

**NURSING LEARNERS' EXPERIENCES WITH REGARD TO CARING FOR  
MOTHERS AFTER STILLBIRTH DELIVERIES AT PUBLIC HOSPITALS IN  
GAUTENG PROVINCE**

by

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## DECLARATION

Student Number: 29618615

I, Vuyelwa Violet Vivian Morake, declare that the dissertation

***“NURSING LEARNERS’ EXPERIENCES WITH REGARD TO CARING FOR MOTHERS AFTER STILLBIRTH DELIVERIES AT PUBLIC HOSPITALS IN GAUTENG PROVINCE”***

is my original work and has not been submitted before for any degree or at any other institution. All the sources that have been used or quoted have been acknowledged by means of complete references in the text and in the list of sources.

.....

**VUYELWA VIOLET VIVIAN MORAKE**

.....

**DATE**

## DEDICATION

I dedicate this study to the people who were instrumental in supporting me throughout the course of my study:

- My late parents Thamsanqa Victor and Hlamvukazi Constance Lillian Yose
- My siblings.
- My daughter Tsholofelo, for her time and willingness to assist me with technology.
- My sons Pilane and Mbulelo for their patience and always understanding my lack of support due to a tight study schedule.

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## ABSTRACT

The purpose of the study was to explore and describe nursing learners' experiences with regard to caring for mothers after stillbirth deliveries at selected public hospitals in Gauteng province. A qualitative approach was used to conduct the study. The population consisted of all the second, third and fourth year learners registered for the Diploma in General Nursing (General, Community, Psychiatry) and Midwifery who had been allocated to the obstetric section of five selected public hospitals in the province. Purposive sampling was used to select participants from nursing learners who had taken care of mothers after stillbirth deliveries. Five focus group interviews and reflective journals were used to collect data. Data was analysed according to Tesch's method by the researcher and an independent co-coder.

The following categories emerged from the findings: experiences of learners when caring for mothers after a stillbirth delivery; interaction with the mother of the stillborn infant; and changing emotions within the same environment. It was recommended that further research be conducted in other public hospitals to determine the needs of learners when caring for mothers after stillbirth deliveries. Extensive research to be conducted regarding emotional and academic support required by learners in order to empower them to care for mothers after stillbirth deliveries. The nursing curriculum to make provision for outcomes on bereavement and grief for nursing staff and learners.

**Key words:** Bereavement, experience, nursing care, nursing learner, stillbirth.

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# CHAPTER 1

## OVERVIEW OF THE RESEARCH

### 1.1 INTRODUCTION

The purpose of the study is to explore and describe nursing learners' experiences with regards to caring for mothers after stillbirth deliveries at selected public hospitals in Gauteng, one of the nine provinces in South Africa. In Chapter 1 the background of the study, the research problem, purpose, as well as the significance and assumptions are outlined. In addition, an overview of the research design and methodology, data collection and analysis methods and measures to ensure trustworthiness are presented. Ethical considerations are also discussed.

According to The South African Nursing Council (SANC) Regulation R425 (1985:21), it is a requirement that nursing learners pursuing the four-year diploma for registration as a general nurse (General, Psychiatry and Community) and Midwife should be allocated to an obstetric unit for a 1,000 hours of clinical learning experience. In accordance with this regulation, nursing learners are placed in maternity units and community health centres during their second, third and fourth years of training for midwifery clinical experience.

During midwifery clinical placement, it is likely that nursing learners, among other expectations, will be required to care for mothers whose infants die during or immediately after birth (stillbirth deliveries). However, at this time they have not yet been exposed to psychiatric nursing during which coping skills are taught (Gauteng Nursing Colleges Curriculum, 2002:47).

Childbirth is a process concerned with new life, hope, joy and expectation, so when death of the infant occurs the impact may be devastating. Grief, like death, is a fact of life to which human beings invariably react in different ways (McCool, Guidera, Stenson & Dauphinee, 2009:1005). Generally, however, stillbirth results

in grief and severe emotional trauma, affecting not only the parents but also significant others and caregivers (van der Westhuisen, 2011:2).

## **1.2 BACKGROUND OF THE STUDY**

The clinical setting in which nursing learners are placed is a learning environment, with one of the learning events being to support women through the normal life events of pregnancy, birth and early parenting (Roehrs, Masterson, Alles, Witt, & Rutt, 2008:632). These nursing learners gain experience in caring for mothers during the antenatal, intra-partum and post-partum period. During the intra-partum period when the woman's labour is monitored until delivery, every midwife expects to deliver a viable infant. Sometimes, however, stillbirth occurs.

The international annual average number of stillbirths per thousand in various countries is as follows: India 30, Canada 15, Japan 20 and Australia 12 (Chan, Lou, Cao, Li & Lai 2009:2349; Morrison; 2007:20; Ortlipp, 2008:698; Phillips, 2008:4). The national average of stillbirths in South Africa, 25 per 1,000 live births, has been a growing cause for concern in health care. However, the figure has to be viewed as a composite measure of various general health problems, including foetal or maternal factors and chronic diseases (Stevens, 2007:116). In the light of the available statistics there is a high probability that nursing learners will at some point be exposed to stillbirth deliveries and have to care for bereaved mothers.

When pregnancy ends without a live birth there is profound disappointment, collapse of hope and plans, realization of worst fears, and feelings of emotional pain and guilt (Wallbank & Robertson, 2008:104). The effects may be profound for both mother and nursing learner (Wallbank & Robertson, 2008:106), causing both acute stress and anxiety. The nursing learner often witnesses the trauma of losing an infant and remains with the bereaved woman to render the necessary basic care and support (Phillips, 2008:3). This traumatic experience can affect clinical performance and learning, and present a threat to success and efficiency in caring for the bereaved mother (Moscaritolo, 2009:17; Stevens, 2007:116).

Caring for women as they experience stillbirth deliveries requires nursing learners to be open to the pain, complexity and uniqueness of grief (Fenwick, Jennings, Downie, Butt & Okanga 2007:153). A woman who delivers a stillbirth needs quality

care to ensure long-term wellbeing, therefore nursing learners have to be enabled, through teaching, to render emotional care to bereaved women (Cormier, 2009:237).

According to the researcher's observation, learners are not adequately prepared emotionally for taking care of mothers after stillbirth deliveries. In the literature based on this topic, some concerns are also raised pertaining to the training or preparation of nursing learners for the emotional burden of the associated grief.

Healthcare workers are in the frontline of care when an infant loses life, but there is no consensus about which behaviours are most helpful or harmful for mothers (Chiu, Huang, Yin, Huang, Chien & Chuang, 2010:1321). Wallbank and Robertson (2008:100) assert that it is indeed challenging, complex and emotionally taxing for midwives to be subjected to a bereaved mother with no adequate preparation. In the same way, nursing learners experience various challenges as a result of having to deal with rendering care to mothers after stillbirth deliveries (van Rooyen, Williams & Ricks, 2009:1). Bereavement should be sympathetically acknowledged by health professionals, including learners, therefore mothers should be reassured that their feelings are normal and that recovery may take months (Gold, Kuznia & Hayward, 2008:29).

Nursing learners enter the profession because of compassion and an urge to render care, but the grief with which they are invariably confronted is a natural component of their work. (Fenwick *et al.*, 2007:158). In some cultures, for instance the Chinese, emotions are not displayed openly, however, as Chan, Lou, Zang, Chung, Lai, Cao and Lu (2007:309) argue, for quality nursing care to be rendered the learner should at least be empowered to identify emotions and intervene accordingly.

In a national survey of obstetricians carried out in the United States of America (USA), it was realized that perinatal death had a profound effect on obstetricians, resulting in a significant number considering giving up obstetrics altogether (Gold *et al.*, 2008:29). Research in the United Kingdom (UK) (Roehrs *et al.*, 2008:634) revealed that some obstetric nurses expressed emotional discomfort with bereavement care, whilst others dreaded going on duty when there were mothers who had experienced stillbirth deliveries and preferred to keep their distance. This

was despite the Department of Health in the UK having developed guidelines emphasizing the need for women with stillbirth deliveries to be adequately supported emotionally by health professionals (Wallbank & Robertson, 2008:100).

Qualitative interviews conducted in six continents to explore experiences and coping mechanisms of midwives involved in caring for mothers after stillbirth deliveries found that little support or guidance was being provided during training to help midwives deal with such adverse situations (McCool *et al.*, 2009:1003). Furthermore, the findings of another study revealed that there was no education about providing care to mothers after stillbirth deliveries (Gold *et al.*, 2008:30).

Chan *et al.* (2009:2349) found that 96% of the participants in their study expressed the need for education and training in rendering comprehensive care to mothers who delivered stillbirths in Hong Kong. This was particularly in the acquisition of appropriate knowledge, skills and understanding. In the same study nurses' attitudes towards bereavement care and comprehensive support were investigated and the need for training in those aspects determined (Chan *et al.*, 2009:2349).

McCreight (2008:3) states that caring for women who have had a stillbirth calls for a range of social and personal skills that go beyond the prescribed portfolio of competence acquired during training. Nurses need to engage with the ways in which women experience loss and be empowered to intervene accordingly (McCreight, 2008:3). The author also indicated that the training of nurses should be reconstructed on foundations which accord enrichment and growth in personal development beyond the exclusive general nursing knowledge in the curriculum (McCreight, 2008:16).

A study conducted in a maternity hospital in Australia with the purpose of investigating the level of confidence when rendering care to women after stillbirth deliveries concluded that midwives tend to focus on the technical aspect of care at the expense of emotional care (Fenwick *et al.*, 2007:159). These midwives expressed a lack of confidence in engaging with the bereaved women, which resulted in a feeling that quality care had not been rendered. Feelings of fear, anxiety and helplessness were expressed, and some midwives asked for guidance from religious leaders outside the hospital.



According to a study conducted in Hong Kong, the USA, the UK and South Africa, training of health personnel to deal with mothers after stillbirth deliveries is provided for doctors, midwives and psychologists during their training (Bruce, 2007:33; Modiba, 2008:29). According to studies by Roehrs *et al.* (2008:637) and Chan *et al.* (2007:310) in Hong Kong and the USA respectively, bereavement care and counselling were part of the curriculum taught to nurses. A study conducted to investigate nurses' experiences in caring for women after they have had stillbirth deliveries, revealed comfort and confidence in rendering care for these mothers. The participants attributed the empowerment to the bereavement training they had received (Roehrs *et al.*, 2008:637). Both studies yielded the same results, indicating that with training, nurses become confident and have a feeling of satisfaction for rendering quality care. This is a reflection of the need for nursing learners to be empowered with skills to render care to mothers after stillbirth deliveries.

A study by Modiba (2008:29) in South Africa on nurses and medical doctors' experiences in rendering care to women after stillbirth deliveries found the most common theme to be a feeling of frustration in dealing with these women. The main reason was that they did not know what to say to them, and the author identified a need for the training of both doctors and nurses. The author also recommended that the grieving process and bereavement counselling be included in the curriculum, to provide medical students and nursing learners with knowledge and supportive communication skills.

Nursing learners need to break the silence about their experiences with adverse outcomes in childbirth and describe their feelings when attending to stillbirth deliveries. Complete understanding of this profound experience will better prepare all care providers to offer the most effective interventions under given circumstances (Bruce, 2007:2). Such understanding may also assist those working through this natural, necessary feature of human life to progress to a more positive outcome.

According to analysis by the researcher, an average of 15 stillbirth deliveries per year occur in the 5 public hospitals selected for the study (Maternity registers from 5 obstetric units in Gauteng). From involvement in midwifery as a practitioner and facilitator in both clinical and theoretical settings, the researcher has observed that

nursing learners' experiences of a stillbirth delivery have an impact on the care, manifesting itself as anxiety and uncertainty

The feelings associated with the loss after a stillbirth delivery bring into sharp focus the need for midwives and doctors to develop and embrace adaptive coping mechanisms (Modiba, 2008:29). It is further recommended that feelings about care and support should be assessed routinely because understanding the meaning of stillbirth delivery is acquired by nurses through this process. Although nursing learners were younger than the doctors and midwives with whom Modiba (2008:29) conducted her study, they are subjected to similar emotional pain when having to deal with mothers after stillbirth deliveries. The researcher has observed that the age of nursing learners in the second, third and fourth level of training ranges between 21 and 28 years, meaning most of them are emotionally immature and not empowered to deal with the major emotional trauma of death.

Since the expectations remain that nursing learners should take care of the bereaved mothers and manage incident of a stillbirth delivery, this study will contribute to nursing practice by exploring and describing the experiences of nursing learners when taking care of mothers after stillbirth deliveries.

### **1.3 THE RESEARCH PROBLEM**

From the introduction and background it is apparent that one of the most challenging practice situations for nurses is caring for mothers after stillbirth deliveries. Parents grieve in complex, individual and powerful ways and require significant emotional support after losing an infant (Roehrs *et al.*, 2008:631). Modiba (2008:29) found that dealing with women who had delivered stillborn infants was a concern because professionals cannot cope with the emotional stress.

Stillbirths, as well as the parents' loss and their emotional response, pose unique challenges to nursing learners. They have to cope with their own emotions after such a traumatic experience as well as provide support to parents. The trauma related to this can have an effect on their academic progress. The reviewed literature reflects only the experiences of registered nurses and doctors caring for women after stillbirth deliveries, and not those of nursing learners. Therefore, the

researcher has been prompted to explore and describe the experiences of the nursing learners with regard to caring for mothers after stillbirth deliveries.

#### **1.4 THE RESEARCH PURPOSE**

The research purpose provides the major objective or intent to the study, the nature of the inquiry, and the population under study (Creswell, 2007:103). It is a concise, clear statement of the specific goal or aim of the study that is generated from the problem (Burns & Grove 2011:148). The purpose of the study was to explore and describe nursing learners' experiences with regard to caring for mothers after stillbirth deliveries at selected public hospitals in Gauteng.

#### **1.5 THE RESEARCH QUESTION**

Research questions are the specific queries researchers want to answer in addressing the research problem. Research questions guide the data to be collected in a study (Polit & Beck, 2012:741). They are concise, interrogative statements worded in the present tense (Burns & Grove, 2011:163).

The following research question directed the study:

- What are the experiences of nursing learners with regard to caring for mothers after stillbirth deliveries at selected public hospitals in Gauteng?

#### **1.6 OBJECTIVES OF THE STUDY**

The following was the objective of the study:

- To explore and describe the experiences of nursing learners with regard to caring for mothers after stillbirth deliveries at selected public hospitals in Gauteng.

#### **1.7 DEFINITION OF CONCEPTS**

For the sake of simplicity and consistency throughout the study, the key concepts are defined in this section.

### **1.7.1 Nursing learner**

Turnbull (2010:170) defines a learner as a beginner, whilst more specifically, the South African Nursing Council Regulation R425 (1985:2) defines a 'nursing learner' as someone who is registered for the four-year programme leading to registration as a nurse (General, Psychiatric and Community) and Midwife, thus someone learning to be a nurse or a beginner nurse. For the purposes of this study the term refers to learners who are in the second, third or fourth year of study at one nursing college and allocated to obstetric units of public hospitals in Gauteng for midwifery clinical practice.

### **1.7.2 Stillbirth**

The term 'stillbirth' refers to a viable foetus which has shown no sign of life after its complete birth, that is, no heartbeat or respiration. (Sellers, 2008:1753) defines stillbirth as an infant born without any signs of life. In this study a stillborn infant will refer to any infant delivered without signs of life, i.e., no heartbeat or respiration.

### **1.7.3 Delivery**

Delivery' is the expulsion of a foetus through the birth canal (Sellers, 2008:1010), and may also be defined as the emergence of offspring from a mother's body (Pharos, 2009:n.p.). In this study delivery is understood to refer to the complete expulsion of an infant after labour.

### **1.7.4 Bereavement**

Turnbull (2010:30) defines 'bereavement' as the deprivation of a relative by death, whilst for (Modiba, 2008:33) it is the entire process precipitated by loss through death. It may be the reaction to loss of a loved person and is a form of grieving (Payne, Horn & Relf, 2007:6). In this study, the term will be understood as a process of loss through death experienced by mothers after stillbirth deliveries.

### **1.7.5 Grief**

According to Turnbull (2010:250) 'grief' is intense sorrow, whilst Gold *et al.* (2008:32) define it as the personal experience of loss. In this study grief refers to the emotions experienced by a mother after a stillbirth delivery.

### **1.7.6 Care**

Turnbull (2010:50) defines 'care' as serious attention, caution, protection, and interest or affection. In this study care is understood to be the nursing interventions which nursing learners are tasked with for providing mothers after stillbirth deliveries.

### **1.7.7 Experience**

'Experience' involves gaining knowledge by being personally involved in an event, situation or circumstances (Burns & Grove, 2011:17). For the purposes of this study, experiences of nursing learners taking care of mothers after stillbirth deliveries at public hospitals in Gauteng will be explored and described.

### **1.7.8 Gauteng**

Gauteng is one of the nine provinces in South Africa in which the hospitals that constitute the research context are situated.

## **1.8 SIGNIFICANCE OF THE STUDY**

A crucial factor in selecting a problem to be studied is its significance to nursing, especially to nursing practice. Evidence from the study should have the potential of contributing meaningfully to nursing knowledge (Burns & Grove, 2011:410).

