



**UNIVERSITY of the
WESTERN CAPE**

**The support of nurse managers to midwives in implementing HIV
testing and counselling within protocol at an antenatal clinic in
the Western Cape**

By

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A mini thesis submitted in partial fulfilment of the requirements for
the degree of Magister Curationis in the School of Nursing, Faculty of
Community and HealthSciences, University of the Western Cape

Supervisor: Professor Karien Jooste

2016

DECLARATION

I, Pricilla Paulse, declare that the report on “The support of nurse managers to midwives in implementing HIV testing and counselling within protocol at an antenatal clinic in the Western Cape” is my own work, that it has not been submitted for any degree or examination in any other university and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Date: November, 2016

Signed: **PJPAULSE**



KEY WORDS

Nurse Managers

Actions

Midwives

HIV

Testing

Counselling

Protocol

Antenatal

Clinic

Implementing



ABBREVIATIONS

AIDS:	Acquired Immunodeficiency Syndrome
ARV:	Antiretroviral
DOH:	Department of Health
HAART:	Highly Active Ante Retroviral Therapy
HCT:	HIV Counselling and Testing
HIV:	Human Immunodeficiency Virus
MDG:	Millennium Development Goal
MTCT:	Mother to Child Transmission
PMTCT:	Prevention of Mother to Child Transmission
WHO:	World Health Organisation



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The Almighty God of my ancestors; our loving father, I thank you for guiding and giving me the strength to remain stronger during this period of my studies.

My study supervisor, Prof K. Jooste, I thank you very much for your constant support, your professional guidance and for your constructive criticism and useful suggestions. You motivated me from the very first day you became my supervisor.

All my friends, my family at large and every person who contributed to the success of this research study, thank you so much.

Thank you all for your guidance.



ABSTRACT

Midwives are expected to encourage pregnant women to undertake, continue and adhere to the Prevention of Mother to Child Transmission (PMTCT) of the Human Immunodeficiency Virus (HIV) program. It should be a norm that midwives counsel every pregnant woman about the benefits of knowing her HIV status so that she can make informed decisions about being tested as part of prenatal care. The researcher has however become aware of clients visiting clinics that complain that they receive contradicting information from midwives around HIV testing and counselling. On the other hand, midwives have indicated that seniors do not support them in their work situation, to implement the HIV policy.

The aim of the study was to describe the support of nurse managers to midwives in implementing HIV testing and counselling within protocol at an antenatal clinic in the Western Cape. The objectives of the proposed study were to explore and describe the experiences of midwives with regard to implementing HIV testing and counselling at an antenatal clinic in the Western Cape; and to describe how nurse managers support midwives in implementing the HIV testing and counselling, within protocol at an antenatal clinic in the Western Cape. This study followed an exploratory, descriptive, contextual qualitative design. This research was *exploratory* in nature with the aim of gaining insight of the experiences of midwives in implementing the HIV testing and counselling at an antenatal clinic. A *descriptive design* was used to collect accurate data on the specific phenomenon, which in this study focused on midwives implementing HIV testing and counselling within protocol at an antenatal clinic. The researcher used the *contextual* design to provide an in-depth and broad description of the phenomenon. For the purposes of this study, the target population was professional midwives (n=8) placed in an antenatal clinic in the Western Cape. The researcher used purposive sampling and participants were included based on; being placed in

the clinic for a year or longer; and being registered with the South African Nursing Council (SANC) as professional midwives. Eight (n=8) individual interviews were conducted, until data saturation occurred. In this study, unstructured individual interviews and field notes were used to develop a comprehensive understanding of the phenomenon. The researcher and participants agreed upon a scheduled off duty time to conduct the interviews. The interviews took around 45 minutes in a private room at the antenatal clinic in the research setting. As the researcher is a staff member in the Maternal Centre with existing relationships with some staff, interviews were conducted with the assistance of an independent interviewer who is an expert in qualitative research. While conducting the interviews, the interviewer tape-recorded the experiences shared by the participants with their permission.

The transcribed data of the interviews, together with the field notes were triangulated for analysis. Open coding was used to organize data collected. An independent coder assisted the researcher and a consensus discussion was held to finalise the themes and categories that emerged. Four main themes were derived from the data analysis in this study namely; (i) lack of support provided to midwives, (ii) protocol midwives should follow, (iii) training of midwives, and (iv) emotional difficulty to manage HIV testing and counselling. Four criteria were used to measure trustworthiness during the study namely; credibility, dependability, transferability and confirmability. The researcher complied with ethical principles during the study and informed participants that no names were linked to the data obtained and interview transcripts were numbered. Participants were in no way linked to the research findings and the results of the research will be available to participants after the research on request. Before interviews were conducted, participants were informed that they could withdraw from the study at any time they wished to.

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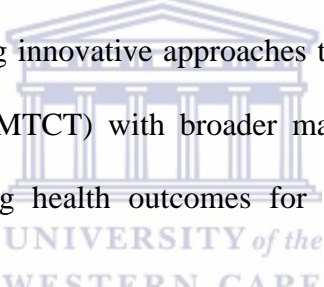


CHAPTER 1

ORIENTATION

1.1 INTRODUCTION

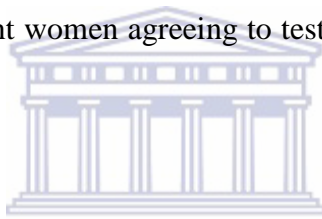
The World Health Organization has declared that HIV/AIDS represents one of the major worldwide health problems that has had a shattering impact on many countries in the past decade (WHO, 2004:2). The United Nations Declaration of Commitment on HIV/AIDS is of the opinion that “prevention must be the mainstay of our response” (UNAIDS, 2001). According to the Global Report of UNAIDS on the global AIDS epidemic, countries throughout the world are pursuing innovative approaches to the integration of prevention of Mother to Child Transmission (MTCT) with broader maternal and child health services. These approaches, are improving health outcomes for women and children (UNAIDS, 2013:104).

The logo of the University of the Western Cape is centered on the page. It features a stylized building with a pediment and columns, rendered in a light blue color. Below the building, the text "UNIVERSITY of the WESTERN CAPE" is written in a serif font, with "UNIVERSITY" and "WESTERN CAPE" in all caps and "of the" in lowercase.

Nationally and internationally, the importance of the protocol on HIV testing, counselling and structures in the workplace is one of the most critical debates in health care circles. The professional and legal duties of midwives require midwives to care for pregnant women who are positive for the Human Immunodeficiency Virus (HIV) or have Acquired Immune Deficiency Syndrome (AIDS). Therefore, midwives should strive towards following the protocol of HIV testing and counselling at antenatal clinics (Intercollegiate Working Party for Enhancing Voluntary Confidential HIV Testing in Pregnancy, 1998). Midwives are expected by regulatory bodies such as the Department of Health (DOH) as well as the World Health Organization (WHO) to be constantly informed about any new developments regarding quality care provided to patients by midwives (WHO, 2008; DOH, 2008). Yet there are many

instances in medical institutions where midwives are not complying with the protocol set out by the DOH, when it comes to the important issue of HIV testing and counselling (antenatal and postnatal).

In order to reduce Mother to Child Transmission (MTCT), all pregnant women should have access to free or low-cost prenatal care and voluntary HIV testing and counselling. Lyall et al. (2001) argue that vertical transmission is the transfer of the HIV virus from an infected childbearing woman to her foetus or infant during pregnancy, labour, at birth or postnatally through breastfeeding. The ultimate goal is to find the most effective and sustainable regimens for HIV treatment and MTCT prevention worldwide. Reducing vertical transmission relies on the pregnant women agreeing to test for HIV and be identified as HIV positive (Ruby & Siney, 1997).



Guinea-Bissau has integrated HIV testing and counselling within sexual and reproductive health services. Ethiopia has steadily integrated a wide range of HIV-related services – including HIV testing and counselling, antiretroviral therapy and prevention to MTCT within the reproductive, maternal, newborn and child health platform. In Eastern and Southern Africa the regional Joint Linkages HIV Project aims to integrate HIV and sexual and reproductive health services at the policy development, service delivery and knowledge generation levels (UNAIDS, 2013:104).

In reflection on the above-mentioned importance of the HIV policy world-wide, it was important in this study to explore and describe the experiences of midwives with regard to implementing HIV testing and counselling at an antenatal clinic in the Western Cape.

1.2 IMPORTANCE OF HIV TESTING AND COUNSELLING

Vertical transmission of HIV occurs when mothers with HIV, infect their children during pregnancy, during vaginal childbirth and through breastfeeding. This is called Mother to Child Transmission (MTCT). The overall risk of MTCT is associated with factors related to the virus, the mother and the infant (Newell, 2001). In 2001, the 'Protocol for Providing a Comprehensive Package of Care for The Prevention of Mother to Child Transmission of HIV (PMTCT)' was drafted in South Africa (South Africa, 2001).

Antiretroviral (ARV) therapy or Highly Active Ante Retroviral Therapy (HAART) that is known as triple therapy or combination therapy, has had a major impact on limiting HIV disease progression and has impacted on the management of pregnant women who are HIV positive (Lallemant, Jourdain, Le Coeur, Kim, Koetsawang, Comeau, Phoolcharoen, Essex, McIntosh & Vithayasai, 2000; Lyall, Blott, de Ruiter, Hawkins, Mercy, Mitchla, Newell, O'Shea, Smith, Sunderland, Webb & Taylor, 2001). The correct drug therapy has a major impact not just on treatment but has justified and driven the rationale for antenatal HIV testing (Kennedy, 2003). HIV detection and subsequent drug therapy is an effective method for reducing infection in the new-born baby. In South Africa, the Policy and Guidelines for the Implementation of the Prevention of Mother to Child Transmission (PMTCT) Programme (ND0H, 2010b), encompasses primary prevention of HIV initiation of therapies and integration of PMTCT into maternal, child and women's health services (Mbombo & Jooste, 2016).

Midwives have an important role to play in ensuring that MTCT is reduced to the least possible level. The nurse/midwives' knowledge of HIV is important because it is the basis on which positive changes in behaviour occur because it brings awareness, which in turn leads to

action (WHO, 2001). Nurse managers are tasked with developing services not only for basic health care needs, but with the spectre of HIV/AIDS complicating the issues. Educational provision for midwives is an essential component in preventing further increases in those infected, as well as in managing health care services towards improved health outcomes (Jooste & Jasper, 2012:57).

The actions for nurse managers to support midwives in implementing the protocol of HIV testing and counselling at antenatal clinics are critical. Virtual elimination of MTCT of HIV is a priority for the AIDS response. Given the relatively simple and inexpensive treatment options available today, ensuring that no baby is born with HIV, has become a distinct possibility. However, reaching this goal will present high demands on health systems, of which health care staff is a central element. Organising a comprehensive national health care response requires integrated human resource strategies with clear assigned roles to midwives. This will require midwives to be well-prepared especially in view of the complexities of HIV prevention, treatment and care (Brunner, 2011:1).

1.3 HIV TESTING IN SOUTH AFRICA

With the introduction of new guidelines in February 2010, South Africa's policy on voluntary counselling and testing was expanded to include a number of new components. Midwives are responsible to attend to these components that include a revision of counselling protocols as well as a shift for HIV Counselling and Testing (HCT), to be offered by health providers on the occasion of any patient's visit to any health facility for any ailment. Provider-initiated HIV counselling and testing remains voluntary, but it places an obligation on the health care worker to explain to patients the importance of knowing one's HIV status, and of testing habitually for HIV as part of a normal health seeking behaviour (SANAC Secretariat,

2010:7). PMTCT does not only include the ARV intervention, but also entails voluntary counselling and testing (VCT), HIV testing, revised obstetric practices and infant feeding practices. The protocol claims that these services require ‘extensive capacity building, infrastructure development, improved management and community mobilization efforts’ (South Africa, 2001).

Midwives in South Africa should be committed to meeting the Millennium Development Goals (MDGs), addressing the complex burden of disease, and ensuring a responsiveness to the population health needs (National Department of Health, 2010a). Nurse managers have leading roles in addressing these issues, and to enable a legal, policy and fiscal environment to facilitate positive achievements (Jooste & Jasper, 2012:56).

