, where are they, and how can they be contacted or got to come quickly
- lack of a sense of urgency (midwife/doctor/laboratory staff
- lack of supplies/equipment (husband had to get these and could not afford them
- laboratory services
- duty changing time

2 Students may well conclude that Mrs X could also have died in their local hospital from similar causes, and that delay would have been the main problem.

3 Encourage practical and realistic ideas. Use the blackboard or flip chart and make two columns, as illustrated below, or divide into small groups and discuss.

Write down the causes and actions about which the group agreed during the storytelling classroom session.

6.11.1.6 Causes of delay and action plan to prevent the delay

Table 6.20 Causes of delay and its action plan to prevent delay

Causes of delay	Action to prevent delay
For example: admission procedure too long and complicated	For example: modify procedure for emergency admission
Delay 1: Delay in decision to seek care	
Delay 2: Delay in reaching the medical facility	
Delay 3: Delay in receiving adequate treatment	

6.11.2 Reading reference 2: Prevention and management of postpartum haemorrhage

This section of the reading includes the summarised key points from the related resource material on prevention and management of postpartum haemorrhage. There is a quick reference source for further reading at the end of each table on postpartum haemorrhage. Two postpartum haemorrhage quick references and their sources of information can, if needed, be used by educators for their classroom preparation.

6.11.2.1 Postpartum haemorrhage Quick reference 1

Table 6.21 Postpartum haemorrhage Quick reference 1

What midwives should know	What midwives should do
• Postpartum haemorrhage is the most important single cause of maternal deaths and accounts for the highest proportion (25%) in the developing world. • A postpartum haemorrhage is defined as the loss of 500 ml or more of blood from the genital tract after delivery. • Women with anaemia, prolonged labour, eclampsia, antepartum haemorrhage, or intrapartum sepsis may not be able to tolerate postpartum blood loss of even as little as 500 ml. • Primary postpartum haemorrhage refers to the occurrence of bleeding within 24 hours of delivery. • Secondary postpartum haemorrhage includes all cases of postpartum haemorrhage occurring between 24 hours after delivery and 6 weeks postpartum.	• Correctly estimate the amount of blood lost from the genital tract after delivery. • Actively manage the third stage of labour. • Remove the placenta manually, if retained. • In case of postpartum haemorrhage, massage the uterus to promote contraction, give an oxytocic drug, start an intravenous infusion, add an oxytocic drug to the infusion if bleeding persists, empty bladder, perform bi-manual or aortic compression and refer for further resuscitative measures and blood transfusion. • Recognise and follow up pregnant women at high risk of postpartum haemorrhage. • Prevent, diagnose, and treat anaemia. • Set up emergency plans with village TBAs/auxiliaries to deal with postpartum haemorrhages.

What midwives should know	What midwives should do
• Retained placenta describes a situation in which the placenta has not been delivered within one hour after the birth of the baby. • The most common causes of primary postpartum haemorrhage are retained placenta (or placental tissue fragments) and uterine atony followed by vaginal or cervical lacerations and episiotomy. • The causes of secondary postpartum haemorrhage include retained placental tissue and infection. • The main risk factors that make postpartum haemorrhage more likely include: a history of previous third stage complications, a previous caesarean section, multiple pregnancy, high parity, anaemia, operative delivery, prolonged obstructed labour, induced labour, precipitate labour, placenta praevia, abruptio placentae. • Because of the short interval from onset of postpartum haemorrhage to death, quick access to health facilities is crucial for the prevention of maternal death from postpartum haemorrhage. • Maternal mortality from postpartum haemorrhage is higher among women of low socioeconomic status because of lower health service utilisation and less awareness of risk factors associated with postpartum haemorrhage. • Traditional beliefs and practices regarding blood loss after delivery and the management of the third stage of labour can affect the occurrence of postpartum haemorrhage.	• Educate the community about the seriousness of postpartum haemorrhage, the need for speed in referral, and risk factors that make postpartum haemorrhage more likely. • Provide family planning services for women at high risk of postpartum haemorrhage. • Supervise TBAs, discourage traditional practices that increase the risk of postpartum haemorrhage and educate them on the need for speedy referral in case of postpartum haemorrhage.

(WHO 2008:n.p)

6.11.2.2 Prevention and management of postpartum haemorrhage

WHO recommendations for the prevention and treatment of postpartum haemorrhage includes the following measures:

- Use of uterotonics (10 IU, IV/IM) especially during the third stage of labour for normal labour and for a caesarean section.

- In settings where a uterotonic is unavailable, ergometrine or mixed drug combination of oxytocin and ergometrine (methylergometrine) or oral misoprostol (600 µg) is recommended.
- In hard-to-reach areas and situations where skilled birth attendants are unavailable, misoprostol (600 µg PO) by community health care workers and lay health workers is recommended for the prevention of postpartum haemorrhage.
- Only in settings where skilled birth attendants are available, CCT (Controlled Cord Traction) is recommended for vaginal births. CCT is not recommended for use by unskilled personnel.
- Delayed cord clamping is recommended for all births. Early cord clamping (<1minute after birth) is initiated only when there is birth asphyxia.
- Sustained uterine massage is not recommended as an intervention to prevent postpartum haemorrhage in women who receive prophylactic oxytocin.
- Assess for uterine atony for all women.
- Intravenous oxytocin alone is the recommended uterotonic drug for the treatment of postpartum haemorrhage.
- If intravenous oxytocin is unavailable, or if the bleeding does not respond to oxytocin, the use of intravenous ergometrine, oxytocin-ergometrine fixed dose, or a prostaglandin drug (including sublingual misoprostol, 800 µg) is recommended.
- Isotonic crystalloids are recommended for initial intravenous fluid resuscitation of women with postpartum haemorrhage.
- In cases where the bleeding does not stop, tranexamic acid is recommended to prevent postpartum haemorrhage.
- Uterine massage is recommended for the treatment of postpartum haemorrhage.
- In case of no response to uterotonic or unavailability of uterotonics, intrauterine balloon tamponade is recommended.
- In situations where other measures have failed, the use of uterine artery embolisation is recommended as a treatment for postpartum haemorrhage due to uterine atony.
- Bimanual uterine compression is recommended as a temporising measure until appropriate care is available for the treatment of postpartum haemorrhage due to uterine atony after vaginal delivery. (Weak recommendation, very-low-quality evidence.
- External aortic compression for the treatment of postpartum haemorrhage due to uterine atony after vaginal birth is recommended as a temporary measure in case other measures are not available before reaching the health facility. The use of non-pneumatic anti-shock garments is recommended as a temporising measure until appropriate care is available. (Weak recommendation, low-quality evidence).
- The use of uterine packing is not recommended for the treatment of postpartum haemorrhage due to uterine atony after vaginal delivery.

- If the placenta is not expelled spontaneously, the use of IV/IM oxytocin (10 IU) in combination with controlled cord traction is recommended.
- Ergometrine for the management of retained placenta is not recommended as this may cause tetanic uterine contractions which may delay the expulsion of the placenta.
- Prostaglandin E2 alpha (dinoprostone or sulprostone) for the management of retained placenta is not recommended. (Weak recommendation, very-low quality evidence).
- Single dose of antibiotics (ampicillin or first-generation cephalosporin) is recommended if the manual removal of the placenta is practised.
- Application of formal protocols by health facilities for the prevention and treatment of postpartum haemorrhage is recommended.
- Following formal protocols for referral of women to a higher level of care is recommended for health facilities.
- For pre-service and in-service training programme use of simulations of postpartum haemorrhage treatment is recommended.
- Monitoring the use of uterotonics after birth for the prevention of postpartum haemorrhage is recommended as a process indicator for programmatic evaluation.

(Adopted from WHO 2012:n.p)

6.11.3 Reading reference 3: Storytelling tips

In this section storytelling tips are provided to make the storytelling session more consistent as the educators use it in their storytelling classroom sessions. If more in-depth is information is required, the educator can access the sources at of each table.

6.11.3.1 Definition of storytelling

Yaghoubi and Shaeri (2019:2) stated that “a story is a personal account of one’s experience”.

Yaghoubi and Shaeri (2019:3) listed the features and provided an explanation of the skills required for teaching through storytelling. Use of this reading reference will provide educators with guidance before the storytelling session.

Table 6.22 Skills for teaching through storytelling

Skills for teaching through storytelling		
S No	**Features**	**Explanation**
1	Oral language	The words should reflect emotions and show action and emotion.
2	Facial expressions	The facial expressions should be adjusted to the development of each incident in the story as cited by Gallagher (2011).
3	Body language	This refers to the use of gestures by the narrator. For example, a special body gesture should be used while narrating a specific event cited by Kobus (2013).
4	Emotions	The diction as coordinated by the use of facial expressions, gestures and body language, emotions and gestures can be important in some cases cited by Shann (2015).
5	Unrelated details	The unrelated details refer to those elements of the story which do not contribute to the development of the main plot, but help the audience to picture the story mentally. For example, to create a sense of wonder, we use virtual reality to excite that emotion in the audience cited by Shann (2015).
6	Walking while storytelling	A short pause while narrating a story allows the audience to review the story so far. The pace of walking can influence the emotional impact of the story. In teaching, walking can be joined with a sense of humour to be more effective cited by Collins (1999).

(Adopted from Yaghoubi & Shaeri 2019:210)

6.11.3.2 SBARR pedagogy in storytelling

Sabio and Peges (2019:207) stated that storytelling can use the Situation, Background, Assessment, Recommendation, Review (SBARR) format to involve the listener, and as a means of delivering content in an interactive, engaging manner. The SBARR pedagogy was adapted from the SBARR framework, a well-known health care communication method to communicate information about patient condition (Sabio & Peges 2019:210). Nursing and Midwifery educators seeking to improve the effectiveness of sharing their wealth of experience from clinical practice may benefit from the use of storytelling according to the SBARR format. Pedagogy SBARR has proven to be of paramount importance in creating a culture of safety in health care (Sabio & Peges 2019:208). Table 6.23 illustrates the SBARR framework.

6.11.3.2.1 Overview of SBARR framework for storytelling session

Table 6.23 Reading reference SBARR framework for storytelling session

Step in process	Educator action	Educator prompts
S: Situation	Situation is presented	"I took care of a pregnant mother who …" "When I was a midwifery student …"
B: Background	Patient history and/or specific circumstances are presented	"This pregnant mother presented with …"
A: Assessment	Assessment details are presented, and the students are guided through questions to arrive at appropriate interventions	"What do you think is going on with this pregnant mother?" "What led you to give that answer or explanation."
R: Recommendation	Students are prompted to make recommendations	"What recommendations would you make for this patient?" "What would be your priority intervention at this time?"
R: Review	Socratic questioning is initiated as a form of review	"Why are these interventions recommended for this pregnant mother?" "What are the influencing factors leading to delay?" "How can the death of Mrs X can have been avoided?" "Were there errors in thinking or action in the story?" "As a nurse/midwife, what could have been done differently." "Ethical roles of a nurse/midwife." "Advocacy roles as a midwife."

6.11.4 Educator pre- and post-storytelling self-assessment

Midwifery/nursing educator self-assessment preparation for pre- and post-storytelling session.

Please make sure your body and voice play a significant role in storytelling session.

- Firstly, get your story ready for telling. First you need to have the handout or printout copy of the story available. There must be a place for notes or sticky notes to record important points.
- Move your body in the storytelling "V". The storytelling "V" is when you shift where you are facing when different characters speak. This helps the audience know who is talking. Aim your body in one direction when you are one character, and then aim it in another direction when you are a different character. Remember which way you faced for each character!
- Use hand movements and face movements (called "expressions") to help tell the story.
- Use different voices for different characters.

- Speak faster and slower, higher, and lower.
- Make sure you speak loudly enough so that everyone can hear you clearly from the beginning until the end of the story.
- When the story is over, make sure you end it; do not keep going. Make it clear with your voice, movements, or expression that you are done. You could end at a faster pace. This leaves the audience feeling that the story was exciting.
- Once you have a plan ready, practice it at least three times! (You need to practise the story for voice, body language and facial expression, eye contact, time it takes, and pacing).

6.11.4.1 Rubrics for storytelling

The reference material providing a rubric for storytelling will help the midwifery and nursing educators to prepare well in advance of the storytelling classroom session and complete the session in an orderly fashion. According to the Texas Education Agency (2014), the rubric for storytelling has several components (delivery of the story, tone of voice, body language, character, audience eye contact and engagement, pacing and time frame. Each component in Table 6.24 has been given a weighting with the grading of Exemplary, Accomplished, Developing and Beginning.

Table 6.24 Rubric for storytelling

RUBRIC FOR STORYTELLING					
Criteria	**Weighing**	**Exemplary 4 – Yes**	**Accomplished 3 – Yes But**	**Developing 2 – But**	**Beginning 1 – But**
Delivery of the story	20	☐Delivers the story confidently, has practiced.	☐Delivers the story fairly confidently, has some practice, some words are not clearly pronounced.	☐Delivers the story with less confidence, has not practiced, relies on notes, not audible and clear.	☐Not practised, and not confident, fully depend on reading the story notes.
Tone of voice	20	☐Always maintains voice modulation and speaks loudly, slowly, and clearly, correct pronunciation, explains unfamiliar words.	☐Sometimes speaks loudly, slowly, and clearly. Correct pronunciation does not explain unfamiliar words.	☐May speak too softly or too rapidly; pauses in between. Incorrect pronunciation of a few words, does not explain unfamiliar words.	☐Speaks too softly or too rapidly, many pauses. Incorrect pronunciation does not explain the unfamiliar words and is not sure of meaning.
Body language	10	☐Moves body and hands to improve telling of story.	☐Storyteller started the story well but later no expressions -just reading story.	☐Storyteller started telling the story without any expression, later section ended up with reading without any involvement.	☐Storyteller totally read the full story from the beginning to the end without any modulations and excitement.
Character	10	☐Uses different voices for different characters; turns body to indicate different characters.	☐Storyteller used different voice for some sections or for few characters.	☐Storyteller used different voice where it is not required by the storyline.	☐No voice modulation for the different characters in the story, very monotonous.

RUBRIC FOR STORYTELLING					
Criteria	**Weighing**	**Exemplary 4 – Yes**	**Accomplished 3 – Yes But**	**Developing 2 – But**	**Beginning 1 – But**
Audience eye contact and engagement	20	☐Storyteller looks at all the students; and actively involves them based on the flow of the story situation.	☐Storyteller looks at few students, involves only a few with questions.	☐Story told only looking at a few students with little involvement.	☐Storyteller does not look at audience; no attempt to involve student engagement.
Pacing	10	☐Story told at an appropriate pace depending on the story sections, there is emotional impact and sense of humour.	☐Story told well but some sections of the story are rushed and not explained well.	☐Story rushed without any explanations and at a fast pace.	☐Story told at one pace with no excitement.
Time allowed	10	☐Story lasts as per the time plan in lesson plan by the educator.	☐Story lasts less or more than the scheduled time.	☐Story lasts for much less time or greater time than the usual plans (exceed more or less by 4 minutes or more than 8 minutes).	☐Story told less than 3 minutes or more than 10 minutes.

(Adopted from: Texas Education Agency 2014)

6.12 SUMMARY

This chapter explained the development process of an innovative educational package. The intention is to provide an educator instructional guide which explains the step-by-step sequences from introduction to conclusion and evaluation of the storytelling classroom session. This package is user friendly and suitable for even the novice educator. It includes a sample educator instruction guide to assist and guide the educator. The next chapter, Chapter 7, covers the essential part of concluding the research findings, the recommendations, and the limitations of the study by the researcher in this research learning process.