The study has generated findings intended to improve policies in nursing education pertaining to support for nursing learners while taking care of mothers after stillbirth deliveries. If implemented it should also improve the quality of care in

the nursing service because women who have had stillbirth deliveries will be taken care of by competent nursing learners. Furthermore, the study provides a basis for further research.

## **1.9 ASSUMPTIONS OF THE STUDY**

Assumptions are statements that are taken for granted or are considered true, even though they are not scientifically tested (Burns & Grove, 2011). As Polit and Beck state (2012: 720), they are principles that are accepted as being true based on logic or custom, without proof. They determine the nature of concepts, definitions, purposes and relationships. In this study it is assumed that an understanding of nursing learners' experiences while providing care to mothers after stillbirth deliveries will contribute to provide nursing learners with the applicable knowledge, skills and support to enable them to take care of mothers after stillbirth deliveries.

## **1.10 RESEARCH DESIGN**

Kumar (2011:94) defines a research design as a plan, structure and strategy of investigation so conceived as to obtain answers to research questions or problems. According to Botma, Greeff, Mulaudzi and Wright (2010:108) the research design provides the structure for the research methods and design decisions that must be taken to plan the study. The research design is qualitative, exploratory, descriptive and contextual in nature, and will be discussed in greater detail in Chapter 2.

### **1.10.1 Qualitative research**

Qualitative research is a systematic, subjective approach used to describe life experiences and give them meaning (Burns & Grove, 2011:73). Qualitative research is the investigation of phenomena, typically in an in-depth and holistic fashion, through the collection of narrative materials using a flexible research design (Polit & Beck, 2012:739). The qualitative approach is used to answer questions about the complex nature of phenomenon, with the purpose of

describing experiences of nursing learners with regard to taking care of mothers after stillbirth deliveries ( De Vos, Strydom, Fouche & Delport 2011:64).

### **1.10.2 Exploratory design**

An exploratory study aims at gaining insight into a situation, phenomenon, community or individual (De Vos, Strydom, Fouche & Delport, 2011:95). It begins with a phenomenon of interest but rather than observing and describing, exploratory research investigates the full nature of the phenomenon, the manner in which it is manifested , and the factors to which it is related (Polit & Beck, 2012:18). In this study the phenomenon explored was the nursing learners' experiences with regard to taking care of mothers after stillbirth deliveries at selected public hospitals in Gauteng.

### **1.10.3 Descriptive design**

Descriptive research is conducted to observe, describe and document aspects of a situation as it naturally occurs (Polit & Beck, 2012:725). Furthermore Holloway and Wheeler (2010:338) state that descriptive design is the overall plan of the research including methods, and procedures for collecting, analysing and interpreting data. In this study the phenomenon of taking care of mothers after stillbirth deliveries at selected public hospitals in Gauteng was described as experienced by nursing learners.

### **1.10.4 Contextual design**

A contextual design selects cases within specific groups to accurately describe characteristics of the group context (Terry, 2011:163). Qualitative studies are always contextual, as the data is only valid in a specific context. A contextual design is one in which the phenomenon under investigation is studied in terms of its intrinsic and immediate contextual significance (Klopper, 2008:68-69). In addition Jooste (2009:460) defines a contextual design as study results that are valid only for the situation in which the study was done. The research results and conclusions are only guaranteed under the circumstances that existed when the

research was conducted. In this study the contextual design assisted the researcher to understand the experiences of nursing learners taking care of mothers with stillbirth deliveries in a specific context, namely selected public hospitals in Gauteng.

### **1.11 RESEARCH METHOD**

A research method is the technique researchers use to structure a study and to gather and analyse information relevant to the research question (Polit & Beck, 2012:12). Furthermore research methods refer to data gathering, data analysis and ensuring rigour (Botma *et al.*, 2010:198).

Focus group interviews were conducted at the 5 selected public hospitals in Gauteng. Data was also collected using reflective journals. Purposive sampling was done to select second, third and fourth year nursing learners who had cared for mothers with stillbirth deliveries. Data analysis was done using Tech's method of data analysis (Creswell, 2009:185).

The research method will be discussed in detail in Chapter 2.

### **1.12 MEASURES TO ENSURE TRUSTWORTHINESS**

Trustworthiness of the study is defined as a process of illustrating the "truth value" of the study (de Vos, Strydom, Fouche & Delport, 2009:346). Furthermore trustworthiness is the degree of confidence the researcher has, in the data assessed, using the credibility, transferability, dependability, and confirmability criteria (Polit & Beck, 2008:768). The criteria as applied will be discussed in more detail in Chapter 2.

### **1.13 ETHICAL CONSIDERATIONS**

Streubert and Carpenter (2007:57) explain that a qualitative study is not free from ethical issues because the researcher is invading the natural environment of the participant while conducting the study. According to Polit and Beck (2008:170–5) the ethical principals of beneficence, justice, confidentiality, informed consent,



respect for human dignity and deception of participants must be adhered to in research.

Ethical considerations were adhered to in the following way:

- The research proposal was submitted to the Student Research Ethics Committee, Faculty of Health Care Sciences, University of Pretoria for approval before commencement of the research.
- Permission to conduct the study was obtained from the Department of Health, Gauteng province and the public Nursing College in Gauteng province where the learners were registered.
- Permission to conduct the study was also obtained from the management of public hospitals in which learners were allocated for clinical learning experience.
- The researcher ensured that informed consent was obtained from all participants prior to the study, as well as their permission to use a tape recorder.

In this study ethical principles of beneficence, justice, confidentiality, informed consent, respect for human dignity and deception of participants were adhered to, as will subsequently be discussed.

### **1.13.1 Beneficence**

The principle of beneficence is grounded in the premises that a person has the right to be protected from harm and discomfort and one should do good and above all, no harm (Botma *et al.*, 2010:20). According to Polit and Beck (2008:170) it is a principle that emphasizes the responsibility of the researcher to reduce harm and increase benefit when conducting research on human beings. The following dimensions are covered by the principle of beneficence: the right to freedom from harm and the right to protection from exploitation.

- **The right to freedom from harm**

Harm and discomfort are classified as physical injury and fatigue; emotional harm as stress and fear; social harm as loss of support; and financial harm as loss of income (Polit & Beck, 2008:170). In this study the researcher was careful to ensure that no harm or discomfort was caused to the participants. Arrangements for counselling, if the need arose, were made at the hospitals in which the focus group interviews were conducted. This counselling was provided free of charge by the Employee Wellness Centres at the public hospitals in Gauteng.

- **The right to protection from exploitation**

The right to protection from exploitation occurs when participants are placed in a disadvantaged position by the researcher, exposing them to a situation for which they were not prepared (Polit & Beck, 2008:171). The researcher is a lecturer at the nursing college in which the study was conducted. The learners were informed that participation was voluntary and that they could withdraw at any moment should they wish to, without it being used against them.

### **1.13.2 Justice**

Botma *et al.*, (2010:19) state that the principle of justice means that participants should be treated fairly. Thus the researcher should adhere to the research protocol and information given in the information leaflet. The reflective journals, recorded interviews and field notes were and will be locked away, and access limited to the researcher. Burns and Grove (2011:107) state that the right to fair treatment is based on the ethical principle of justice, which holds that each participant should be treated fairly and receive what he or she is due or owed. In this study participation was voluntary. Participants were chosen for reasons directly related to the research problem and not because they were readily available. The researcher assembled and informed all learners in the second, third and fourth years of study who met the inclusion criteria about the intended research study.

### **1.13.3 Confidentiality**

Confidentiality is maintained by the researcher's management of private information shared by a participant and must not be shared with others without the authorization of the participant (Burns & Grove, 2011:117). In this study participants remained anonymous and the information was kept confidential. The researcher ensured that personal rights and privacy of participants were adequately protected, by refraining from including their names in the research report. Information from participants was not and shall not be made available to unauthorized people (Streubert & Carpenter, 2007:268).

### **1.13.4 Informed consent**

Polit and Beck (2008:176) assert that informed consent should be based on adequate access to information regarding the study and awareness of the right to voluntary participation. Obtaining informed consent from human participants is essential for conduct of ethical research, with informing being the transmission of essential ideas and content from the investigator to the prospective participant. Consent is the prospective participant's agreement to participate in a study which is reached after assimilation of essential information (Burns & Grove, 2011:123). In this study the researcher included the following in the information leaflet:

- Explanation of research activities
- Description of benefits
- Assurance of anonymity and confidentiality
- Researcher's willingness to answer questions
- Option to withdraw.

In addition, the researcher explained the contents of the information leaflet to all the participants (Burns & Grove 2011:125).

### **1.13.5 Respect for human dignity**

Polit and Beck (2008:160) state that respect for human dignity emphasizes the right to self determination and full disclosure. In this study the researcher informed the participants of their right to decide whether or not to participate in the research.

- **The right to self determination**

Humans should be treated as autonomous agents, capable of controlling their own activities and destinies (Polit & Beck, 2008:160). The right to self determination is based on the ethical principle of respect for persons and it indicates that humans are capable of controlling their own destiny (Burns & Grove, 2011:110). In this study the researcher avoided any form of coercion.

- **The right to full disclosure**

Full disclosure means that the researcher has fully described the nature of the study, the participants' right to refuse to participate, the researcher's responsibilities and the likely risks and benefits that would be incurred (Polit & Beck, 2008:160). It is normally provided to participants before the study but there is often a need for further disclosure afterwards, either in debriefing sessions or in written communication. In this study the objectives and purpose of the study were communicated to the participants before the commencement of the study.

### **1.13.6 Deception of participants**

Polit and Beck (2008:172) define deception as deliberate withholding of information about the study or giving false information. The researcher was accurate and honest with regard to the findings and made sure participants were not offended or harmed (de Vos *et al.*, 2009:60). This implies that the researcher will not publish faulty findings, since such could cause considerable damage to the individuals or institution involved.

## **1.14 ORIGINAL CONTRIBUTION OF THE STUDY**

The study aimed at contributed to the following:

- The body of knowledge in nursing with regard to nursing learners' experiences of caring for mothers after stillbirth deliveries at selected public hospitals and registered for studying at a nursing college in Gauteng;
- Improving the quality of care for mothers after stillbirth deliveries;
- Recommendations that will stimulate further investigation into significant phenomenon;
- Consideration of the findings of the study when developing the curriculum.

## **1.15 DISSEMINATION OF FINDINGS**

The findings and recommendations will be disseminated through articles to peer reviewed journals and presentations at seminars.

## **1.16 ORGANIZATION OF CHAPTERS**

CHAPTER 1: Overview of the study.

CHAPTER 2: Research design and methodology.

CHAPTER 3: Discussion of findings and literature control.

CHAPTER 4: Conclusion, recommendations and limitations of the study.

## **1.17 CONCLUSION**

Chapter 1 has provided an overview of the background and problem statement, the purpose of the study and the research design and method used to obtain the data in order to realize the objective of the study. The objective of the study was to explore and describe nursing learners' experiences with regard to caring for mothers after stillbirth deliveries at selected public hospitals in Gauteng. Chapter 2 describes the research methodology employed for the study.

## **CHAPTER 2**

# **RESEARCH METHODOLOGY**

### **2.1 INTRODUCTION**

This chapter describes the research methodology used in this study. It outlines the research design, which is qualitative, explorative, descriptive and contextual in nature. The experiences of nursing learners with regard to caring for mothers after stillbirth deliveries at public hospitals in Gauteng were explored and described qualitatively. This chapter also explores the population, sampling, measures to ensure trustworthiness and the methods used for data collection and analysis.

### **2.2 RESEARCH DESIGN**

A research design is a plan, structure and strategy of an investigation so conceived as to obtain answers to research questions or problems (Kumar 2011:94). According to Burns and Grove (2011:49) a research design is a blueprint for the conduct of a study that maximises control over factors that could interfere with the study's desired outcome. A qualitative, explorative and descriptive design was adopted in order to explore and describe nursing learners' experiences with regard to caring for mothers after stillbirth deliveries at selected public hospitals in Gauteng.

#### **2.2.1 Qualitative design**

Qualitative research is a systematic, subjective approach used to describe lived experiences and give them meaning (Burns & Grove, 2011:20). It is used in situations where little is known about a topic or the research context is poorly understood. A qualitative design is flexible because the procedures for generating facts about the phenomenon are not strictly controlled or formalized. It allows for the researcher's subjectivity and is useful in finding the truth from the unknown (de

Vos *et al.*, 2009:74). According to Polit and Beck (2008:14), a qualitative paradigm enables the researcher to use various types of data collection methods to enhance better understanding of a phenomenon. The qualitative researcher studies issues in their natural setting and attempts to make sense of or interpret phenomena in terms of the meaning they bring to people. The qualitative designs have been used to explore the nursing learners' experiences with regard to caring for mothers after stillbirth deliveries.

### **2.2.2 Exploratory design**

An exploratory study begins with a phenomenon of interest that is not simply observed and described, but investigated in full and in the manner in which it is manifested. It also focuses on other factors to which the phenomenon is related (Polit & Beck, 2012:18). The exploratory research design was appropriate for this study as it provided in-depth information regarding the experiences of nursing learners with regard to caring for mothers after stillbirth deliveries (Kumar, 2011:11). This topic was not researched before in the specific context.

### **2.2.3 Descriptive design**

Descriptive research is conducted to observe, describe and document aspects of a situation as it naturally occurs (Polit & Beck 2012:226). According to Kumar (2011:10), it is used to describe systematically a situation, phenomenon, problem, service or programme, or to describe attitudes towards an issue. A descriptive design further describes what people think, feel and perceive having seen and remembered (Polit & Beck 2008:228). In this study, the descriptive design was used to provide a more intensive description of the phenomenon of nursing learners caring for mothers after stillbirth deliveries.

#### **2.2.4 Contextual design**

A contextual design selects cases within a specific group to accurately describe characteristics of the group context (Terry, 2011:163). Qualitative studies are always contextual as the data are only valid in the specific context. The phenomenon is studied in terms of its intrinsic and immediate contextual significance (Klopper, 2008:68-9). In this study findings were applicable to the obstetric units of selected public hospitals in Gauteng.

### **2.3 RESEARCH METHODOLOGY**

The research methodology refers to the detailed discussion of the actual application of the design. It describes the methods, techniques and procedure that are employed in the process of implementing the research design or research plan (Streubert & Carpenter, 2011:366). It relates to the rules and procedures that specify how the researcher must study or investigate what he or she believes must be known (Botma *et al.*, 2010: 41). In this study the research methodology will describe the specific methods followed to collect and analyse data and focus on population, sampling, data collection and data analysis.

#### **2.3.1 Population**

The term 'population' refers to the the particular group of individuals or elements who are the focus of the research. It is the entire set of individuals or elements who meet the sampling criteria (Burns & Grove, 2011:290). Population is all the individuals or objects with common defining characteristics (Polit & Beck, 2012:59). In this study the population consisted of all the second, third and fourth level learners registered for the Diploma in General Nursing (General, Community, Psychiatry) and Midwifery who have been allocated to the obstetric section of 5 selected public hospitals in Gauteng. Access to the population was negotiated with the research committee of the public nursing college with which they were registered, and from the chief executive officers and managers of the public hospitals to which learners were allocated for midwifery clinical practice.



### **2.3.2 Sampling**

Sampling refers to a subset of the population that is selected for the purpose of the study (Polit & Beck, 2012:59). More specifically, Creswell (2007:125) describes purposive sampling as the selection of participants and sites for a study because they can purposefully inform an understanding of the research problem. Streubert and Carpenter (2011:90) assert that the researcher selects participants for a study based on their specific knowledge. In this study second, third and fourth year learners were selected based on the experiences they had undergone with regards to caring for mothers after stillbirth deliveries.

- **Inclusion and exclusion criteria**

Inclusion criteria are the specific characteristics the participants must possess to be part of the target population (Burns & Grove, 2009:345; Polit & Beck, 2008:338). In this study the researcher scrutinized allocation lists of learners to determine which ones had been allocated for clinical practice. From these lists potential participants were selected.

Conversely, exclusion criteria are used to filter out participants with specific characteristics that are not relevant to the study to be undertaken (Burns & Grove, 2009:345; Polit & Beck, 2008:338). For this study, those learners who had not experienced stillbirth deliveries and were excluded.

## **2.4 DATA COLLECTION**

A data collection plan is a plan for precise, systematic gathering of information relevant to the research purpose or objectives of the study being conducted (Burns & Grove, 2011:52). It is drawn up for the gathering of information needed to address a research problem or question (Polit & Beck, 2008:60). In this study the researcher collected data through focus groups and learners were requested to write reflective journals. Focus groups were tape-recorded and field notes written. The researcher found the focus groups to be the most appropriate as direct interchange with individuals and groups was achieved. Both the focus group

interview and writing of reflective journals were used to exchange information between the researcher and the participants (Botma *et al.*, 2010:205).

#### **2.4.1 Reflective journals**

Reflective journals allow participants to observe behaviour that researchers would ideally like to observe but cannot, for pragmatic reasons. This is supported by Green and Thorogood (2009:39), who indicated that with participants as the primary observers information could be recorded closer to the time it occurred, thus limiting recall bias. Reflective journals provide access to people's interpretations of their worlds, create a complete record of actions and words, develop realistic pictures and provide sensitive descriptions of an individual's daily life (Nicholl, 2010:16). In this study learners were introduced to the concept of writing reflective journals and were furnished with instructions on doing so. They were then asked to document their experiences of the topic of caring for mothers after stillbirth deliveries.