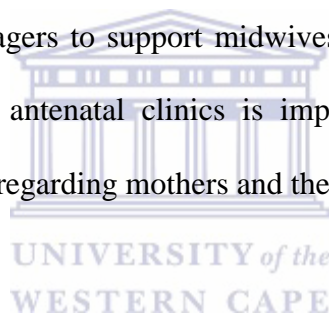
Although the burden of HIV infection in South Africa has been significant for many years, the country did not implement a PMTCT program until 2002. The South African National Prevention of Mother to Child Transmission (PMTCT) program was introduced in 2009. The PMTCT program was introduced to eliminate MTCT of HIV in South Africa. The effectiveness of the PMTCT program depends on the mother’s HIV status being known (DOH, 2008). Due to the changes in policy, continuous efforts were made to improve the quality of the programme, using operational research. A review of the initial 18 pilot sites for the PMTCT programme, led to several recommendations for improving health care systems, including that the programme be scaled up to all facilities. It was also recommended that training of front-line workers should be improved; all health care professionals be given more support and supervision; managers’ commitment to the programme be increased; and the PMTCT programme be integrated into existing primary health care services, especially maternal services and services for women and children (McCoy et al., 2002).

On the issue of South Africa's recent achievements in combating the HIV epidemic, Professor Salim Karim, a South African Clinical Infectious Disease Epidemiologist and Vice Chancellor of Research at the University of KwaZulu-Natal stated: 'As the world commemorated the 31st World Aids Day, we are humbled by the sad reality that almost one third of pregnant women in South Africa are infected with HIV. About 11% of all South Africans are estimated to be infected with HIV' (Karim, 2013). Kennedy (2003) describes HIV as a blood borne retroviral infection which is mostly acquired through sexual activities. If HIV remains undiagnosed, untreated or is not managed effectively, the virus will usually disable the body's immune function and subsequent ability to fight infection. Individuals with HIV usually become progressively weakened by a variety of illnesses as the immune system fails and ultimately to the development of AIDS (NAM, 2008). The most effective management of HIV/AIDS in terms of quality care provided by clinics and hospitals, is therefore imperative to combat the disease. Gill and White (2009:14) emphasise that throughout history, the management of health care quality has been the responsibility of the service provider.

Within 10 years of initiating South Africa's PMTCT programme, 95% of all health facilities were providing this service in 2010. South Africa is also one of four countries that have achieved more than 80% coverage of antiretroviral prophylaxis to prevent MTCT. More than 98% of women received HIV testing during pregnancy and 91.7% of HIV-positive mothers are receiving ARV treatment or prophylaxis. A national evaluation involving 10,178 infants in 572 health facilities showed that the 6-week vertical transmission rate was 3.5% in 2010, as compared to transmission rates ranging from 20-30% less than 10 years ago. Early infant

diagnosis uptake, however, is only 35.1% and represents a missed opportunity to provide AIDS treatment to infants (Karim, 2013).

In relation to the above statistics, it can be concluded that South Africa has the highest number of new HIV infections world-wide (Shisana, Rehle, Simbayi, Zuma, Jooste, Pillay-van Wyk, Mbelle, Van Zyl, Parker, Zungu, Pezi&SABSSM III Implementation Team, 2009).South Africa has had numerous successes in responding to and taking action in the prevention, treatment, care and support of HIV/AIDS. However, there is still room for much more improvements. One of the improvements in relation to this is to intensify the quality care provided by clinics and hospitals with regards to HIV/AIDS. For example, recommendations for nurse managers to support midwives in implementing the protocol of HIV testing and counselling at antenatal clinics is important and can contribute to the effective decline of the epidemic regarding mothers and their babies.



Nurse managers and educators have a long-term aim of aligning services towards the vision of a long and healthy life for all South Africans (DOH, 2013). In this context, it is also important to recognise that nurse managers and even midwives at antenatal clinics in South Africa cannot achieve this without the help from key health care role players, such as the South African Nursing Council (SANC) and the Democratic Organization for Nurses in South Africa (DENOSA).

SANC is committed to the fight of HIV/AIDS and is entrusted by Parliament with the responsibility of ensuring the protection of the public and aims to ensure that HIV/AIDS patients get the care they deserve. In their strategic plan for training and practice, SANC motivates that nurses and midwives are critical to the achievement of their policy initiatives

which includes, a national HIV testing and counselling campaign for every South African to know their status. Every clinic or health service is required to offer this service to their clients (SANC, 2011:32). DENOSA is also committed to reduce the rate of HIV and AIDS infections. In their commitment to combat the spread of HIV/AIDS they advocate for nurses that render quality health care to patients. DENOSA, in its HIV and AIDS position paper, asserts that nurses and midwives as clinicians has a responsibility to inform all patients, regardless of their condition, on the possibility of HIV testing services and that quality care for all patients regardless of their condition is imperative (DENOSA, 2012:2). To achieve the vision of the South African National Department of Health on HIV/Aids, nurse managers should deliver services that address the needs of the community, and nurse educators should ensure that this topic is adequately addressed in nursing curricula (Jooste & Jasper, 2012:57).



1.4 PROBLEM STATEMENT

After the 13th International Conference on HIV/AIDS in July 2000, there was enough scientific evidence confirming the efficacy of ARVs in reducing the transmission of HIV from mother to child, that confirmed that ARV should be immediately implemented in South Africa. But the operational challenges of introducing an ARV regimen needed to be assessed in both rural and urban settings, throughout the country (Protocol, 2001).

Midwives are expected to encourage pregnant women to undertake, continue and adhere to the PMTCT program. It should be a norm that midwives counsel every pregnant woman about the benefits of knowing her HIV status so that she can make an informed decision about being tested as part of prenatal care. The researcher has however become aware of clients visiting clinics that complain that they receive contradicting information from midwives around HIV testing and counselling. On the other hand, midwives have indicated that seniors

do not support them in their work situation for implementation of the HIV policy. The research questions posed are thus:

- What is the experiences of midwives with regard to implementing HIV testing and counselling?
- How can nurse managers support midwives in implementing HIV testing and counselling within protocol at an antenatal clinic in the Western Cape?

1.5 SIGNIFICANCE OF THE STUDY

This research attempted to provide actions for supporting midwives that can enhance quality care within the framework of protocols of HIV testing and counselling to pregnant women, at an antenatal clinic in the Western Cape.



1.6 AIM OF THE STUDY

The aim of the study was to describe the support of nurse managers to midwives in implementing HIV testing and counselling within protocol at an antenatal clinic in the Western Cape.

1.7 OBJECTIVES OF THE STUDY

The objectives of the proposed study were to:

- explore and describe the experiences of midwives with regard to implementing HIV testing and counselling at an antenatal clinic in the Western Cape; and
- describe the support of nurse managers to midwives in implementing the HIV testing and counselling within protocol at an antenatal clinic in the Western Cape.

1.8 RESEARCH DESIGN

This study followed an exploratory, descriptive, contextual qualitative design. According to Creswell (2013:37), qualitative research inquire into the meaning individuals or groups ascribe to a social or human problem. Creswell (2013:37) states that to study a problem, qualitative researchers use an emerging qualitative approach to inquiry and the collection of data in a natural setting sensitive to the people and places under study. Reasoning is inductive and the data analysis indicates themes that include the voices of participants, the reflexivity of the researcher, and the interpretation of the problem (Creswell, 2013:37).

This research was *exploratory* in nature with the aim of gaining insight into the experiences of midwives in implementing the HIV testing and counselling at an antenatal clinic. Burns and Grove (2003:313) define exploratory research as research conducted to gain new insights, discover new ideas and/or increase knowledge of a phenomenon. A *descriptive design* was used to collect accurate data on the specific phenomenon, which in this study focused on the midwives in implementing HIV testing and counselling within protocol at an antenatal clinic. A *contextual design* refers to and focuses on specific events in “naturalistic settings” (Burns & Grove, 2003:32). The researcher used this design to give an in-depth description of the phenomenon in a particular clinic.

1.9 POPULATION

Polit and Beck (2010:547) define a target population as the entire population in which the researcher is interested for a study. For the purposes of this study the target population was professional midwives (n=8) placed in an antenatal clinic in the Western Cape.

1.10 SAMPLING AND SAMPLE

The researcher used a purposive sampling technique in this study. This meant that individuals were selected because they understood the research problem and central phenomenon in the study (Creswell, 2013:156).

The participants were included based on them being:

- placed in the clinic for a year or longer
- readily available for the study
- registered with the South African Nursing Council (SANC) as professional midwives.

Eight (n=8) individual interviews were conducted, until data saturation occurs. According to Polit and Beck (2010) saturation is the “redundancy of information”.

1.11 DATA COLLECTION

Data collection is the exact, systematic collection of relevant information to the research (Burns & Grove, 2011:361). In qualitative studies, researchers often use a rich blend of unstructured data collection methods (e.g. interviews, observations, documents) to develop a comprehensive understanding of a phenomenon. In this study, the researcher made use of unstructured individual interviews and field notes to develop a comprehensive understanding of the phenomenon. Unstructured interviews in qualitative research involve asking a relatively open-ended question of research participants in order to discover their precepts on the topic of interest (Firmin, 2013). The benefit of unstructured interviews are an extremely useful method for developing an understanding of an as-of-yet not fully understood or appreciated culture, experience, or setting. Probing was used to gain an in-depth understanding of the experiences shared with the interviewer. Field notes are contemporaneous notes of observations or conversation taken during the conduct of qualitative research (Thorpe & Holt, 2013).

The researcher and participants agreed upon a scheduled time to conduct the interviews. The interviews took around 45 minutes in a private room at the antenatal clinic in the research setting. As the researcher is a staff member in the Maternal Centre with existing relationships with staff, interviews were conducted by an independent interviewer that was an expert in qualitative research. While conducting the interviews, she tape-recorded the experiences shared by the participants with their permission.

1.12 DATA ANALYSIS

The transcribed data of the interviews, together with the field notes were triangulated for analysis. Data triangulation is the use of multiple sources of referents to draw conclusions about what constitutes the truth (Polit & Beck, 2008:196). Open coding was used to organize data collected in the unstructured individual interviews (Creswell, 2013:244). The following steps were utilised to analyse the data:

- The researcher carefully listened to the tape recordings and simultaneously made notes about the context and variations of the phenomenon under the study;
- A list of emerging themes was compiled and similar topics were grouped together;
- The most descriptive wording to the topics were identified and used as themes;
- Abbreviations for categories were arranged alphabetically in codes; and
- The data which belonged to each category was collated and analysed.

An independent coder assisted the researcher and a consensus discussion was held to finalise the themes and categories that emerged. The independent coder was experienced in qualitative data analysis.

1.13 TRUSTWORTHINESS

Four criteria were used to measure trustworthiness of data: credibility, dependability, transferability and confirmability.

Credibility refers to the confidence one can have in the truth of the findings of the study (Bowen, 2005:215), which was established through member checking. *Dependability* is met through securing credibility of the findings (StreubertSpeziale& Carpenter, 2003:38). In this study the researcher provided a detailed description of how the data was collected and analysed. A record thereof was kept for audit purpose.

Transferability refers to the probability that the study findings might have meaning to others in a similar situation (Polit& Beck, 2010:555). The findings of this study might be useful for another similar clinic.

Polit and Beck (2010:550) refer to *confirmability* as the objectivity of the data and interpretations. In this study *confirmability* was ensured by the involvement of the independent coder and consensus reached around the themes and categories. Written field notes and the tape recorder served as reference and supported the data from the unstructured individual interviews.

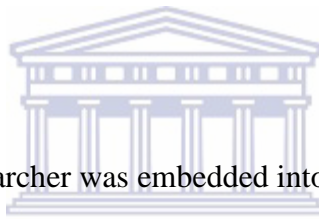
1.14 ETHICAL APPROVAL

The Senate Research and Ethics Committee of the University of the Western Cape approved the study (Registration number 14/937) (Annexure B) as well as the Human Research Ethics Committee of the University of Cape Town (HREC Ref 072/2015)(Annexure C). The provincial authority (Western Cape Department of Health) and Groote Schuur Hospital (Reference 6/5/2015)(Annexure A) as well as the antenatal clinic involved, also granted permission. Participants were asked to participate in the study by giving them an information

sheet (Annexure D) and (written informed consent form)(Annexure E). The ethical considerations of the study are further described in Chapter 2.

1.15 CONCLUSION

In this chapter, the researcher introduced the topic of the study with an outline of the introduction and background. The statement of the research problem was illuminated. The researcher also highlighted the significance, aims and objectives of the study which clarified the reason why the study was conducted. The research methodology introduced how the study was conducted. In addition, the researcher also explained the importance of trustworthiness and mentioned ethical approval obtained from various institutions to conduct the study.



The gravity of interest of the researcher was embedded into the exploration and description of experiences of midwives with regard to implementing HIV testing and counselling at an antenatal clinic in the Western Cape and also in the description of the support of nurse managers to midwives in implementing the HIV testing and counselling within protocol at an antenatal clinic in the Western Cape.