CHAPTER 7

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

7.1 INTRODUCTION

This final chapter provides an overview of the study, presenting the summary of findings and interpretations, the conclusions, recommendations, and limitations of the study. The conclusions are in line with the objectives of the study and take into consideration the feedback of the expert reviewers. The recommendations focus on the areas of nursing education, practice and administration, and nursing research, and the implications of using storytelling as an educational strategy for teaching midwives.

Nearly two hundred years ago, Friedrich Froebel, the founding father of the kindergarten education movement, championed storytelling as an ideal method for educational delivery to young children (Agosto 2016:21). In the same way, the use of storytelling in adult learning has positive advantages, such as gaining attention, stimulating the use of imagination, enabling retention of information and promoting critical thinking (Woodhouse 2019:67). Storytelling can create interconnectedness and a sense of community in the classroom (Ehrlich, Ehrlich & Haberyan 2020:106). Historically, storytelling was used to share information about life and life lessons from generation to generations (Ehrlich et al 2020:106). Researchers are expanding specific theories and knowledge about the practice of storytelling as it applies to the formal classroom and education (Hamstra 2017 cited by Ehrlich et al 2020:106).

Learning is an active process and includes reflective writing, visualising and verbalising to promote critical thinking. One must consider three levels of reflection when using reflective activities such as a teaching and student support. These are descriptive, dialogic, and critical reflection (Van Rensburg et al 2018:608).

Surviving birth facts by UNICEF, WHO, UNFPA and World Bank (2019), cited that a pregnant woman dies somewhere in the world every 11 seconds from conditions that could have been avoided and prevented (Athhaire, Wamala & Nansubaga 2020:1). However, type three delays are most frequently encountered and are identified as causing 96.8% of all the maternal deaths. Type three delays are typically indicative of substandard quality of care at the health care facility used (Mgawadere, Unkels, Kazebe & Van den Broek 2017:7). The Thaddeus and Maine's (1994) Three Delay Model was applied in the Phase II selection of stories to understand the causes of delay in emergency obstetric care, which might lead to maternal deaths, eventually calling for interventions to avoid those delays (Agarwal et al 2020:1273). Maternal mortality is the last

episode in the long story of a woman's pain and suffering. Pregnancy related mortality and morbidity continue to have a huge impact on the lives of the woman.

7.2 PURPOSE OF THE STUDY

The purpose of this study was to explore and describe the use of storytelling as an innovative teaching strategy and to develop an educational package for teaching midwives.

The objectives of the study were to: explore and describe the meaning of the concept storytelling as a teaching strategy in midwifery education; to explore the experiences of midwives in managing midwifery health care incidents through reflective essays; to develop stories from the reflective essays that could be used in the development of an innovative teaching strategy; to validate the stories with midwifery education experts for accuracy, and their application as a teaching strategy; and to develop an educational package on storytelling as an innovative teaching strategy for teaching midwives.

To realise the purpose of the study, an integrative literature review was conducted as the first step in the first phase. Thereafter, qualitative data was collected, analysed and integrated with the themes identified in the integrative review to develop an educational package for midwifery and nurse educators using the realistic contextual reflective stories.

7.3 SUMMARY OF RESEARCH DESIGN AND METHODS

This qualitative study used an interpretative phenomenological design. The selection of IPA as the research design for the study fitted its purpose, which was to explore and describe the use of storytelling as an innovative teaching strategy and based on this, to develop an educational package for teaching midwives and nurses.

An integrative literature review was conducted In Phase I (subphase 1, objective 1) to explore and describe the meaning of the concept storytelling as a teaching strategy in midwifery education. The literature synthesis was also used to develop an educational package of storytelling as an innovative teaching strategy for teaching nurse and midwives.

Phase I (subphase 2, objective 2) explored the experiences of midwives in managing midwifery health care incidents through reflective essays. Study participants were individually approached at a time that suited them, at the study site, and the purpose of the study explained in order that their informed consent for the use of their reflective essays be obtained. They were provided with an instrument for reflecting on their experiences in managing midwifery health care incidents

through reflective essays, especially in managing the mother with postpartum haemorrhage. A total of fifteen participants consented, and none of them experienced any distress while recalling the incident in their reflective essays. All fifteen reflective essays were received within the period stipulated for the data collection. A code was assigned to each participant, and the essays were saved in a password protected computer.

Phase II was used to develop stories to form the basis of an innovative teaching strategy from the reflective essays. IPA was used, and the essays analysed inductively to understand the meanings the participants assigned to their experience in the Phase I reflective essays. Phase III was used to validate the stories with midwifery education experts for accuracy and application as a teaching strategy. Three midwifery experts with considerable experience, who worked at different settings, namely a midwifery educator, midwifery practitioner and international midwife consented to validate the stories. Two Ugandan midwifery experts mutually agreed with the international midwifery expert on the four stories to validate. The primary supervisor approved these stories for development into the educational package in Phase IV.

In Phase IV an educational package using storytelling as innovative teaching strategy for teaching midwives was developed. The developed innovative educational package contains four validated stories: Story 1 narrated the incidence of “Delay 3”; Story 2 covered the incidence of “Delay 1 and 3”; Story 3 was on the incident on “Delay 1, Delay 2 and Delay 3”; Story 4 reflected “No Delays”. A detailed educator guideline for the storytelling classroom session was developed. It includes the sample lesson plan template, and completed lesson plan template for one story, followed by a step-by-step Instruction Guide for Educators on how to conduct a storytelling session. Each validated story was provided with a set of guided questions for classroom discussion and an art diagram relevant to each story. Also provided for use at the end of the session are a feedback form and a storytelling session evaluation form. A quick reading guide for storytelling classroom session completes the package.

7.4 CONCLUSION OF RESEARCH FINDINGS

Stories as a teaching and learning strategy include understanding experiences and designing plans for caretaking (Demir 2019:286). Storytelling can be a creative and powerful teaching strategy in all disciplines. Although stories have been used for centuries as a valuable means of communicating a special kind of knowledge, they have often been ignored in education. Storytelling is an influential way to promote learning in nursing education by reflecting on nursing student’s experiences (Demir 2019:286). There are many relevant stories in literature including both digital and traditional print media. These stories come from the medical record, the patient, family members, and health care members (Paliadelis & Wood 2016:39).

The conclusions are discussed in line with the five objectives of the study. The findings of the first objective, which was to explore and describe the meaning of the concept of storytelling as a teaching strategy, is discussed in Chapter 3. The second objective, exploring the experiences of midwives in managing midwifery health care by analysing their reflective essays on incidents in midwifery practice, is discussed in Chapter 4. The third objective, the determination of stories from reflective essays to be used in the development of an innovative teaching strategy, and the fourth objective, the validating of the stories, for accuracy and application as a teaching strategy, with midwifery education experts is discussed in Chapter 5. Finally, the fifth objective on the development of an educational package on storytelling as an innovative teaching strategy for teaching midwives is discussed in Chapter 6, and the educational package on storytelling as an innovative teaching strategy is attached in Annexure I.

7.4.1 Conclusions: the meaning of the concept of storytelling as a teaching strategy in midwifery education

To achieve the Phase I subphase 1 objective, an integrative literature review guided by PRISMA data analysis was used. It identified 14 relevant articles to retrieve. The literature review showed that storytelling, an art-based learning method in clinical nursing education, enables students to connect with patients and educational facilitators on a meaningful level (Timpani et al 2021:1). The synthesis revealed three themes: storytelling as a teaching strategy, storytelling in nursing and midwifery education, and storytelling in the future.

Storytelling in midwifery education would enhance students' ability to achieve in-depth learning and challenge misconceptions, promote critical thinking, synthesise and transfer knowledge to classes in the key areas, and focus on short-term, intermediate and long-term goal in promoting quality care to the mother, baby, family and community. Storytelling would further ensure students grasp concepts, understand the complexity, and try to find solutions within a realistic relevant situation. It would enable the educator to make learning more interesting and stimulating and help them meet the expectations of mature students while meeting the course learning outcomes in an innovate way. Finally, it enabled the design of an innovative teaching strategy using storytelling, that could be implemented across the various specialities in colleges of nursing and midwifery.

Contextual stories can provide powerful educational material for enhancing professional learning for student midwives (Noya et al 2022:6). Listening to real-life childbirth stories helps to provide respectful maternity care and build professional commitment. Nurse educators narrating different women's childbirth experiences will help students understanding the mother's fears, coping

methods, the emotional aspect of the situation, and the satisfaction and dissatisfaction about the care at community and health facility. Listening to stories is always exciting for all age groups. They excite the emotions and can be used for a wide range of learning situations. Storytelling as a strategy helps students to remember information because the realistic nature of the contents allows the students to develop their imagination and stimulate a sense of interest in learning. Nurses and midwives are required to meet diverse learning goals to adjust to the current and future professional working environments and to keep pace with technical and rationalised quality care changes.

7.4.2 Conclusions: experiences of midwives in managing midwifery health care analysing their reflective essays on incidents in midwifery practice

To meet the objective of Phase I subphase 2, fifteen coded reflective essays (R1 to R15) narrating the experience of midwives in managing a mother with postpartum haemorrhage, using the Gibbs Model of Reflection from learning by doing, were used. Each one of the consenting participants told the story of an interesting experience which stood out for them, why that incident was significant, and whether there was any noteworthy behaviour and activity that impacted the event. Reflection on learning within the context of clinical placement in nursing education is not only relevant, but important. Each study participant wrote (in their own language) what they had learnt from the situation, and how they would approach a similar situation in the future. The resultant reflective essays were then analysed. They provided several contextual stories of managing women in labour with empathy and compassion. From the essays, four themes relating to the Thaddeus and Maine's (1994) Three Delay Model were identified and in turn relevant subthemes were then determined from each delay (see Chapter 4, Table 4.4).

Encouraging reflective practice through contextual realistic stories enables the student nurses and midwives to understand how, and why events happen and how these may differ from one patient to another diagnosed with a similar condition. It also highlights the importance of managing conditions that may cause chaos which could deteriorate into a life-threatening situation. The reflective essay to explore midwives' experiences was used because it promotes a deep personal learning from experience, and a development of critical thinking, clinical rationalisation and reasoning, integration of theory and practice and the generation of knowledge in and through practice experience (Bass, Sidebotham, Creedy & Sweet 2020:385).

7.4.3 Conclusions: stories used to develop an innovative teaching strategy

To accomplish this objective in Phase II, four stories were identified for validation and the details of the processes explained in depth in Chapter 5 (Table 5.2). The positive attitude of midwives

regarding reflection influenced their perception of the value of storytelling. Developing stories, in this study, from reflective essays on managing mothers with postpartum haemorrhage, will promote the early detection and management of a haemorrhage, by midwives and nurses. It could also enrich the content of classroom learning and play a role in meeting the learning outcomes of managing a mother with a haemorrhage. This is significant, as it is one of the leading causes of maternal mortality from a preventable cause.

The reflective essays provided an opportunity for students to think about and understand practice from different perspectives. It also allows them to determine how they should react when they meet postpartum haemorrhage in the future. The reflective essays used to develop contextual stories allow the student midwife to make sense of a potential real-life situation. The reflection on how they will address a similar situation influenced their learning. It enabled them to identify areas of learning and development to promote their own professionalism through sharing and learning from other professionals. Realistic stories help students gain insight into how to move forward in the given context.

7.4.4 Conclusions: validation of stories with midwifery education experts for accuracy and application as an innovative teaching strategy

To complete this objective in Phase III, a summary in table form of the selected stories for validation by midwifery education experts, for application as a teaching strategy, was provided.

Midwifery students are required to undertake extensive practice-based work within their programme. Nurse educators and instructors are continually striving to improve teaching methods and techniques. The quality of feedback provided by educators immediately after the group discussion of each stories during the storytelling session affects the levels of student motivation and engagement with reflection. This study shows that innovative educational initiatives have the potential to significantly change the midwives' learning culture and to develop ongoing lifelong learning.

Validation of the four selected stories was by three midwifery experts from education, service and administration, and research, and the final approval by the primary supervisor, enabled the development of the educational package. The validation and approval of the selected four stories process ensured they met the learning criteria and were suitable for Phase IV − developing storytelling as an innovative educational package for teaching midwives.

7.4.5 Conclusions: value of an educational package on storytelling as an innovative teaching strategy for teaching midwives

The researcher developed an educational package on telling stories as an innovative teaching strategy for teaching midwives. In midwifery education, there is very limited literature about the significance of using storytelling as a method for teaching midwives or using the contextual stories in the classroom. In this study, four stories were developed into an innovative educational package for teaching midwives. The Phase I subphase 2 reflective essays set out participants' personal experiences in managing a pregnant mother with postpartum haemorrhage, and this is explained in detail in Chapter 6. Reflective essays ensure that patients' real-life stories, as a part of student learning, appear more realistic and may improve their understanding and problem solving.

The storytelling approach in midwifery education can promote strategies for teaching and learning, which prepare students for the complex nature of the midwifery practice. Hardie, Darley, Carroll, Redmond, Campbell and Jarvis (2020:12) indicate that storytelling can provide a valuable opportunity to imagine a conceptually complex idea, increasing the possibility of a deeper understanding of concepts that might not be easily understood. Storytelling offers an innovative alternative to traditional lecture-based learning. It can be used as an innovative teaching strategy for nurses and midwives. Using stories for classroom teaching makes the session more interesting, develops the creative thinking abilities of the students, and makes the learning a more enjoyable experience. Teaching realistic contextual stories creates an experience in the minds of the listeners, which is unforgettable. It becomes so easy to remember the story, its character, the dialogues of the characters, the characters' physical and behavioural attributes, and the hidden value or the moral of the story. From the Phase I reflective essays realistic factual stories were developed helping the students to understand how the preventable causes occur, how they can be prevented, and how the delays are prevented, in order to promote safe motherhood, especially in managing a pregnant mother with postpartum haemorrhage – one of the leading conditions in obstetric emergency leading to MMR.

Realistic stories help students remember their training when they come across a similar situation. Teaching through storytelling enables them to imagine the situation, and the retention of learning occurs. Developing a story is like constructing knowledge through one's understanding and experience (Nisha & Prema 2019:153). Storytelling as an innovative teaching strategy which will bring in more student engaged learning opportunities than the traditional lecture methods. This study suggests that using stories in classroom teaching promotes trust and enables them to reflect and share their experiences, issues, challenges, and outcomes at a deeper level of understanding than the traditional method of classroom teaching.

Each section of the storytelling educational package is guided by instructions for the nurse educators. After developing the innovative educational package on storytelling as a teaching strategy, it was sent for expert review with fourteen experts. The feedback provided by the expert reviewers are attached to the finalised educational package as Annexure H. The detailed section of the process involved in expert review was captured in Table 6.1.

7.4.6 Conclusions: importance and value of the expert review of the educational package

The importance and value of the experts' reviews of the educational package make up the final section of the conclusion. Midwifery training is done in different ways in different countries. The expert reviews are a valuable method for revealing usability issues and are complementary to usability testing. This process is often conducted by a person with expertise in usability and the principles of human behaviour, and results in feedback on the usability, strengths, and recommendations for fixing any problem issues.

The researcher approached sixteen experts, of which fourteen consented to review the material. They provided feedback and recommendations on the educational package within the stipulated time, which enabled the development of the educational package under the guidance of the supervisor. The detailed process of expert review was explained in Chapter 6.