In this study the researcher gained an understanding of the real life dimension of learners' experiences through reflective journals which would not have been possible to capture by other means.

In this study the following advantages for reflective journals were identified:

- The volume of the data increased by virtue of the level of detail obtained through the reflective journal completion process.
- The short time between event and record of the event ensured that there was less opportunity for memory lapse or for relating the learner's experiences to a different context.

#### **2.4.2 Focus group interviews**

A focus group interview, as described by (de Vos *et al.*, 2011:361), is the use of a planned discussion designed to obtain perceptions on a defined area of interest in a permissive non-threatening environment. It is also defined as an interview with a group of individuals assembled to answer questions on a given topic (Polit & Beck, 2012:728).

In this study the researcher and assistant researcher conducted focus group interviews with six to eight learners per session, at five selected public hospitals in Gauteng. The discussion was recorded with an audio tape recorder. The researcher found the method to be useful, as supported by Streubert and Carpenter (2011:37), who view the method as promoting self-disclosure among participants. The setting of a focus group and the homogeneous nature of the group allowed for freedom of expression of experiences by the learners. Rich data could therefore be produced.

The researcher used focus group interviews for this study as they allowed for a considerable degree of group interaction and participants volunteered information, allowing the researcher to be less involved in guiding responses.

The major disadvantage of focus group interviews is so-called 'groupthink' (Streubert & Carpenter 2011:38), a process that occurs when some members of a group or segments of it have major control or influence over the verbalization of others. The researcher overcame the challenge by being attentive to it and managing it accordingly, tactfully encouraging all participants such that none dominated the discussion. When they lost focus the researcher would repeat the question under discussion.

### **2.4.3 Field notes**

According to Polit and Beck (2008:304), field notes are notes taken by the researcher as unstructured observations in the field. According to Streubert and Carpenter (2011:42) they are the notations made to document observations that become part of data analysis. Field notes should be written immediately after the interview as a record of the researcher's impressions (de Vos *et al.*, 2011:372). In accordance with Botma *et al.* (2010:217), the researcher had a written account of the occurrences that were heard, seen, felt experienced and thought about during the course of the focus group interviews. Field notes were written during the discussion. Immediately after the focus group session the researcher identified a quiet place in each hospital and recorded additional ones.

Advantages of field notes are that they are much broader, and more analytical and interpretive than a simple listing of occurrences. They assist the researcher to

synthesize and analyze the data (Polit & Beck, 2008:404-5) and in this study to identify and interpret feelings, ideas, hunches and impressions of the learners pertaining to their experiences of the topic.

#### **2.4.4 Phases of data collection**

The study unfolded in three phases, the preparatory phase and pilot testing; the interview phase and use of reflective journals; and the post interview phase.

##### **2.4.4.1 Preparatory phase**

Planning with regards to participants, the environment and questions to be asked are key aspects to conducting effective focus group interviews (de Vos *et al.*, 2009:309). Polit and Beck (2008:399) assert that the researcher has to anticipate the equipment that will be used during the study, in this study a battery operated tape recorder, audio cassettes, note pads and pens. The researcher obtained permission from the Department of Health and Social Development, Gauteng Province, to conduct a study at a particular nursing college. Permission was also received from the identified nursing college, in which learners are registered, and from the public hospitals to which learners were allocated for clinical practice.

The following aspects were arranged:

- Venues where the researcher was planning to meet participants at different hospitals.
- Consent forms to be signed by participants.
- Dates and time for an information-giving session, meeting for focus group discussion and returning of reflective journals by participants.

The dates were communicated to the managers of maternity units as the focus group interviews were going to be conducted at the identified hospitals. The assistant researcher was informed about her role and requested to take care of logistics, trained to operate the tape recorder and take field notes. Extra batteries were kept in case they were required.

### **a. Recruitment of participants**

Recruitment is a systematic process therefore dates and times for meetings and venues must be set before making contact with participants (De Vos *et al.*, 2009:540). Munhall (2012:235) states that recruitment focuses on ways to access participants who are judged to have good knowledge of the study domain. Learners registered at an identified nursing college and who fulfilled the above-mentioned selection criteria were recruited. With permission from the chairperson of the research committee of the identified public nursing college, the researcher met all second, third and fourth year learners and informed them about the study. After a detailed explanation of the research, volunteers availed themselves, in line with Polit and Beck's advice (2012:286) that a group of participants is recruited for the study to promote comfortable group dynamics and to access rich information. Participants were given documents on which to record experiences. Each of the five public hospitals had a focus group of six to eight participants and participants were requested to submit the reflective journals on the day scheduled for the focus group interview.

### **b. Recruitment of an assistant researcher**

An assistant researcher was required to assist with facilitation and interviewing (Botma *et al.*, 2010:212). The researcher identified a former colleague for the role, a nurse educator, employed by the Department of Health and Social Development, Gauteng Province and working in the Private Licensing and Inspectorate Division. Experience in teaching, friendliness and a sense of humour were additional attributes that influenced the choice.

### **c. Information session**

The researcher established rapport with the participants in order to obtain the required information and to empower herself to cope with unanticipated problems (Botma *et al.*, 2010:205). During this process the researcher reminded participants of the purpose of the study and assured them of continuing and permanent confidentiality (Streubert & Carpenter, 2007:184). They were given contact details for further arrangements or changes in dates and venues, and assured of

available support at the Employment Assistance Facility of the different hospitals should the need arise (Botma *et al.*, 2010:212).

#### **d. Reflective journals**

Reflective journals can vary from a structured set of questions to an unstructured format (Nicholl, 2010:18), but in this study participants were requested to use the unstructured format. They were asked to keep the journals for the entire period of clinical exposure to obstetric units and record their experiences, unimpaired by reconstruction and distortion of memory.

#### **e. Focus group interviews**

Focus group interviews are described by de Vos *et al.* (2011:361) as a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non threatening environment. The researcher and assistant researcher liaised with unit managers of obstetric units at the five public hospitals where learners were allocated and agreed upon dates and venues for conducting the focus group interviews. The dates were then communicated to the learners and the managers requested to make available spacious, comfortable venues that would allow for quality tape-recording of the sessions (Polit & Beck, 2012:538).

#### **f. Training of the assistant researcher**

Monette *et al.* (2005:178) cited in Botma *et al.* (2010:205) state that the quantity and the quality of information exchanged in the group will depend on how astute and creative the interviewer is in understanding and managing relationships. The assistant researcher was provided with adequate background information about the topic of discussion so she would be able to comment and follow up on critical areas of concern. Her role was explained and she was trained in operating the tape recorder and how to load batteries (Polit & Beck, 2012:32). The researcher explained the questions that were going to be asked during the focus group interviews.

## **g. Pilot testing**

De Vos *et al.*, (2009:206 & 331) define a pilot study as a process of testing the research question, usually informally with a few participants who possess the same characteristics as the sample. It is a small scale trial run of a research interview or observation (Holloway & Wheeler, 2010:341; Polit & Beck, 2008:563), and in this study was conducted a week before commencement of the focus group interviews with six learners who met the inclusion criteria. The central question: “*What were your experiences with regard to caring for mothers after stillbirth deliveries?*” was asked. Additional questions were asked to probe further. The learners understood the research questions and no challenges were encountered. The role of the assistant researcher was clarified and refined as she operated the tape recorder, assisted with logistics and documented observations. The learners were subsequently excluded from the main study.

In the pilot study no difficulties were encountered with the wording or content of the questions. The research question was clear and understood and spontaneous responses prompted from the learners.

### **2.4.4.2 The interview phase and use of reflective journals**

Interviews and focus groups are the predominant modes of data gathering in qualitative research. The researcher obtains information through direct interchange with an individual or group (Botma *et al.*, 2010:205). The focus group interviews were designed to obtain the participants’ perceptions in a focused area, in an area that was permissive and non-threatening (Burns & Grove, 2009:513). Reflective journals were submitted to the participants prior to the commencement of focus group discussions, and used to provide timelines of recorded experiences during the entire period of allocation to obstetric units (Munhall, 2012:447).

#### **a. The focus group interview**

In this study, focus group interviews were conducted in five public hospitals on different dates, with each session scheduled for 45 minutes and involving 6 to 8 participants. Facilitated with the help of the assistant researcher, the interviews

were conducted in venues that were conducive, private and familiar to the participants, thus allowing them to relax. Participants signed a consent form (Streubert & Carpenter, 2007:62) and were introduced to the researcher and assistant researcher. The central question asked in all five interviews was “*How did you feel when you took care of a mother after a stillbirth delivery?*” Participants were allowed time to process the question and were spontaneous in responding. Probing questions to obtain more detail and clarity on the participants’ experiences’ were asked (Munhall, 2012:448).

The purpose of the study was explained to the participants and letters of permission from the Gauteng Department of Health, the Nursing College and respective hospitals shown to them. The use of the tape-recorder was also explained and they were requested not to address one another by name in order to maintain anonymity. Group dynamics such as talkative participants versus quiet ones were identified and controlled in a tactful manner. The researcher is a skilled and experienced facilitator in Psychiatry and Nursing Education so she could handle group dynamics efficiently and successfully. An atmosphere in which participants could verbalize experiences comfortably and with ease was created (Burns & Grove, 2009:513). The assistant researcher ensured that the setting was non-threatening by introducing herself and explaining her role.

#### **b. The use of a tape recorder**

Polit and Beck (2008:317) state that a wide variety of technical devices are available for recording behaviour and events, making analysis or categorization of data at a later time possible. In this study a tape recorder was the most suitable device. The tones of participants in relation to experiences were captured successfully and it did not intimidate them as the researcher had explained that it would be used. The assistant researcher operated the tape recorder and wrote field notes.

#### **c. Communication skills**

The following communication skills were used during focus group interviews:



- **Listening**

Being a good listener is the most critical skill for in-depth interviewing, and it is important not to interrupt when participants are telling their stories (Polit & Beck, 2008:400). A facilitator is expected to have good listening skills to be able to obtain quality information during an interview, gain a better understanding and encourage participants to talk more (De Vos *et al.*, 2011:186). In this study the researcher showed interest by nodding and leaning forward as the participants were expressing experiences. Eye contact was maintained throughout in order to demonstrate interest in the discussions.

- **Paraphrasing**

Paraphrasing involves expressing an author's findings clearly and concisely in an individual's own words (Burns & Grove, 2011:220), a process in which the facilitator enhances meaning by stating the participant's words in a different form but with the same meaning (Botma *et al.*, 2010:69). For example, from the response: *"I feel useless and lost for words when confronted with a situation where the mother has delivered a stillborn infant"*, the researcher paraphrased that the participant felt inadequate under the described circumstances. The researcher validated and summarized statements in order to verify what participants said throughout the interviews.

- **Probing**

Probing is a technique of eliciting more useful or detailed information from a respondent in an interview than was volunteered in the first place (Polit & Beck, 2012:738). De Vos *et al.* (2009:290) state that probing persuades participants to give more information about the issue under study. The researcher followed up participants' comments in order to obtain more clarity and meaning. For example, a participant stated that some professional nurses were numb when taking care of mothers after a stillbirth delivery. The probing question stated by the researcher was "Tell me more about what you mean by 'numb'", to which the respondent

replied that some professional nurses did not empathize with the mothers or show emotion.

#### **2.4.4.3. The post-interview phase**

The focus group interviews were conducted for 45 to 60 minutes per session. The researcher summarized the main points of the discussion and confirmed with participants for accuracy of information generated (De Vos *et al.*, 2009:327). They were thanked and informed that they might be contacted if there was a need, and therefore contact details were verified. The researcher and assistant researcher discussed the focus group interviews and immediately wrote field notes while events and thoughts were still clear in their minds (Holloway & Wheeler, 2010:97). An evaluation of interaction in the focus group discussion was made in order to determine whether anything should be done differently.

## **2.5 MEASURES TO ENSURE TRUSTWORTHINESS**

Trustworthiness of the study is defined as a process of illustrating the “truth value” of the study (de Vos *et al.*, 2009:346). Furthermore trustworthiness is the degree of confidence the researcher has, in the data assessed, using the credibility, transferability, dependability, and confirmability criteria (Polit & Beck, 2008:768).

### **2.5.1 Credibility**

Botma *et al.* (2010:292) state that credibility means that the researcher reports the perspectives of the participants as clearly as possible. According to Polit and Beck, (2008:539) credibility refers to confidence in the truth of the data and in the researcher’s interpretations of the data. The researcher ensured credibility of the research study through prolonged engagement in the field, member checking, triangulation and peer debriefing.

### **2.5.1.1 Prolonged engagement**

Lincoln and Guba (1985, cited in Polit & Beck 2008:543) explain prolonged engagement in the field as the investment of sufficient time in data collection. In this study the researcher had information sessions with the participants during the preparatory phase in order to build trust. The researcher visited participants at each of the five public hospitals to which learners had been allocated for midwifery clinical practice. During the visit they were given an opportunity to ask questions and clarify uncertainty. They appreciated the visit and were willing to participate in the study. The researcher conducted five focus group interviews to explore in-depth experiences and at the end of each session the researcher allowed participants sufficient time to ask questions. This provided in-depth understanding of the phenomenon, whilst trust was gained and good rapport established. The participants in return provided accurate information to a researcher in whom they had trust.

### **2.5.1.2 Member checking**

Polit & Beck (2008:545) explain member checking as a continuous confirmation of the accurateness of data and themes with the participants prior to drawing a conclusion to the research findings. In this study the researcher discussed the data with the participants before leaving the field to verify the accuracy of information gathered during the focus group session.

Throughout interviews and observations a check is needed on the understanding of the data with the population being studied (Holloway & Wheeler, 2010:305).

The specific purposes of member checking are to:

- find out whether the realities of the participants have been presented;
- provide opportunities for them to rectify mistakes which they feel they might have made;
- assess the researcher's understanding and interpretation of data;
- give the participants an opportunity to challenge the ideas of the researcher (Holloway & Wheeler, 2010:305).

Member checking also entailed gauging the reaction of the participants regarding the interpretation of the findings, and in the study, preliminary findings were given to them. In this study the discussions were enriching and strengthened the relationship between researcher and participants. An agreement on understanding and interpretation of data was reached.

### **2.5.1.3 Triangulation**

The use of multiple data collection methods to address a research problem such as observation and structured interviews is defined as triangulation (Polit & Beck, 2008:768). In addition Holloway & Wheeler (2010:115) state that triangulation enhances the trustworthiness and authenticity of the study.

This provides convergence of the evidence and sifting out of true information from errors in order to enhance credibility (Polit & Beck, 2008:333). In this study triangulation involved the use of multiple methods of data collection, namely focus groups, field notes and reflective journals.

### **2.5.1.4 Peer debriefing**

Polit and Beck (2008:548) assert that peer debriefing involves having discussion sessions with peers to review and explore various aspects of the inquiry as a way of making data trustworthy. Botma *et al.* (2010:232) define it as a discussion with peers not involved in the research. In this study the researcher discussed the research process and the findings with the supervisor, co-supervisor and researchers from other institutions who were experienced in qualitative methods.

### **2.5.2 Transferability**

Lincoln and Guba (1985, cited in Polit & Beck, 2008:539-540) state that a study will achieve this through generating thick, descriptive and in-depth information, and that thick description provides rich, thorough details of the research setting, transactions and processes observed during the enquiry. According to MacNee & McCabe (2008:424) transferability refers to the extent to which findings of a

qualitative study are confirmed for or seen applicable to a different group or in a different setting from which the data is collected.

In this study the researcher highlighted the context of the study and provided a detailed and precise description of the data so that readers might determine whether transferability will be appropriate to other settings. Transferability was enhanced by thick description of the process, empirical findings and context. The researcher provided descriptions after analysing the focus group interviews and reflective journals. The aim was not to generalize but to describe and explore the experiences of learners.

### **2.5.3 Dependability**

Gerrish and Lacey (2010:139) state that dependability relates to the transparency of the research process and decision trail. In addition Polit and Beck (2008:539) state that dependability refers to the stability of data over time and over conditions.

In this study the researcher gave the field notes, transcriptions and reflective journals to an independent coder who did not participate in the study, to analyse and interpret. They met and reached consensus on the themes and categories, then participants were consulted to verify meanings. The researcher determined whether the findings were internally coherent by presenting the research study to colleagues, subject and research experts to verify if the results were consistent and stable (Polit & Beck, 2012:175). The findings proved to be internally coherent. Generalising could not be considered in this study as the study was limited to a college and five public hospitals in Gauteng.

### **2.5.4 Conformability**

Confirmability refers to the degree to which the results could be confirmed or corroborated by others (Kumar, 2011:185). Polit and Beck (2008:539) indicate that this criterion is concerned with establishing that the data represents the information that the participants provided, and that the interpretation of that data is not a figment of the researcher's imagination.

In this study an independent coder was provided with the research data and consensus was reached on the categories, sub categories and themes. The findings were illustrated with quotations in participants' words to present evidence of the information they provided.