CHAPTER 2

METHODOLOGY

2.1 INTRODUCTION

This chapter outlines how the research was conducted. Essentially, the procedures by which the researcher went about her study of exploring and describing the phenomenon are described.

2.2 RESEARCH DESIGN

According to Yin (2009:29) the design is the logical sequence that connects the empirical data to a study's initial research questions and, ultimately, to its conclusion. Creswell (2013:300) uses the term research design to refer to the entire process of research, from conceptualizing a problem to writing the narrative, not simply the methods such as data collection, analysis, and report writing. The researcher concurred with Polit and Beck (2008:66) that describe the research design as the overall plan for how to obtain answers to the questions being studied and how to handle some of the difficulties encountered during the research process. In this research study an exploratory, descriptive, contextual, qualitative design was followed.

2.2.1 Qualitative design

According to Creswell (2013:48), qualitative research is conducted because a problem or issue needs to be explored. This exploration is needed, in turn, because of a need to study a group or population, to e.g. hear silenced voices (Creswell, 2013:48). Polit and Beck (2010:565) refer to qualitative research as the investigation of phenomena, typically in an in-depth and holistic fashion, through the collection of rich narrative materials using a flexible

research design. Qualitative research, in general, aims to consider the holistic context in which meaning is assigned to experiences. The conduct of all qualitative research is an interactive process of inquiry between the researchers and participants (Roper & Shapira, 2000:11). According to Burns and Grove (2007:62) qualitative research provides a process through which nurses can examine a phenomenon outside of traditional views.

Denzin and Lincoln (2005:3) describe qualitative research as being a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. Qualitative research begins with a worldview, and the study of research problems inquiring into the meaning individuals or groups ascribed to a social or human problem (Creswell, 2013:37). One of the most prominent goals of the researcher in this study was to use an emerging qualitative approach to inquiry and the collection of data in a natural setting sensitive to the people and places under study. The researcher described and described the experiences of midwives with regard to implementing HIV testing and counselling at an antenatal clinic.

2.2.2 Exploratory design

Exploratory research focuses on the phenomenon of interest by pursuing the research question (Polit & Hungler, 2007:18). As discussed in Chapter 1, this research was exploratory in nature with the aim of gaining insight into the experiences of midwives in implementing the HIV testing and counselling at an antenatal clinic.

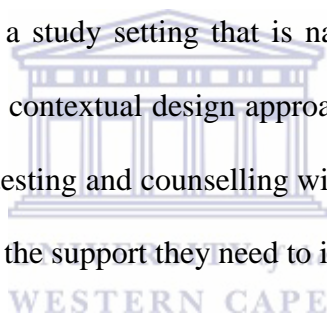
2.2.3 Descriptive design

Researchers who conduct a descriptive investigation observe and describe e.g. human experiences (Polit & Hungler, 2007:17). The descriptive study is designed to gain more

information about characteristics within a particular field of study, and to provide a picture of a situation as it naturally happens. A descriptive design may be used to identify problems with current practices or justify current practices (Burns & Grove, 2007:240). The researcher collected data on a specific phenomenon of midwives implementing HIV testing and counselling within protocol at an antenatal clinic.

2.2.4 Contextual design

According to Holloway (2005:290) the context is the background of culture, location, history and conditions in which the research takes place. A contextual design refers to and focuses on specific events in ‘naturalistic settings’ (Burns & Grove, 2003:32). Polit and Beck (2010:561) refers to a naturalistic setting as a study setting that is natural to those being studied. The researcher, in this study, used the contextual design approach to give an in-depth description on midwives implementing HIV testing and counselling within protocol at an antenatal clinic in the Western Cape, followed by the support they need to implement this protocol.



2.3 RESEARCH METHOD

Research methods are the steps, procedures and strategies for gathering and analysing the data in a research investigation (Pilot & Hungler, 2007:532). According to Creswell (2013:45) qualitative researchers typically gather multiple forms of data, such as interviews, observations, and documents, rather than rely on a single data source. Then they review all of the data and make sense of it, organizing it into categories or themes that cut across all of the data sources (Creswell, 2013:45). In this study the researcher made use of unstructured individual interviews starting with one open-ended question, while keeping field notes, to obtain a comprehensive understanding of the phenomenon under study.

2.3.1 Research population

The population, sometimes referred to as the target population, is the entire set of persons (or elements) who (or that) meet the sampling criteria. An accessible population is the portion of the target population to which the researcher has reasonable access (Burns & Grove, 2007:324). The term population refers to the aggregate or totality of all the objects, subjects, or members that conform to a designated set of specifications (Polit&Hungler, 2007:38). In this study, the researcher chose the population based on the fact that they were placed in the clinic for a year or longer, that they were readily available for the study and that they were registered with the South African Nursing Council (SANC) as professional midwives.

2.3.2 Sampling

Polit and Hungler (2007:324) refer to sampling as the process of selecting a portion of the population to represent the entire population. Sampling involves selecting a group of people, events, behaviours, or other elements with which to conduct a study. A sampling plan, or sampling method, defines the selection process, and the sample defines the selected group of people (Burns & Grove, 2007:324). For the purposes of this research the researcher used a purposive sampling technique. Purposeful sampling, according to Creswell (2013:300), is the primary sampling strategy used in qualitative research. It means that the inquirer selects individuals and sites for study because they have an understanding of the research problem and central phenomenon in the study. With purposive sampling, sometimes referred to as “judgment” or “selective sampling,” the researcher consciously detects certain subjects, elements, events, or incidents to include in the study (Burns & Grove, 2007:344).

Sampling criteria

Sampling criteria also referred to as eligibility criteria, include the list of characteristics essential for eligibility or membership in the target population (Burns & Grove, 2007:324).

Sampling criteria for a study may consist of inclusion or exclusion sampling criteria, or both. This study was based on an inclusion sampling criteria. Individuals are selected to participate in qualitative research based on their first-hand experience with a culture, social process, or phenomenon of interest (Streubert& Carpenter, 2011:28). Inclusion sampling refers also to the characteristics that the subject or element possessed to be part of the target population. (Burns & Grove, 2007:325). The researcher chose purposive sampling for this study and participants were be included based on inclusion criteria of, being placed in the clinic for a year or longer, were readily available for the study and were registered with the South African Nursing Council (SANC) as professional midwives. Eight (n=8) individual interviews were conducted.

2.3.3 Data collection

Without high-quality data collection methods, the accuracy of the evidence is subject to challenge (Polit& Beck, 2010:338). Regardless of the type of data collected in a study, data collection methods vary along for dimensions, structure, quantify ability, researcher obtrusiveness and objectivity (Polit& Beck, 2010:340).

Data collection is the systematic gathering of information (data) relevant to the research purpose, or the specific objectives, or the questions of a study (Burns & Grove, 2007:536). In this study the researcher made use of unstructured individual interviews and field notes. Unstructured interviews are typically conversational in nature and are conducted in naturalistic settings. Their aim is to elucidate the respondents' experiences of the world without imposing any of the researchers' views on them (Polit&Hungler, 2007:229).

The researcher arranged with the antenatal clinic to conduct the interviews at specific times. The interviews took around 45 minutes in a private room at the antenatal clinic in the research setting. While conducting the interviews, the researcher tape-recorded the experiences shared by the participants with their permission. The interview recordings were saved on a high quality cellular phone and downloaded on the researcher's computer. The interviews were dated and numbered by assigning a link to each, e.g. the first interview was coded Participant 1 (P1). In addition to the interviews, the researcher took field notes to develop a comprehensive understanding of the phenomenon.

Once permission from the University of the Western Cape (UWC) Faculty Board Research and Ethics Committees, the UWC Senate Research Committee, the Department of Health, Western Cape was obtained, the researcher visited the participant midwives of the antenatal clinic to invite them to be research participants.



Pilot interview

A pilot study is a small-scale version or trial run, of the major study (Polit&Hungler, 2007:39). According to Burns and Grove (2007:549) a pilot study is a smaller version of a proposed study conducted to develop and refine the methodology, such as the instrument, or data collection process to be used in the larger study. The function of the pilot study is to obtain information for improving the project or for assessing its feasibility (Polit&Hungler, 2007:39). A pilot interview was conducted and the outcome indicated no changes to the research question or probing, therefore the results were included in the main study.

Interviewing the participants

An interview involves verbal communication between the researcher and the subject during which information is provided to the researcher (Burns & Grove, 2007:377). Participants often become fluent talkers when asked to tell a story, reconstructing their experiences, for instance, an incident, the feeling about an illness (Holloway & Wheeler, 2010:92). The relationship between researcher and participant was based on mutual respect and a position of equality as human beings. Researches can empower patients and colleagues by listening to their perspective and giving voice to their concerns. The interviewer also respects the way in which participants develop and phrase their answers. Trust was built through involvement and interest in the perspectives of the participants (Holloway & Wheeler, 2010:97).

Unlike everyday conversations, research interviews are set up by the interviewer to elicit information from participants (Holloway & Wheeler, 2010:88). At the start of each interview, the researcher prepared the participants for the interview by putting them at ease. This part of the interview involved sharing pertinent information about the study, using the first few minutes for pleasantries and ice-breaking exchanges of conversation before actual questioning began. As a result both parties (the researcher and participant) settled in (Polit & Beck, 2004:347). Extreme care was taken by the researcher to avoid any harm, e.g. uncomfortable the participants. This allowed opportunities for participants to react spontaneously and honestly to a question or to articulate their ideas slowly and reflect on them (Holloway & Wheeler, 2010:103).

The researcher arranged with the antenatal clinic to conduct the interviews at specific times. The interviews took around 45 minutes in a private room at the antenatal clinic in the

research setting. While conducting the interviews, the researcher tape-recorded the experiences shared by the participants with their permission.

Field notes

Field notes are the records of the research activities (Ruper&Shapira, 2000:86). According to Polit and Beck (2004:382), field notes are much broader, more analytic, and more interpretive than simple listing of occurrences. Field notes represented the participant-observer's efforts to record information and also to synthesize and understand the data. In addition to the interviews, the researcher took field notes to develop a comprehensive understanding of the phenomenon.

2.3.4 Data analysis

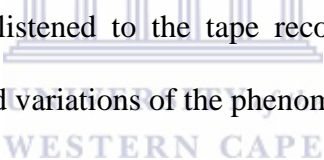
How researchers manage data will greatly affect the ease with which they analyse the data (Streubert& Carpenter, 2011:43). Qualitative research analysis requires the investigator to use mental processes to draw conclusions. In particular, the researcher needed sensory impressions, intuition, images, experiences, and cognitive comparisons in categorizing the findings and discerning patterns (Streubert& Carpenter, 2007:536). Data analysis consisted of preparing and organizing the data for analysis, then reducing the data into themes through a process of coding and condensing the codes, and finally representing the data in figures, tables, or discussion (Creswell, 2013:180).

In this study the researcher transcribed the data of the interviews, together with the field notes through the process of triangulation of data. According to Burns and Grove (2007:558) triangulation is the use of two or more methods, or data sources in a study. Triangulation provides corroborating evidence for validating the accuracy of their study (Creswell,

2013:302). Triangulation was thus conducted to collect and interpret data about the phenomenon, in order to converge an accurate representation of reality (Polit&Hungler, 2007:537).

The process of coding involves aggregating the text or visual data into small categories of information, seeking evidence for the code from different databases being used in a study, and then assigning a label to the code (Creswell, 2013:184). In this study, open coding was used to organize data collected in the unstructured individual interviews. Open coding involves taking data (e.g., interview transcripts) and segmenting them into categories of information (Creswell, 2013:289).

The researcher used the following steps to analyse the data:

- 
- The researcher carefully listened to the tape recordings and simultaneously made notes about the context and variations of the phenomenon under study;
 - A list of emerging themes were compiled and similar topics were grouped together;
 - The most descriptive wording to the topics were identified and used as themes;
 - Abbreviations for categories was arranged alphabetically in codes; and
 - The data which belonged to each category was collated and analysed.

An independent coder assisted the researcher and a consensus discussion was held to finalise the themes and categories that emerged. The independent coder was an experienced researcher and supervisor in qualitative research analysis.

The findings were supported by literature. Literature provides theoretical and empirical sources to generate a picture of what is known and not known about a particular problem or aspect (Burns & Grove, 2007:545).

2.4 TRUSTWORTHINESS

Trustworthiness is the degree of confidence qualitative researchers has in their data, assessed using the criteria of credibility, transferability, dependability, confirmability and authenticity (Polit& Beck, 2010:570). According to Holloway (2005:296), trustworthiness is the credibility of the findings in a piece of qualitative research and the means to which readers can trust the research findings. In this study four criteria were used to measure trustworthiness namely; credibility, dependability, transferability and confirmability.