Nurses and midwives across the world are trying to share their experiences through innovations in education and research. Many nursing schools are introducing various innovations in their teaching and learning methods, such as blended learning, simulations, role plays, case studies, reflective logs, etc.

The development of an innovation educational package, on managing postpartum haemorrhage, one of the leading causes of MMR in Sub-Saharan Africa, should be useful in teaching the student midwives how to identify the delays and promoting safe motherhood. Estimates for 2020 show that some 830 women around the world die every day from pregnancy or childbirth-related complications due to preventable causes (Kumakech et al.,2020:1). Of these, 94% of all maternal deaths occur in low and lower middle-income countries (WHO/RHR/19.20:1). Appropriate care provided by skilled health professional who are competent in sexual and reproductive health care, before, during and after childbirth, can save the lives of the women and new-born babies.

Improving maternal health is one of the thirteen targets for the Sustainable Development Goal 3 (SDG-3) on health, adopted by the international community in 2015. Improving maternal health is one of WHOs key priorities. WHO advocates for more affordable and effective treatments and

designs innovative training materials and guidelines for health workers. In this study, the intention was to reflect the contextual realistic stories covering complications in managing a mother with postpartum haemorrhage. The “Three Delays Model” concept provided by Thaddeus and Maine (1994) has proven to be a useful and widely accepted framework used to account for the delay in the management of obstetric emergencies, and the role of such emergencies in maternal mortality (Paswan, Anand & Mondal 2019:3). Stories are used to communicate culture, belief, knowledge, and understanding in this area (Weston 2012:41).

Storytelling is an innovative teaching strategy that can be used in nursing and midwifery education to develop the skills of caring, empathy, compassion, and culturally relevant evidence-based care. This innovative educational package has captured preventable causes leading to avoidable delays, and the realistic stories will help the students to remember the incidents covered and promote their critical thinking skills and enable them to reason out how to ensure safe motherhood by avoiding the delays. To improve maternal health, the barriers that limit the availability and access to maternal health services must be identified and addressed at all levels of the health care delivery system. These are captured in the learning outcomes of the educational package. To conclude, storytelling makes the learning more interesting and imaginative, and keeps the classroom more engaged. Storytelling promotes critical thinking skills.

7.5 RECOMMENDATIONS

In today’s challenging and changing health care delivery system, transformation has become a very important cornerstone of nursing and midwifery education and transformative learning practices require innovative ways of teaching (McComish & Parson 2013:239). Storytelling is a fundamental part of life. Phillips et al (2017:7) suggest that storytelling and reflective pedagogy are effective tools for educators to use to bring about actual and desired changes in teaching practice. Storytelling is an innovative teaching strategy and was selected to help guide educators through transformative learning experiences. The probing context of stories told in new ways helps educators to make sense of abstract complexities during storytelling session.

7.5.1 Recommendations for nursing education

Nurse educators require pedagogical approaches beyond traditional methods to facilitate student learning of new competencies required in a complex health care environment (Phillips et al 2017:7). There is a need for continuing professional development workshops that are aimed at teaching oral storytelling skills, which will help students to acquire specific practice skills, and that enable the delivery of stories in a powerful and effective manner. By telling stories, students can relate better to teachers. Stories help the teachers express what they consider important to the

listeners. Stories encourage engagement, allowing other students in class to share thoughts and feelings from their own experience and make a bigger contribution to the classroom learning. Further training is needed to teach midwifery students to develop their own reflective stories to be used as a teaching strategy in their own practice, themselves.

Based on contextual needs and characteristics, schools of midwifery can also adapt the innovative and creative strategies for teaching and learning. It is recommended that a self-directed approach using reflective stories of patient in different settings is promoted. An innovative training course using storytelling and reflective pedagogy could be developed to guide educators into a transformative learning experience to challenge assumptions, gather insights, and raise questions about teaching practices.

Advancing midwifery education requires qualified midwifery educators to bring scientific knowledge of nursing practice into the academic setting. Midwifery educators must acquire the requisite teaching competencies to integrate current knowledge, trends, and technology advances into education (Phillips et al 2017:7). The nursing teaching staff needs a pedagogical approach beyond traditional methods to facilitate student learning of new competencies, while structured mentorship is essential to develop, use and test innovative teaching methods, such as storytelling, to enhance clinical and classroom teaching. Midwifery educators need to be convinced of the value of using storytelling as one of the teaching strategies in their current teaching practice. It is recommended that values clarification be integrated into the continuous professional development sessions to strengthen respectful maternity care where women and family feel safe, supported, respected and being involved in the provision of quality maternity care and positive outcome and childbirth experience.

Curriculum development is a dynamic process and should include the latest trends and developments in teaching and learning. Educators should ensure that story-sharing is embedded in the curriculum. Educators and mentors should be able to debrief their own critical experiences before passing these stories on to students. Peer storytelling and listening opportunities should be facilitated in clinical practice and in the teaching and learning environment.

7.5.2 Recommendations for nursing practice

The WHO advocates respectful maternity care in line with a human rights-based approach to reducing maternal morbidity and mortality (Noya et al 2022:7). Analysis of every maternal death by the WHO using the Three Delay Model, has promoted a paradigm to shift towards Maternal Death Surveillance and Response (MDSR) which focuses on acting on information gathered from every maternal death audit, to prevent further maternal deaths. New guidelines in accordance

with the above were released by the Ministry of Health and Family Welfare (India) in 2017 (Kansal et al 2018:299). It is therefore recommended that all maternal deaths are investigated based on the Three Delay Model. It is further recommended that nursing practice, under the guidance of nursing management, ensure that respectful maternity care is delivered at all times.

Findings of relevant and important studies on maternal deaths include the sequence of events and social circumstances that lead to them (UNICEF). Such findings could be used to advocate for more resources for safe motherhood programmes at state and national levels, by producing more contextual reflective incident stories on the experience of women during pregnancy and childbirth. It is also recommended that the findings be used as case studies during training continuous professional development sessions.

The EPMM initiative which includes a broad coalition of partners working with maternal and newborn health care, has established new coverage targets and milestones that need to be achieved by 2025 if the SDGs are to be met (WHO 2021b:1-7). The WHO has developed guidelines on antenatal and intrapartum care and a policy brief on nurturing care for newborn babies. These publications can be used as a model in health system support and teaching institutions to introduce innovative strategies in the form of reflective stories on the birth experiences of couples in antenatal clinics, labour, and postnatal wards. It is also recommended that they are used in health education to support families physically, psychologically, socially and emotionally throughout pregnancy and childbirth. Contextual stories can be a powerful education tool for enhancing the professional learning of student midwives and nurses.

7.5.3 Recommendations for future studies

Further research on storytelling should investigate the application of stories as a teaching strategy to be used in enhancing all the domains of nursing education in promoting safe motherhood. The researcher recommends areas for future research which should:

- Evaluate the effectiveness of using storytelling to transform nursing education.
- Conduct more research using larger sample sizes in different schools, offering nursing and midwifery programmes across different levels, globally.
- Explore the influence of gender and how students perceive storytelling as an effective teaching strategy for increasing student participation.
- Carry out an experimental study to compare and assess the performance of the students in a particular unit taught using the storytelling strategy in the classroom session and another just using textbooks and lectures.

- Research the effectiveness of storytelling as a teaching strategy in various specialities and branches of nursing and midwifery education programme such as: community, paediatric, psychiatric, medical, surgical, midwifery, geriatric nursing, transcultural nursing, critical care, emergency and trauma care nursing, nursing ethics, etc.
- Since nursing is competency-based, the curriculum experts should introduce lesson plans that include experiential stories as one of the teaching strategies to be used to engage in more interactive learning.
- Using storytelling as a tool for students to achieve learning outcomes needs to be explored. This enables students to explain challenging issues that encourage a community of inquiry during classroom discussion and debates. It could also stimulate different suggestions which will improve the critical thinking skills and the retention of the content relating to a specific country's policies.
- The recent COVID-19 pandemic has changed the educational landscape, with online learning becoming more common. It is recommended that nursing education institutions revisit the curricula, teaching strategies, and learning activities to address and embrace the changes. Storytelling lends itself well to online learning. Due to the nature of COVID-19, the concept of face-to-face sessions has been challenged. To meet the challenge, schools of nursing and midwifery globally have a blended digital learning model instead of direct teaching hours or face-to-face sessions. Additional research on the current changes and mode of delivery could also add more value to understanding the effectiveness of online versus face-to-face. The application and benefits of storytelling would be different on-line and these need to be explored.
- Educational scholars need to review the curriculum, especially the mode of delivery of the clinical and academic courses and training methods to bring about more evidenced-based innovations using storytelling as a pedagogy in nursing and midwifery education, and to add more evidence-based strategies using stories in nursing and midwifery education. More research needs to be done in this broad area with the current study providing guidelines which can motivate and empower the profession.
- Clinical scholars should make more observational visits to students' learning and practice settings, to ensure the workable translations of the best evidence-based practices in their area of clinical practice. They should listen to and observe midwives through their reflective reports of challenges, and patient care stories.
- Collaborative research to explore the different approaches to storytelling as a teaching strategy should be promoted. More evidence-based research using storytelling in nursing and midwifery education is required.

7.6 CONTRIBUTIONS OF THE STUDY

This innovative educational package on storytelling was developed for teaching nurses and midwives because midwives are natural storytellers, and as educators, even better story "evokers" (Hunter & Hunter 2006:277). Storytelling also promotes meaningful connections among nurse educators and classmates though listening to stories, and through group discussions, thus providing a mechanism of critical reflection in classroom learning. One of the best examples of this type of narrative analysis, found in Benner's (1998) seminal work 'From Novice to Expert', using critical incidents, Benner captured the essence of how one develops clinical expertise in nursing practice (Hunter & Hunter 2006:274).

Using teaching strategies, such as storytelling, allows students to innovatively integrate their experiences into future nursing practice through critical classroom discussions, which may be helpful in creating meaningful connections with future patients and in providing quality care. This study has demonstrated the many benefits of storytelling for both students and educators. Stories written by midwifery students in Phase I subphase 2 showed, though Phase II analysis, evidence of personal, ethical, clinical and aesthetic knowledge skills. The validated stories from Phase III, used to develop an educational package in Phase IV, has provided evidence through research, that students were able to integrate their past experience into thoughtful reflective essays with strong reasoning, and action plans that could apply in their future nursing practice. Employing storytelling in classroom teaching adds more space (figuratively) for students to share their personal feelings, thoughts, experiences, and reflections, which will help meet the demand for holistic care for the patient, family and community.

7.7 LIMITATIONS OF THE STUDY

Storytelling in classroom teaching stimulates a deeper exploration of topics. Very limited direction is available on how to bring in effective innovations to transform education.

The study was conducted in an African country with different resources and health care systems than developed countries. The context of the study may therefor vary vastly from other countries given the developmental position of, and available health care in Uganda.

The reflective essays were written from the experience of the participants. The flow of events in the stories are, therefore, based on individuals' reflections and experiences. Real case studies may vary for the reflective essays. However, the experiences of the participants are important as it portrays how the midwives see the event in practice.

7.8 CONCLUDING REMARKS

Historically, storytelling has been a standard for communication to assist students in learning cognitively (Ehrlich et al 2020:116). Adding to the experience of doing this research, further in-depth qualitative studies need to be done in various nursing specialities to prove the benefits of using stories as a tool in nursing education to ultimately provide quality care to patients. Every student admitted to a nursing programme has the right to receive a quality education from innovative teaching experts. Nurse educators require pedagogical approaches beyond traditional methods to facilitate students learning of new competencies to practice in complex health care environments (Phillips et al 2017:7).

Nursing as a modern profession is linked to global health. Nightingale, the leader of global health movement, led reductions in mortality and morbidity by establishing public health and epidemiology programmes on the front during the Crimean War (Bolan & Ogbolu 2020:37). The worldwide celebration of the Year of the Nurse and the Midwife boosts innovative efforts by academic nursing schools to change the potentials to disrupt narratives that perpetuate negative perspective and to replace them with counter-narratives that elevate, motivate and empower the past, present and future professionals in today and tomorrow's world to benefit the health care delivery systems everywhere.

To enhance the nurse educators' teaching skills in using storytelling, it is important for nurse educators to develop a "Story Bank" of educators' stories of the people they assess, and the procedures they implement and evaluate during care of mother and baby.

In conclusion, the use of storytelling in midwifery education and practice could play a significant role in providing safe and competent care, therefore enhancing safe motherhood and benefiting families, communities, nations, and everyone around the world.

"Birth is a story of Beginning …
Death is a story of Ending …
In between what happens … becomes the story of life when it is told."
(Sindhu Ramalingam, Researcher)

"Stories that touched our heart never die even when the storyteller is not with us."
(Sindhu Ramalingam, Researcher)

"The teacher can challenge students with questions
Students can challenge teacher with questions but
Each reality story can challenge students' critical thinking skills to move forward …"
(Sindhu Ramalingam, Researcher)

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ANNEXURES

ANNEXURE A: Ethical clearance certificate from UNISA

UNISA university of south africa

RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES

REC-012714-039 (NHERC)

15 February 2017

HSHDC/633/2017
MS S Ramalingam
Student: 5856-362-8
Supervisor: Prof GH van Rensburg
Qualification: D Litt et Phil
Joint Supervisor: -

Dear MS S Ramalingam

Decision: Ethics Approval

Name: MS S Ramalingam

Proposal: Storytelling: An innovative educational strategy for teaching midwives in Uganda.

Qualification: DPCHS04

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

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on 15 February 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.*

Open Rubric

NATIONAL HIV&AIDS RES. COMMITTEE APPROVED VALID UNTIL 09 JUN 2018 P. O. BOX 6884 KAMPALA UGANDA

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

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

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

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

Kind regards,

Prof L Roets
CHAIRPERSON
roetsl@unisa.ac.za

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

NATIONAL HIV/AIDS RES. COMMITTEE
APPROVED
VALID UNTIL
09 JUN 2018
P. O. BOX 6884 KAMPALA
UGANDA

ANNEXURE B1: Recommendation letters and permission requested from National HIV/AIDS Research Committee/Uganda National Council for Science and Technology to conduct research

THE AGA KHAN UNIVERSITY

March 15th 2017

The Chairman,
National HIV/AIDS Research Committee,
Uganda National Council for Science and Technology
Plot 6, Kimera Road, Ntinda
P.O Box 6884, **Kampala**

Reference: Recommendation Letter for Sindhu Ramalingam.

Greetings,

Assistant Professor Sindhu Ramalingam is a Nurse- Midwife working at Aga Khan University School of Nursing & Midwifery, Kampala teaching our Diploma and Bachelor's Degree in Nursing & Midwifery students since April 2004 till date. Her Employee reference number is EA040079.

Assistant Professor Ramalingam is enrolled for her PhD in Nursing with University of South Africa, UNISA, since 2016 March. Her student reference at UNISA is 58563628@mylife.unisa.ac.za . She is working under the supervision of Prof Gisela H Van Rensburg at vrensgh@unisa.ac.za , Department of Health Studies, UNISA & Prof Grace Edwards at grace.edwards@aku.edu as the In-country supervisor, from Uganda Campus, Aga Khan University School of Nursing & Midwifery.

Her proposal title is "Storytelling: An innovation education strategy for teaching midwives in Uganda". Ethical approval was granted by the Research and Ethics committee of the Department of Health Studies at UNISA. Her UNISA Ethics Clearance Number: HSHSC/633/2017 (REC-012714-039 NHERC). Please find the attached the full proposal, the ethical clearance certificate of UNISA and the ethical approval documentation from the Research and Scientific Committee of Health Science department.