## **2.6 DATA ANALYSIS**

According to Botma *et al.* (2010:220) the process of data analysis involves making sense of text and image data, preparing it for analysis, conducting different analysis, and interpreting and representing the data.

Data analysis in qualitative research consist of preparing and organizing the data for analysis, then reducing it into themes through a process of coding and condensing the codes, and finally representing the data in figures, tables or a discussion (Creswell, 2007:148). Polit and Beck (2008:507) state that data analysis takes place simultaneously with data collection in qualitative studies.

The researcher listened to the audio tapes, transcribed the discussions of focus group interviews and sorted field notes from reflective journals. The researcher was therefore thoroughly involved in the data, by perceiving, interacting, verifying, recording and playing the audiotape repeatedly in order to be immersed in the participants' experiences. This immersion provided the researcher with a deep understanding on which to interpret the data (Streubert & Carpenter, 2011:92).

### **2.6.1. Steps in data analysis**

Step 1 involves organizing and preparing data for analysis. The process includes verbatim transcribing interviews, scanning the material, and making notes according to different categories of information that corresponds to codes. Large bodies of data are broken down, and in this study the researcher used index cards to identify themes from the data gathered during focus groups.

Step 2 is a process of listening thoroughly and interpreting information. The audio tape was played several times. The researcher documented a few memos for the purpose of identifying possible categories or interpretations, read the reflective

journals several times and identified categories, sub-categories and themes. The data from the focus group interviews and reflective journals was merged.

Step 3 involved coding of themes and sub-categories. Each piece of data was classified accordingly. The researcher obtained a general sense of patterns as an indication of what the data meant, and classified all categories, sub-categories and themes accordingly.

Step 4 was a process of generating themes emerging from the data. A theme is an abstract that symbolizes meaning of the entire experiences cited by the participants during the research study. Themes describe settings, people and categories. The researcher developed descriptive themes to categorize the research information according to similar clusters of information.

The categorized information, verbatim transcripts of focus group interviews and reflective journals were given to an independent coder for further refinement (Holloway & Wheeler, 2010:282). The researcher and independent coder reached an agreement and merged and coded similar themes in order to develop sub-categories and subsequently main categories, according to Tesch's method, as described in Creswell (2009:185). The categories, sub-categories and themes are discussed in Chapter 3.

## **2.7 CONCLUSION**

In this chapter the research design and method were discussed in detail. Population and sampling, data collection as well as data analysis methods were described. Trustworthiness was discussed in detail. A comprehensive account of activities around focus group interviews and writing of reflective journals was presented.

## **CHAPTER 3**

### **DISCUSSION OF THE FINDINGS AND LITERATURE CONTROL**

#### **3.1 INTRODUCTION**

A thorough description of the research design and methodology was provided in Chapter 2. This chapter includes the findings and literature control. The findings reflected the experiences of learners registered for the four year Diploma in nursing (General, Psychiatry and Community) and Midwifery, at a public nursing college in Gauteng and allocated to selected hospitals for clinical exposure. A verbatim transcription of the focus group interviews and data from reflective journals were analysed, coded and tabulated according to categories, sub-categories and themes. A literature control was conducted to support the findings (Polit & Beck, 2008:558), and as a further measure of validation (Burns & Grove, 2009:93). Lastly the field notes are discussed in this chapter.

#### **3.2 OPERATIONALISING THE FIELD OF RESEARCH**

A total of five focus group interviews were conducted at five selected hospitals in Gauteng. Each focus group consisted of six participants who were purposefully selected. Table 3.1 presents the demographic information of participants.



**TABLE 3.1: Demographic information of sample (n=30)**

<b>Criterion</b>	<b>Characteristic</b>	<b>Frequency</b>	<b>Percentage</b>
Gender	Male	5	17%
	Female	25	83%
Ethnic group	Blacks	19	63%
	Coloureds	6	20%
	Indians	2	7%
	Whites	3	10%
Level of training	2nd Year	9	30%
	3rd Year	13	43%
	4th Year	8	27%
Ages	19-24 years	21	70%
	25-30 years	9	30%

### **3.3 THE PROCESS OF DATA ANALYSIS**

Tesch's method of data analysis was used, as described in Creswell (2009:185). The researcher commenced with data analysis independently of the co-coder, listened to audiotapes and wrote verbatim transcripts. Data from reflective journals were analysed using the same method. The identified categories were developed into sub-categories which were then refined to themes (Polit & Beck, 2008:559). The co-coder was given copies of the verbatim transcripts of the focus groups, reflective journals and the analysed data. Consensus was reached regarding the findings. The researcher and co-coder agreed on the categories, sub-categories and themes identified in the transcripts. A summary of these are indicated in Table 3.2

**Table 3.2: Experiences of learners regarding care of mothers after stillbirth deliveries**

<b>CATEGORIES</b>	<b>SUBCATEGORIES</b>	<b>THEMES</b>
1.Experiences of learners when caring for mothers after stillbirth deliveries	1.1 Psychological impact on learners	<ul style="list-style-type: none"> <li>• Trauma, sadness and empathy</li> <li>• Overwhelming emotions</li> <li>• Guilt feelings and helplessness</li> <li>• Compassion</li> </ul>
	1.2 Challenges experienced by learners	<ul style="list-style-type: none"> <li>• Emotional conflict</li> <li>• Dilemmas in caring for women after delivery</li> <li>• Cultural issues</li> <li>• Anxiety</li> <li>• Lack of progress in studies</li> </ul>
2 Interaction with the mother after the stillbirth delivery	2.1 Explanation of the loss to the mother	<ul style="list-style-type: none"> <li>• Possible causes of loss</li> <li>• Health education regarding care during pregnancy.</li> </ul>
	2.2 Attending to the mother's concerns	<ul style="list-style-type: none"> <li>• Counselling of the mother</li> <li>• Communication with the mother</li> </ul>
3 Changing emotions within the same environment	3.1 Caring for mothers after stillbirth deliveries	<ul style="list-style-type: none"> <li>• Spending more time with mothers after stillbirth deliveries</li> <li>• Involvement of other mothers for reassurance of the bereaved mother.</li> </ul>

### **3.4 FINDINGS AND LITERATURE CONTROL**

Table 3.2 (above) will be discussed in the next section, based on data collected from focus group interviews and reflective journals. Data was grouped into three main categories, namely,

- Experiences of learners when caring for mothers after stillbirth deliveries;
- Interaction with the mother after the stillbirth delivery; and
- Changing emotions within the same environment.

The main categories were further divided into sub-categories, themes that emerged from which were then identified and developed to substantiate each one. These will be discussed and supported by quotes from participants and a literature control.

### **3.5 Category 1: Experiences of learners when caring for mothers after stillbirth deliveries**

The experiences of learners when caring for mothers after stillbirth deliveries emerged as the first category. The sub-categories identified under this category are discussed below.

#### **3.5.1 Sub-category 1.1: The psychological impact on learners**

Under the psychological impact experienced by the learners, the following themes emerged.

- **Trauma, sadness and empathy**

According to Turnbull (2010:1590), trauma is a mental condition caused by severe shock, especially when the harmful experience lasts for a long time and is upsetting. The author further defines empathy as an ability to understand another person's feelings or experiences (Turnbull, 2010:479). In this study the participants indicated that they had been psychologically traumatized by the experience of mothers who had stillbirth deliveries. The following quotations provide evidence of participants' psychological trauma:

*"As learners we are human and therefore are affected by other people's emotional pain."*

*"I could not ignore the fact that a woman is bereaved and carry on as if death of an infant is emotionally insignificant."*

*"Taking care of a mother after a stillbirth delivery is emotionally challenging."*

*"I felt both empathy and sympathy towards mothers who have delivered stillborn infants."*

*“I felt if I do not get ‘closure of some sort’, the feeling of bereavement will not go away.”*

According to participants nothing prepared them to deal with the event of a mother losing an infant through stillbirth delivery. They revealed that they felt empathetic towards these mothers but that this feeling drained them emotionally. Furthermore they described the difficulty and stress of witnessing the shock and disbelief experienced by mothers after stillbirth deliveries. The following quotes reflect their feelings:

*“I have always delivered live infants and was severely traumatized by looking at the lifeless body of the stillborn infant.”*

*“For days on end I carried a heavy emotional feeling. Each time I established the reason for the sadness I would visualize the face of the woman who delivered a stillborn infant.”*

Participants further expressed that it came across as very awkward to observe professional nurses going on as if it was “business as usual” despite the emotionally heavy presence of death. This was expressed as follows:

*“I looked at my seniors and thought they are treating bereaved mothers like objects for showing no empathy.”*

Delivering a stillborn infant is an event of unbearable anguish and sorrow to significant persons (Chan *et al.*, 2007:309). In addition, Wallbank and Robertson (2008:105) state that not only family members experience emotional trauma and sadness but staff members also, with both immediate impact and long-term resonance. There is growing awareness of the emotional repercussions of staff members’ exposure to distressing events in the workplace, as evidenced by occupational stress. Increasingly there is understanding by the employer how emotionally traumatic engagement with bereaved families results in staff distress and repeated unexplained psychological pain (Gold *et al.*, 2008:29). Organizations therefore have a duty to become more aware of the potential for psychological change in employees, as it could compromise patient care, and should provide care for these employees.

Participants’ saddened and traumatized feelings while taking care of mothers after stillbirth deliveries may have a negative impact on their effectiveness as

caregivers. This is supported by Fenwick *et al.* (2007:157) who indicate that providing care to such a mother has the potential to be an all-consuming and emotionally and physically exhausting event. In addition, it is something that all personnel sometimes have to live with for a long time. According to van der Westhuizen (2011:12), midwives find it difficult to deal with the confusion that women have to face after delivery of a stillborn infant. It is a particularly distressing aspect of their role. As with the women for whom they care, midwives find it hard to accept the loss felt by mothers after stillbirth deliveries (Fraser, Cooper & Nolte, 2006:678), and these situations are at times overwhelming.

- **Overwhelming emotions**

Participants expressed lack of preparedness as a main factor for the overwhelming reaction. Adverse outcomes such as stillbirth deliveries are viewed as taboo in obstetric units and associated with litigation and courts of law, therefore such incidents are not generally referred to in daily practice, leaving nursing learners unprepared for the worst (Conry & Prinsloo, 2008:14). Participants reported that some professional nurses did not inform them that an infant was not alive and they were just summoned to assist with a delivery. Participants became victims of the stated circumstances because they wished to meet the clinical requirement for SANC of performing a specified number of deliveries for a particular year of study. They felt overwhelmed by the prevailing situations, reporting that some mothers were indifferent or hostile, despite expressions of sympathy and acknowledgement of their emotional pain. One bereaved mother withdrew and would not speak to the nurses or mothers who had live infants. The difficulty in intervening or dealing with such a situation was expressed as follows:

*“The experience of delivering an infant is a challenge when one is still a learner. Delivering a stillborn infant without being informed is completely overwhelming.”*

*“I actually ran away. The professional nurse who was supervising the delivery completed the procedure.”*

*“We are just thrown in the deep end.”*

*“I could not help but cry when the mother requested me to inform the family about the infant’s death. It was most embarrassing because I felt inadequate.”*

*“I felt distressed and overwhelmed that I could not provide the mother and family with a ‘definite’ answer when they wished to know what went wrong.”*

*“I avoided going into the bereaved mother’s room for the whole day because I was overwhelmed.”*

*“The atmosphere around the bereaved mother was so uncomfortable because I made an attempt to comfort her but because she was not showing any emotion; neither was she crying, it made me feel that I might not have said the right words.”*

*“After qualifying I will not agree to be allocated to the obstetric unit because I am expected to be inhuman and function efficiently in an unnatural situation.”*

Fenwick *et al.* (2007:158) state that midwives enjoy the experience of being independent and a primary caregiver while taking care of a woman during labour. Furthermore they stated that when a stillborn infant is delivered they struggle to manage the situation effectively and become overwhelmed by the negative outcome. Debriefing or professional support is required. According to van der Westhuizen (2011:22), many midwives feel confident and gain satisfaction in taking care of mothers after stillbirth deliveries but there is evidence that for some it is emotionally overwhelming. For these midwives the feelings are a constant source of uncertainty, inefficiency and a clinical challenge that subsequently lead to feelings of guilt and helplessness.

- **Guilt feelings and helplessness**

Participants blamed themselves and expressed guilt because they felt they could have prevented a stillbirth delivery. Some avoided interaction with the bereaved mothers, preferring to focus on technical nursing procedures, however, this added to their guilt feelings in that they were still not affording the mother the emotional care she deserved. The participants were not certain whether the words they used were appropriate. They expressed feelings of helplessness with regard to intervening and interacting with bereaved mothers:

*“I blamed myself for not doing enough, and yet I had no idea what I could have done to prevent this.”*

*“I silently performed the postnatal checking on the mother but when I got home I felt so bad about the silence and wished I could have said something.”*

Another participant justified her silence when attending to the woman by saying:

*“I played safe by keeping silent because I was careful not to open wounds which I will not be able to deal with.”*

*“The guilt was unbearable and made me at a loss for words.”*

Most of the participants stated that congratulating mothers who delivered live infants made them feel guilty because they thought of how that would affect the mothers with stillbirth deliveries. Their feelings were expressed as follows:

*“Mothers with live infants were expecting to be praised but I chose to ignore them. This made me feel guilty though.”*

*“I kept my distance because the lesser I came into contact with the mother the lighter my emotions were and I could therefore carry on with my tasks in the unit.”*

*“I was not sure how to demonstrate that I understood how the bereaved woman feels because grieving is complex and people react differently.”*

Feelings of helplessness were compounded by the professional nurses' reactions when participants wished to spend more time with the bereaved mothers. Participants were made to feel irresponsible for not doing the routine work as expected. The following statements were expressed:

*“When are you going to complete tasks if you are socializing with patients?”* (This rhetorical question was voiced by a professional nurse addressing a learner.)

*“It is very strange when you see other professionals carrying on with a nonchalant attitude when you are still dealing with the emotional baggage of having seen someone loose an infant.”*

Witnessing such inappropriate behaviour added to the learners' feelings of helplessness. Midwives are faced with the responsibility of protecting the women who have delivered a stillborn infant from psychological trauma, but because of the burden of guilt feelings they are unable to meet that obligation (Trulsson & Radestad, 2004:140). This is evidenced by the burden of guilt feelings expressed by participants while taking care of mothers after stillbirth deliveries.

According to Morrison (2007:10), one of the most pronounced and least understood emotions surrounding stillbirth deliveries is the guilt feelings of caregivers. On the other hand it is assumed that stillbirth delivery is one of the realities in a caregiver's functioning and is not associated with guilt feelings. Feelings of helplessness and guilt were expressed by participants in the study.

Van Rooyen, Williams and Ricks (2009:49, 53) state that watching a mother trying to cope with emotional hardship after a child's death is challenging to caregivers, even for professional nurses. The experience renders some of them helpless, more so when they have not yet benefited from training. Van der Werker and Prigerson (2009:47) state that Compassionate friends, a bereavement self-help support group recommend that parents be given options to hold the infant, stay with it for some time and be afforded an opportunity to perform the appropriate rites. Caregivers sometimes feel helpless while such practices are in process, instead of showing compassion, as in the next theme.

- **Compassion**

Participants said that they were tempted to engage in non-verbal communication techniques, such as touching, to indicate acknowledgement of the emotional pain that the bereaved mothers were experiencing. This was expressed as follows:

*"I wish I could hug the mother to acknowledge the pain that she is going through."*

*"I wanted to sit next to the bereaved mother, comfort her and be there for her like we do at home when a person is bereaved."*

Participants also expressed that senior personnel in the unit did not show any compassion, as expressed by one learner:

*"Looking at the senior personnel's reaction towards the bereaved mothers I came to a conclusion that compassion in midwifery has died."*

*"I am a very compassionate and emotional person. I always question my skill in comforting a bereaved person because I find myself crying. Will I make a good nurse?"*

Philips (2008:20) states that compassion towards women after giving birth is important as it is a unique, special and a wonderful journey. In addition, after a



stillbirth delivery, more compassion should be given to the mother and sensitive support rendered by caregivers.

A study conducted by Chiu *et al.* (2010:1321) illustrates that the more compassion a bereaved person receives the better they are able to cope and the less the repercussions of bereavement. Nurses' compassionate care is essential for the grieving and healing process, as cited by Morrison (2007:15) in a study focusing on the impact of compassion in grieving mothers. In dealing with bereavement care the most important attitude is compassion, and the attitude of nurses can affect the quality of care provided to mothers after stillbirth deliveries. The effects of stillbirth deliveries were experienced by some nursing learners as challenging.