2.4.1 Credibility

Credibility is a term that relates to the trustworthiness of findings in a qualitative research study. Credibility is demonstrated when participants recognise the reported research findings as their own experiences (Streubert& Carpenter, 2011:453). According to Polit and Beck (2010:551) credibility is a criterion for evaluating integrity and quality in qualitative studies, referring to confidence in the truth of the data. The researcher had prolonged engagement in the field to ensure credibility, as she spent enough time in the research setting to observe different elements and aspects related to the study, frequently talked to the participants of the study and also developed close harmonious trusting relationships with them. To ensure trustworthiness of data analysis, researchers usually return to each participant and ask if the exhaustive description reflects the participants' experiences. When the findings are recognised to be true by the participants, the trustworthiness of the data is further established (Streubert& Carpenter, 2011:93). Trust building initiated understanding and co-operation between the participants, and the researcher during the study.

- **Reflexivity**

The researcher's approach to the process of data collection, analysing and interpretation in this study was reflexive. According to Creswell (2013:293) reflexivity means that the researcher is conscious of the values and experiences that he or she brings to a qualitative research study. The researcher understood her role and place in the research process (Holloway, 2005:295).

- **Interview recording and verbatim transcription**

In this study, the researcher made use of the best form of recording interview data which was tape recording. Tapes contain the exact words of the interview, inclusive of questions, and researchers do not forget important answers and words, can have eye contact and pay attention to what participants say (Holloway & Wheeler, 2010:95). The researcher and independent coder had access to important and exact information through the tape recordings. Transcribing of interviews is one of the initial steps in preparing the data for analysis. Full and rich data was obtained during the interviews (Holloway & Wheeler, 2010:282). Relevant direct and verbatim quotes from interviews or excerpts from the field notes were inserted in Chapter 3, to show data from which the coding emerged (Holloway & Wheeler, 2010:325).

- **Commitment to verification**

The commitment to verification included checking the accuracy of transcribed data. According to Polit and Beck (2004:573) it is critical to listen to the taped interviews while doing the cross-check. This is also a good time to insert the transcription any nonverbal behaviour captured in the field notes.

- **External review**

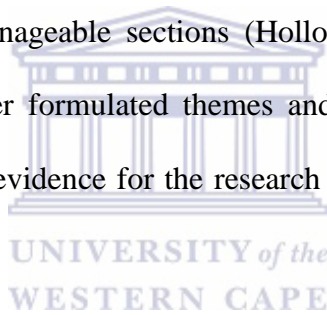
The research supervisor helped to ensure that the researcher adhere to ethical principles throughout this study. In addition the research supervisor also took steps to ensure that transcription errors are minimized and corrected (Polit & Beck, 2004:594).

2.4.2 Dependability

Dependability is a criterion met once researchers have demonstrated the credibility of the findings (Streubert& Carpenter, 2011:49). Polit and Beck (2010:552) describe dependability as a criterion for evaluating integrity in qualitative studies, referring to the stability of data over time and over conditions. To achieve some measure of dependability an audit trail is necessary and this helps readers follow the path of the researcher and demonstrates how he or she achieved their conclusions (Holloway & Wheeler, 2010:303). In this study the researcher provided a detailed description of how the data was collected and analysed. A record thereof was kept for audit purposes.

- **Use of an independent coder**

Coding breaks the data into manageable sections (Holloway & Wheeler, 2010:286). The researcher and independent coder formulated themes and tentative conclusions, to ensure there was sufficient, convincing evidence for the research findings or conclusions (Rubin & Rubin, 2012:211).



2.4.3 Transferability

Transferability refers to the probability that the study findings have meaning to others in similar situations (Streubert& Carpenter, 2011:49). Transferability is the extent to which qualitative findings can be transferred to other settings or groups (Polit& Beck, 2010:570). In this study, the researcher is of the view that the findings of this study may be useful for another similar clinic, to read and evaluate.

2.4.4 Confirmability

Confirmability is a process criterion. The way researchers document the confirmability of the findings is to leave an audit trail, which is a recording of activities over time that another

individual can follow (Streubert& Carpenter, 2011:49). According to Polit and Beck (2010:550) confirmability is a criterion for integrity in a qualitative inquiry, referring to the objectivity or neutrality of the data and interpretation. In this study confirmability was ensured by the involvement of the independent coder. Written field notes and the tape recorder served as reference and support to the data from the unstructured individual interviews.

- **Thick description**

Thick description is a rich and thorough description of the research context and participants in a qualitative study (Polit& Beck, 2010:570). Holloway describes the term thick description as a dense and conceptual description including meanings and motivation, which gives a sense and picture of events and actions within the social context (Holloway, 2005:296). The researcher probed to obtain an understanding of the phenomenon.

- **Bracketing**

Throughout the interviews the researcher excluded all prior assumptions gained through experience or literature to see the phenomenon with an open mind. Bracketing means that researchers can experience things as fresh and new as they do not prejudge (Holloway & Wheeler, 2010:221). This was important for the researcher in order to gain the essence of the phenomenon.

- **Triangulation**

All the views given throughout the interviews by the participants together with the field notes in this study were considered until saturation of the data was reached. Field notes are a records or descriptions of thoughts, theoretical ideas, observations and quotes from the field (Holloway, 2005:31).

2.4.5 Authenticity

In this study, authenticity was demonstrated by the researcher that acted fairly and faithfully, observing and recording a range of different realities in the analysis and interpretations of the data (Polit& Beck, 2010:547). Authenticity was demonstrated as the findings of the research represent fairly and accurately, the social world of the participants and the phenomenon under study (Holloway, 2005:289).

2.5 ETHICAL CONSIDERATIONS

It is important that participants are fully protected during their participation in a research study.

2.5.1 Informed consent

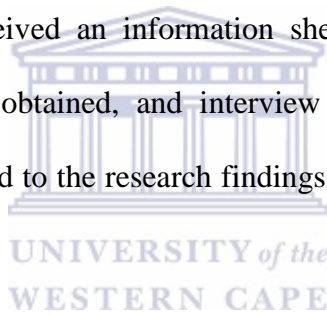
According to Burns and Grove (2007:543) informed consent is an agreement by a prospective person to participate voluntarily in a study after he or she has assimilated essential information about the study. Informed consent means that participants have adequate information regarding the research; are capable of comprehending the information; and have the power of free choice, enabling them of consent voluntarily to participate in the research or decline participation (Polit& Beck, 2004:151). Participants were informed about the purpose and benefits of the study. The necessary permissions as outlined in Chapter 1 was obtained of the appropriate structures and authorities.

2.5.2 Confidentiality and anonymity

According to Fouka and Mantzorou (2011:6), “confidentiality and anonymity is closely connected with the rights of beneficence and respect for the dignity of an individual”. The principle of beneficence, doing good and preventing harm, applies to providing

confidentiality and anonymity for research study participants (Streubert& Carpenter, 2011:63). A promise of confidentiality is a pledge that any information that participants may provide, will not be publicly reported in a manner that identifies them and will not be made accessible to others (Polit& Beck, 2004:150), e.g. apart from the researcher, independent coder and supervisor.

Confidentiality is the management of private data in research in such a way that only the researcher knows the subjects' identifies and can link them with their responses (Burns & Grove, 2007:531). Anonymity refers to the conditions in which the person's identity cannot be linked, even by the researcher, with his or her individual responses (Burns & Grove, 2007:531). The participants received an information sheet that explained that no names would be attached to the data obtained, and interview transcripts were numbered. The participants were in no way linked to the research findings and the research did not harm the participants in any way.



2.5.3 Dissemination of results

The dissemination of results refers to the diffusion or communication of research findings (Burns & Grove, 2007:538). It is important that the progress and findings of the research are disseminated to participants and the wider public as well as the research community (National Institute for Health Research, 2012:4). Participants will have access to the findings on request and the researcher will present the findings in a report and public lecturer to all involved. The researcher made recommendations from the findings for further research.

2.5.4 The right to withdraw from the study

According to Burns and Grove (2005:194), persons may discontinue participation or withdraw from a study at any time without penalty or loss of benefits. However, researchers do have the right to ask subjects if they think that they will be able to complete the study, to decrease the number of subjects withdrawing early. The ultimate test of the enhanced power of research participants, is in them knowing that they have the ability to withdraw from the study at any point (Holloway, 2005:31). Before interviews were conducted, the researcher informed the participants that they could withdraw from the study at any time they wished.

2.6 SUMMARY

Chapter 2 of this study discussed the research methodology. The research was descriptive in nature with the aim of gaining insight into the experiences of midwives in implementing the HIV testing and counselling at an antenatal clinic. This could assist with how nurse managers could support midwives in implementing HIV testing and counselling within protocol at an antenatal clinic in the Western Cape. The researcher described how unstructured individual interviews and field notes were used. Transcribed data of the interviews, together with the field notes were triangulated for analysis. Open coding was used. Criteria to measure trustworthiness were credibility, dependability, transferability, confirmability, authenticity. Ethical considerations were also discussed. The next chapter highlights the study's findings.

CHAPTER 3

RESEARCH FINDINGS

3.1 INTRODUCTION

Data analysis in qualitative research consists of preparing and organizing the data for analysis, then reducing the data into themes through a process of coding and condensing the codes, and finally representing the data in figures, tables, or discussion (Creswell, 2013:180).

3.2 STUDY CONTEXT

The objectives of the study were to;

- explore and describe the experiences of midwives with regard to implementing HIV testing and counselling at an antenatal clinic in the Western Cape; and
- describe actions to be taken by nurse managers to support midwives in implementing the HIV testing and counselling within protocol at an antenatal clinic in the Western Cape.

3.3 DATA ANALYSIS

The researcher transcribed the data of the interviews, together with the field notes through the process of triangulation for analysis.

3.4 IDENTIFIED THEMES

Qualitative studies require interaction between the researcher and the data. After data analysis the participants' experiences and suggestions were analysed and then organised into four themes as well as four categories; a code for each theme. The researcher had to show how the categories were linked to the data from participants (Burns & Grove 2011:96).

Four main themes were derived from the data analysis in this study:

1. Lack of support provided to midwives,
2. Protocol midwives should follow,
3. Training of midwives, and
4. Emotional difficulty of HIV Testing and counselling.

The *first theme* covered the complaints of the participants (midwives) with regards to a lack of support from their managers in charge. They felt that as midwives they were sometimes struggling to get the job done because of a lack of support from their managers or supervisors in charge.

The *second theme* in this study dealt with the issue of midwives following protocol that is expected of them to follow. Participants (midwives) in this study felt that they were not mandated to do HIV testing and counselling. In this regard, following protocol was not quite clear to them. The participants felt that they were used as a last resort when no other registered counsellor was available.

The *third theme* linked to the participants' level of training and their competencies with regard to their job description, especially within the framework of HIV testing and counselling.

The *fourth theme* covered the HIV testing and counselling as a difficult, emotional and daunting task.

Table 3.1 shows the experiences of the participants in this study.

Table 3.1: Themes and categories derived from the data analysis

THEME	CATEGORIES
1. Lack of Support	Emotional support
	Short staffed
2. Protocol	Not mandated to do HIV testing and counselling
	As a last resort
	Lack of visibility
3. Training	Skills development and sharing
	Lack of training
	No encouragement for Midwives to attend training
4. HIV Testing and counselling is emotionally difficult	Emotionally difficult

3.5 THEMES AND CATEGORIES OF THE STUDY

For purposes of this study the discussion of the findings is integrated with literature and not under a separate heading or section.

3.5.1 Theme 1: Lack of support

Nurse managers perform management functions to deliver health care to patients and offer support to their subordinates. Swansburg (1996:9) observes that nurse managers have the task to integrate the “principles and theories of nursing management into their daily routine and

manage the organizational environment to provide a climate optimal to provision of nursing care by clinical nurses”. The support that nurse managers provide to their subordinates, such as midwives, includes the provision of encouragement. This is important for midwifery practice and success in the work environment. Marquis and Huston (2009:11) explain: “It is important to recognize that the implementation of evidence-based best practices is not just an individual, staff nurse-level pursuit. Administrative support is needed to access the resources, provide the support personnel, and sanction the necessary changes in policies, procedures, and practices for evidence-based data gathering to be part of every nurse’s practice”. In this study, participants felt that they needed emotional support from their nurse managers and they expressed concern for the burden of staff shortages in the work environment.