I am writing this letter to introduce her to the NARC, REC for the guidance needed to successfully obtain country ethical approval, which will enable her to conduct her study.

Thanking You.

Yours Sincerely,

.....
Mr. Joseph Mwizerwa
Academic Head, *School of Nursing & Midwifery*

THE AGA KHAN UNIVERSITY

March 15th 2017

The Chairman
National HIV/AIDS Research Committee,
Uganda National Council for Science and Technology
Plot 6, Kimera Road, Ntinda,
PO Box 6884, **Kampala, Uganda**.

Reference: Request for Permission for Ethical Clearance

Respected Sir,

I am Mrs. Sindhu Ramalingam, Nurse-Midwife by Profession. I am working as Assistant Professor at Aga Khan University School of Nursing & Midwifery, Kampala, Uganda, teaching Diploma and Bachelor's Degree in Nursing & Midwifery students since April 2004 till date. My employee number is EA040079, sindhu.ramalingam@aku.edu

Currently I have enrolled for my PhD in Nursing with University of South Africa UNISA in 2016 March. My student ID is 58563628@mylife.unisa.ac.za. I got my ethical approval from Research Ethics Committee: Department of Health Studies on 15th Feb 2017. My ethical clearance number from UNISA (REC-012714-039 NHREC) (HSHDC/633/2017).

My topic for my study is "Storytelling: An innovative educational strategy for teaching midwives in Uganda". I developed this interest in this topic based on my experiences of teaching my students.

I am applying to NARC, REC for the guidance needed to successfully obtain country ethical approval, which will enable me to conduct my study.

My Primary Supervisor is Prof: GH Van Rensburg from University of South Africa, and my in country Supervisor is Professor. Grace Edwards, from Aga Khan University School of Nursing and Midwifery, Kampala, Uganda.

I have attached all the required documents as per the NARC, REC checklist as guided by Ms. Dorcas Atuhaire, REC, Administrator, NARC.

I would be extremely grateful for your help through this process to enable me to successfully conduct this innovative teaching & learning methodology in nursing & midwifery education in Uganda.

Thanking You.

Yours Sincerely,

(Mrs. Sindhu Ramalingam)
PhD Nursing Student, University of South Africa, UNISA.
UNISA Student Number: 58563628

THE AGA KHAN UNIVERSITY

July 17[th] 2017

The Executive Secretary,
Uganda National Council for Science and Technology
Plot 6, Kimera Road, Ntinda
P.O Box 6884, **Kampala**

Reference: Recommendation Letter for Sindhu Ramalingam.

Greetings,

Assistant Professor Sindhu Ramalingam is a Nurse- Midwife working at Aga Khan University School of Nursing & Midwifery, Kampala teaching our Diploma and Bachelor's Degree in Nursing & Midwifery students since April 2004 till date. Her Employee reference number is EA040079.

Assistant Professor Ramalingam is enrolled for her PhD in Nursing with University of South Africa, UNISA, since 2016 March. Her student reference at UNISA is 58563628@mylife.unisa.ac.za . She is working under the supervision of Prof Gisela H Van Rensburg at vrensgh@unisa.ac.za , Department of Health Studies, UNISA & Prof Grace Edwards at grace.edwards@aku.edu as the In-country supervisor, from Uganda Campus, Aga Khan University School of Nursing & Midwifery.

Her proposal title is "Storytelling: An innovation education strategy for teaching midwives in Uganda". Ethical approval was granted by the Research and Ethics committee of the Department of Health Studies at UNISA. Her UNISA Ethics Clearance Number: HSHSC/633/2017 (REC-012714-039 NHERC). Please find the attached the full proposal, the ethical clearance certificate of UNISA and the ethical approval documentation from the Research and Scientific Committee of Health Science department. Also Ethical approval was granted from internal research ethics committee, Uganda, from National HIV/AIDS Research Committee (ARC 201) issued on 07[th] July 2017 with a valid period until 09[th] June 2018.

I am writing this letter to introduce her to the UNCST for the guidance needed to successfully obtain country ethical approval, which will enable her to conduct her study.

Thanking You,

Yours Sincerely,

Mr. Joseph Mwizerwa
Academic Head, *School of Nursing & Midwifery*

[illegible] Road P.O. Box [illegible], Kampala, Uganda
Telephone [illegible] Fax [illegible] E-mail [illegible]
Website [illegible]

THE AGA KHAN UNIVERSITY

July 18th 2017

The Executive Secretary,
Uganda National Council for Science and Technology
Plot 6, Kimera Road, Ntinda,
Po Box: 6884, Kampala, Uganda.

Reference: Request for Final Ethical Clearance

Respected Sir,

I am Mrs. Sindhu Ramalingam, Nurse-Midwife by Profession. I am working as Assistant Professor at Aga Khan University School of Nursing & Midwifery, Kampala, Uganda, teaching Diploma and Bachelor's Degree in Nursing & Midwifery students since April 2004 till date. My employee number is EA040079, sindhu.ramalingam@aku.edu

Currently I have enrolled for my PhD in Nursing with University of South Africa UNISA in 2016 March. My student ID is 58563628@mylife.unisa.ac.za. I got my ethical approval from Research Ethics Committee: Department of Health Studies on 15th Feb 2017. My ethical clearance number from UNISA (REC-012714-039 NHREC) (HSHDC/633/2017). And I got the ethical approval from internal REC, National HIV/AIDS Research Committee (NARC) on 07th July 2017(ARC 201).

My topic for my study is **"Storytelling: An innovative educational strategy for teaching midwives in Uganda"**. I developed this interest in this topic based on my experiences of teaching my students.

My Primary Supervisor is Prof: GH Van Rensburg from University of South Africa, and my in country Supervisor is Professor. Grace Edwards, from Aga Khan University School of Nursing and Midwifery, Kampala, Uganda.

I am applying for the final ethical clearance from UNCST.
I have attached all the required documents as per the UNCST ethical approval checklist as instructed in UNCST website.
I would be extremely grateful for your help through this process to enable me to successfully conduct this innovative teaching & learning methodology in nursing & midwifery education in Uganda.

Thanking You.

Yours Sincerely,

(Mrs. Sindhu Ramalingam)
PhD Nursing Student, University of South Africa, UNISA.
UNISA Student Number: 58563628

Colonel Muammar Gaddafi Road P.O. Box 8842, Kampala, Uganda.
Telephone: 256 41 349494, 349307 Fax: 256 41 349303 E-mail: info@aku.ac.ug
Website: www.aku.edu

ANNEXURE B2: Permission granted from Uganda National Council for Science and Technology to conduct research

Uganda National Council for Science and Technology

(Established by Act of Parliament of the Republic of Uganda)

UNCST

Our Ref: SS 4364

6th October 2017

Assist. Prof. Ramalingam Sindhu
Principal Investigator
Aga Khan University School of Nursing & Midwifery
Kampala

Dear Assist. Prof. Ramalingam,

Re: Research Approval: **Storytelling: An Innovative Educational Strategy for Teaching Midwives in Uganda**

I am pleased to inform you that on **25/07/2017**, the Uganda National Council for Science and Technology (UNCST) approved the above referenced research project. The Approval of the research project is for the period of **25/07/2017** to **25/07/2020**.

Your research registration number with the UNCST is **SS 4364**. Please, cite this number in all your future correspondences with UNCST in respect of the above research project.

As Principal Investigator of the research project, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the research.
2. Changes, amendments, and addenda to the research protocol or the consent form (where applicable) must be submitted to the designated Research Ethics Committee (REC) or Lead Agency for re-review and approval **prior** to the activation of the changes. UNCST must be notified of the approved changes within five working days.
3. For clinical trials, all serious adverse events must be reported promptly to the designated local IRC for review with copies to the National Drug Authority.
4. Unanticipated problems involving risks to research subjects/participants or other must be reported promptly to the UNCST. New information that becomes available which could change the risk/benefit ratio must be submitted promptly for UNCST review.
5. Only approved study procedures are to be implemented. The UNCST may conduct impromptu audits of all study records.
6. An annual progress report and approval letter of continuation from the REC must be submitted electronically to UNCST. Failure to do so may result in termination of the research project.

Below is a list of documents approved with this application:

	Document Title	Language	Version	Version Date
1.	Research proposal	English	N/A	N/A
2.	Informed consent form (Phase I)	English	N/A	N/A
3.	Data collection instrument (Phase I)	English and Luganda	N/A	N/A
4.	Informed consent form (Phase II)	English and Luganda	N/A	N/A
5.	Data collection instrument (Phase II)	English and Luganda	N/A	N/A

Yours sincerely,

Isaac Makhuwa
for: Executive Secretary
UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

Copied to: Chair, National HIV/AIDS Research Committee

LOCATION/CORRESPONDENCE

Plot 6 Kimera Road, Ntinda
P. O. Box 6884
KAMPALA, UGANDA

COMMUNICATION

TEL: (256) 414 705500
FAX: (256) 414-234579
EMAIL: info@uncst.go.ug
WEBSITE: http://www.uncst.go.ug

ANNEXURE C: Study site permission letter UNISA format

UNISA

Request for permission to conduct research at Aga Khan University School of Nursing and Midwifery, Kampala, Uganda.

Title: Storytelling: An innovative educational strategy for teaching midwives in Uganda

30/August/2017

Mrs. Ramalingam Sindhu
P.O. Box 9942/ Plot (9/11)/Kampala/Uganda
Aga Khan University, School of Nursing and Midwifery
Tel: +256-751-852-805; +256-712-852-805;
Email: sindhu.ramalingam@aku.edu

Dear Professor Sharon Brownie,

As you are aware, I am a PhD student studying at the University in South Africa (UNISA) under the supervision of Prof Gisela H van Rensburg, Department of Health Studies, UNISA. I am requesting permission to conduct the study entitled "Storytelling: An innovative educational strategy for teaching midwives in Uganda at the Aga Khan University, School of Nursing and Midwifery.

The aim of the study is to investigate the use of storytelling as an innovative teaching strategy in order to develop an educational package for the midwifery curriculum in Uganda.

The Aga Khan University, Uganda Campus has been selected because of the nature of the Post RM BSc Midwifery programme, which is a work-study programme. The participants are experienced midwifes with Diploma background who are currently working at different settings in the country. The intention is to recruit final year midwifery students to explore their experiences of obstetric emergencies using reflective journals. These reflections will be used to develop an educational package using storytelling as an innovative approach. Confidentiality of the students will be assured and they will only be recruited after informed consent has been obtained.

Ethical approval was granted by the Research and Ethics committee of the Department of Health Studies at UNISA & UNCST. Please find the attached the full proposal, the ethical clearance certificate of UNISA and the ethical approval documentation from the Research and Scientific Committee of Health Science department & Uganda National Council for Science & Technology (UNCST). Feedback procedure will entail submission of the printed copy of the thesis for the library reference will be submitted by the researcher after the successful completion of the programme by the researcher.

Should you wish to communicate with the supervisor about any matters related to the study, you may contact Prof GH van Rensburg at vrensgh@unisa.ac.za. Alternatively

you may contact the Chairperson of the Research Ethics Committee of the Department of Health Studies at Unisa at mambe@unisa.ac.za

You may also contact Dr G Edwards (+256-781050124, grace.edwards@aku.edu) the local support person at the Aga Khan University School of Nursing and Midwifery, Uganda. In addition you may contact Dr EK Mbidde, Chairperson of the National HIV/AIDS Research Committee (+256414-705527, ekmbidde@uvri.go.ug) or the Head Office of this committee at the National Council of Science and Technology, Plot 6, Kimera Road, Ntinda, Po. Box 6884, if you have any ethical concerns.

Yours sincerely

Mrs. Ramalingam Sindhu
PhD in Nursing Student, UNISA
UNISA student Number: 58563628

CC: Mr. Joseph Mwizerwa (Academic Head, AKUSoNaM, Uganda Campus)

ANNEXURE D: Phase I subphase 1: Integrative review documents

IMPACT FACTOR OF INTEGRATIVE LITERATURE REVIEW JOURNALS

Journal	Impact factor	Number of studies	Serial number in Annexure Table (3.7)
Literacy	1.107	1	A1
British Journal of Midwifery	0.222	1	A2
Nurse Education in Practice	2.281	3	A3, A4, A10
Journal of Negative and No Positive Results	0.150	1	A6
Cogent Education	1.24	1	A7
Journal of Midwifery	1.88	2	A8, A9
Nursing New Zealand	0.03	1	A11
Journal of Neuroscience	5.674	1	A12
Research in Pedagogy	4.667	1	A13
Journal of Leadership Education	1.45	1	A14
Doctoral Thesis (West Virginia University)	N/A	1	A5

CASP QUALITATIVE REVIEW CHECKLIST

No	Authors	1	2	3	4	5	6	7	8	9	10	Quality rating
A1	Facer, K.	Y	Y	Y	CT	Y	CT	CT	Y	Y	Y	Moderate
A2	Weston, R	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
A4	Wood, PJ	Y	Y	Y	Y	Y	CT	Y	CT	Y	Y	High
A5	Toni Morris (qualitative	Y	Y	Y	Y	Y	CT	Y	Y	Y	Y	High
A7	Bano et al	Y	Y	Y	Y	Y	CT	Y	Y	Y	Y	High
A8	Weston, R	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
A9	Gould, J	Y	Y	CT	CT	Y	CT	CT	CT	Y	Y	Weak
A10	Gidman, J	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
A11	McHaffie, J	Y	N	N	N	N	N	CT	Y	Y	Y	Weak
A12	Suzuki et al, WA	Y	Y	Y	Y	Y	CT	CT	Y	N	Y	Moderate
A13	Ukwuoma, CU	Y	Y	CT	Y	Y	Y	CT	CT	Y	Y	Moderate
A14	Cleverley-Thompson, S	Y	Y	Y	Y	Y	CT	CT	Y	Y	Y	High

Based on CASP (2020) criteria for qualitative studies

1 Was there a clear statement of the aims of the research?

2 Is a qualitative methodology appropriate?

3 Was the research design appropriate to address the aims of the research?

4 Was the recruitment strategy appropriate to the aims of the research?

5 Was the data collected in a way that addressed the research issue?

6 Has the relationship between researcher and participants been adequately considered?

7 Have ethical issues been taken into consideration?

8 Was the data analysis sufficiently rigorous?

9 Is there a clear statement of the findings?

10 How valuable is the research? (Y Yes, N No, Can’t Tell CT)

CASP SYSTEMATIC REVIEW CHECKLIST

No	Authors	1	2	3	4	5	6	7	8	9	10	Quality rating
A3	Timpan et al	Y	Y	Y	Y	Y	Y	Y	Y	Y	CT	High
A6	Jáuregui-Lobera et al	Y	Y	Y	Y	CT	Y	CT	Y	CT	CT	Moderate

CASP criteria for qualitative studies

CASP Questions

1 Did the review address a clearly focused question?

2 Did the authors look for the right type of papers?

3 Do you think all the important, relevant studies were included?

4 Did the review's authors do enough to assess quality of the included studies?

5 If the results of the review have been combined, was it reasonable to do so?

6 What are the overall results of the review?

7 How precise are the results?

8 Can the results to be applied to the local population?

9 Were all important outcomes considered?

10 Are the benefits worth the harm and costs? (Y Yes, N No, Can't Tell CT), (scores between 6-8 (moderate) and scores between 9-10 (high)

QUALITY ASSESSMENT FOR QUANTITATIVE STUDIES (ARTICLE A5)

Criteria		Score			Quality rating
A	Selection bias	Strong 1	Moderate 2	Weak 3	Strong
B	Study design	Strong 1	Moderate 2	Weak 3	Strong
C	Confounders	Strong 1	Moderate 2	Weak 3	Moderate
D	Blinding	Strong 1	Moderate 2	Weak 3	Moderate
E	Data collection method	Strong 1	Moderate 2	Weak 3	Strong
F	Withdrawals/dropouts	Strong 1	Moderate 2	Weak 3	Weak
G	Intervention integrity and data analysis	Strong 1	Moderate 2	Weak 3	Strong

ANNEXURE E: Phase I subphase 2: Research instrument/consent form

UNISA university of south africa

INFORMED CONSENT FORM (PHASE I)

Ethics clearance reference number: REC-012714-039(NHERC) HSHDC/633/2017
Research permission reference number (Aga Khan University):

Date: ____/____/2017

Title: **Storytelling: An innovative educational strategy for teaching midwives in Uganda.**

Dear Colleague

I, Mrs. S Ramalingam, am currently a PhD student at UNISA, Department of Health studies. You are invited to participate in a study entitled as **"Storytelling: An innovative educational strategy for teaching midwives in Uganda"** The supervisor for this study is Prof GH van Rensburg (vrensgh@unisa.ac.za) and Prof G Edwards (grace.edwards@aku.edu) is the local support person for the study. This study has been approved by the Ethics Committees of the University of South Africa and Aga Khan University.