### **3.5.2 Sub-category 1.2: Challenges experienced by learners**

The following themes emerged in this sub-category:

- **Emotional conflict**

Participants expressed emotional conflict when caring for mothers after stillbirth deliveries. They expressed that there appeared to be incongruence surrounding what constituted professional display of emotion while trying to ensure appropriate responses to bereavement. These experiences were expressed in the following statements:

*"We were taught about emotional intelligence in Psychiatry but I could not apply it to this situation."*

*"I found it difficult to be emotionally supportive in a professional manner."*

*"Expressing sympathy without touching did not make sense to me. I tried very hard to resist the temptation of hugging the woman."*

Most participants stated that touching the woman came across as invading her personal space, but avoiding physical touch made them feel as if they did not care. Their feelings were expressed as follows:

*"I wished to hold the woman's hand but I was not sure if it is professionally acceptable as I am a male."*

In a study about factors associated with nurses' attitudes towards perinatal care, Chan *et al.* (2009:2344) assert that some nurses commented that they needed to distance themselves from bereaved parents. They felt unable to deal with the immensities of the parental emotional feelings but experienced conflict about the duties that they had to perform on the mothers after stillbirth deliveries. A similar sentiment was shared by the participants in this study. According to Christ, Bonanno, Malkinson and Rubin (2012:566), caregivers perceive themselves as not being good enough to fill the void experienced by mothers after stillbirth deliveries. They keep their distance and do not want to be emotionally involved with the mother. At the same time it is impersonal to perform procedures on the mother without displaying affect.

A study conducted by Wallbank and Robertson (2008:100) on midwives' and nurses' responses to stillbirth deliveries, found that caring both for the bereaved and the non-bereaved mothers required diversion of attention, answering to diverse demands and engagement with patients. Such ambiguity and role conflict may result in inadequate provision of appropriate care.

In a global study conducted to explore midwives' experiences of loss and adverse outcomes, it was found that midwives need to break the silence about their experiences with adverse outcomes in childbirth (McCool *et al.* 2009:1012). Furthermore, these midwives need to describe the guilt, shame and emotional conflict of having to attend to mothers in opposing emotional states.

- **Dilemmas in caring for mothers after stillbirth deliveries**

Jooste (2010:26) describes a 'dilemma' as a situation in which a difficult choice has to be made between issues of equal importance. The dilemmas comprised the provision of comfort to the bereaved woman's partner and placement of the woman who had a stillbirth delivery with mothers who had given birth to live infants.

Participants stated that there seemed to be no consideration for partners of women who had delivered stillborn infants, especially if they were not married. The feelings of isolation and not being regarded as someone dealing with a loss

placed participants in a difficult situation in terms of sympathizing or embracing the partners. These dilemmas were expressed as follows:

*“Grieving partners were given minimal attention as if they are being dismissed.”*

*“Partners were treated as if they did something wrong and [as though they] do not deserve to be comforted.”*

*“Some spouses or partners wished to be close to the women but seemed restricted and uncomfortable.”*

*“There is no emotional place for men in the entire scenario of stillbirth delivery.”*

In some hospitals, mothers who had delivered stillborn infants were nursed in the same room as mothers with live infants, whilst in others they were placed in side-wards on their own. Both arrangements posed a dilemma and concern for participants because they could not determine which arrangement was better. The concerns were expressed as follows:

*“Mothers with stillborn infants were nursed in isolation, away from attention.”*

*“It seemed unfair for mothers with live babies to be nursed in the same room as mothers who delivered stillborn infants.”*

Mourning, as a shared expression of grief, is important in gaining a new equilibrium with regard to diminished hopes for the future. It is therefore essential that a grieving person be allowed to be with significant persons (Bruce, 2007:1). At the point of loss the bereaved person feels abandoned by experts to whom she had entrusted her hope, hence the partner’s presence and acknowledgement is essential, as highlighted by participants in this study (Conry & Prinsloo, 2008:15).

- **Cultural issues**

Participants’ ages ranged between 19 and 28, most of them at the lower end of the age range and the majority without children. Males also participated in the study. It was a challenge for them to conduct a delivery on older women as it is an invasive procedure and in some cultures this is not seen as an acceptable practice. For some men, bereavement is a place for women as they are perceived as comforters (Ray, 2012:33). In terms of comforting during bereavement,

learners' age and male gender were unacceptable attributes for mothers with stillbirth deliveries. Participants expressed these challenges as follows:

*“Because we deal with such experiences at a young age we are not emotionally and professionally matured to handle such.”*

*“Some mothers expressed that we are too young to engage in matters of bereavement.”*

*“The mother did not respond to me warmly after she learned that I never had a baby.”*

*“In my culture issues of bereavement are handled by elderly women therefore the presence of males and young girls were a turn off for mothers who have delivered stillborn infants.”*

*“I felt very uncomfortable dealing with death because at home young males are nowhere near death-related activities; even when a male is bereaved, elderly women are at the forefront of activities regarding bereavement.”*

Culture denotes acquired knowledge that is used to interpret experience and generate social behaviour in specific contexts, such as childbirth, mothering and grieving (Hsu, Tseng, Banks & Kuo, 2007:409). According to the participants' experiences regarding the significance of culture after stillbirth deliveries, culture provides a valid baseline of how grief is defined and expressed, and determines who gets involved.

Bruce (2007:33) states that although the anguish of loss is a universal phenomenon, mourning practices vary across cultures. Mourners bring their own respective life histories and contexts to the grief experience. The participants expressed a need for cultural sensitivity in order to demonstrate respect towards the woman mourning the loss of her infant. The manner in which people express grief is determined by their culture and life experience (Bruce, 2007:38). In addition, reaction to death is influenced by various beliefs, and accompanied by emotional expressions and certain rituals. These can cause discomfort for caregivers who happen to be in the forefront at the time of the delivery of a stillborn infant. Caregivers may be going through personal concerns linked to death and, when these are brought to the surface as a result of dealing with a mother after a stillbirth delivery, discomfort and uncertainty may be manifested

(Nolte & Maputle, 2008:59). The next theme addressed the anxiety expressed by participants.

- **Anxiety**

According to the participants, the outcomes of most deliveries are live infants and it is very frightening to deliver a stillborn infant. Exposure to deceased persons in the former years of training did not prepare them adequately to deal with mothers who have delivered stillborn infants. Continuous reference to lawsuits by professional nurses in the obstetrics units also unsettled the participants, and caused anxiety. The involvement of professional bodies and the review meetings held after adverse outcomes occurring in obstetric units were not explained properly to learners, but rather used as threats. Some learners said that:

*“The professional nurses threatened us with disciplinary actions taken by the South African Nursing Council if a baby is a stillborn.”*

*“I was so frightened after the actual experience of delivering and handling a lifeless body that I could not sleep for days, let alone look the bereaved mother in the eye.”*

Some participants reported that they had to seek psychological interventions because they could not function after the experience of delivering a stillborn infant and were thus not taking care of bereaved mothers efficiently, as indicated in the following statements:

*“I could not sleep at night and felt exhausted in the morning.”*

*“I had nightmares, couldn’t sleep and moved out of the nurses’ residence in order to be with family and have company at night.”*

Participants also stated that they had to draw on their own resources in order for them to alleviate anxiety:

*“I tapped on my own experiences of grief in order to alleviate the anxiety I experienced each time I had to interact with the bereaved mother.”*

*“I consulted a religious mentor from my church because the thought of facing the mother made me very anxious.”*

*“Sharing the experience with my grandmother assisted me because through her emotional support my anxiety was allayed.”*

McCool *et al.* (2009:1003) state that the work-related stress and anxiety in obstetric wards is inherent. In a study conducted in obstetric units to determine the anxiety associated with taking care of mothers after stillbirth deliveries, midwives and doctors attributed the following symptoms to high anxiety levels: chronic fatigue, headache, physical and emotional exhaustion (McCool *et al.* 2009:1003). This accounts for various statements about physical ailments reported by participants during focus group interviews and documented in reflective journals.

In a study conducted by Compassionate friends, a self-help organization for bereaved parents, it was reported that not only parents of family members are affected by bereavement but also healthcare personnel, as indicated by deterioration in work performance and cognitive functions such as problem-solving and decision-making. This deterioration, it was reported, results from anxiety associated with bereavement (Christ *et al.*, 2012:559).

- **Lack of progress in studies**

Participants stated that they had a responsibility for mastering content in several subjects, including midwifery, as prescribed by the curriculum. They also stated that the emotional state of an individual has an important role to play in effective learning. Many said that when their mental processing ability was filled with thoughts of bereavement, little room was left for concentrating on academic demands. They indicated that their studies suffered and felt that learning outcomes that had to be achieved within the period allocated to midwifery could not be achieved as required. While allocated to obstetric units they performed badly in learning tasks and assignments. They expressed their experiences as follows:

*“The clinical area is meant to promote learning but taking care of a mother after a stillborn delivery hampered my learning.”*

*“I had a private, personal goal of wishing to please my late mother by achieving in my studies. Each time I was faced with bereavement my goal would be adversely affected because my performance deteriorated.”*

*“Flashbacks of the stillborn infant interfered with my studies because when I sat alone and made an effort to study I would picture the lifeless body and would immediately abandon Midwifery and focus on other subjects.”*

*“I obtained low marks in the Midwifery clinical assessment because of lack of concentration during the structured clinical guidance sessions that were conducted around the time of my encounter with a stillbirth delivery.”*

When someone significant in our lives dies, several changes that affect memory, concentration and learning take place (Nolte & Maputle, 2008:60). This was evidenced by the participants' inability to study after delivering a stillborn infant. Research documenting the effects of bereavement on academic learning has become increasingly available and bears consistent results (Steele, 2007:1). There is increasing evidence in cognitive alterations following bereavement as evidenced by poor academic performance. These primary learning functions, as expressed by the participants, were altered after exposure to bereavement. The next category highlights the nursing learners' interaction with the bereaved mother.

### **3.6 Category 2: Interaction with the mother after the stillbirth delivery**

The sub-categories under this category include explanation of the loss to the mother and attending to the mother's concerns.

#### **3.6.1 Sub-category 2.1: Explanation of the loss to the mother**

In this sub-category two themes emerged namely possible causes of loss and health education regarding care during pregnancy.

- **Possible causes of loss**

Participants stated that the mothers were eager to know what had caused the stillbirth delivery and expected an explanation. Mothers also asked if there was

anything they could have done to prevent the stillbirth delivery. The following quotes illustrate this theme:

*“The mother stated that foetal movements were notably diminished until she experienced pains and delivered a stillbirth infant.”*

*“Some women stated that they suffered from chronic conditions but were not aware that these conditions could result in stillbirth deliveries.”*

*“I explained to a woman who had essential hypertension that stressful circumstances that she was going through at the time might have resulted in her blood pressure being persistently high and thus causing the infant’s death.”*

Some participants stated that it would have been more appropriate for experienced professional nurses to explain to mothers the causes of stillbirth deliveries because in most instances participants were speculating:

*“I wish the professional nurse was around to do it.”*

*“I was delegated to deliver the stillborn infant but was not given sufficient background as to the cause of the stillbirth and the mother expected an explanation which I could not provide at the time.”*

Fenwick *et al.* (2007:159) state that information-sharing after a stillbirth delivery is essential and plays a significant role in the mother’s level of satisfaction. The author further indicates that the explanation with regard to the cause of a stillbirth delivery will minimize the psychological trauma experienced by the bereaved mother. The quality of care that health professionals give to a mother after a stillbirth delivery is crucial. Pattinson, Kerber, Buchmann, Friberg, Belizan, Lansky, Wessman, Mathai and Rudan (2011:88) state that health professionals are under increasing pressure to conduct reviews after maternal deaths and stillbirth deliveries. The purpose of these reviews, among others, is to identify the cause of the stillbirth and give feedback to the family regarding the causes of the stillbirth. It is therefore important that professional nurses take the responsibility of explaining the causes of the stillbirth to the mother.



- **Health education regarding care during pregnancy**

According to the participants, antenatal care should be promoted whenever pregnant women are in contact with health workers. This practice will raise awareness about the importance of attending the antenatal clinic. Health education on the danger signs, the impact of chronic diseases during pregnancy, as well as the possibility of identifying and treating underlying conditions should be discussed at antenatal clinics. Participants stated that attendance at antenatal clinics will also assist the caregivers in informing mothers that the outcome of labour is unpredictable and so may prepare them to anticipate a positive or negative outcome. Participants' thoughts on this were expressed as follows:

*“The saying, ‘midwifery is a closed book’ should, to a certain extent, also be explained to the pregnant mothers.”*

*“Pregnant women should be reassured that should the outcome of labour be negative there are systems in place to assist them to deal with loss.”*

*“Pregnant women who are at risk should be educated about the importance of and adherence to medical supervision.”*

*“I encountered a woman who had a history of four stillbirth deliveries within a short space of time. I explained the importance of antenatal care in order for her condition to be managed.”*

Sellers (2008:160) suggest that flexibility concerning the place of consultation for antenatal care and timing of visits could lead to better attendance and consumer satisfaction. Optimal antenatal care can be achieved only if midwives are sensitive and respond to the needs of pregnant women. Education from health professionals should focus on what is important to the woman and reflect outcomes, feelings and consequences of pregnancy. Sellers (2008:165) sets out reasons for antenatal care: (1) to monitor the progress of pregnancy in order to ensure maternal health and normal foetal development; (2) to ensure that the woman reaches the end of her pregnancy physically and emotionally prepared for the outcome; and (3) to recognize deviation from the norm and provide management or treatment as required.

Improvement in maternal health, coupled with advances in diagnostic screening techniques, make it possible to implement advanced interventions with maximum

efficiency. Therefore, the prevention of stillborn deliveries begins with effective antenatal services.

### 3.6.2 Sub-category 2.2: Attending to the mother's concerns

The following themes namely, counselling of the mother and communication with the mother, form part of the sub-category of attending to the mother's concerns.

- **Counselling of the mother**

In this theme participants focused on reactions of mothers after stillbirth deliveries and the care that they, as nursing learners, were expected to provide. The experience of being with the mother at the time of loss pressurized the participants into intervening and drawing on their own resources to provide counselling. The following statements were articulated:

*"A counsellor is needed in the post natal ward because we are not experienced in providing counselling."*

*"There are counsellors for HIV and AIDS patients and none are allocated for grieving mothers after delivery of stillborn infants."*

*"There are counsellors in other hospitals but they hardly speak to the women who have delivered stillborn infants. They just page through the patient's files, write notes and leave."*

Participants identified a need for counselling of the mother but felt inadequate to provide it. Participants further felt that a woman who anticipated a live birth, but delivered a stillborn infant, needed counselling. They also expressed their disappointment with the lack of availability of effective counselling for learners and mothers:

*"How could I effectively counsel someone else when I also needed counselling?"*

*"Learners should be referred for counselling too because the experience of delivering and taking care of a mother after a stillbirth delivery is traumatic."*

*"Learners must be taken for counselling to ensure their cognitive functioning is not affected."*

*“It would be a great emotional relief to be afforded an opportunity to let it out of our chests in order for us to care for bereaved mothers in future.”*

*“I drew on my religious background to counsel the woman but felt inappropriate because of the possibility of not sharing the same religious affiliation.”*

After a significant loss, grieving mothers employ a variety of coping mechanism. Some need time alone, others need time with others to feel and understand their loss (Bruce, 2007:39). Bereaved mothers need a sense of security, trust and hope in the future, gained by experiences of being cared for. Counselling is therefore an important part of care to mothers after stillbirth deliveries.

A mother who has delivered a stillborn infant has been in the process of developing a mother-baby relationship, and because the process of establishing a bond with the infant was terminated abruptly the healthcare professional has a crucial role in counselling the bereaved mother (Bruce, 2007:38). From a study conducted by Chiu *et al.* (2010:1321) into the grief that caregivers experience when taking care of relatives after the death of a family member, a need was identified for bereavement care towards caregivers to improve the quality of care rendered (Chiu *et al.*, 2010:1321).

- **Communication with the mother**

Most participants reported that mothers who had stillbirth deliveries wanted to talk about their loss, and therefore they felt obliged to listen and reassure them. The main factors described by participants were that the mothers felt inadequate because womanhood is associated with childbirth. In some cultures childbearing determines one’s status in marriage and contributes to the respect that women command from families and significant people (Gilbert, 2011:300). The circumstances thus warranted intense reassurance from the participants:

*“I felt sorry for the mother because she stated that she is not woman enough if she goes home empty handed.”*

*“Is my body inadequate, nurse? This put me in an awkward position and I had to find a way of reassuring the bereaved mother.”*

*“It is not your fault. I was not confident when I said this but felt very proud that I had tried to cheer the mother up.”*

*“I explained to the mother that certain circumstances may result in delivery of a stillborn infant without the mother being at fault.”*

*“I could pick up the guilt feelings from her side but felt inadequate to assist her in any way.”*

*“I resorted to avoiding the mother because even if I stayed with her that wouldn’t help because I had failed to prevent a stillbirth from occurring.”*

*“When I was with the mother she asked me if she killed the baby. I froze and did not know what to say because I could not assist her in dealing with her guilt feelings.”*

The study indicates that mothers are emotionally vulnerable after stillbirth deliveries. Caregivers should therefore strengthen the mothers’ power to cope with the loss and, most importantly, reassure them with a view to assisting them in regaining their confidence as women and future mothers. Another way of reassuring mothers after stillbirth deliveries is allowing them to stay with the stillborn infants for as long as they wish, depending on circumstances in the unit (Nolte & Maputle, 2008:61). The authors cite evidence that when a mother is not given an opportunity to spend time with the stillborn infant this can lead to remorse and depression. A study conducted by Bruce (2007:33) sought to identify health professionals’ experiences about perinatal death, coping strategies and adequacy of their training. According to the findings little is known about how stillbirths affect learners. Coping with easing the conscience of a mother who feels guilty about a stillbirth delivery and expressing appropriate words is a challenge for nursing learners.