3.5.1.1 Category: Emotional support

Nurse managers should centralize giving support to midwives in order to assist in the accomplishment of their duties (Raynor, Marshall & Sullivan, 2005:6). Throughout the busy and stressful times in the work environment, midwives often approach their counterparts for support. Freshwater (2003:104-105) is of the view that “it usually occurs on an ad hoc basis, with nurses seeking out those colleagues with whom they feel safe and supported. In some cases staff support groups are organized, although currently little is known about the value of such groups”.

Generally, the lack of support amongst employees and employers, in any type of work environment, has negative consequences for the organization. The nursing profession, like any other profession, is not exempted from the negative effects of a lack of support in the work environment, and nurses need support to do their work effectively (Minnaar, 2010:86). It is imperative for all midwives, practicing in South Africa, to have a manager who supports

and supervises them because this would impact the quality of care provided to clients (Jooste, 2010:169).

Nurse managers are trained to provide guidance and support to midwives delivering midwifery care. Therefore the support nurse managers provide to midwives is central to the success of any midwifery work environment. Emotional support is when one human being, displays appreciation, benevolence and an absolute interest for another human being (MIR, 2014). As human beings we have a continuous and essential need for genuine, original, worthwhile relations with our fellow human beings. Generally, “people with healthy friendships and relationships have greater emotional well-being, live healthier lives, and even have longer life expectancies” (MIR, 2014). In terms of emotional support with regard to the HIV testing and counselling, participants in this study felt that they should be provided with more additional, robust and effective support from their managers in charge:

“Nurse managers can also provide midwives with psychological and emotional support through the process of HIV testing and counselling ... it sometimes can be very daunting on our part.” (P3)

Midwives expect their managers to support them emotionally since midwives also don't know what is expected from them by clients. Participants felt that it was important to equip the junior staff to gain sufficient knowledge in order to feel confident when it comes to counselling the patients:

“...so that they can be able to teach the junior staff as well ... and also to help and support junior staff and counsel them in such a situation ... we also need support groups for the counsellors and even the midwives ... so that as counsellors we should really be strong to address the patients.” (P7)

Some nurse managers are very well equipped to provide the necessary guidance to midwives. However, in some cases, it seemed that there were nurse managers who were ill-equipped to provide support to their colleagues. Participants felt that they should have the opportunity to learn more from their managers, even when it became difficult to cope with the procedure around testing for HIV:

“I think sometimes you don’t know how to cope ... maybe it’s the patient that is so shocked after receiving the result ... but as a midwife you also don’t know how to respond ... and our nurse managers ... they also ... some of them ... I don’t think how to provide that support to their subordinates.” (P8)

As nurses it is important to be role models to our patients of ways in of being healthy. Thus nurses need to attend to the physical, psychological, emotional and spiritual needs of patients (Freshwater, 2003:105). A participant was well aware of the need for emotional support:

“on the issue of nurse managers’ support to midwives ... midwives need emotional support ... because it is not just the patient who must be supported when she finds out that she is positive ... the midwife too needs emotional support after informing the patient.” (P1)

Tharpe, Farley and Jordan (2012:84) express the importance of emotional support as part of building durable relations and shows that these emotional relations are profoundly purposeful in contrast with occasional companionships. These authors state: “Nurses need sincere, purposeful emotional support in every area of their work in order for them to deliver a high quality service to clients. Midwives support women with pregnancy complications and variations through prompt identification and initiation of treatment for these concerns to ensure the best possible outcome for mother and baby”(p.84).

The experiences of the participants indicated a need for more emotional support in terms of the HIV testing and counselling tasks that midwives needed to perform.

Client support is the support and care given to patients by midwives and the nurse managers in an antenatal unit. Holistically, an approach to client care involves all client care aspects, such as the environment, equipment and health care professionals, not just the individual client (Minnaar, 2010:84). A participants felt that clients should be equipped with sufficient knowledge about the procedures regarding HIV testing and counselling. She pointed out the importance of support to the client by way of pre- and post-counselling sessions:

“...because I am aware that there should be a pre-counselling session and a post-counselling session ... we don't have that exposure to those things ... so we can't give adequate counselling to the patient ... and follow-up.” (P3)

The quality care that is provided by midwives to clients could also include the quality time spent with the client before and after HIV testing and counselling. A participants was adamant in stating that spending quality time with the patient, after a positive result, made the patient feel free to disclose her feelings:

“I feel you don't have the time to really sit with that patient and if the patient is positive then it is something ... you can't just brush it off ... you need to sit and spend time with the patient.” (P5)

McCall Sellers (1993:1652) maintains that support is a crucial factor in protecting the mother from severe emotional distress.

Although support should run like a thread through all interactions with the mothers, the findings indicated that specific activities could be implemented to increase support. It seemed

that support given by nurse managers and midwives depended upon the unity of the team working together and the continuous involvement with the patient. According to the participants, there was a lack of involvement from nurse managers when it came to hands-on quality care and support regarding HI testing and counselling. In addition, participants felt that they were overwhelmed with work and therefore couldnot provide effective, sufficient support to the client:

“...we do have an operational manager that is assigned for HIV only ... she’s working with the counsellors but she is not really involved with the patient.” (P5)

“With the support of the operational managers ... I would not say that there is support given to midwives by nurse managers ... because everything is referred to the sister who is involved in the HIV testing and counselling ... so for them directly ... they do not deal with that ... they do not give support.” (P2)

“...but the involvement with the patient self ... there is a lack in that ... and even like we as nurses ... we don’t give the patient that support because we don’t have the time to sit with that patient.” (P5)

The client should be counselled and tested by one person to maintain trust between a client and staff member. In terms of HIV testing and counselling it is imperative that the confidentiality of the client should and must be protected. Participants agreed that confidentiality in HIV testing and counselling conducted by midwives, were one of the prominent challenges experienced:

“...but for the testing normally we have very little advantage to test the patient or to provide the counselling ... I feel it’s only fair that the patient needs to be tested by the same person who is doing the counselling.” (P8)

“I would also feel with my experience here ... some of the patients don’t even get proper counselling ... you just assume that the doctor did speak to the patient ... the doctor just said to the patient that the patient should be tested ... the patient gives the consent ... you come as a person doing the test ... after the test you rely on the doctor to come backand half of the time they don’t come back to provide that proper counselling that the patient is supposed to get.” (P8)

The management of a unit should include support mechanism to address needs and problems, objectives and planning, implementing, evaluating and recording of nursing care (Minnaar, 2010:84).

3.5.1.2 Category: Short staffed

A comprehensive understanding of the challenge around being short staffed in a nursing unit could be understood as the shortage of workforce in that unit. Recruitment of staff to work in a unit is based on the skills and knowledge needed to do the job. According to Jooste (2010:162), staffing can be seen as “the most fundamental and critical driver of a health care organisation’s performance”. Huston (2014:75) describes many challenge around staffing as an aging workforce, high turnover due to worker dissatisfaction, and inadequate long-term pay incentives.

The issue of being short staffed in midwifery practice, is detrimental to the quality of care clients should receive. A participant was of the view that the shortage of staff in any midwifery ward also negatively impacted on the ward, and that every midwife on duty had different ways of grappling with issues of short staff:

“...with the shortage of staff there is really no time for you as a midwife who is on duty to give the patient the right counselling.” (P1)

In this instance it is imperative to note that the right number and type of nurses should be available at the right time and place to undertake the work required to fulfil the organisation's goals (Sokhela, 2010:96). Participants' concerns regarding being short staffed translated into the fact that it only contributed to a lower standard of care and nurses being exploited:

“It is not right ... it feels as if we are short of something ... I would say we are incompetent to start off with ... because we would not even know where to start ... we cannot provide adequate quality care to the patient.” (P3)

Sokhela (2010:96) also mentions that “the approaches to staffing should reflect acknowledging the value of the staff working in practice. This could promote trust and staff responsibility for better client care outcomes. A participant agreed that if nurses were provided with the support they needed, to effectively do their work, their performance on their jobs would also increase:

“When it comes to the support that we receive from our nursing managers ... I don't think that they provide enough support as such ... they rely on ... there is one person allocated in the facility that I'm working in ... who is responsible for HIV/AIDS issues ... and I feel one person ... it is too much for one person ... and that person is not available on night shifts and public holidays or weekends.” (P8)

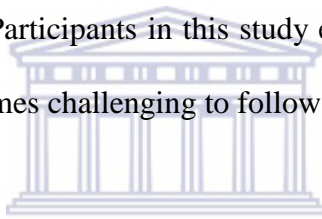
Solutions to the problem should be found through redesigning the workplace, increasing the number of nursing students in training, improving nursing's image, and moving toward a self-service approach to patient care (Huston, 2014:80).

Kingma (2006:3) is of the view that a strategic plan should be developed to retain nurses in practice, to perform procedures such as HIV testing, by paying them more and giving them

adequate working conditions and authority within their institutions, hospitals and health care systems with the expanding international labour market.

3.5.2 Theme 2: Protocol

Benett and Brown (1999:114) refer to protocol as a written system for managing care that should include a plan for audit of that care. Most protocols are binding on employees as they usually relate to the management of consumers with urgent, possibly life-threatening, conditions. Midwifery protocols and policies are fundamental to the midwifery profession and practice. Many health care organizations and institutions have their own unique set of protocols that must be followed by all staff. The field of midwifery also has its own authentic set of protocols to follow daily. Participants in this study experienced that in the instance of following protocol, it was sometimes challenging to follow.



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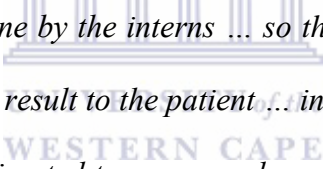
3.5.2.1 Category: Not mandated to do HIV testing and counselling

A mandate is when a conclusive set of rules are followed to conduct a certain task. It is also included in an employee's scope of practice. The employer lays down a mandate for a job that an employee needs to do. In medical terms, "the scope of practice is defined as the activities that a professional nurse performs in the delivery of client care" (Jooste, 2010:52). According to the ICM (2011), midwives are acknowledged as liable and accountable practitioners and they regard their relationships with their patients inclusive of giving robust support, care and advice during pregnancy. In addition, the ICM (2011) states that this care includes preventative measures, to promote a normal birth.

In certain instances, this study indicated that midwives may feel that they were not mandated to do certain tasks. They were however aware that adhering to protocols in general could

improve the results in the work environment, as one of the benefits of following protocols in midwifery practice, is that it may enhance the ongoing provision of quality care for clients. However, following protocols in midwifery practice seemed to become a heavy burden; that prevented midwives from applying their personal professional judgment. On the other hand it seemed that the protocol could demand midwives to perform tasks outside of their normal line of work.

Counselling should be seen as fundamental to midwifery practice. As described by Freshwater (2003:5) “it is an interaction in which one person offers another person time, attention, and respect, with the intention of helping that person to live more successfully”. A participant expressed who should be responsible for conducting the HIV testing and counselling in an antenatal clinic:



“...it is supposed to be done by the interns ... so they are supposed to do the testing, counselling and giving the result to the patient... in my experience ... HIV testing and counselling is not really directed to us ... we do not have that platform where we are so involved in that.” (P2)

Midwives wanted to feel that the duties they performed were in alignment with their scope of practice. This could enable them to mirror “the types of client for whom they need to care and the appropriate procedures and activities needed to be performed (Jooste, 2010:52). However, participants maintained that a lack of experience and exposure to HIV testing and counselling in the antenatal clinic, prevented them from becoming too involved with the process:

“My current institution ... we do not have much experience when it comes to HIV testing and counselling the patients ... we do not have that experiences as midwives ...

we have HIV counsellors they would come ... if there is a patient that needs to be tested ... we call them.” (P3)

“...the midwife is not really much involved in that process ... it is just the counsellors that are there ... conducting the testing and counselling ... so we are not really there to observe how the patient is ... throughout the process.” (P4)

Participants expressed the limitations they experienced regarding HIV testing and counselling in their immediate work environment:

“The people who are really implementing HIV testing and counselling was the counsellors ... we were there only to treat the client and that was all.” (P7)

“...we as nursing staff have very little opportunity I would say to do the counselling ... because at our facility we have designated HIV counsellors.” (P8)

It is known that the boundaries, within which nurses perform their day to day jobs, consist of obligations and responsibilities in principled and competent ways to serve clients (Jooste, 2010:52).