WHAT IS THE PURPOSE OF THE STUDY?
The purpose of this study is to investigate the use of storytelling as an innovative teaching strategy for student midwives.

WHY AM I BEING INVITED TO PARTICIPATE?
The study aims to capture the reflections of midwives who have direct experience of handling obstetric emergencies. As an experienced midwife completing a bachelor's degree your contribution would be greatly appreciated.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?
You will be asked to complete a reflective journal that you have already used during your bachelors programme. This journal will record your thoughts about your participation in dealing with obstetric emergencies. Written guidance for completing this journal will be provided and the reflection may be left in a sealed box provided by the researcher.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?
Yes, you may withdraw from the study at any time without any penalties whatsoever.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?
Your experience will contribute to the development of an education package for midwives.

NATIONAL HIV/AIDS RES. COMMITTEE
APPROVED
VALID UNTIL
09 JUN 2018
P. O. BOX 6884 KAMPALA
UGANDA

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

Ethics committee, Dr A Lakhani, (amyn.lakhani@aku.edu) if you have any ethical concerns.

Thank you for taking time to read this information sheet and for participating in this study.

Thanking you in advance for your assistance and valuable time.

Yours sincerely,

_____

Sindhu Ramalingam, UNISA student number: 58563628

Consent by the participant:

By signing below, I..... agree to take part in the study as described above.

I declare that:

- I have read and understand the information above.
- I understand that my decision to take part in this study is voluntary and that I may withdraw at any given time without any penalties whatsoever.
- I will complete the reflective journal as discussed

Signed at (place).....on (date).....2017.

Signature of participant.....

Signature of Researcher.....

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

Dear Participant,

These are the guidelines for writing your experiences in the form of a reflective essay in managing a mother with postpartum haemorrhage which is an obstetric emergency. You are familiar with this method of reflecting as it has been used in your course. Please use the following guidelines to elaborate on your experiences in detail.

The completed essay should be placed in the sealed box provided in the Midwifery class room at the Aga Khan University Campus.

Thank you for your time and interest in sharing your experiences through reflective essays.

You could use the following as a guideline to write your essay:

1) **Description:**
   - ✓ Describe a critical incident. It could be something that stands out for you e.g. a positive or negative incident presented by a patient, his/ her family, or the health team.
   - ✓ What and where it happed (time of the day, location and social context).
   - ✓ What actually happened (who said and did what?)
   - ✓ What were your thoughts and feelings during or after the incident?
2) **Evaluation:**
   - ✓ Why did this incident stand out?
   - ✓ What was going on?
   - ✓ Were their different level of behavior and activity?
   - ✓ Did you bring a personal bias/ experiences or a particular mind-set to the event?
3) **Analysis:**
   - ✓ Identify and challenge assumptions?
   - ✓ Could I have interpreted this event differently from another point of view?

- ✓ Could I challenge the importance of the context?

4) **Conclusion**:
   - ✓ What I can learn from this episode?
   - ✓ What I can do to progress a resolution of the problems
   - ✓ Could I explore alternatives?

Thank you for your participation and submission of your experiences to the researcher.

Ramalingam Sindhu

(Student Number: 58563628)

Adapted from:

Aga Khan University School of Nursing and Midwifery BSc M Programme Karachi, Pakistan campus.

Gibb, G. (1988). Model of reflection from Learning by doing: A guide to teaching & learning methods. Oxford Books University.

ANNEXURE F: Phase II: Information leaflet and informed consent form

UNISA university of south africa

INFORMED CONSENT FORM (PHASE II)

Ethics clearance reference number: REC-012714-039(NHERC) HSHDC/633/2017
Research permission reference number (Aga Khan University):

Date: ____/____/2017

Title: **Storytelling: An innovative educational strategy for teaching midwives in Uganda**.

Dear Colleague

I, Mrs. S Ramalingam, am currently a PhD student at UNISA, Department of Health studies. You are invited to participate in a study entitled as **"Storytelling: An innovative educational strategy for teaching midwives in Uganda"** The supervisor for this study is Prof GH van Rensburg (vrensgh@unisa.ac.za) and Prof G Edwards (grace.edwards@aku.edu) is the local support person for the study. This study has been approved by the Ethics Committees of the University of South Africa and Aga Khan University.

WHAT IS THE PURPOSE OF THE STUDY?
The purpose of this study is to investigate the use of storytelling as an innovative teaching strategy for student midwives.

WHY AM I BEING INVITED TO PARTICIPATE?
The study aims to capture the reflections of midwives who have direct experience of handling obstetric emergencies. As an experienced educator in midwifery your contribution would be greatly appreciated.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?
You will be asked to assess the completed reflective essays that the students have written. These essays portray their experiences and thoughts about their participation in dealing with obstetric emergencies. Written guidance for completing this journal was provided to the students.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?
Yes, you may withdraw from the study at any time without any penalties whatsoever.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?
Your experience will contribute to the development of an education package for midwives.

NATIONAL HIV/AIDS RES. COMMITTEE
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www.unisa.ac.za

ARE THEIR ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?
No negative consequences are envisaged.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?
All participant data will be linked to a unique code to ensure that anonymity is maintained. The researcher will store all the collected data in a secure place ensuring access only to the research team, thereby maintaining confidentiality. The identity of participants will not be revealed in the study results.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?
Hard copies of your assessment of the reflective essays will be stored by the researcher for a minimum period of five years in a locked cupboard/filing cabinet at the university research department for future research or academic purposes. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. Hard copies will be shredded after the five years and it will be permanently deleted from the hard drive of the computer through the use of a relevant software programme.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?
Participants will be provided with refreshments.

HAS THE STUDY RECEIVED ETHICS APPROVAL
This study has been approved by the Research Ethics Review Committee of Unisa. A copy of the approval letter can be obtained from the researcher if you so wish. Should you require any further information or want to contact the researcher about any aspect of this study, please contact Ramalingam Sindhu Aga Khan University School of Nursing and Midwifery, Kampala, by email, sindhu.ramu@gmail.com, or telephone: +256-414349494., Fax: +256-414-349303.

Should you have concerns about the way in which the research has been conducted, you may contact Prof GH van Rensburg (+2712429651, vrensgh@unisa.ac.za) or Prof JE Maritz, Chairperson of the Research Ethics Committee of the Department of Health Studies at Unisa (maritje@unisa.ac.za).

You may also contact Dr G Edwards (+256-781050124, grace.edwards@aku.edu) the local support person at the Aga Khan University School of Nursing and Midwifery, Uganda. In addition you may contact Dr EK Mbidde, Chairperson of the National HIV/AIDS Research Committee (+256414-705527, ekmbidde@uvri.go.ug) or the Head Office of this committee at the National Council of Science and Technology, Plot 6, Kimera Road, Ntinda, Po: Box 6884, or the Chairperson of the Aga Khan University Ethics committee, Dr A Lakhani, (amyn.lakhani@aku.edu) if you have any ethical concerns.

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

Thank you for taking time to read this information sheet and for participating in this study.

Thanking you in advance for your assistance and valuable time.

Yours sincerely,

_____

Sindhu Ramalingam, UNISA student number: 58563628

Consent by the participant:

By signing below, I..... agree to take part in the study as described above.

I declare that:

- I have read and understand the information above.
- I understand that my decision to take part in this study is voluntary and that I may withdraw at any given time without any penalties whatsoever.
- I will assess the completed narrative essays and participate in the discussion as requested.

Signed at (place).....on (date).....2017.

Signature of participant.....

Signature of Researcher.....

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

PHASE II: DATA COLLECTION INSTRUMENT

Dear Participant,

Could you please assess the narrative essays for style, navigability and accuracy (Kirk et al 2013:521) based on the criteria provided to the students. The assessment will contribute to validating and selecting the best stories that will be used in the development of the innovative education strategy on storytelling.

Below are the guidelines that were provided to the students for writing their experiences in the form of a reflective essay in managing a mother with postpartum haemorrhage which is an obstetric emergency.

1) **Description:**
   - ✓ Describe a critical incident. It could be something that stands out for you e.g. a positive or negative incident presented by a patient, his/ her family, or the health team.
   - ✓ What and where it happed (time of the day, location and social context).
   - ✓ What actually happened (who said and did what?)
   - ✓ What were your thoughts and feelings during or after the incident?
2) **Evaluation:**
   - ✓ Why did this incident stand out?
   - ✓ What was going on?
   - ✓ Were their different level of behavior and activity?
   - ✓ Did you bring a personal bias/ experiences or a particular mind-set to the event?
3) **Analysis:**
   - ✓ Identify and challenge assumptions?
   - ✓ Could I have interpreted this event differently from another point of view?
   - ✓ Could I challenge the importance of the context?
4) **Conclusion**:
   - ✓ What I can learn from this episode?
   - ✓ What I can do to progress a resolution of the problems
   - ✓ Could I explore alternatives?

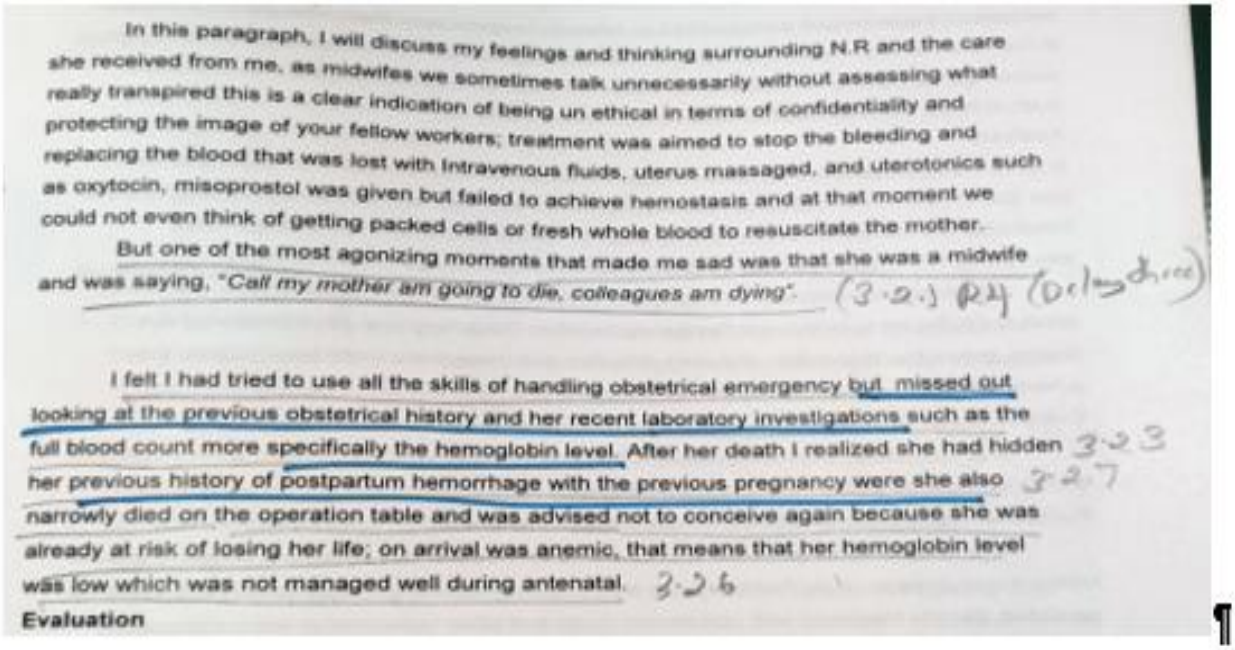
Thank you for your participation.

Ramalingam Sindhu
(Student Number: 58563628)

Criteria adapted from:
Aga Khan University School of Nursing and Midwifery BSc M Programme Karachi, Pakistan campus.
Gibb, G. (1988). Model of reflection from Learning by doing: A guide to teaching & learning methods. Oxford Books University.

EXCERPTS OF THE DATA ANALYSIS OF THE STORIES

Extracts of (R4) Analysis data

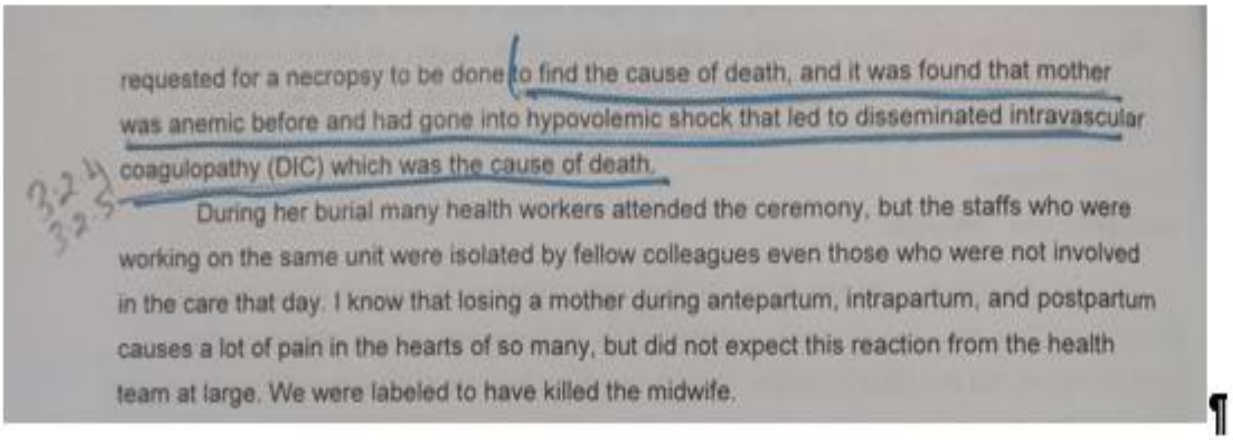


In this paragraph, I will discuss my feelings and thinking surrounding N.R and the care she received from me, as midwifes we sometimes talk unnecessarily without assessing what really transpired this is a clear indication of being un ethical in terms of confidentiality and protecting the image of your fellow workers; treatment was aimed to stop the bleeding and replacing the blood that was lost with Intravenous fluids, uterus massaged, and uterotonics such as oxytocin, misoprostol was given but failed to achieve hemostasis and at that moment we could not even think of getting packed cells or fresh whole blood to resuscitate the mother.