### **3.7 Category 3: Changing emotions within the same environment**

Changing emotions within the same environment emerged as the third category and the following sub-category emerged.

#### **3.7.1 Sub-category 3.1: Caring for mothers after stillbirth deliveries**

The themes that emerged from this subcategory included spending more time with mothers after stillbirth deliveries and involvement of other mothers for reassurance.

- **Spending more time with mothers after stillbirth deliveries**

Participants stated that they were tempted to spend more time with mothers after stillbirth deliveries. Other duties such as postnatal observations and monitoring of vital signs on mothers with live babies were not done on time. The following quotes in this regard were expressed:

*“I did not know how to divide my attention because I found it difficult to leave the mother who has delivered a stillborn infant but at the same time I also had to attend to the needs of mothers who had delivered live infants.”*

*“I felt as if I was neglecting other mothers but I couldn’t control my feelings of sympathy towards this mother. I therefore spent more time with her.”*

*“I performed postnatal observations to all the mothers but deliberately lingered on next to the mother who has delivered a stillborn infant and said sweet nothings.”*

*“I did not congratulate mothers who delivered live infants, even though they expected it because I was being sensitive to the mother who delivered a stillborn infant.”*

*“Even though I spent time in the cubicle my focus and interaction was only on the mother who has delivered a stillborn infant. I felt she needed more attention and sympathy.”*

Gilbert (2011:160) asserts that members of staff are shocked and upset when there is a stillbirth delivery. Inexperienced staff might feel at a loss as to what to say or do and resort to staying with the mother. Most participants admitted to staying with bereaved mothers with the hope of offering comfort. Gilbert (2011:164) states that nurses find it difficult to provide perinatal bereavement care. The strategy that they resort to is to take turns to stay with the mother, depending on “who is best to handle it that day.”

In the past few decades increased awareness and sensitivity to the special needs of bereaved parents have changed hospital-based interventions. Parents are no longer shielded from the death of their baby, but are supported through their experience (Moodley, 2008:93). Participants’ engagement through ongoing conversations with bereaved mothers about their experiences of grief was helpful. Bereavement care and support is returning to the emotionally attuned, relationship-based care that was provided in the home more than a century ago

(Roehrs *et al.*, 2008:633). Furthermore, modern care also offers follow-up after loss to support bereaved families in their home. This service expands the support initiated by healthcare professionals in the obstetric unit. The results suggest that spending time with the mother after a stillbirth delivery might be comforting and reassuring to both the mother and the nursing learner.

- **Involvement of other mothers for reassurance**

The primary goal in providing nursing care after a stillbirth delivery is to maintain the privacy of the family and promote healthy, uncomplicated grief. The participants stated that they could not prevent mature women with live babies in the unit from offering support to a woman after a stillbirth delivery. Participants also reported that some mothers who had stillbirth deliveries found solace in each other:

*“The only time I had the courage to talk to the mother who has delivered a stillborn infant is when I found her in the company of mothers with live babies, discussing about her loss”*

*“The experience I had was with a teenager who had delivered a stillborn infant. Elderly ladies and their families comforted her.”*

*“Mature mothers naturally got involved as they were extending their role in being in the forefront during bereavement. I stood back and could not stop them.”*

*“I understood and stepped back when I came across mothers who have had stillbirth deliveries saying: we share the same pain, talking about it makes us feel so much better”*

The process of conceiving, giving birth, raising children and death is normally shared by individuals across cultures. These are central to human existence and add elements of social, psychological and meaning construction (Christ *et al.*, 2012:556). The human bereavement response is triggered not only by the death of a significant person but also by direct or indirect exposure to others' grief and loss.

McCreight (2008:15) states that social support has significant implications for the mourning process owing to its therapeutic effect on the emotional wellbeing of mothers after stillbirth deliveries. In this context the response of other mothers to

bereavement is a natural human response, hence the willingness to support the grieving mother and the participant who seemed to be overwhelmed by the circumstances.

In the area of bereavement care, a concerted collaboration between parent advocates, healthcare practitioners and significant others has led to new standards of comprehensive and compassionate care for grieving families (Gilbert, 2011:151). Mothers with live babies happen to be in the immediate environment of mothers who had stillbirth deliveries and therefore are significant others under the circumstances. They are consequently affected and respond to the emotions experienced by the mother after the stillbirth delivery. Support groups have proven most effective for parents who have experienced stillborn deliveries (Morrison, 2007:15). Support is viewed as most credible when it comes from someone who has experienced a similar crisis. Based on the stated deliberations, the involvement of other mothers can be meaningful when rendering support to a mother after a stillbirth delivery.

### **3.8 DISCUSSION OF FIELD NOTES**

Munhall (2012:308) states that field notes assist the researcher in gaining an inclusive and extensive picture of the group under study. In this study the researcher and assistant researcher recorded non-verbal cues portrayed by the participants immediately after each focus group session. They kept notes with regards to observations and personal experiences, including participants' comments and responses. Several types of field notes were kept during and immediately after the five focus group interview sessions, as follows.

- **Observation notes**

Polit and Beck (2012:548) indicate that observational notes are objective descriptions of observed events and conversations. Information about actions, dialogue and context are recorded as completely and objectively as possible. Observation notes record spontaneous behaviour (Burns & Grove, 2009:508). During the focus groups the researcher noted observations of the participants sharing their experiences, and realized that the discussion served as an outlet for

sharing emotions that had been 'bottled up'. Some participants displayed non-verbal cues such as frowning whilst others verbalized sad emotions.

- **Methodological notes**

Methodological notes are reflections about strategies and methods used during data collection (Botma *et al.*, 2010:218). In this study the participants were known to the researcher as a facilitator at the nursing college under study. Adherence to anonymity was emphasized and participants were assured of confidentiality.

- **Personal notes**

Personal notes are defined as personal reactions to stories and interviews. Thoughts and understanding are documented for reflection, exploration and analysis (Munhall, 2012:309). Personal notes are comments about the researcher's own feelings and perceptions while in the field, and record reflections on whether feelings and perceptions influence what is being observed (Botma *et al.*, 2010:218). The researcher and assistant researcher were emotionally affected by the participants' emotional reactions regarding the sub-category on overwhelming situations and feelings of helplessness. The situation clearly reflected loss of control and not being of assistance to the mothers who delivered stillborn infants. Participants even nodded in agreement whenever a fellow participant expressed helplessness.

### **3.9 CONCLUSION**

This chapter has outlined the main findings that arose from the focus group interviews and reflective journals that were conducted in order to answer the research question: "What are the experiences of nursing learners with regard to caring for mothers after stillbirth deliveries at selected public hospitals in Gauteng?"



Data from five focus group interviews and reflective journals has been presented in the three main categories: experiences of learners when caring from mothers after stillbirth deliveries; interaction with the mother after the stillbirth delivery; and changing emotions within the same environment. The literature and research findings applicable to the sub-categories and themes were discussed to re-contextualize the findings in the existing body of literature. Lastly the field notes were discussed.

The next chapter draws conclusions, acknowledges limitations, discusses implications and makes recommendations based on the findings.

## **CHAPTER 4**

### **CONCLUSIONS, IMPLICATIONS, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY**

#### **4.1 INTRODUCTION**

The results of the study and literature control were presented in the previous chapter, as categories, sub-categories and themes. In this chapter the researcher summarizes findings, draws conclusions, indicates implications, make recommendations and identify limitations of the study. The discussion is guided by the categories identified in Chapter 3.

#### **4.2 CONCLUSION OF THE STUDY**

The discussion of the research process was guided by the purpose of the study, which was to explore and describe nursing learner's experiences of caring for mothers after stillbirth deliveries at selected public hospitals in Gauteng.

Based on the findings the following categories were identified.

##### **4.2.1. Category 1: Experiences of learners when caring for mothers after stillbirth deliveries**

The findings of the study revealed the following experiences for learners when caring for mothers after stillbirth deliveries.

##### ***4.2.1.1 Sub-category 1.1: The psychological impact on learners***

It became clear that caring for a mother after stillbirth deliveries had a psychological impact on the participants. Trauma was indicated by the different reactions that participants acted out, such as running away, crying, experiencing sleepless nights and having visions of lifeless bodies. Emotions such as sadness were experienced by participants many days after the event of stillbirth deliveries.

The participants were overwhelmed by emotions, characterised by empathy, guilt feelings, helplessness, and compassion, often simultaneously. Wallbank and Roberts (2008:105) asserts that not only family members experience significant emotional trauma and sadness in response to an infant's death, but also do staff members. The staff member's experiences have both an immediate impact and long-term repercussions. Their call of duty has always been to care for mothers with stillbirth deliveries but they felt inadequate. They felt their role was to save lives, therefore the loss of life made them feel guilty.

A study conducted by Holtslander (2008:40) indicated that caregivers of grieving patients also experience mixed emotions of helplessness and guilt. The participants advocated training in emotional intelligence in order for them to deal with their emotions and those of the patients they are taking care of in the event of death. The empathy and compassion that the participant's felt compounded feelings of helplessness as they could do little to ease the emotional pain experienced by mothers after stillbirth deliveries.

#### ***4.2.1.2 Sub-category 1.2: Challenges experienced by learners***

Participants experienced challenges as they were caring for mothers with stillbirth deliveries. These resulted in emotional conflict, between mothers with stillbirth deliveries and those who delivered live infants. From a study by Wallbank and Robertson (2008:100) into midwives and nurses' responses to stillbirth delivery, it was found that caring for both the bereaved and the non-bereaved mothers requires diversion of attention to the different demands and engagements with patients. Such ambiguity and role conflict may result in inappropriate care.

The researcher observed that attending to mothers in opposing emotional states was an enormous challenge for participants which sometimes subject them to a dilemma. At one moment they have to celebrate and acknowledge the achievement of a mother with a live baby, in the next moment support one who has had a stillbirth delivery. This conflict of interest is supported by a global study (McCool *et al.*, 2009:1012) which explored midwives' experiences of loss and diverse outcomes which revealed that midwives need to break the silence about

their experiences with adverse outcomes in childbirth and express the dilemma of confronting them.

Culture is an integral part of the participants' and bereaved mothers' existence, impacting on interactions and interventions within the therapeutic environment. The dynamics thereof manifested as the participants expressed discomfort when attending to older women during delivery, as it is an invasive procedure. In addition, involvement of younger members in caring for mothers with stillbirth delivery, and males in dealing with death issues is taboo in some cultures. As Bruce (2007:33) writes, mourning practices vary across cultures; therefore culturally sensitive care practices for bereaved mothers are essential. Morrison (2007:14) states that nurses should respect the beliefs and customs of others, even if they are not fully understood or appreciated. The researcher observed that in an effort to consider the bereaved mother's cultural orientation, participants were overwhelmed and confused, resulting in anxiety.

It is evident that high levels of anxiety were experienced by participants and this hampered their learning. Participants quoted evidence of underperformance which they directly attributed to high levels of anxiety resulting from caring for mothers after stillbirth deliveries. They reported that they could not effectively learn and master clinical procedures during placement in obstetric units. In a study by Chan *et al.*, (2009:2344) into how nursing students were affected by anxiety when learning new procedures, it was found that anxiety had a negative impact on learning and task performance. The author further illustrates that anxiety-relieving interventions and techniques should be an integral part of education in order to achieve desirable levels of learning and performance.

#### **4.2.2 Category 2: Interaction with the mother after the stillborn delivery**

The findings of the study revealed the importance of interaction with the mother after stillbirth deliveries. The following sub-categories are discussed.

#### **4.2.2.1: Sub-category 2.1: Explanation of the loss to the mother**

Participants realized the significance of loss experienced by the bereaved mothers and felt obliged to know and explain the possible causes of stillbirth deliveries. Morrison (2007:10) states that it is important that caregivers are acquainted with the history of the mother's pregnancy in order to be more supportive and resourceful when an account for the loss is required. The author further revealed the importance of educating mothers on care during pregnancy, risks and possible outcome of labour.

#### **4.2.2.2: Sub-category 2.2: Attending to the mother's concerns**

Participants said that the delivery of a stillborn infant had a direct impact on them as caregivers and yet their experiences were limited in dealing with loss. The study found that learners were not empowered to provide care to mothers after delivery of stillborn infants. Modiba (2008:14) states that mothers who receive support and counselling after delivery of a stillborn infant cope much better with the loss, and thus advocates training of staff to provide such care.

The study revealed the need for improving communication with mothers who have delivered stillborn infants, based on the fact that delivery of a stillborn infant represents the loss of an anticipated future, parenthood and a dream (Morrison, 2006:15). Communication will allow the mother to express her thwarted hopes in a safe and professional environment.

Participants also expressed the need to be empowered with bereavement counselling skills and communication skills. The participants expressed a wish to be open and honest with the mothers about what had happened to them. The findings of a study conducted by Fenwick *et al.* (2007:157) about the satisfying and dissatisfying aspects of midwives while providing perinatal loss, revealed that being open and honest about what happened to mothers who had delivered stillborn infants was both important and satisfying.

### **4.2.3 Category 3: Changing emotions within the same environment**

The findings of the study revealed that caring for mothers after a stillbirth delivery posed a challenge to the participants because the mothers who delivered live babies were equally entitled to quality care. The following sub-category emerged:

#### ***4.2.3.1 Sub-category 3.1: Caring for mothers after stillbirth deliveries***

Participants stated that they paid more attention to mothers who had delivered stillborn infants than those who delivered live babies. It was a challenge to them because support, clinical activities and assistance with infants was also required by mothers with live babies. The participants perceived this as failure to provide continuity of care to the mothers who delivered live babies.

The study identified a challenge when other mothers in the unit became involved in rendering support to those who had delivered stillborn infants. The involvement was viewed as a positive gesture by the participants but they did not know if it was professionally acceptable. The participants expressed a belief that comforting bereaved mothers was their role and responsibility as they were in the forefront of providing care after a stillbirth delivery. Allowing other mothers into the personal space of a grieving mother posed a dilemma to participants.

Bereavement care is a concerted collaboration between the bereaved and significant others. This collaboration has led to new standards of comprehensive, compassionate care. Based on the findings of the study other nursing learners might be enabled to offer comfort in the event of bereavement.

## **4.3 RECOMMENDATIONS**

The findings of this study were based on feedback from nursing learners. It is, therefore, recommended that nursing learners' experiences with regard to caring for mothers after stillbirth deliveries be taken into consideration during training in order to improve the care rendered to mothers after stillbirth deliveries. The following recommendations are based on the findings of the study.

#### **4.3.1 Empowerment of nursing learners with communication and counselling skills**

It is recommended that learners be empowered with communication and counselling skills. Communication skills such as reflection of feelings, problem-solving and listening skills can be helpful in this regard. In a study conducted by Modiba (2008:36) of experiences and perceptions of doctors and midwives when caring for mothers with pregnancy loss, it is stated that training on counselling skills may assist the midwives to care for the mothers in an appropriate way. Educational programmes on pregnancy loss and support of families should be included in nursing orientation programmes.

It is also recommended that learners be exposed to psychiatric nursing before allocation to midwifery in order for them to acquire counselling and communication skills. The Gauteng Nursing Colleges curriculum (2002:47) for the second year of the Four Year Diploma (General, Psychiatry and Community) and Midwifery makes no provision for empowering learners with essential counselling or communication skills. Introduction of psychiatric nursing skills prior to or at the commencement of Midwifery will therefore allow learners to develop personal and professional maturity which will assist them to provide sensitive care. Psychiatric nursing methods, for example crisis intervention, supportive interviews and trauma debriefing, might equip students with the necessary skills to support mothers.

The abovementioned skills training should include cultural competencies to ensure learners understand and are sensitive to the way bereavement is experienced in different cultures

#### **4.3.2 Support for nursing learners experiencing changing emotions within the same environment**

Conry and Prinsloo (2008:17) state that it is a challenge for the learners to care for mothers going through opposite emotions within the same environment. It is difficult to care for a mother who has delivered a stillborn infant and one with a live baby concurrently (Roehrs *et al.*, 2008:637). Being happy and sad at the same time drains one's emotions and compromises the care rendered. Nursing learners

should be provided with emotional support and guidance to deal with these conflicting emotional experiences.

#### **4.3.3 Effective clinical accompaniment for nursing learners**

Steele (2012:1) states that a learner who has been traumatized finds it difficult to process information, recall what was taught and to make sense of what was said in a learning-teaching setting. The study revealed that the capability for academic performance is disrupted by thoughts of bereavement and thus learning is compromised. Participants were left with little room to concentrate on academic demands, therefore continuous clinical guidance and support by nursing educators are recommended. Mentorship by educators will enhance the achievement of improved levels of clinical performance while learners are caring for mothers who have delivered stillborn infants.

#### **4.3.4 Counselling for learners**

Experiences of guilt, helplessness, overwhelming emotions, emotional conflict and dilemma resulted in learners perceiving themselves as inadequate. It is therefore recommended that counselling services be provided in order for learners to debrief and confront emotions in a safe environment. Wallbank and Robertson (2008:105) state that studies consistently recommended counselling for health professionals both inside and outside their work place. This practice will ensure that learners deal with painful and disruptive emotional experiences before they affect their academic performance and develop into mental health problems, for example depressive and anxiety disorders.