3.5.2.2 Category: As a last resort

Nurses as well as clients have rights. Imperatively, the right of clients and employers to know whether an individual is authorised to practice nursing should be upheld. It is appropriate that persons authorised by law to practice nursing care are accountable for their actions and must adhere to legal, practice and ethical standards (Jooste, 2010:53). Whenever there is a need in an antenatal ward to do HIV testing and counselling of clients, nurses should feel that they are mandated to do it. This is important because nurses need to decide on specific interventions to perform under certain circumstances within their scope of practice (Nevada State Board Nursing, 2012:1).

Strategies should be used as courses of actions for help or as a means of achieving something (The Free Dictionary, 2016). In many cases midwives tended to be utilised as a last resort in their work environment. Participants felt that protocols did not speak to their immediate situations or the needs of the clients:

“...but there are times when no-one is available then midwives are faced with that situation to do the testing and counselling to the patient ... then we have to find the doctor.” (P2)

“We do have our own counsellors in the wards on a daily basis ... but there is nobody over weekends ... if we do get un-booked patients over the weekends then it is a worry because then the midwife has to do the counselling and the doctor ... the doctors maybe.” (P5)



Participants in this study were aware that every action in their practice had consequences. Hence, participants felt that they as midwives could find themselves in situations where any choice they made would have severe consequences:

“...and I am not too keen on doing HIV testing and counselling either ... it is only during the weekends when we as midwives are forced to do it.” (P6)

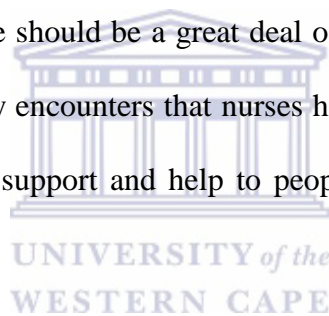
“...so normally we are only asked to do the HIV testing ... and on odd occasions when there's weekends or maybe on public holidays when the HIV counsellors don't work.” (P8)

Throughout midwifery practice, the daily implementation of protocols and policies can become a daunting task. Participants described the difficulty of how they sometimes had no other choice but to act and implement certain procedures as directives from the doctor:

“...we just go to the patient as instructed by the doctor ... we do the tests ... should test come back positive or negative ... then we need to inform the patient ... the implementation process is very difficult or even cumbersome for us ... so we are not really hands-on when it comes to implementation.” (P3)

“It is difficult ... so we would not really know where to start ... because most of the time the counsellors are around to do the counselling ... like over the weekends ... there are no counsellors around ... the doctors gives us orders to do the HIV testing and counselling ... we do not even know what the counselling process entails.” (P4)

It became evident that there was an unclear scope of who and how counselling skills in HIV and testing should be used. There should be a great deal of scope in using counselling skills to promote health in the everyday encounters that nurses have with their patients, and nurses should be engaged in providing support and help to people in order to change behaviour” (Freshwater, 2003:122).



The institution of protocols is in alignment with policies and procedures. It is designed this way because it gives guidance for the application of treatment in general. Midwives are required to have a good knowledge of these guidelines for treatment. In a way they are sometimes ‘compelled’ to operate out of their scope of practice when it comes to HIV testing and counselling. It is important to note that nurses being used as a last resort to conduct HIV testing and counselling on patients, can be viewed as a means to an end. This should not be the case. People should always be treated as ends in themselves. Nurses should take a decision, when finding a balance regarding the fairness of the decision (Jooste, 2010:29). Midwives should also not be utilised as a last resort but as valuable essential agents who should be treated as ends in themselves.

3.5.2.3 Category: Lack of visibility

The lack of visibility simply means an insufficiency, shortage, or absence of something required or desired. The lack of the visibility of protocols in the maternity ward is also frustrating for midwives. Protocols are guidelines to follow to ensure that quality care is provided to clients and to cover midwives in the event when complications may emerge. Guidelines should be readily visible and accessible to staff in order to do their work properly. In this study, participants felt that this was not the case:

“It is a bit of a challenge because the protocols are not visible on the walls ... as a midwife I am not trained to properly counsel the patient ... so I find that as a challenge ... because if you do not have the real knowledge about counselling the patient ... how can you support the patient ... with the protocols.” (P1)

“When it comes to protocols ... there are no visuals with regard to protocols.” (P2)

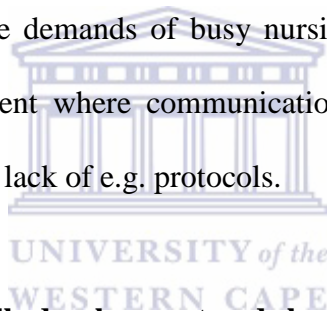
“With regard to policies and protocols and awareness around HIV testing and counselling ... we do have reading material ... but I don’t think there is enough posters up, not sufficient visual aids.” (P8)

In general, protocols are the procedures for a well-organized antenatal unit. The lack of protocols may cause the waste of time and e.g. looking for protocol on the internet, in order to obtain the appropriate information for the treatment of patients (Prescher-Hudges&Alkhoudairy, 2007:vi). It is imperative for midwives have sufficient knowledge readily available, accessible and visible to perform their duties. There are numerous obstacles that may confront midwives if they cannot see or do not have evidence-based practice protocols in place.

3.5.3 Theme 3: Training

Training is a process by which someone is taught the skills that are needed for the profession. Nursing care has certain standards and that requires professional nurses who need certain competencies (Jooste, 2010:55). Counselling skills form a part of ongoing training and education for midwives. Bhaskara Rao (2000:47-48) explains that counselling skills are very specialized forms of communication skills.

One should remember that nurses spend almost all their time communicating with patients. Verbal and non-verbal messages that pass between midwives and patients have therapeutic or non-therapeutic qualities and outcomes. In HIV/AIDS the combination of patients with complex needs, together with the demands of busy nursing staff, can produce a less than favourable therapeutic environment where communication is blocked by various barriers (Bhaskara Rao, 2000:50), such as lack of e.g. protocols.



3.5.3.1 Category: Skills development and sharing

A well-planned, comprehensive system of continuing professional growth activities is needed, over a period of time, to achieve specific institutional goals and objectives (Nkosi, 2010:249). Generally, counselling in terms of HIV/AIDS is occasionally facilitated by qualified counsellors who are “trained for that specific role” (Bhaskara Rao, 2000:47). However, more often, other health professionals use counselling skills in the course of their work, to achieve similar goals. All health professionals use communication skills that are the foundation of counselling (Bhaskara Rao, 2000:47-48).

Whenever there is a lack of training, there will also be a lack of knowledge and a lack of knowledge could result in poor work performance. Participants in this study, experienced a lack of training, especially with regards to HIV testing and counselling:

“I think there should be some of the senior counsellors to conduct lectures ... on how to do the HIV testing and counselling.” (P3)

“They can get one of the counsellors to lecture midwives on how they should conduct the counselling.” (P4)

Participants felt that these skills and knowledge that could be gained, could have a positive impact on midwives as a whole, especially in the instance where they will be able to learn from one another:

“...even to send one or two midwives for short-term courses so that they can be exposed ... so when they come back from those short-term courses ... they will be able to educate the other staff ... inform them or pass knowledge on to them ... has to counsel the patient.” (P4)

“I think she can have sessions in the ward ... she can ... on certain days have sessions with the staff and other days with the patients ... to educate them.” (P5)

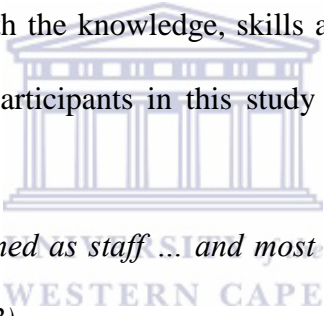
Communication is a fundamental segment of the operational side of nursing care in any unit, as part of professional practice (Du Plessis, 2010:205). Participants in this study agreed that nurse managers should exercise continuous patience and be more aware of methods of communication with midwives:

“If she has the patience with the midwife in the ward ... that is the time she would find out there is a lack of communication between her and the midwife ... because if we have these sessions with her we can go for refreshing courses.” (P5)

The continuation of professional skills and training development opportunities, should be linked to the enhancement of quality care provided to clients. It should also contribute to midwives' personal development plans. More attention should be given in the case of training and development concerning HIV testing and counselling for midwives. The issue of being excluded in some training opportunities and included in others could have an impact on the midwife's professional competency to do the job. If midwives should stand in for HIV counsellors when none is available at a specific time, they should be competent to do so.

3.5.3.2 Category: Lack of training

The staff development process should focus on continuous improvement for all health care professionals to provide them with the knowledge, skills and attitudes needed to perform at high levels (Nkosi, 2010:249). Participants in this study experienced lack of training and portraying incompetency:



“Because we are not trained as staff ... and most of the people ... some of them ... they are incompetent.” (P3)

“As a midwife I am not trained to properly counsel the patient ... so I find that as a challenge ... because if you do not have the real knowledge about counselling the patients ... how can you support the patient.” (P1)

The diagnosis of HIV positive results is in itself traumatic. Bhaskara Rao (2000:48) describes how people have to face the possibility of many changes, losses and adjustments, often in situations of social isolation or poverty. In these situations midwives ought to be updated with the latest counselling skills and education.

Refreshing courses, e.g. update courses are very important and midwives need to stay updated with relevant counselling issues in order for them to know when new treatment or

management emerges, to act accordingly. Participants acknowledged that from time to time, they did receive training but that it was insufficient:

“We do get lectures from HR ... but that’s only for one day ... where they educate us regarding the HIV counselling ... but I feel that it is not enough ... because it is such a lot of information that you get on that day ... and there is no follow-up or refreshing courses ... you go once ... and you have to know it.” (P5)

“We don’t get re-enforcement courses on HIV testing and counselling ... and we as midwives need that course ... as a reminder of how to do everything.” (P6)

“...once someone come to give a crash course on the HIV testing and counselling ... but that was not enough because I think you should understand it ... you can’t focus on something partially and expect us to implement that afterwards ... it is not fair.” (P6)

Some participants expressed their resentment on only chosen midwives that are being sent for counselling courses, showing favourism on the part of management:

“According to my experience and my observations was that ... it was also the gap ... they didn’t even get the training for the counsellors.” (P7)

“...those before even doing the testing ... you need to counsel the patient ... and ... some of us do not have the necessary training.” (P8)

Discussions about HIV testing and counselling between midwives and patients are never easy and midwives should be skilled to execute such a difficult task. Conversations about HIV will be more effective if counselling skills are used to explore specific issues for individuals (Bhaskara Rao, 2000:48).

Participants felt incompetent with the little knowledge of counselling and did not know how to cope when patients got emotional. The environment where midwives work, must avail the chances for nurses to enhance their skills and knowledge in order for them to do their work even more effectively. In this way nurses will have opportunities to strengthen their personal and professional development. The chances for this type of development for nurses should incorporate “instructional in-service programmes, availability of knowledgeable peers and the opportunity to attend education sessions (Jooste, 2010:59).

3.5.3.3 Category: No encouragement for midwives to attend training

Midwives should be encouraged by their managers to attend training. Encouragement in this regard will enhance their knowledge and service delivery effectively. According to Jooste (2010:200), motivation is a key ingredient in building an effective, successful body of staff members in a health organisation. Generally, throughout this study, participants felt that they were not encouraged by their managers to attend training. The chosen midwives who attend counselling courses, left the institution with their knowledge and go went to work somewhere else:

“I also want to add that not all the midwives are sometimes allowed to attend courses ... there are just some who are specifically chosen to attend those courses ... I feel that this is unfair ... all midwives need training on all levels and all should be given the privilege to be educated.” (P1)

It left the junior staff behind unequipped which made it difficult for them to cope with the situation:

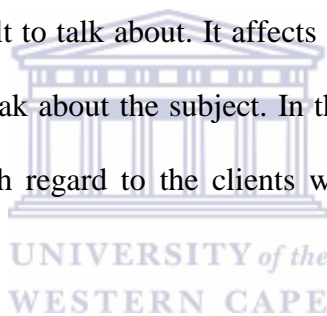
“...even when there is in-service training ... they will not motivate their staff and say do this training ... they don't sit with the subordinates and go through the possible

courses and what is the risk or the advantages of doing certain courses with their staff members ... maybe they can improve on that” (P8)

Overall the importance of skills and knowledge in a working environment boosts the performance of that working environment. It is imperative that there should never be training and development for nurses in the health care system. Hence, ongoing education, coaching and mentoring, and constructive feedback are all needed (Nkosi, 2010:256-257).

3.5.4 Theme 4: HIV testing and counselling is emotionally difficult

Generally, emotions play a crucial role in human lives and in human affairs as part of the psychology and cognitive sciences (Wierzbicka, 1992:557). Because of its intensity, HIV/AIDS is emotionally difficult to talk about. It affects almost everyone in some way and not everybody is at liberty to speak about the subject. In the case of midwives in this study, HIV testing and counselling with regard to the clients were also emotionally difficult for them.