But one of the most agonizing moments that made me sad was that she was a midwife and was saying, *"Call my mother am going to die, colleagues am dying"*.

I felt I had tried to use all the skills of handling obstetrical emergency but missed out looking at the previous obstetrical history and her recent laboratory investigations such as the full blood count more specifically the hemoglobin level. After her death I realized she had hidden her previous history of postpartum hemorrhage with the previous pregnancy were she also narrowly died on the operation table and was advised not to conceive again because she was already at risk of losing her life; on arrival was anemic, that means that her hemoglobin level was low which was not managed well during antenatal.

Evaluation

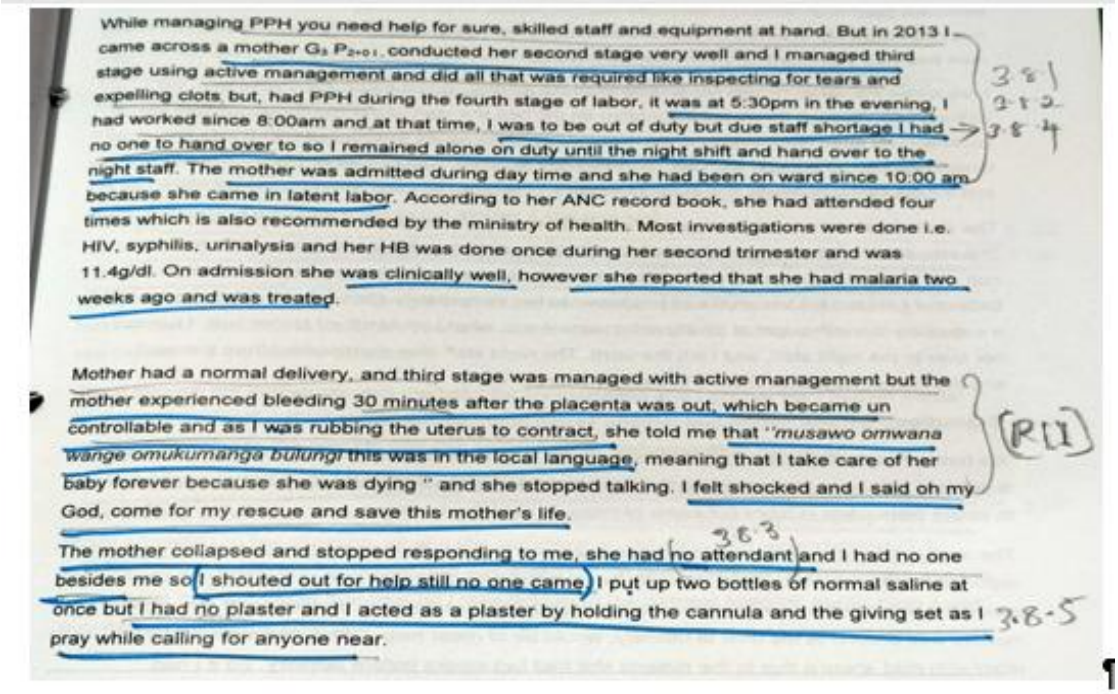


requested for a necropsy to be done to find the cause of death, and it was found that mother was anemic before and had gone into hypovolemic shock that led to disseminated intravascular coagulopathy (DIC) which was the cause of death.

During her burial many health workers attended the ceremony, but the staffs who were working on the same unit were isolated by fellow colleagues even those who were not involved in the care that day. I know that losing a mother during antepartum, intrapartum, and postpartum causes a lot of pain in the hearts of so many, but did not expect this reaction from the health team at large. We were labeled to have killed the midwife.

(STORY 1 on Delay 3)

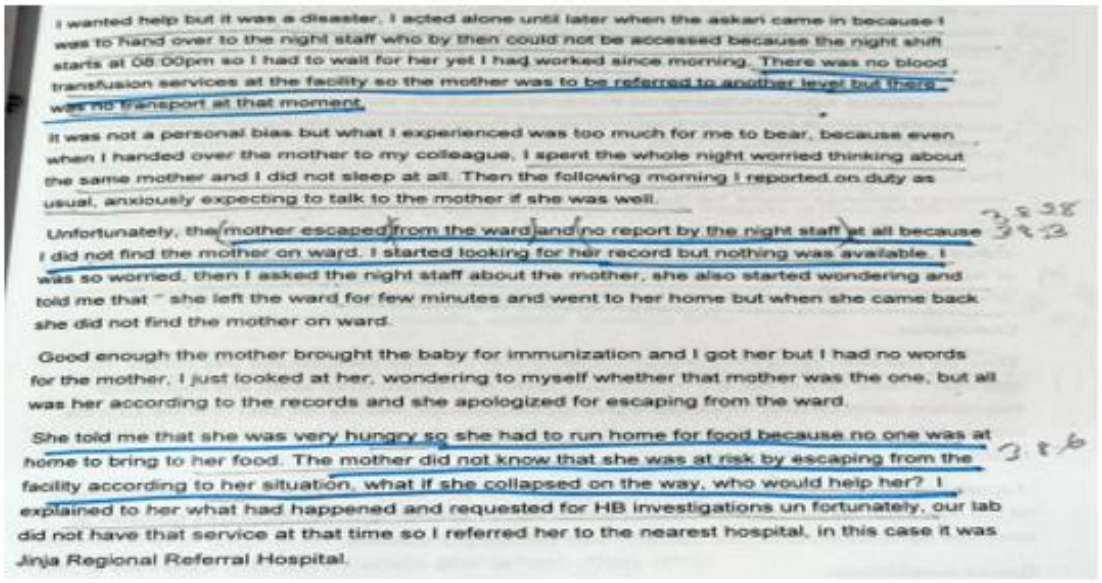
Extracts of (R11) Analysis data



While managing PPH you need help for sure, skilled staff and equipment at hand. But in 2013 I came across a mother G_3 P_{2+0+1}, conducted her second stage very well and I managed third stage using active management and did all that was required like inspecting for tears and expelling clots but, had PPH during the fourth stage of labor, it was at 5:30pm in the evening, I had worked since 8:00am and at that time, I was to be out of duty but due staff shortage I had no one to hand over to so I remained alone on duty until the night shift and hand over to the night staff. The mother was admitted during day time and she had been on ward since 10:00 am because she came in latent labor. According to her ANC record book, she had attended four times which is also recommended by the ministry of health. Most investigations were done i.e. HIV, syphilis, urinalysis and her HB was done once during her second trimester and was 11.4g/dl. On admission she was clinically well, however she reported that she had malaria two weeks ago and was treated.

Mother had a normal delivery, and third stage was managed with active management but the mother experienced bleeding 30 minutes after the placenta was out, which became un controllable and as I was rubbing the uterus to contract, she told me that "*musawo omwana wange omukumanga bulungi* this was in the local language, meaning that I take care of her baby forever because she was dying " and she stopped talking. I felt shocked and I said oh my God, come for my rescue and save this mother's life.

The mother collapsed and stopped responding to me, she had no attendant and I had no one besides me so I shouted out for help still no one came, I put up two bottles of normal saline at once but I had no plaster and I acted as a plaster by holding the cannula and the giving set as I pray while calling for anyone near.



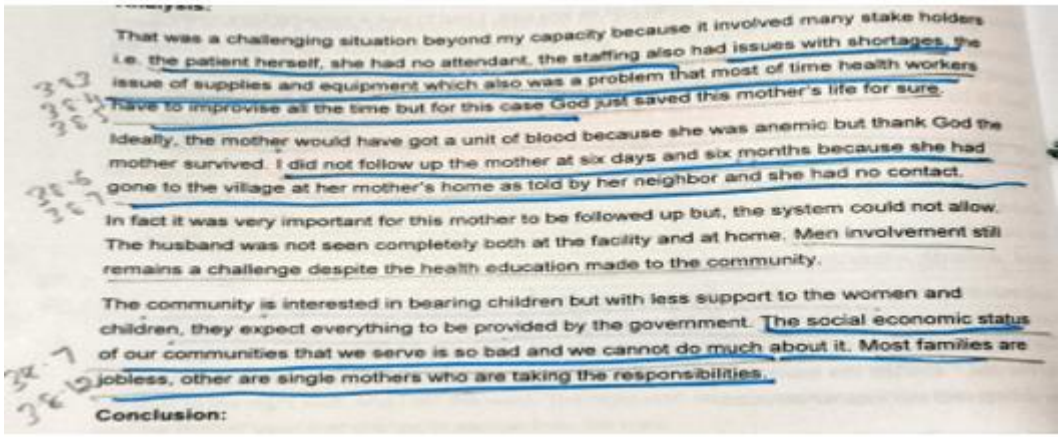
I wanted help but it was a disaster, I acted alone until later when the askari came in because I was to hand over to the night staff who by then could not be accessed because the night shift starts at 08:00pm so I had to wait for her yet I had worked since morning. There was no blood transfusion services at the facility so the mother was to be referred to another level but there was no transport at that moment.

It was not a personal bias but what I experienced was too much for me to bear, because even when I handed over the mother to my colleague, I spent the whole night worried thinking about the same mother and I did not sleep at all. Then the following morning I reported on duty as usual, anxiously expecting to talk to the mother if she was well.

Unfortunately, the mother escaped from the ward and no report by the night staff at all because I did not find the mother on ward. I started looking for her record but nothing was available. I was so worried, then I asked the night staff about the mother, she also started wondering and told me that " she left the ward for few minutes and went to her home but when she came back she did not find the mother on ward.

Good enough the mother brought the baby for immunization and I got her but I had no words for the mother, I just looked at her, wondering to myself whether that mother was the one, but all was her according to the records and she apologized for escaping from the ward.

She told me that she was very hungry so she had to run home for food because no one was at home to bring to her food. The mother did not know that she was at risk by escaping from the facility according to her situation, what if she collapsed on the way, who would help her? I explained to her what had happened and requested for HB investigations un fortunately, our lab did not have that service at that time so I referred her to the nearest hospital, in this case it was Jinja Regional Referral Hospital.



That was a challenging situation beyond my capacity because it involved many stake holders i.e. the patient herself, she had no attendant, the staffing also had issues with shortages, the issue of supplies and equipment which also was a problem that most of time health workers have to improvise all the time but for this case God just saved this mother's life for sure.

Ideally, the mother would have got a unit of blood because she was anemic but thank God the mother survived. I did not follow up the mother at six days and six months because she had gone to the village at her mother's home as told by her neighbor and she had no contact.

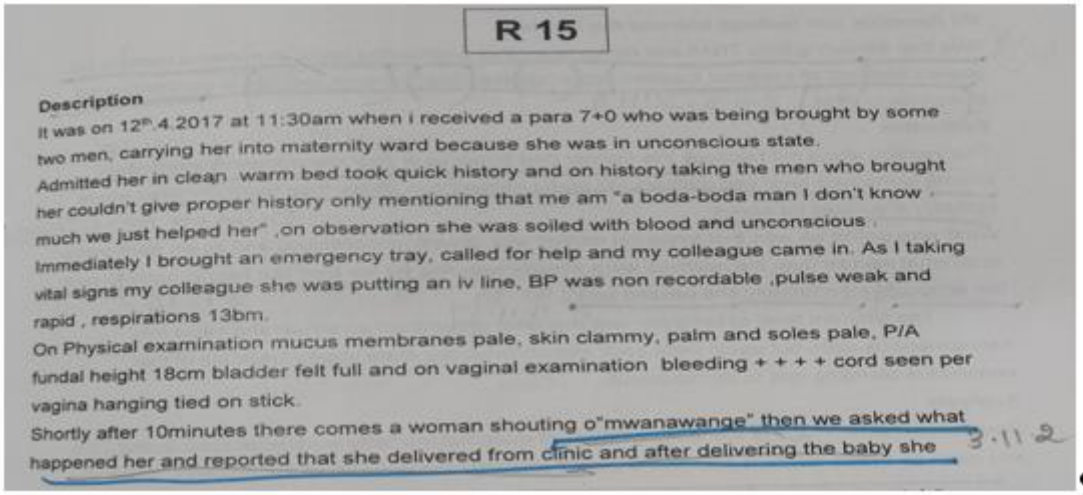
In fact it was very important for this mother to be followed up but, the system could not allow. The husband was not seen completely both at the facility and at home. Men involvement still remains a challenge despite the health education made to the community.

The community is interested in bearing children but with less support to the women and children, they expect everything to be provided by the government. The social economic status of our communities that we serve is so bad and we cannot do much about it. Most families are jobless, other are single mothers who are taking the responsibilities.

Conclusion:

(STORY 2 on Delays 1 & 3)

Extracts of (R15) Analysis data



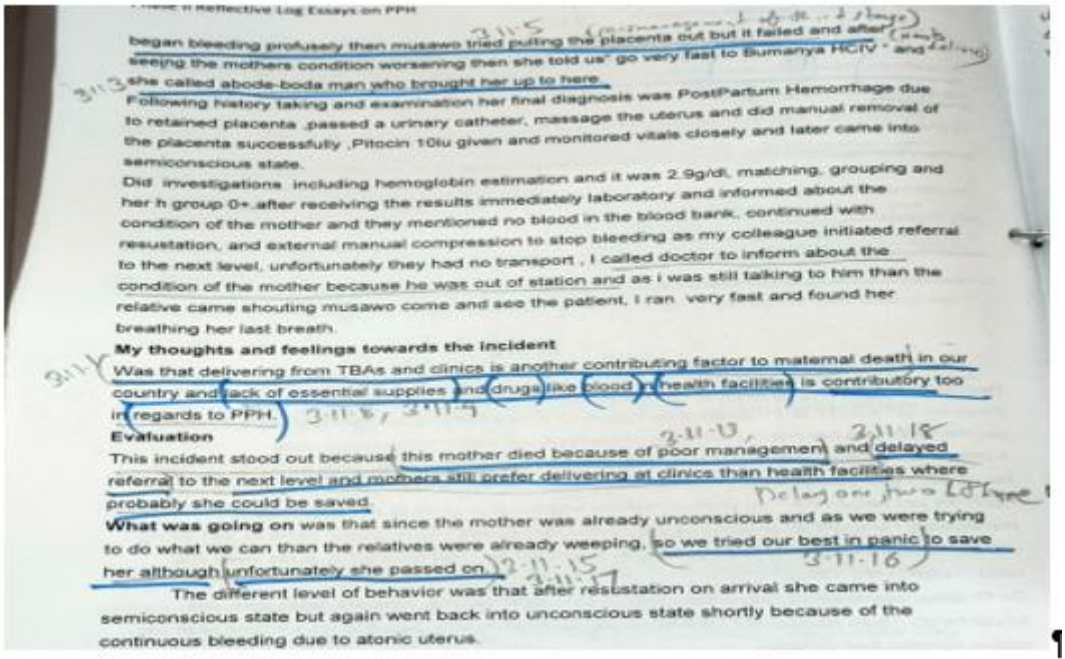
R 15

Description

It was on 12th 4.2017 at 11:30am when i received a para 7+0 who was being brought by some two men, carrying her into maternity ward because she was in unconscious state. Admitted her in clean warm bed took quick history and on history taking the men who brought her couldn't give proper history only mentioning that me am "a boda-boda man I don't know much we just helped her" ,on observation she was soiled with blood and unconscious . Immediately I brought an emergency tray, called for help and my colleague came in. As I taking vital signs my colleague she was putting an iv line, BP was non recordable ,pulse weak and rapid , respirations 13bm.