Nurses' education programmes give little attention to how nurses cope with personal feelings related to the death of a stillborn infant (Roehrs *et al.* 2008:638.). It is recommended that employee wellness programmes make provision for counselling and referral of nurses exposed to and emotionally affected by stillbirth deliveries.



#### **4.4 RECOMMENDATIONS FOR FURTHER RESEARCH**

The findings of this study indicate that further research be conducted in other public hospitals, on a larger scale, to determine the needs of learners when caring for mothers who have delivered stillborn infants. In addition, extensive research should be conducted regarding emotional and academic support required by learners in order to empower them to care for mothers after stillbirth deliveries. It is also recommended that further research be conducted to enhance bereavement care and counselling skills for health professionals. Based on this research, effective training programmes and guidelines for bereavement care can be designed and be implemented during midwifery training.

#### **4.5 IMPLICATIONS**

In the light of the research findings the following implications for nursing education, nurse educators and nursing practice were formulated.

##### **4.5.1 Nurse education**

Caring for mothers after the delivery of a stillborn is an important aspect of midwifery training. Learners require education and training to render optimal bereavement care to these vulnerable mothers. Bereavement counselling should therefore be included in the curriculum to better prepare the learners on communication and counselling techniques. In addition, the curriculum of Gauteng nursing colleges should be adapted such that psychiatric nursing skills are introduced prior to or simultaneously with midwifery.

The study revealed that the clinical performance of learners can be undermined by overwhelming emotions such as anxiety and sadness. Psychological support should become an integral part of nursing education if they are to maintain a high level of clinical performance. A greater awareness and knowledge of bereavement counselling will lead to meaningful and practical support for nursing learners.

#### **4.5.2 Nurse educators**

It was clear from the study that participants were overwhelmed when taking care of mothers after a stillbirth delivery. The participants expressed a need for continuous support in addition to the intermittent clinical accompaniment. Therefore, it is recommended that mentors with a qualification in nursing education be allocated to obstetric units. Mentors will foster an educational environment of optimal care and provide continuous support for learners to master learning outcomes. Learners must be mentored by nurse educators in order for them to maintain excellence and competence through continuous education when providing care in challenging situations in the clinical environment.

#### **4.5.3 Nursing practice**

Learners are in the process of becoming professional nurses and are being prepared to be in the forefront of providing quality nursing care. It is therefore imperative that nursing practice be reviewed and scientific discoveries be implemented in order to improve nursing practice. Institutions should provide guidelines, policies and procedures to help learners to cope when taking care of mothers after stillbirth deliveries. There should be a specific policy that addresses the provision of support for learners and other staff members when they are emotionally affected by caring for mothers after stillbirth deliveries.

Collaborative meetings and clinical discussions must be held to investigate causes of stillbirth deliveries. Strategies for support of health professionals, including nursing learners, must be discussed at such forums for the purpose of ensuring the availability of competent and confident learners. Effective strategies for coping and providing care to mothers after delivery of stillborn infants would support learners in meeting the emotional challenge of providing high quality bereavement care.

#### **4.6 LIMITATIONS OF THE STUDY**

The study cannot be generalized to all the learners in Gauteng. Only those registered at one nursing college and allocated to five public hospitals were

selected. Learners from private nursing colleges and other public nursing colleges could have different perceptions pertaining to experiences of caring for mothers after stillbirth deliveries.

Related to the limited availability of South African literature on the study theme, comparison of the findings with similar contexts was not possible.

#### **4.7 CONCLUSION**

The objective of the study was to explore and describe nursing learners' experiences with regard to caring for mothers after stillbirth deliveries at selected public hospitals in Gauteng. A qualitative research design was used to answer the research question. A descriptive and exploratory research design was adopted.

Experiences of learners with regard to caring for mothers after delivery of a stillborn infant provided crucial insights which will be utilized to ensure comprehensive quality care. It is important that education programmes make provision for support and counselling of learners and subsequently the mothers. The study identified factors that impact negatively on the effectiveness of learning and efficiency of quality care. It is hoped that the necessary measures will be put in place to provide emotional support and empower learners when caring for mothers after a stillbirth delivery. In addition, learning will be enhanced and the quality of care to mothers after delivery of stillborn infants will improve. The researcher has made recommendations based on the study to the relevant professionals and institutions and the report will be disseminated to them

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## **ANNEXURE A**

### **FOCUS GROUP INTERVIEW GUIDE**

#### **CENTRAL QUESTION TO BE ASKED DURING THE FOCUS GROUP SESSION:**

What were your experiences with regard to caring for mothers after stillbirth deliveries?

#### **PROBING QUESTIONS TO BE ASKED DURING THE FOCUS GROUP SESSION:**

- Describe how you felt when you took care of a mother after a stillbirth delivery.
- What interaction or discussion did you engage in with the mother while rendering care?
- How did you separate your sympathy towards the mother's loss, from your responsibilities to other mothers who needed your attention?
- How can learners be better equipped to efficiently take care of mothers after a stillbirth delivery?

**ANNEXURE B**  
**LETTER TO REQUEST PERMISSION TO CONDUCT THE STUDY FROM THE**  
**GAUTENG DEPARTMENT OF HEALTH**

**ANNEXURE B**

**PERMISSION TO CONDUCT A STUDY AT HOSPITAL**

No.1 Constantia Place  
Knoppies Doring Road  
Glen Marais  
Kempton Park  
1619  
Date: 3 August 2011

To: The Head of Department  
Gauteng Department of Health  
Private Bag xo85  
MARSHALLTOWN

**RE: PERMISSION TO CONDUCT A RESEARCH STUDY**

**TOPIC: NURSING LEARNERS' EXPERIENCES WITH REGARD TO CARING FOR**  
**MOTHERS AFTER STILLBIRTH DELIVERIES AT PUBLIC HOSPITALS IN GAUTENG**  
**PROVINCE.**

Dear Sir /Madam,

I hereby apply for permission to conduct a research study in your institution. I am a lecturer at Ann Latsky Nursing College in Gauteng province, currently enrolled for MCur degree, Advanced Nursing Education with the University of Pretoria. The research topic is: **"Nursing learner's experiences with regard to caring for mothers after stillbirth deliveries at public hospitals in Gauteng province"**.

## **THE NATURE AND PURPOSE OF THE STUDY**

This is a qualitative, exploratory, and descriptive study. Its purpose is to explore and describe nursing learner's experiences with regard to caring for mothers after stillbirth deliveries at public hospitals in Gauteng province

## **EXPLANATION OF THE PROCEDURE TO BE FOLLOWED**

The study involves writing of reflective journals and focus group interviews. Participants will be asked to document their experiences with regard to caring for mothers after stillbirth deliveries at a public hospital in Gauteng province. In addition a focus group interview will be conducted where participants will discuss their experiences in the presence of the researcher and an assistant researcher. A tape recorder will be used throughout the focus group interview and transcriptions will be kept for review purposes at a later stage.

The participant's names will not appear on the transcriptions neither will their names be revealed in the tape recorded discussion. All data will be coded so that no linkage is made to any name during the study as well as on publication. All cassettes and transcriptions will be destroyed after the study has been completed.

All records will be considered highly confidential and will be locked in a safe place. Measures will be taken to ascertain that documents are not accessible to any unauthorized person. Follow up visits may be scheduled for clarification of issues that emerged during the focus group interview.

## **RISKS AND DISCOMFORT INVOLVED**

There are no risks involved in the study. Minimal discomfort may be experienced as the study involves individuals' experiences. The interview session will take about 45 minutes of the learner's time. If there is a need for counseling, participants will be referred to the Employee assistance program in the hospital.

### **POSSIBLE BENEFITS OF THE STUDY**

Although the participants will not benefit directly from the study the results of the study will contribute to the body of knowledge in Nursing Education, where learners will have an opportunity to verbalize experiences while taking care of mothers after stillbirth deliveries. Furthermore the findings will be made available to the curriculum committee of the college where learners are registered.

### **THE RIGHTS OF PARTICIPANTS**

Participation in this study is entirely voluntary. Participants may refuse to participate or stop at any time during the interview. Withdrawal from the study will not affect them in any way.

### **ETHICAL APPROVAL OF THE STUDY**

This study has not yet received approval from the Student Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria. A written approval will be sent to you as soon as it is granted. Permission will also be sought from the Department of Health, Gauteng province.

### **CONTACT PERSON**

The contact person for this study is Mrs. V.V.V.Morake. Cellular phone number: 0832581821.

### **COMPENSATION**

Participation is voluntary and no compensation will be given to participants

### **CONFIDENTIALITY**

All information will only be used for the benefit of this institution. It will be kept confidential and not be used for personal gain by the researcher or for any other private purposes. Once the information is analyzed individual participants will not be identified. Research reports and articles in scientific journals will not include any information that may identify participants or the hospital.

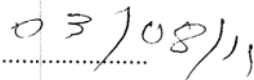
Attached please find the consent to participate in the study which the researcher intends to utilize for the study.

Hoping my application receives your favorable consideration.

Yours faithfully

Morake V.V.V.

Signature: 

Date: 

## **ANNEXURE C**

### **PARTICIPANTS' INFORMATION LEAFLET AND INFORMED CONSENT FORM**

#### **TITLE OF THE STUDY:**

**NURSING LEARNERS' EXPERIENCES WITH REGARD TO CARING FOR MOTHERS AFTER STILLBIRTH\_DELIVERIES AT PUBLIC HOSPITALS IN GAUTENG PROVINCE**

Dear Mr. / Mrs. / Miss

DATE:

#### **1. INTRODUCTION**

You are invited to volunteer to partake in a research study. This information leaflet assists you to decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have questions do not hesitate to ask the researcher. Only take part if you are comfortable with the activities involved.

#### **2 THE NATURE AND PURPOSE OF THE STUDY**

The purpose of the study is to explore learners' experiences with regard to taking care of mothers after stillbirth deliveries at public hospitals in Gauteng province. The aim is to make a meaningful contribution to the body of knowledge in the nursing profession.

#### **3. EXPLANATION OF ACTIVITIES**

This study involves the following:

- Documenting your experiences while taking care of mothers after stillbirth deliveries'
- An interview where you will be in the company of six to eight participants.
- The researcher and an assistant researcher will conduct a group interview asking you questions and allowing you to verbalize your experiences. The interview will be conducted in a venue at the hospital where you are allocated for clinical practice.

#### **4. RISK AND DISCOMFORT INVOLVED**

Some of the questions may trigger emotional feelings because the study is based on loss. There are counsellors at the Employment Assistance Facility in all public hospitals therefore if the need arises service is available.

#### **5. POSSIBLE BENEFITS OF THIS STUDY**

Although you will not benefit directly from the study the results of the study will contribute to the body of knowledge where the learners will have an opportunity to verbalize experiences while taking care of mothers post stillbirth deliveries.

Furthermore there will be a meaningful contribution to the body of knowledge in the nursing profession.

#### **6. YOUR RIGHTS AS A PARTICIPANT**

Your participation in the study is entirely voluntary. You may refuse to participate or stop at any time during the interview. Your withdrawal will not be used against you.

#### **7. HAS THE STUDY RECEIVED ETHICAL APPROVAL?**

This study has received written approval from the Research Ethics Committee of the Faculty of Health Sciences at the University of Pretoria, the Nursing college at which learners are registered and the public hospitals where learners are allocated for clinical practice. Copies of approval letters are available if you wish to have one.

#### **8. INFORMATION AND CONTACT PERSON**

The contact persons for this study are:

Mrs. V.V.V.Morake

Cell No. 0832581821

Supervisor: Mrs. S. S. Phiri

(012) 3541791

Co Supervisor: Mrs. A. E. Van der Wath.

(012) 3542274



## 9. COMPENSATION

Your participation is voluntary. There is no compensation.

## 10. CONFIDENTIALITY

All information that you give will be kept strictly confidential. Once information has been analysed it will not be possible for anyone to identify you. Research reports and articles in scientific journals will not include any information that will identify you, the college or hospital.

### CONSENT TO PARTICIPATE IN THE STUDY

I have read and understood the information before signing the consent form. The content and meaning of the information has been explained to me. I have been given an opportunity to ask questions and am satisfied that the answers are clear and satisfactory.

I hereby volunteer to take part in this study.

Learner

Date

Person obtaining informed consent

Date

Witness

Date

## ANNEXURE D

### VERBATIM TRANSCRIPT OF FOCUS GROUP INTERVIEW

#### GROUP E (HOSPITAL E)

##### How did you feel when you took care of a mother after a stillbirth delivery?

- I felt empathy and sympathy for the mother.
- I looked at my seniors and how they were handling the situation.
- The seniors were treating all the mothers like objects, and I believe that the midwifery compassion has died.
- What I normally do, is greet the patient, talk to them and try to find out if these stillbirth mothers understand what is happening, as I believe that this is part of the grieving process.
- When you grieve you must start with understanding the cause of the problem.
- The main thing for me is the midwife's attitude.
- I am very terrified when I have to deal with mothers who have delivered stillborn babies.
- My experience was earlier this year when I had to attend to a woman who had delivered a stillborn baby.
- The placenta was still in the mother, and after about 3 minutes the sister came back into the delivery room and said "hey mama, your child didn't make it, were you drinking Stlhambezo?"
- The senior didn't even take the women's feelings into consideration, and the placenta was still there inside the woman
- They didn't even try to clean her up and put her in her bed, and tell her of the death of the baby with dignity.
- One can imagine that they just told the woman after the 3 minutes that her baby was late.
- They also gave the mother the impression that it is her fault that she lost her baby, by suggesting that she drank all sorts of concoctions.
- Therefore because of these women's poor treatment, it is very difficult for me to interact with these mothers because I am a very sensitive, and such things really disturb me.
- That is why I have decided that I will not be doing midwifery as a nurse, because of such experiences.
- For me I find it very difficult, because I don't know what to say to the mother or how to help her to get better.
- I sometimes wish that they could create some sort of support groups so that they may talk to each other and that they may be able to relate about what they are going through.
- I believe the bereaved mothers will feel better as they will discuss their situations and know that they share the same pain.

- I had no idea what to say to the mother.
- I felt I had a lot to say to her but I didn't know where to start.
- I didn't know if the mother would see that I would be talking from the bottom of my heart, or if she would think that I was just talking to her because she'd lost a baby.
- I become so emotional, because when I'm with the mother, I simply perform my duties and then I leave because I don't know what to say to her.
- But even when I leave, I feel so guilty because I feel as though I should have said something, or maybe I should have hugged her.
- But it gets so difficult for me, to separate my roles as a nurse and that of a human being.
- As a human being, I just want to hug the mother and tell her that it will all be o.k.
- We are students, so it also makes it difficult when one is reacting to these mothers.
- You are sometimes afraid that if you say something then your superiors may not like what you would have said or done, so just to be on the safe side, you just keep quiet even though you know that you want to comfort the mother, but you feel as though it would put you in a difficult position.
- You avoid getting into trouble.
- In the case where the woman was told that she drank a concoction to kill her own child, you as a student feel as though you could go and speak to the mother and comfort her.
- But if you do go to her and say that you're sorry for her loss, are you creating a scenario where you are saying that she did kill her child and you feel sorry for her.
- In this instance, the lady was so distraught after being told by the nurses that she drank concoctions that killed her child.
- When I was with her in the cubicle, she asked me if she really did kill her child, and I froze, because I didn't know what to say to her.
- I ended up saying that I don't think she killed her own child, and I told her that it was the child's time to go to heaven and that it was God's will.
- When I got home, I felt guilty and kept asking myself if I'd said the right things, or if I had made her feel any better.
- It was really very difficult for me, and I even told my family that I would need to go for counselling after having experienced that.
- The timing of what to say and when to say it is also very important.
- In my situation, I had to deliver this macerated stillborn baby so I didn't know what to say to the woman.
- I didn't know how to comfort her because she was also not showing any emotions.

- I was also afraid that if I spoke to her, it would stimulate emotion and that she would start crying, and I wouldn't be able to deal with her if she was in that emotional state.

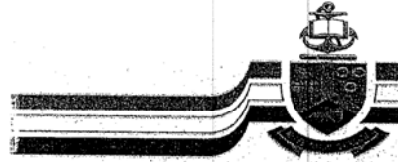
**What discussion did you engage in with the mother while rendering care?**

- In my experience, I was so overwhelmed that I cried.
- I just told her that I was very sorry, and then when I looked at her she cried and I couldn't help but cry too.
- I have a very supportive nature, so when I was in that experience, I greeted the patient, asked her how she was doing and also asked her if the doctor had explained what was going on.
- She said "no". I immediately took the file and explained to her that I'm telling her what is in the file and not what is coming from me.

## ANNEXURE E

### APPROVAL LETTERS FROM THE UNIVERSITY OF PRETORIA

Faculty Ethics Committee  
Faculty of Health Sciences  
University of Pretoria



University of Pretoria

PO Box 677 Pretoria 0001  
Republic of South Africa  
<http://www.up.ac.za>  
Tel: (012) 354 1980  
Fax: (012) 354 1682

Office of the Chairperson  
School of Health Care Sciences  
Faculty of Health Sciences

To whom it may concern,

**Evaluation of protocol for the following student:**

**Student VVV Morake (MCur)**

Title: "Nursing learners' experiences with regard to caring for mothers after stillbirth deliveries at public hospitals in Gauteng Province".