3.5.4.1 Category: Emotionally difficult

Participants felt uncomfortable to convey positive results to the client because they were not sure how to handle the situation because of fear:

“Emotionally it is too much for you as midwife ... to give the patient all that information ... it was not a nice experience.” (P1)

“I don’t want to be the one who tells the patient that she is HIV positive ... I do not like it ... it is not for me.” (P6)

“The test is not the problem ... the counselling is the problem ... because it is too emotional.” (P6)

In the case where the results were showing being positive, participants found it emotionally difficult to convey the result to the clients:

“According to my experience with those years ... it was so difficult ... it was not something that was easy to do ... you get so emotional.” (P7)

“In the case where you are a junior staff member and you have not been trained to do HIV testing and counselling ... I think sometimes you don't know how to cope ... maybe it's the patient that is so shocked after receiving the result ... but as a midwife you also don't know how to respond.” (P8)

“We also need support groups for the counsellors and even the midwives ... so that as counsellors we should really be strong to address the patients.” (P7)

Discussions about HIV/AIDS and related topics can bring up strong feelings of hurt, anger, and despair. Midwives should know how they can show their support for clients even when it becomes emotionally difficult for them to deal with. The reality of the practice of midwifery is that midwives are confronted with emotionally difficult conditions in their specialised practice. These conditions have the ability to contribute to their own emotions as individuals. The issue of HIV testing and counselling influence the work of midwives or leave them emotionally distressed (Jooste, 2010:363).

3.6 SUMMARY

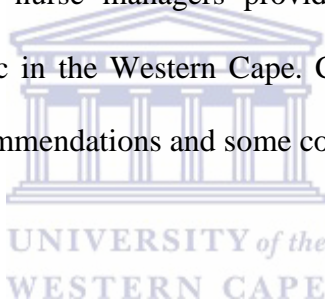
In this chapter the findings of the study were discussed, of individual interviews conducted at an antenatal clinic in the Western Cape. The experiences of the participants in the study related to the specific location where the study was conducted. In Chapter 4 recommendations based on the research findings will be discussed.

CHAPTER 4

LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS

4.1 INTRODUCTION

Chapter 1 of this study, covered and presented an introduction, background and overview of the full research conducted. A detailed presentation of the research design and methodology was given in Chapter 2 of this study. The focus of Chapter 3 was on the findings of the research conducted. This was presented in the form of themes and codes that embodied the experiences of midwives with regard to implementing HIV testing and counselling and the support nurse managers provide to midwives in implementing protocol at an antenatal clinic in the Western Cape. Chapter 4 finalises the study with regard to the limitations, recommendations and some conclusions.



4.2 SCOPE OF THE STUDY

The aim of the study was to describe the support of nurse managers to midwives in implementing HIV testing and counselling within protocol at an antenatal clinic in the Western Cape.

4.3 SUMMARY FINDINGS

The researcher has been a registered nurse and midwife in an antenatal environment at a public hospital in the Western Cape for about ten years. As professional nurse and midwife, the researcher observed and discovered that midwives experience difficulty in terms of the implementation of HIV testing and counselling of patients and the support

they receive from nurse managers. This observation and discoveries then prompted the researcher to conduct research regarding the experiences of midwives in relation to HIV testing and counselling of patients. She bracketed her background during the study.

Data was collected from 8 experienced midwives who were placed in the antenatal clinic for a year or longer in phase one of this research. These midwives were readily available for the study and they were registered with the South African Nursing Council (SANC). The information obtained for the purposes of this study was collected by means of unstructured, individual interviews departing from one open-ended question and field notes which explored and described the experiences of midwives with regard to implementing HIV testing and counselling.

Participants experienced a lack of support with regards to the implementation of HIV testing and counselling of patients. Difficulty was experienced in following protocol regarding this HIV testing and counselling of patients. This was linked with a lack of HIV testing and counselling training. Furthermore participants experienced emotional difficulty regarding HIV testing and counselling of their patients.

For the most part of the study, the midwives' experiences were negative.

Theme one of this study described the lack of support midwives experience. Participants' experiences that it can become difficult to cope sometimes. Participants said that they could not provide adequate counselling to the patient as well as spend quality time with patients.

Theme two discussed the issue of protocol. Participants felt that they were not mandated to do HIV testing and counselling. Their experience was that they served as substitutes to other health care workers. In addition, there was a lack of visibility of protocols on the walls to constantly refer to.

Theme three dealt with skills development. Participants experienced that there is a lack of training and development and that there should be more training and skills development opportunities created for midwives. This could result in midwives becoming more equipped and qualified to do what is expected of them. Additionally, nurse managers should encourage the ongoing training and development for midwives.

Theme four dealt with the fact that HIV testing and counselling is emotionally difficult for midwives.



4.4 LIMITATIONS OF THE STUDY

The limitations of the study were as follows:

- Initially there were ten registered midwives who agreed to be a part of the study. However, only eight of them participated in the study. The other two later decided not to participate.
- The study sample could have included nurse managers to contribute their perspectives regarding the issue of HIV testing and counselling in maternal wards.

4.5 RECOMMENDATIONS

Based on the research findings and the limitations of the study the following recommendations for support in midwifery practice, protocol and midwifery skills development are put forward.

4.5.1 Recommendations for support in midwifery practice

Freshwater (2003:105) identified that challenging institutional attitudes demand a great deal of commitment and energy and support from peers and colleagues. A solution for this might be to confront the organizational nursing culture of coping, and avoiding the pressure to work additional hours (Freshwater, 2003:105). Nurses are urged to look after their own well-being.



The following recommendations are made for midwifery practice.

- Nurse managers should provide more support to midwives under their supervision, e.g. with psychological and emotional support through the process of HIV testing and counselling.
- Midwifery emotional support to clients should be given more priority in maternal wards.
- More qualified midwives should be trained and employed in order to lift the heavy burden of staff shortages in midwifery practice.
- Support groups for counsellors and midwives could be implemented to serve as support.
- Operational managers to become more involved with patient care.

4.5.2 Recommendations for following protocol in midwifery practice

According to Coufield (2011:70), the influence and importance of protocols and policies are that they encapsulate the employment relationship between the nurse and the employer. These protocols and policies should be applied as methods or guidelines to the line of duty.

The following recommendations for support in following the protocol in midwifery practice are made:

- The protocol should be simplified to be understood by all stakeholders and managers to guide followers in effectively providing a quality service in midwifery settings.
- Midwives should receive clear direction in the HIV testing and counselling application and have the opportunity to give input in the protocol with their managers.
- Managers should be clear on the mandate of midwives to do HIV testing and counselling in midwifery practice.
- Protocols should enable midwives to perform HIV testing and counselling at all times and midwives should not be used as a last resort.
- Protocols, in a midwifery environment, should be readily visible and accessible for midwives, who are regularly discussed by managers with followers.

4.5.3 Recommendations for skills training and development

Freshwater (2003:103) stated that “one of the functions of reflective practice and clinical supervision is that of enabling the practitioner to identify their own professional development needs and translate these into action. The following are needed:

- Midwives should be provided opportunities to attend continuous skills development and training.
- Managers should have a fair allocation system to send midwives for training sessions.
- Midwives should be encouraged by nurse managers to regularly attend training and skills development courses.
- Midwives should be equipped, qualified and competent to perform HIV testing and counselling in the midwifery practice.

4.6 CONCLUSION OF THE STUDY

According to the researcher, the two objectives of this study were addressed. The participants' experiences that was described and explored in this study was categorised in four themes. These four themes included the lack of support, protocol, training and the emotional difficulty of HIV testing and counselling. The four highlighted themes emerged from the experiences of midwives with regard to implementing HIV testing and counselling and the support nurse managers provide to midwives in this regard within protocol.

In Chapter 4 of this study the researcher provided an overview of the research conclusions, limitations and recommendations. The purpose of the recommendations of the study, was to provide suggestions as to how this study could improve midwifery practice in relation to HIV testing and counselling of patients, with support of nurse managers.

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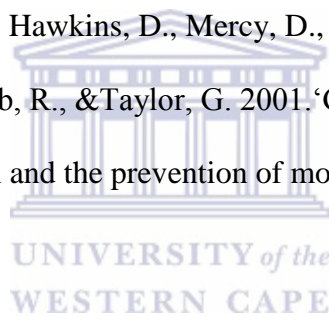
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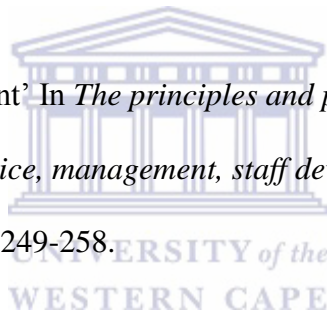
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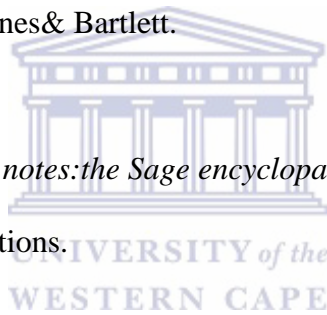
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LIST OF ANNEXURES

ANNEXURE A: Letter to Head Office Department of Health



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel:+27 21-9592274, Fax:27 21-9592679

E-mail:priscillajannet@gmail.com

Letter of request to conduct the research

September 2014



Prof C Househam

Head of Health

Department of Health

4 Dorp Street

Cape Town

8001

Dear Prof Househam

Request for permission to conduct research investigation

I hereby request to conduct a research study at an antenatal clinic in the Western Cape. The study is entitled: Support to midwives in implementing HIV testing and counselling within protocol at an antenatal clinic in the Western Cape. This study is part of the requirements for acquiring a Masters Degree in Nursing. The study will be done under the supervision and guidance of Professor K. Jooste of the School of Nursing, University of The Western Cape.

Data collection was obtained by:

- Individual unstructured interviews which will be held at an antenatal clinic in the Western Cape. Participants invited to partake will be Professional nurses who perform midwifery duties. Interviews will be held in a private room as arranged, and it will take around 45 minutes for individual interviews.

The researcher will adhere to the rights of participants to privacy and confidentiality. In this study no names will be attached to the data obtained and interview transcripts will be numbered. The participants will in no way be linked to the research findings. The research will not harm the participants in any way. Before interviews will be conducted, participants will be informed that they can withdraw from the study at any time they wished to. In this study, the researcher will make use of unstructured individual interviews and field notes to develop a comprehensive understanding of the phenomenon. The researcher and participants will agree upon a scheduled off duty time to conduct the interviews. The interviews will take around 45 minutes in a private room at the antenatal clinic in the research setting. While conducting the interviews, the researcher will tape-record the experiences shared by the participants with their permission. The transcribed data of the interviews, together with the field notes will be triangulated for analysis. Open coding will be used to organize data collected in the unstructured individual interviews and an independent coder (experienced researcher and supervisor) will assist in this regard.

I am also attaching the proposal, information sheet to participants as well as the informed consent sheets for your information.

If you have any questions about the research study itself, please contact:

Researcher: Priscilla Paulse

Professional Nurse

Groote Schuur Hospital, Main Road

Observatory

7935.

Telephone: 021 404 9111

Cell: 083 608 7665

Email address: priscillajannet@gmail.com



Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Research Supervisor/Acting Director, School of Nursing: Prof K. Jooste

University of the Western Cape

Private Bag X17, Bellville 7535

Telephone: (021) 959 2271; Email: kjooste@uwc.ac.za

This research has been approved by the Senate Research Committee and Ethics Committee of the University of the Western Cape.

ANNEXURE B: PERMISSION UNIVERSITY WESTERN CAPE ETHICS



OFFICE OF THE DEAN DEPARTMENT OF RESEARCH DEVELOPMENT

4 November 2014

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by:
Mrs PJ Paulse (School of Nursing)

Research Project: The support of nurse managers to midwives in implementing HIV testing and counseling within protocol at an antenatal clinic in the Western Cape.

Registration no: 14/9/37

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study.

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

Private Bag X17, Bellville 7535, South Africa
T: +27 21 959 2988/2948 . F: +27 21 959 3170
E: pjosias@uwc.ac.za
www.uwc.ac.za

A place of quality,
a place to grow, from hope
to action through knowledge

ANNEXURE C: PERMISSION HEALTH FACILITIES



GROOTE SCHUUR HOSPITAL

Enquiries: Dr Bernadette Eick

E-mail : Bernadette.Schmitz@westerncape.gov.za

Mrs. P. J. Paulse
Student: Community & Health Science
University of the Western Cape
Private Bag X17
BELLVILLE
7585

E-mail: priscillajannet@gmail.com

Dear Mrs. Paulse

RESEARCH PROJECT: The Support Of Nurse Managers To Midwives In Implementing HIV Testing And Counseling Within Protocol At An Antenatal Clinic In The Western Cape.