On Physical examination mucus membranes pale, skin clammy, palm and soles pale, P/A fundal height 18cm bladder felt full and on vaginal examination bleeding + + + + cord seen per vagina hanging tied on stick.

Shortly after 10minutes there comes a woman shouting o"mwanawange" then we asked what happened her and reported that she delivered from clinic and after delivering the baby she



began bleeding profusely then musawo tried pulling the placenta out but it failed and after seeing the mothers condition worsening then she told us" go very fast to Bumanya HCIV " and she called aboda-boda man who brought her up to here.

Following history taking and examination her final diagnosis was PostPartum Hemorrhage due to retained placenta ,passed a urinary catheter, massage the uterus and did manual removal of the placenta successfully ,Pitocin 10iu given and monitored vitals closely and later came into semiconscious state.

Did investigations including hemoglobin estimation and it was 2.9g/dl, matching, grouping and her h group O+ after receiving the results immediately laboratory and informed about the condition of the mother and they mentioned no blood in the blood bank, continued with resustation, and external manual compression to stop bleeding as my colleague initiated referral to the next level, unfortunately they had no transport , I called doctor to inform about the condition of the mother because he was out of station and as i was still talking to him than the relative came shouting musawo come and see the patient, I ran very fast and found her breathing her last breath.

My thoughts and feelings towards the incident

Was that delivering from TBAs and clinics is another contributing factor to maternal death in our country and lack of essential supplies and drugs like blood in health facilities is contributory too in regards to PPH.

Evaluation

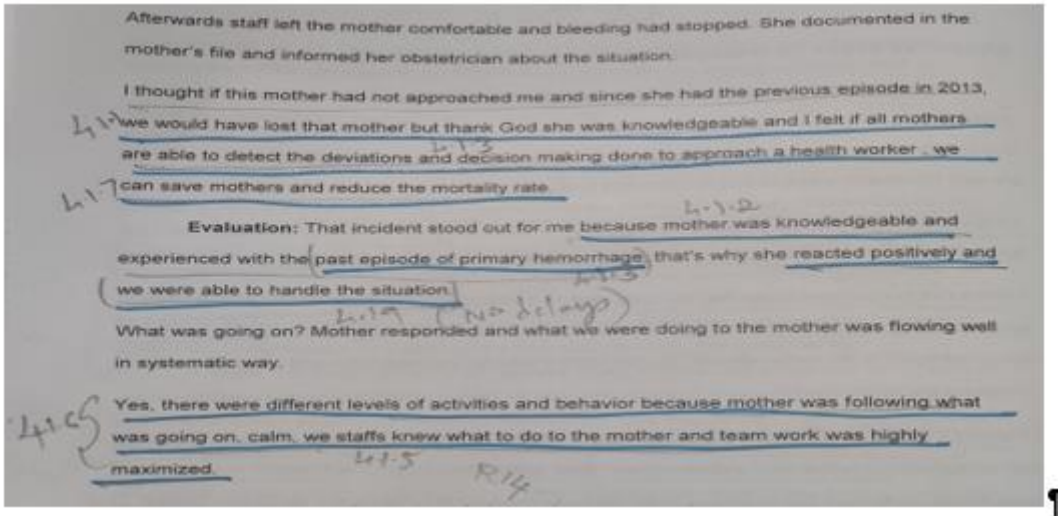
This incident stood out because this mother died because of poor management and delayed referral to the next level and mothers still prefer delivering at clinics than health facilities where probably she could be saved.

What was going on was that since the mother was already unconscious and as we were trying to do what we can than the relatives were already weeping, so we tried our best in panic to save her although unfortunately she passed on.

The different level of behavior was that after resustation on arrival she came into semiconscious state but again went back into unconscious state shortly because of the continuous bleeding due to atonic uterus.

(STORY 3 on Delays 1, 2 & 3)

Extracts of (R14) Analysis data



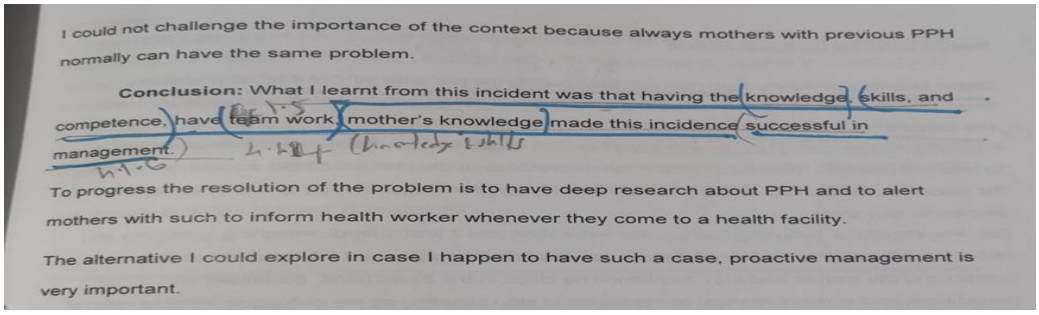
Afterwards staff left the mother comfortable and bleeding had stopped. She documented in the mother's file and informed her obstetrician about the situation.

I thought if this mother had not approached me and since she had the previous episode in 2013, we would have lost that mother but thank God she was knowledgeable and I felt if all mothers are able to detect the deviations and decision making done to approach a health worker , we can save mothers and reduce the mortality rate.

Evaluation: That incident stood out for me because mother was knowledgeable and experienced with the past episode of primary hemorrhage, that's why she reacted positively and we were able to handle the situation.

What was going on? Mother responded and what we were doing to the mother was flowing well in systematic way.

Yes, there were different levels of activities and behavior because mother was following what was going on, calm, we staffs knew what to do to the mother and team work was highly maximized.



I could not challenge the importance of the context because always mothers with previous PPH normally can have the same problem.

Conclusion: What I learnt from this incident was that having the knowledge, skills, and competence, have team work, mother's knowledge made this incidence successful in management.

To progress the resolution of the problem is to have deep research about PPH and to alert mothers with such to inform health worker whenever they come to a health facility.

The alternative I could explore in case I happen to have such a case, proactive management is very important.

(STORY 4 on No Delays)

ANNEXURE G: Summary of reflective essay validated stories

Reflective essay codes	Delay 1		Delay 2	Delay 3	Delay summary	Selection of four validated stories for developing educational package
R1			√	√	Delay 2 & 3	
R2	√		√		Delay 1 & 2	
R3				√	Delay 3	
R4				√	Delay 3	**Story 1 on Delay 3 for** *developing Innovative Storytelling educational package*
R5				√	Delay 3	
R6				√	Delay 3	
R7				√	Delay 3	
R8				√	Delay 3	
R9			√	√	Delay 2 & 3	
R10				√	Delay 3	
R11	√			√	Delay 1 & 3	**Story 2 on Delay 1 and 3 for** *developing Innovative Storytelling educational package*
R12				√	Delay 3	
R13				√	Delay 3	
R14				No Delays	No Delays	**Story 4 on No Delays for** *developing Innovative Storytelling educational package*
R15	√		√	√	Delay 1, Delay 2 & Delay 3	**Story 3 on delay 1,2 & 3 for** *developing Innovative Storytelling educational package*

ANNEXURE H: Expert review

3 Badrachalam Mudali Street
Trunk Road, Porur
Chennai- 600116
Tamilnadu
India
11th October 2021

Dear _____

REQUEST TO EVALUATE EDUCATIONAL PACKAGE ON STORYTELLING: AN INNOVATIVE EDUCATIONAL STRATEGY FOR TEACHING MIDWIVES

I, Ms S Ramalingam, am currently a PhD student in the Department of Health Studies, University of South Africa (UNISA) and presently in the final accomplishment stage of my research work. I am requesting your expert opinion on the attached educational package which is the final outcome of my research.

The attached innovative educational package on storytelling is the result of my qualitative research using an interpretative phenomenology study design. The purpose of this evaluation is to obtain your expert opinion on the newly developed innovative educational package on storytelling as teaching strategy for teaching midwives. The data were generated from Phase I of the study through exploring the experiences of the final year midwifery students in managing midwifery health care incidents through reflective essays, especially on managing the mother with one of the leading preventable conditions in obstetric emergency. It enabled the researcher in phase II of the study, to develop stories from the reflective essays that were used in the development of an innovative teaching strategy. The stories that were created from the reflective essays were validated by a group of independent midwifery experts in Phase III. An innovative educational package on storytelling was generated from the reflective essays in phase IV which aims to assist midwifery and nursing educators in utilising storytelling in their teaching.

The reason for developing the educational package is to promote Safe Motherhood. The reflective stories were focussed on the students' experience of managing postpartum haemorrhage, one of the most leading preventable conditions. This package has the potential to increase competency in managing obstetric emergencies through the use of storytelling. Using storytelling as an

educational strategy could also be adapted for teaching the management of many other medical and surgical conditions in various situations in midwifery units.

Attached is the consent letter and evaluation form, which I kindly request you to complete should you agree to participate. The review is done anonymously, and no information will be linked to your name.

This study has been approved by the Research Ethics Committee of the Department of Health Studies at UNISA (February 2017 REC-012714-039 (NHERC) HSHDC/633/2017). All procedures were conducted according to internationally accepted ethical principles.

If you have any questions, you may contact me (the researcher) at the telephone number +919003180759 (India), or send me an e-mail to sindhu.ramu@gmail.com or 58563628@mylife.unisa.ac.za . The study promoter, Prof GH van Rensburg, may be contacted during office hours at telephone (+27124296514) or via email (vrensgh@unisa.ac.za). You may also contact the Chairperson of the College of Human Sciences Research Ethics Committee through Dr K Malesa (maleskj@unisa.ac.za).

Should you agree to participate, kindly return the signed consent form together with your responses to the criteria in the evaluation form by _____. Your participation will be highly appreciated.

Thanking you in advance for your assistance and valuable time and feedback comments.

Yours sincerely

Ms Sindhu Ramalingam
RESEARCHER

INFORMED CONSENT

I hereby confirm that by signing below, I _____agree to take part in providing my expert opinion as described above.

I declare that:

- I have been adequately informed by the researcher about the nature, benefits and risks of the evaluation.
- I have also reviewed, read and understood the above written information letter and agree to take part in providing my comments after reviewing the innovative educational package on storytelling for teaching midwives.
- I am aware that the findings of the study will be anonymously processed into a research report.
- I understand that my decision to provide my expert opinion and comments for the educational package is voluntary and that I may withdraw my consent and participation in the evaluation at any stage without any prejudice.
- I had sufficient opportunity to ask questions in case of any clarifications, and of my own free declare myself prepared to evaluate the educational package.
- I will complete the evaluation form of the innovative educational package as discussed and provided by the researcher.

Participant's signature: _____ on (date) _____2021.

Researcher: Ms Sindhu Ramalingam

EXPERT EVALUATION OF EDUCATIONAL PACKAGE ON STORYTELLING: AN INNOVATIVE EDUCATIONAL STRATEGY FOR TEACHING MIDWIVES

DEMOGRAPHIC DATA

Please complete the information in the given fields with regard to your own data:

Academic credentials		
Current job title/roles (please tick)	Midwifery Scholar	
	Clinical Educator/Trainer	
	Academic Educator	
	Academic/Programme Head/Coordinator	
	Education Researcher	
	Other, please specify	
Employed at (please tick)	University	
	College	
	Clinical Facility	
	Research Division/unit	
	Other, please specify	

Please tick all that apply to the areas of expertise or interest from which perspective you would assess the innovative educational package.

Field of expertise or interest	**Expertise/interest**	**Comments (optional)**
Midwifery Expert		
Clinical Teaching Expert		
Pedagogy Expert		
Curriculum Expert		
Others (specify e.g. Professional Nurse Manager/Policy Maker)		

Indicate any other information regarding your expertise you would consider being important to this research and review.

EVALUATION FORM

EDUCATIONAL PACKAGE ON STORYTELLING: AN INNOVATIVE EDUCATIONAL STRATEGY FOR TEACHING MIDWIVES

Directions

Please indicate your responses on the following according to your view and rate the educational package according to the stated areas. Check only one number as it describes your level of agreement and feedback on each specific area.

1 = Acceptable as described
2 = Acceptable with recommended changes
3 = Not acceptable or needs major revision

Please add feedback comments if you wish to add.

S No	Criteria	1	2	3	Feedback comments from experts
A	**ORGANISATION/CLARITY**				
(i)	Using storytelling in this educational package is appropriate and regarded as an innovative teaching strategy for midwifery students.				
B	**INSTRUCTIONAL SKILLS**				
(i)	This educational package promotes critical thinking, truthful reasoning, empathy, grasping of concepts, complexity and assists in finding solutions within the realistic situation of the context.				
(ii)	Realistic contextual stories could assist with students' memories for long time and become an integral part of their midwifery practice as an outcome of this educational package.				
C	**ENTHUSIASM/ENCOURAGEMENT**				
(i)	Storytelling sessions and discussion questions could promote student enthusiasm and encouragement to learn in the classroom environment by using this educational package.				

S No	Criteria	1	2	3	Feedback comments from experts
(ii)	Storytelling session as planned in this educational package could provide enjoyable experience during the class once they grasped the teaching strategy and start taking part in active discussion.				
D	**KNOWLEDGE/UNDERSTANDING AND REMEMBERING**				
(i)	Stories in this educational package may assist deeper learning in students and help students to internalise the approach to care.				
(ii)	Selected stories in this educational package in classroom learning sessions may provoke questions that are helpful and relevant to their different areas of learning needs.				
E	**STUDENT ENGAGED LEARNING/ ANALYSIS AND SYNTHESIS**				
(i)	Using this storytelling educational package may help the educator to promote healthy discussion and active participation in class.				
(ii)	This storytelling educational package stimulates educators to use creative teaching strategies and combining it with real-life stories.				
F	**APPLICATION**				
(i)	The stories in the educational package are meaningful.				
(ii)	The stories in the educational package resemble contextual real-life stories.				
(iii)	The stories in the educational package promote innovative critical thinking skills.				
(iv)	The stories in the educational package stimulate the application of problem-solving skills.				
(v)	The stories in the educational package stimulate logical thinking and reasoning of the given situation.				

S No	Criteria	1	2	3	Feedback comments from experts
(vi)	The stories in the educational package develop rationalisation.				
(vii)	The stories in the educational package apply ethical reasoning.				
(viii)	The stories in the educational package promote application of learned knowledge and lifelong learning skills.				
(ix)	The stories in the educational package help students to make decisions to apply theory to practice within their clinical practice.				
(x)	The stories in the educational package help to stimulate the desire to perform respectful care.				
(xi)	The stories in the educational package emphasise the need and role of the father (paternal role, male involvement) in family care during the analysis, discussion and roles of decision making and influence of culture.				
(xii)	The stories in this educational package may be used as an essential tool in helping to meet the Sustainable Development Goals (SDGs).				
(xiii)	The stories in the educational package may help to build improved confidence in life saving decisions and promote teamwork.				
(xiv)	This educational package discusses the application of learned knowledge and skills in the areas of education /service /leadership, administration and management/policy making /research application.				
(xv)	The stories in the educational package will help to develop knowledge and skills in the areas of primary prevention, promotion, curative, rehabilitation, spiritual and holistic care approach during the classroom discussion questions				

S No	Criteria	1	2	3	Feedback comments from experts
G	**EVALUATION**				
(i)	Stories in the educational package help to relate and integrate each concept learned in class and its application and impact of on clinical care.				
(ii**)**	This storytelling educational package sessions will enable the student to compare and discover the different concepts learned through lectures, clinical case studies, clinical practice, projects and independent research works and midwifery electives.				