This letter serves to confirm that the abovementioned protocol served on the School of Health Care Sciences: Research and Postgraduate Committee of 8 June 2011 where it was approved and referred to the School Academic Advisory Committee for final discussion.

Sincerely yours,

Professor M Mulaudzi  
Chairperson: School Research and Postgraduate Committee

**ANNEXURE F**  
**COPIES OF PERMISSION LETTERS FROM THE INSTITUTIONS**



**Department of Health**  
**Ann Latsky Nursing College**



Private Bag 40  
Aucklandpark  
2006  
TEL (011) 644-8903  
FAX (011) 726-2619  
17. 10. 2011

ENQUIRIES Ms. N. NTSELE

C/O Research Committee

**RE- PERMISSION TO CONDUCT A RESEARCH PROJECT AT ANN LATSKY NURSING COLLEGE**

**RESEARCH TOPIC:**

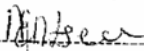
**NURSE LEARNERS' EXPERIENCES WITH REGARD TO CARING FOR MOTHERS AFTER STILLBIRTH DELIVERIES AT SELECTED PUBLIC HOSPITALS IN GAUTENG PROVINCE**

Thank you for submitting the research proposal to the committee. The committee has approved the proposal without reservations. However, the following conditions for approval apply:

- You will be expected to present the research project in three stages during college research days i.e. the research proposal; research findings and the recommendations.
- You are also required to donate a copy of the completed research project to Ann Latsky Nursing College Library.
- Inform the research committee about the research journal where the research project will be published.

Kind Regards

N Ntsele (HOD)

  
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**health and  
social development**  
Department: Health and Social Development  
GAUTENG PROVINCE

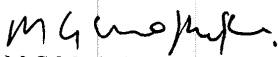
**NATALSPRUIT HOSPITAL  
OFFICE OF THE ACTING CHIEF EXECUTIVE OFFICER  
Enquiries: Dr M G Motlatla  
Tel: (011) 389-0664/0518  
Fax: (011) 909-6572/3015**

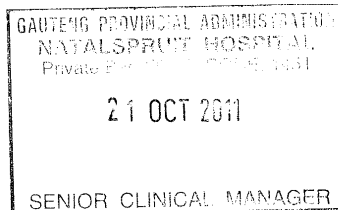
To: Mrs Vuyelwa Violet Vivian Morake  
Nurse Educator

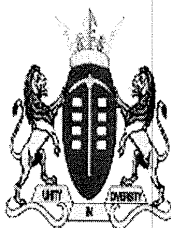
From: Dr M G Motlatla  
Acting CEO

**Subject: Permission to Conduct Research**

This letter serves to confirm that permission is granted to you to conduct research on Ann Latsky learners allocated to Natalspruit Hospital as prior permission has already been granted by Head Office: Research Directorate: Ms Sue le Roux.

  
Dr M G Motlatla  
Acting CEO  
2011/10/21





health and  
social development  
Department: Health and Soc. Development  
GAUTENG PROVINCE

Department of Health and Social Development  
Tambo Memorial Hospital

*Dr. A. Christoforou*  
*Medical Manager*

Tel No: (011) 898-8320  
Fax No: (011) 892-0358

Mrs. V. V. V. Morake  
Ann Latsky Nursing College

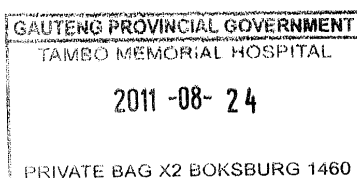
**Re: Permission to Conduct Research Study**

Permission is granted to Mrs. V. V. V. Morake, which is a lecturer at Ann Latsky Nursing College, to conduct her research study at Tambo Memorial Hospital. She will be interviewing student nurses in the Midwifery Department.

She has an Ethics Committee approval which is attached.

Thank you,

  
DR. A. CHRISTOFOROU  
MEDICAL MANAGER  
2011/08/24





RAHIMA MOOSA MOTHER AND CHILDREN HOSPITAL  
PRIVATE BAG X20  
NEWCLARE  
2112  
31.08.2011.

ENQ: MS R. NZHADZHABA  
TEL NO.: 011 4709333  
FAX NO: 011 477 4117

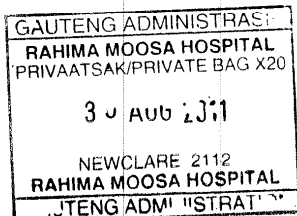
**RE PERMISSION TO CONDUCT A RESEAECH STUDY**

DEAR MS V. V. MORAKE

I hereby inform you that permission is granted to you to conduct a study at our institution.

Yours faithfully

F Scott





**health and  
social development**  
Department: Health and Social Development  
**GAUTENG PROVINCE**

**CHARLOTTE MAXEKE JOHANNESBURG ACADEMIC HOSPITAL**

Office of the CEO  
Enquiries: L. Mngomezulu  
Tell: (011) 488-3792  
Fax: (011) 488-3753  
Date: 30<sup>th</sup> August 2011

Mrs. V.V.V. Morake  
Lecturer  
Ann Latsky Nursing College

Dear Mrs. Morake

**RE: "Nursing learners' experiences with regard to caring for mothers after stillbirth deliveries at public hospitals in Gauteng Province"**

Permission is granted for you to conduct the above research as described in your request provided:

1. Charlotte Maxeke Johannesburg Academic hospital will not in anyway incur or inherit costs as a result of the said study.
2. Your study shall not disrupt services at the study sites.
3. Strict confidentiality shall be observed at all times.
4. Informed consent shall be solicited from patients participating in your study.

Please liaise with the Head of Department and Unit Manager or Sister in Charge to agree on the dates and time that would suit all parties.

Kindly forward this office with the results of your study on completion of the research.

Yours sincerely

**Dr. Barney Selebano**  
Chief Executive Officer





**health and  
social development**  
Department: Health and Social Development  
GAUTENG PROVINCE

**TEMBISA HOSPITAL**

Private Bag X7  
OLIFANTSFONTEIN  
1665

**Tel.: (011) 923-2050/Fax : (011) 926-2719**

**To: Mrs V.V.V. Morake  
ANN LATSKY NURSING COLLEGE**  
**From: Mrs N.G. Mpambo  
DEPUTY DIRECTOR – HEAD NURSING**  
**Date: 2011/09/20**  
**Subject: PERMISSION TO CONDUCT RESEARCH STUDY**


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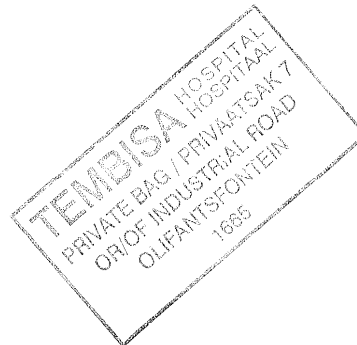
**Message:**

Permission is granted to Mrs V.V.V. Morake, which is a lecturer at Ann Latsky Nursing College, to conduct her research study at Tembisa Hospital. She will be interviewing student nurses in the Midwifery Department.

She has an Ethics Committee approval which is attached.

**Thanking you**

  
\_\_\_\_\_  
**Dr S.P. Mbeleki**  
**SENIOR CLINICAL EXECUTIVE**



## ANNEXURE G

### COPY OF PERMISSION LETTER OBTAINED FROM THE DEPARTMENT OF HEALTH

CONDITIONS OF APPROVAL OF A RESEARCH STUDY PROPOSAL



**health and  
social development**  
Department: Health and Social Development  
**GAUTENG PROVINCE**

Vision of the Department

"To be the best provider of quality health and social services to the people in Gauteng"

**POLICY, PLANNING AND RESEARCH (PPR)**

Enquiries: Dr B Ikalafeng

Tel: +2711 355 3500

Fax: +2711 355 3675

Email: [Siviwe.mkoka@gauteng.gov.za](mailto:Siviwe.mkoka@gauteng.gov.za)

#### CONTACT DETAILS OF THE RESEARCHER

CONTACT DETAILS OF THE RESEARCHER	
Date	21 September 2011
Tel number	083 258 1821
Email	vuyelwamorake@hotmail.com
Researcher /Principal Investigator (PI)	V.V.V Morake
Supervisor	Mrs S S Phiri
Institution	University of Pretoria, Faculty of Health Sciences, Department of Nursing Sciences.
Research title	Nursing learners' experiences with regard to caring for mothers after stillbirth deliveries at selected public hospitals in Gauteng province.

This approval is granted only for a research study entitled "Nursing learners' experiences with regard to caring for mothers after stillbirth deliveries at selected public hospitals in Gauteng province." which will be conducted V Morake under supervision of Mrs S Phiri

Approval is hereby granted by the Gauteng Department of Health and Social Development for the above mentioned research study proposal for a study to be conducted within GDHSD domain. Approval is limited to compliance with the following terms and conditions:

1. All principles and South African regulations pertaining to ethics of research are observed and adhered to by all involved in the research project. Ethics approval is only acceptable if it has been provided by a South African research ethics committee which is accredited by the National Health Research Ethics Council (NHREC) of South Africa; this is regardless of whether ethics approval has been granted elsewhere.

Of key importance for all researchers is that they abide by of all research ethics principles and practice relating to human subjects as contained in the Declaration of Helsinki (1964, amended in 1983) and the constitution of the Republic of South Africa in its entirety. Declaration of Helsinki upholds the following principles when conducting research, respect for:

- Human dignity;
  - Autonomy;
  - Informed consent;
  - Vulnerable persons;
  - Confidentiality;
  - Lack of harm;
  - Maximum benefit;
  - and justice
2. The GDHSD is indemnified from any form of liability arising from or as a consequence of the process or outcomes of any research approved by HOD and conducted within the GDHSD domain;
  3. Researchers commit to providing the GDHSD with periodic progress and a final report; short term projects are expected to submit progress reports on a more frequent basis and all reports must be submitted to the Director: Policy, Planning and Research of the GDHSD;
  4. The Principal Investigator shall promptly inform the above mentioned office of changes of contact details or physical address of the researching individual, organisation or team;
  5. The Principal Investigator shall inform the above office and make arrangements to discuss their findings with GDHSD prior to dissemination;
  6. The Principal Investigator shall promptly inform the above mentioned office of any adverse situation which may be a health hazard to any of the participants;
  7. The Principal Investigator shall request in writing authorization by the HOD via PPR for any intended changes of any form to the original and approved research proposal;
  8. If for any reason the research is discontinued, the Principal Investigator must inform the above mentioned office of the reasons for such discontinuation;
  9. A formal research report upon completion should be submitted to the Director: Policy, Planning and Research of the GDHSD with recommendations and implications for GDHSD, the Directorate will make this report available for the HOD.

This approval is granted only for a research study entitled "Nursing learners' experiences with regard to caring for mothers after stillbirth deliveries at selected public hospitals in Gauteng province." which will be conducted V Morake under supervision of Mr S Phiri

**AGREEMENT BETWEEN THE GAUTENG DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT (GDHSD) AND THE RESEARCHER**

\_\_\_\_\_  
Ms Sue le Roux

Director: Policy, Planning and Research, Department of Health and Social Development

Date: 20/09/2011

Signature: \_\_\_\_\_  


Name and surname of Principal Researcher

Research/Academic Institution

Date:

Signature: \_\_\_\_\_  


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This approval is granted only for a research study entitled "Nursing learners' experiences with regard to caring for mothers after stillbirth deliveries at selected public hospitals in Gauteng province." which will be conducted V Morake under supervision of Mr S Phiri

## ANNEXURE H ACKNOWLEDGEMENT OF LANGUAGE EDITING

### ACKNOWLEDGMENT OF LANGUAGE EDITING

Date: Wednesday, 24 October 2012

This is to certify that Language Editing has been carried out on the following  
Master's Dissertation:

*Nursing learners' experiences with regard to caring for mothers after stillbirth  
deliveries at public hospitals in Gauteng Province*

by

Vuyelwa Violet Vivian Morake

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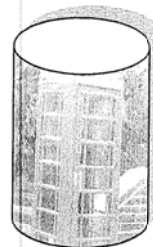
Language Editing was carried out to appropriate academic standards, including  
syntax, grammar and style.

Andrew Graham (BA, MA dist., PhD, University of Keele, UK)\*

011 475 6724

073 469 5014

[happy4andrew@hotmail.com](mailto:happy4andrew@hotmail.com)



\*Former Tutor in Postgraduate Writing Centre and Managing Editor of ISI Accredited Journal



## ANNEXURE I

### COPY OF THE APPROVAL LETTER FROM THE STUDENT RESEARCH ETHICS COMMITTEE UNIVERSITY OF PRETORIA



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences Research Ethics Committee

5/11/2012

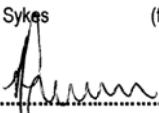
<b>Number</b>	<b>S123/2011</b>
<b>Title</b>	Nursing Learner's experiences with regard to caring for mothers after still birth delivery at selected public hospitals in Gauteng Province.
<b>Investigator</b>	Vuyelwa Morake <b>Dept:</b> Nursing ;University of Pretoria (Supervisor: Mrs SS Phiri)
<b>Sponsor</b>	None
<b>Study Degree</b>	MCur: Advanced Nursing Education


**This Student Protocol was reviewed by the Faculty of Health Sciences, Student Research Ethics Committee, University of Pretoria on 5/11/2012 and found to be acceptable. The approval is valid for a period of 3 years.**

Prof M J Bester	BSc (Chemistry and Biochemistry); BSc (Hons)(Biochemistry); MSc (Biochemistry); PhD (Medical Biochemistry)
Prof R Delpont	(female)BA et Scien, B Curationis (Hons) (Intensive care Nursing), M Sc (Physiology), PhD (Medicine), M Ed Computer Assisted Education
Dr NK Likibi	MBB HM – (Representing Gauteng Department of Health) MPH
Dr MP Mathebula	Deputy CEO: Steve Biko Academic Hospital
Prof A Nienaber	(Female) BA (Hons) (Wits); LLB (Pretoria); LLM (Pretoria); LLD (Pretoria); PhD; Diploma in Datametrics (UNISA)
Prof L M Ntlhe	MBChB(Natal); FCS(SA)
Mrs M C Nzeku	(Female) BSc(NUL); MSc Biochem(UCL,UK)
Snr Sr J. Phatoli	(Female) BCur (EtAl); BTech Oncology
Dr R Reynders	MBChB (Pret), FCPaed (CMSA) MRCPCH (Lon) Cert Med. Onc (CMSA)
Dr T Rossouw	(Female) MBChB.(cum laude); M.Phil (Applied Ethics) (cum laude), MPH (Biostatistics and Epidemiology (cum laude), D.Phil
Mr Y Sikweyiya	MPH (Umea University Umea, Sweden); Master Level Fellowship (Research Ethics) (Pretoria and UKZN); Post Grad. Diploma in Health Promotion (Unitra); BSc in Health Promotion (Unitra)
Dr L Schoeman	(Female) BPharm (NWU); BAHons (Psychology)(UP); PhD (UKZN); International Diploma in Research Ethics (UCT)
Dr R Sommers	<b>Vice-Chair</b> (Female) - MBChB; MMed (Int); MPhar.Med.
Prof T J P Swart	BChD, MSc (Odont), MChD (Oral Path), PGCHE
Prof C W van Staden	<b>Chairperson</b> - MBChB; MMed (Psych); MD; FCPsych; FTCL; UPLM; Dept of Psychiatry

#### Student Ethics Sub-Committee

Prof R S K Apatu	MBChB (Legon,UG); PhD (Cantab); PGDip International Research Ethics (UCT)
Mrs N Briers	(female) BSc (Stell); BSc Hons (Pretoria); MSc (Pretoria); DHETP (Pretoria)
Prof M M Ehlers	(female) BSc (Agric) Microbiology (Pret); BSc (Agric) Hons Microbiology (Pret); MSc (Agric) Microbiology (Pret); PhD Microbiology (Pret); Post Doctoral Fellow (Pret)
Dr R Leech	(female) B.Art et Scien; BA Cur; BA (Hons); M (ECI); PhD Nursing Science
Mr S B Masombuka	BA (Communication Science) UNISA; Certificate in Health Research Ethics Course (B compliant cc)
Dr S A S Olorunju	BSc (Hons). Stats ( Ahmadu Bello University –Nigeria); MSc (Applied Statistics (UKC United Kingdom); PhD (Ahmadu Bello University – Nigeria)
Dr L Schoeman	CHAIRPERSON: (female) BPharm (North West); BAHons (Psychology)(Pretoria); PhD (KwaZulu-Natal); International Diploma in Research Ethics (UCT)
Dr R Sommers	<b>Vice-Chair</b> (Female) MBChB; M.Med (Int); MPhar.Med
Prof L Sykes	(female) BSc, BDS, MDent (Pros)

  
 DR L SCHOEMAN; BPharm, BA Hons (Psy), PhD;  
 Dip. International Research Ethics  
**CHAIRPERSON** of the Faculty of Health Sciences  
 Student Research Ethics Committee, University of Pretoria

  
 DR R SOMMERS; MBChB; M.Med (Int); MPhar.Med.  
**VICE-CHAIR** of the Faculty of Health Sciences Research  
 Ethics Committee, University of Pretoria