Your recent letter to the hospital refers.

You are hereby granted permission to proceed with your research.

Please note the following:

- a) Your research may not interfere with normal patient care.
- b) Hospital staff may not be asked to assist with the research.
- c) No hospital consumables and stationary may be used.
- d) **No patient folders may be removed from the premises or be inaccessible.**
- e) Please introduce yourself to the person in charge of an area before commencing.
- f) Please discuss the study with the HOD before commencing.
- g) Please provide the research assistant/field worker with a copy of this letter as verification of approval.
- h) Confidentiality must be maintained at all times.

I would like to wish you every success with the project.

Yours sincerely

Signed by Dr Jacobs

DR BELINDA JACOBS
(Acting) CHIEF OPERATIONAL OFFICER
Date: 6th May 2015

C.C. Mr. L. Naidoo
Mrs. M. Ross
Mrs. M. Patton

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ANNEXURE D: Information sheet – Individual and focus group interviews



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Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592274, Fax: 27 21-9592271

E-mail: priscillajannet@gmail.com

PARTICIPANT'S INFORMATION SHEET

Project Title: The support of nurse managers to midwives in implementing HIV testing and counselling within protocol at an antenatal clinic in the Western Cape

What is this study about?

My name is Priscilla Paulse and I am a registered Masters student in Nursing Science at the School of Nursing at the University of the Western Cape. Midwives work close with nurse managers and can provide very useful and insightful information that is required for this study. The purpose of the study will be to describe the support of nurse managers to midwives in implementing HIV testing and counselling to pregnant women at an antenatal clinic in the Western Cape. Your contribution to this study can help meet the goals of the study.

What will I be asked to do if I agree to participate?

I would like to invite you to participate in this study. If you agree to participate, you will be asked to take part in individual unstructured interviews which involve open-ended questions that relates to the study and your experiences in this specific field. The researcher and participants will agree upon a scheduled off duty time to conduct the interviews. The central question that will be asked is: "What are the experiences of midwives with regard to implementing HIV testing and counselling?" and "How can nurse managers support midwives in implementing HIV testing and counselling within protocol at an antenatal clinic in the Western Cape?" Written informed consent will be required and the experiences shared by you will be tape-recorded with your permission.

Would my participation in this study be kept confidential?

The information you provide for this study will be confidential. Your name will not be attached to any information you provide and the interview transcripts will be numbered. Open-coding will be used to organize the information collected and an independent coder (experienced researcher and supervisor) will assist in this regard. You will in no way be linked to the research findings and your experiences will not be shared with you line manager or any other employee at the health service.

What are the risks of this research?

The researcher is not aware of risks associated with participating in this research project. As the researcher is a staff member in the Maternal Centre, interviews will be conducted by an independent interviewer that is an expert in qualitative research.

What are the benefits of this research?

The results of this study may assist the researcher to describe actions to be taken by nurse managers to support midwives in implementing HIV testing and counselling within protocol at an antenatal clinic in the Western Cape. The results of this study will be freely available to all participants on their request. This research study will not personally benefit the researcher but it may make an important contribution to the development of the actions taken by nurse managers to support midwives.

Do I have to be in this research and may I stop participating at any time?

Participation will be voluntary. You may withdraw from the study at any time and this would not harm or affect your position or employment status in any way.

What if I have questions?

This research is being conducted by Priscilla Paulse, a Professional Nurse at the Maternity Centre, Groote Schuur Hospital in Observatory.

If you have any questions about the research study itself, please contact:

Researcher: Priscilla Paulse

Professional Nurse

Groote Schuur Hospital, Main Road

Observatory

7935

Telephone: 021 404 9111

Cell: 083 608 7665

Email address: priscillajannet@gmail.com

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Research Supervisor/Acting director, School of Nursing: Prof K. Jooste

University of the Western Cape

Private Bag X17, Bellville 7535

Telephone:(021) 959 2271; Email:kjooste@uwc.ac.za

Dean of the Faculty of Community and Health Sciences

Prof Jose Frantz

021 9592631

Email: jfrantz@uwc.ac.za

University of the Western Cape

Private Bag X17

Bellville 7535

Prof Blockman

Chairperson:FHS Human Research Ethics Committee

0214066338

This research has been approved by the Senate Research Committee and Ethics Committee of the University of the Western Cape and the UCT FHS Human Research Ethics Committee.





ANNEXURE E: Written informed individual interviews

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592274, Fax: 27 21-9592271

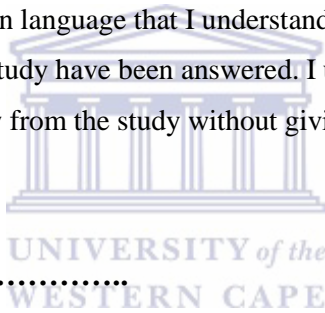
E-mail: priscillajannet@gmail.co.za

WRITTEN INFORMED CONSENT

Letter of request to participate in the study

Title of Research Project: The support of nurse managers to midwives in implementing HIV testing and counselling within protocol at an antenatal clinic in the Western Cape.

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way



Participant's name.....

Participant's signature.....

I further agree that the interview be voice recorded.

Participant's signature.....

I further agree that the researcher takes field notes.

Participant's signature.....

Witness.....

Date.....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Prof Karien Jooste

University of the Western Cape

Private Bag X17, Bellville 7535

Telephone:(021)959-2274

Cell:0828972228

Fax:(021)959-2271

Email:kjooste@uwc.ac.za

Prof Blockman

Chairperson:FHS Human Research Ethics Committee

University of Cape Town

0214066338



ANNEXURE F: Interview guide for individual unstructured interviews



GUIDING UNSTRUCTURED QUESTION

What is your experience as a midwife with regard to implementing HIV/AIDS testing and counselling?

OR

How is it for you to implement HIV/AIDS testing and counselling?

How can nurse managers support you in implementing HIV/AIDS testing and counselling within protocol at an antenatal clinic in the Western Cape?

Tell me more...



ANNEXURE G: INTERVIEW TRANSCRIPT

P - My name is Priscilla Pause. I am a registered Masters student at the school of nursing at UWC. I am conducting a study that describes and explore the experience of midwives regarding implementing HIV testing and counselling and also to describe the support of nurse managers provide to midwives in implementing ... at your facility. The first part of the research is for you to describe your experience and also the support that operational nurse managers provide you with in implementing HIV testing and counselling at your facility.

P – I would like you to participate in the study and ... if you agree to participate in the study you will be required to complete a written consent form ... I will interview you regarding my study ... and the reason why I invite you to participate in the study is because you've got the insight information ... you are the ... operational managers ... you're working closely with them and that is the reason why I chose you ... to provide me with that information the study requires ... and I will take notes and recordings with your permission and I will interview you with your permission and for that I need you to sign the consent form to continue with the study and I also want to give you assurance concerning confidentiality ... by doing so I will not attach your name regarding the study ... and in no way harm you ... I will protect you throughout the study and I assure you that your job will not be at risk.

P – The benefit of the study is that you as a midwife has the opportunity to make your voice heard in this study ... you can stop or withdraw from the study at any time ... if you have any questions regarding the study you can contact me ... I will give you my contact details ... and if you have any problem with the study ... you can contact my supervisor.

P – My central questions for this interview are firstly ... “What are the experiences of midwives with regard to implementing HIV testing and counselling?” and secondly ... “How can nurse managers support midwives in implementing HIV testing and counselling within protocol at an antenatal clinic in the Western Cape?”

I – We do have our own counsellors in the wards on a daily basis ... but there is nobody over weekends ... if we do get un-booked patients over the weekends then it is a worry because then the midwife has to do the counselling and the doctor ... the doctors maybe ... it's on the midwife ... I feel you don't have the time to really sit with that patient and if the patient is positive then it is something ... you can't just brush it off ... you need to sit and spend time with the patient ... but we are very short staff also at the moment ... because people are

leaving but they do not replace the staff and that makes it difficult for you and the sister in the ward to do the counselling ... of the patient because you don't spend the necessary time with the patient ... we had an incident where the patient was positive ... newly diagnosed and it was over a weekend ... I came on duty ... like the Friday in the late afternoon ... the patient was positive ... there was no counsellors on the premises because it was weekend ... they were off-duty ... so it was difficult to release that patient into the community without properly – counselled for me as a sister – the doctors feel, you know that the patient can be discharged because she was a normal vertex delivery ... so we can release her after six hours of delivery and she can be counselled in the community but for me as a sister it was very difficult to release that patient.

I – Because the patient had a lot of mixed feelings ... she was anxious ... and how is she going to disclose to the family, boyfriend because it was her second boyfriend ... so she was not really sure where did she get the virus from ... so there was like a lot of questions and anxiety and emotions ... the patient was like unstable ... so I kept the patient because we had enough beds fortunately that weekend ... so I kept the patient until the Monday to be seen by our counsellors in the hospital setup.

I – Because I feel our counsellors are equipped and educated to do like the counselling ... we do have an operational manager that are assigned for HIV only ... she's working with the counsellors but she is not really involved with the patient ... the operational nurse manager is more to do with the administration part of the ward ... she will pick up the medication ... she will inform us if we did not pick it up ... so she is more to do with the administration ... but I feel there is still a stigma around HIV ... even in the hospital setup ... because it's only one operational manager that is really involved ... with the administration part and I think she do have meetings with the others ... give feedback to the others ... but overall they have their administration which they must do ... so they don't really make contact with the HIV patients ... so I think ... a hospital where these patients can be treated with.

I – On educators and equipped staff ... it will really be a benefit for that patient ... or like one department ... like the oncology patients ... because this is really like ... these patients ... they also need that support from the medical staff ... they need insight in their condition.

P – What about the protocols that should be followed in the process? Do you think it is important?

I – Our protocol files in the wards ... the nurses know where it is ... regarding the feeding of the babies ... the medication ... the doctor ... intern ... the operational manager educate the doctors regarding the protocol of the newly diagnosed ... the medication of the babies ... and because we are a teaching hospital we do opt a lot of interns ... they need to be updated all the time regarding that protocol ... It is visible in the ward ... and she also updates the information ... she is really good with that part ... but the involvement with the patient self ... there is a lack in that ... and even like we as nurses ... we don't give the patient that support because we don't have the time to sit with that patient.

P – How can nurse managers support midwives with regard to HIV testing and counselling?

I – We do get lectures from HR ... but that's only for one day ... where they educate us regarding the HIV counselling ... but I feel that it is not enough ... because it is such a lot of information that you get on that day ... and there is no follow-up or refreshing courses ... you go once ... and you have to know it ... because protocols are filed in the ward ... you must educate yourself in the ward as well.

I – Emotionally it is too much for you as midwife ... to give the patient all that information ... and I refer to that time when the patient was booked and it was over the weekend ... it was not a nice experience ... the patient started to cry ... there is the work you as midwife must do ... and then there is the patient who is emotionally unstable ... and the time is just not there to sit ... one must make the time for that patient ... time is just not enough ... they must equip and educate people to support these patients .

P – You mentioned something about the newly diagnosed patients ... and that there is no counselling over weekends ... you also said that your experience with that patient was difficult too ... so how did you feel at that specific moment?

I – I was worried because that patient won't go to the clinic ... because she herself did not understand the disease ... she just found out now that she is positive ... and as the advocate of the patient ... I had to protect the patient who could not cope at that time ... we must teach the patient about prevention ... there is a lot of education to give to the patient because she's going back home.

P – You mentioned something about the operational nurse manager and the fact that she is more involved with the administration of the ward rather than with the patients and midwives

themselves ...what do you suggest she should do to be more involved with the patients and midwives?

I – I think she can have sessions in the ward ... she can ... on certain days have sessions with the staff and other days with the patients ... to educate them.

P – What change would it make if she involves herself more?

I – I think nurses would be more confident and they will also feel free to go to her at any stage ... to ask her questions.

P – You also said there are no follow-up or refreshing courses ... or if there is ... she is not encouraging the midwives to go for it ... so what do you suggest she should do in this regard?

I – If she has the patience with the midwife in the ward ... that is the time she would find out there is a lack of communication between her and the midwife ... because if we have these sessions with her we can go for refreshing courses.

P – Thank you for your contribution