Additional comments

Thank you.

Sindhu Ramalingam

+91-9003180759

sindhu.ramu@gmail.com or 58563628@mylife.unisa.ac.za

EXPERT REVIEWER FEEDBACK ANALYSIS

Expert Reviewer (ER)	Name of the Expert Reviewer	Informed Consent Received	Edited Education package	Academic Credentials		Field of expertise or interest	Expertise/Interest	Comments	Additional Information
				Job titles/roles	Employed at				
ER 1	[redacted]	Yes	Yes	Academic Educator, Education Researcher, Senior Lecturer, Specialisation: Nursing Education, Nursing Management, Quality Assurance	Faculty of Health Sciences	Curriculum Expert	xx	xx	xxx
ER 2		Yes	xx	Academic Educator	University	Midwifery Expert	Intrapartum care	xx	I have worked in sub-Saharan Africa as a midwifery educator, and have also been involved in the development of a competency-based-in-service training curriculum for midwifery care providers in sub-Saharan Africa as part of an international research project.
ER 3		Yes	xx	Academic/Programme Head/Coordinator	College	Pedagogy Expert, Curriculum Expert	xx	xx	I am currently appointed as the Deputy Manager Research and Development at a Nursing College in Gauteng. Accreditation and curriculum development is one of the key responsibility areas. In addition, I am the Chairperson/Coordinator of both the Accreditation and Curriculum Committee. I am the main driver/coordinator for the development of the new nursing qualification (meso-curriculum development for R171, R169 and R1497). Including the development of the learning material/packages of these programmes (micro-curriculum development). I plan, coordinate and facilitate workshops on curriculum capacity development including the development of teaching and learning material/packages and the utilisation of innovative, creative student-centred teaching and learning strategies to the academic staff.

ER 4		Yes	xx	Deputy Director: Nurse Education and Training	National Department of Health South Africa	Policy Maker	xx	xx	Xxx
ER 5		Yes	Yes	Retired Principal Lecturer, Midwifery Liverpool JMU	University	Midwifery Expert	xx	xx	Xxx
ER 6		Yes	xx	Clinical Educator/Trainer	WHO/UN	Public Health Promotion	xx	xx	Xxx
ER 7		Yes	xx	Midwifery Regulator	Regulatory Council/ Ministry of Health, Uganda	Midwifery Expert, Pedagogy Expert, Policy Maker	xx	xx	Xxx
ER 8		Yes	xx	Professor, University of Washington, USA, Public Health	Health workforce development content expert	xx	xx	xx	My career has allowed me to develop expertise in health policy, rural health in the US, health workforce production and geographic distribution in the US and in developing countries, curriculum development in public health, and the intersection of health with war, public education, homelessness and incarceration. I have worked extensively in Africa, especially Uganda and Namibia on research a programming to strengthen workforce capacity. Until January 2021, I directed an MPH degree programme-Community Oriented Public Health Practice - that employs problem-based learning and focuses on social justice as a public health imperative. In 2017, I co-edited a book describing this unique experiential learning programme, experiential teaching for public health practice: Using cases in problem-based learning, published by Bentham Science Publishers. I have published in 85 journal articles and serve as a peer reviewer on several topic, including for AJPH. I'm on the leadership teams of the American Public Health Association's International Health Section and the Peace Caucus. I served as secretary of the IH Section, I founded the section's policy/advocacy committee, I co-authored

	[redacted]								the section handbook, I've also served on the APHA's publications board, and am serving on the editorial board of the American Journal of Public Health. I am secretary of the board of UW chapter of the American Association of University Professors, and serve on the nuclear weapons task force of Washington Physicians for Social Responsibility. I recently stepped down as funding member of the board of College Access Now which assists low-income high school students to go to college. I served as an elected member of the Seattle Public School Board (one term 1990 through 1993), after being elected in a city-wide in non-partisan election. I have supervised 56 MPH thesis students as chair of their committees. I've become known as a go to faculty member for projects that focus on marginalized populations or war-topics increasingly popular among students. My students have produced thesis projects with Iraqi universities, homeless encampments, Ugandan nursing schools, nursing schools in the Bahamas, unions, safe drug consumption sites across Europe, refugee camps, the Hanford nuclear reservation, Lation non-profits, school-based clinics, clinics in the West Bank (Palestine), Philippine hospitals, east African Ministries of Health, South African AIDS service agencies, homeless service organisation, prisons, nursing homes, Sudanese hospitals employing Chinese Physicians and more. My undergraduate degree in journalism is from the UW, as is my Master of Health Administration degree (1983) and my PhD in Health Service (2003).

ER 9		Yes	Yes	Chief Executive Officer (NEA) Nursing Education Association, Sessional Lecturer	X sessional, NGO	Midwifery Interest, Clinical Teaching Expert, Interest and currently doing curriculum development	Education Legislation & adverse events Professional practice Leadership and Management	Interest and currently doing curriculum development	While I will not call myself a curriculum expert, at NEA our main focus was to develop and present innovative workshops over the last 10 years of upskilling educators, including curriculum development workshops. I have always been strong advocate for storytelling as part of the educators teaching tools-for this there is no doubt that all educators must have at least five or more years of clinical experience, ie working in clinical practice. Currently as a sessional lecturer at a university we are involved with post graduate research, but also with curriculum development of an innovative and different approach to curriculum development, namely a concept curriculum. A component of this work is based on case studies or stories.
ER 10		Yes	xx	Associate Professor-Maternal and Child Health, Academic Education, Education Researcher	University	Midwifery Expert	Curriculum Expert	xx	
ER 11		Yes	xx	Trainer/Mentor for in service and student midwives both government and private	Proprietor Midwifery Led Maternity Centre	Midwifery Expert - Helping others to learn and gaining skills	One can cram theory but with a story it is very difficult to forget, and you feel as if you are part of it.	xx	As a midwife I have so many stories to share especially to health workers which I am sure these are learnings to them and developing being empathetic. But something not documented in something not done therefore if story telling is researched on as an innovation for teaching this will be great.

ER 12		Yes	xx	Nurse Educator-Midwifery; Life College of Learning	University	Midwifery Expert; Clinical teaching expert	Involved in policy development; Done my Master's degree in Midwifery with focus on improvement of conduct of midwives in the clinical field	xxx	Xxx
ER 13		Yes	Yes	Professor Department of Health Studies	College of Human Sciences, University	Academic Educator, Educator Researcher, Midwifery expert	Midwifery Expert, Curriculum Expert, Researcher	xxx	Xxx
ER 14		Yes	Yes	Interim Associate Dean Research and Graduate Studies, Professor	University	Academic/Program Head/Coordinator; Education Researcher	Pedagogy Expert, Curriculum Expert, Policy Maker	Nurse Scientist in Global Women's Health	I have spent 19 years as a Global and Indigenous nurse scientist/researcher. I have worked with women's health in 11 different countries, primarily in Africa. I have developed courses and teaching materials for simulation and experiential pedagogies (arts-based) for traditional midwives, midwives and nurses. I have over 36 million Canadian dollars in nursing research funding with nearly 80% of this focused-on women's and children's health with a expertise in stunting/nutrition for improving maternal/child outcomes.

ANNEXURE I: Content outline of the educational package on storytelling

Note:

The content of the educational package is contained in Chapter 6. To prevent duplication, this annexure includes the cover page, table of contents and the glossary that also form part of the package. Refer to Chapter 6 for the content of the educational package.

(COVER PAGE)

(Artist: Keerthana 2020)

(Artist: Keerthana 2020)

"Birth is a story of Beginning …

Death is a story of Ending …

In between what happens … becomes the story of life when it is told"

(Sindhu Ramalingam, Researcher)

TABLE OF CONTENTS

GLOSSARY FOR EDUCATIONAL PACKAGE

Atonic – Lack of muscle tone.

Atonic postpartum bleeding – Occurs from the placental site because the uterus is unable to contract adequately and thus the blood vessels are not compressed and bleeding is not controlled. Any condition that interferes with uterine contraction, such as retained placenta, will predispose the individual to atonic bleeding.

Bimanual compression of uterus – A manoeuvre to arrest severe postpartum haemorrhage after delivery of the placenta when the uterus is atonic. The right hand is inserted into the vagina and closed to form a fist which is placed in the anterior vaginal fornix. The left hand is pressed deeply into the abdomen behind the uterus, applying pressure against the posterior wall of the uterus as it requires a prompt attention to underlying cause to treat bleeding with Dissemination Intravascular Coagulation (DIC) after vaginal delivery. Pressure is maintained until bleeding is controlled.

Fundus –The rounded upper part of the uterus, above the insertion of the fallopian tubes.

Haemorrhage – Excessive bleeding from a torn or severed blood vessel. It may occur externally or within the body.

Postpartum – After labour.

Postpartum haemorrhage – Blood loss of 500ml or more from the genital tract after delivery. The commonest cause is atony (poor muscle tone) of the uterus, or it may be caused by trauma to the genital tract, e.g. tears of the vagina, cervix or lower segment of the uterus. Postpartum haemorrhage is the commonest cause of maternal death.

Primary postpartum haemorrhage – Excessive bleeding from the genital tract in the first 24 hours after delivery. The amount of blood is 500ml or more.

Primigravida – A woman pregnant for the first time.

Primipara – A woman who has born one viable child.

Prolonged labour – labour which exceeds 12 hours.

Retained placenta – Describes the situation when the placenta has not been delivered within 30 minutes after the birth of the baby.

Shock – A life threatening condition characterized by failure of the circulatory system to maintain normal blood flow to vital organs (e.g. kidneys, hear, brain).

Term baby – Baby born between 37 and 42 completed weeks of pregnancy.

Umbilical cord – The cord which connects the foetus to its placenta. Nourishment and oxygen pass along the umbilical vein form the placenta to the foetus. Waste products pass from the foetus to the placenta via two umbilical arteries.

ANNEXURE J: Letter from the language editor

G29 Vergelegen Retirement Village
90 Vergelegen Ave
Equestria
Pretoria
0184
10 February 2023

To Whom it May Concern

UNISA
Pretoria

STORYTELLING: AN INNOVATIVE EDUCATIONAL PACKAGE FOR TEACHING MIDWIVES IN UGANDA by SINDHU RAMALINGAM

This letter serves to confirm that I edited the thesis mentioned above for Ms Ramalingam.

Yours faithfully

Shelley Browning
Professional editor and writer
B.A. IOP & Economics
Copy-editing UCT
M.Inst.D

ANNEXURE K: Originality Turnitin report

turnitin

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This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

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STORYTELLING: AN INNOVATIVE EDUCATIONAL PACKAGE FOR TEACHING HIV/AIDS IN UGANDA

by

SINDHU RAMALINGAM

submitted in accordance with the requirements for the degree of

DOCTOR OF PHILOSOPHY

in the subject of

HEALTH STUDIES

at the

UNIVERSITY OF SOUTH AFRICA

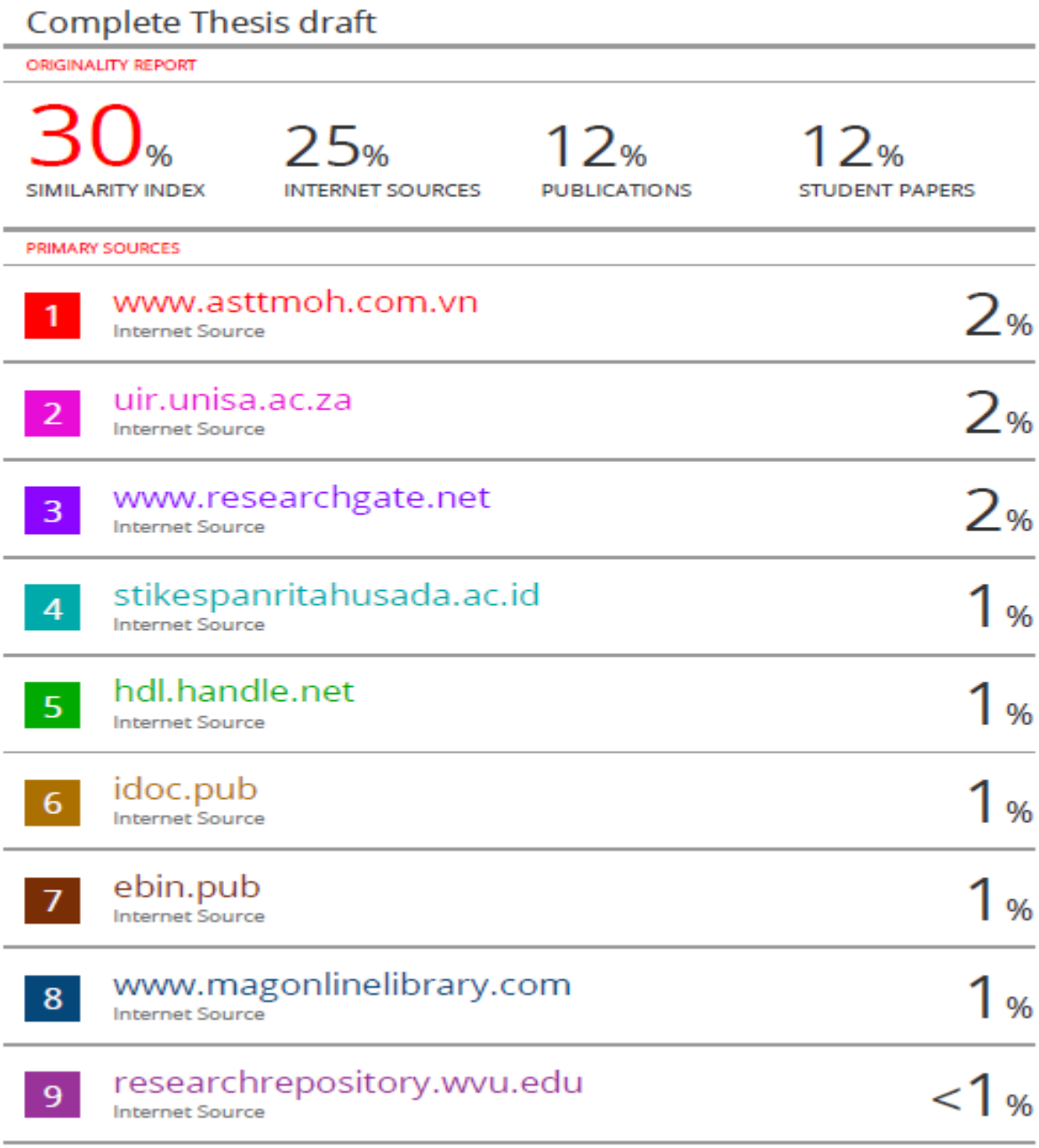
SUPERVISOR: PROF GH VAN ROOYEN

January 2023

Please note:

The supervisor (Prof GH van Rensburg) and the Unisa Senior Integrity officer (Ms E Flinspach-Van der Walt) conducted a comprehensive all-inclusive analysis of the Turnitin report. The entire thesis was assessed to determine the implications of the similarity index. Sections where the Story Model was discussed and similarities were identified, were analysed and found to be of acceptable standard. Changes could not be made to the content as it would change the constructs of the model. All references listed were found to be valid sources. The thesis includes an extensive list of sources.

None of the individual matches are higher than 2%.



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