



**THE ETHICAL CONDUCT OF EMPLOYEES IN MATERNITY WARDS AT
SELECTED PUBLIC HOSPITALS IN THE WESTERN CAPE, SOUTH AFRICA**

by

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Mini-thesis submitted in partial fulfilment of the requirements for the degree

Master of Technology: Public Management

in the Faculty of Business

at the Cape Peninsula University of Technology

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**Cape Town Campus
March 2014**

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Signed

Date

ABSTRACT

Maternity service in South Africa faces particular problems in the provision of care to birthing mothers. Violence and abuse have been reported and maternity death rates are high, being related to inadequate provision of care (Myburgh, 2007:29). Ethical conduct plays a significant role in service delivery in Midwife Obstetrics Units (MOU) in general. This is of particular importance since every patient, especially pregnant women, should to be handled with the utmost care, respect and dignity. The research problem emanates from nurses' behaviour towards patients in MOU labour wards, where women continue to be victims of abuse. Ironically, it is regrettable that they are abused by those who are supposed to be their advocates.

The objectives of the study were to assess if nurses in MOU labour wards conduct themselves ethically when dealing with patients, to determine the perceptions of patients towards nurses during child birth stages, as well as to examine factors in maternity wards that may influence a nurse's performance when dealing with patients.

The study adopted the quantitative research method to answer the research question and data interpretation was based on statistical analysis. This method was deemed to be the most effective for collection of a large quantity of data and numerical (quantifiable) data is considered objective.

A Likert-type questionnaire comprising closed-ended questions was the measurement instrument. This was considered to least inconvenience nurses and postnatal patients to whom these questionnaires were administered. Answer choices were graded from 1 to 4, being strongly agree, agree, disagree and strongly disagree. The population comprised nurses and postnatal patients in MOUs in the Western Cape, South Africa. Consecutive sampling was conducted in two selected MOUs, being Michael Mapongwana (MM) and Gugulethu (GG), with 311 questionnaires being distributed to both nurses and postnatal Patients in these two facilities.

The findings indicated that the ethical conduct of nurses in both MM and GG maternity wards was relatively good. However, some survey findings revealed some unsatisfactory gaps that exist in what both hospitals currently offer to patients in the areas of individual patient care, communication and baby security certainty. Furthermore, the findings indicated that a significant number of patients who chose to make use of MM and GG hospitals, are satisfied with the standard of service received

during their stay. However, there were some discrepancies in terms of senior management service where excellence in the monitoring role emerged as being lacking. There is a need for improvement in the current levels of ethical conduct of nurses in both the MM and GG labour wards. These needs for improvement relate to working conditions, especially linked to the human resource (HR) function, leadership and management functions, and improved monitoring and control mechanisms.

Key words: ethical conduct, nursing, nursing ethics, post-natal and antenatal care

ACKNOWLEDGEMENTS

I would like to take this opportunity to Glorify Jesus Christ my Redeemer, my God, a man who died for my sins on the cross. To Him be the Glory the Honor and the Praise.

I wish to thank:

- My supervisor, Mr L Ntonzima, for his assistance and willingness to guide me through the whole process. I wish you all the best things in life.
- My family, my friends with their prayers and encouragements, Pastor Masuku and Sister Nondzukiso Ndalasi and to everyone. May God richly bless them.
- Mr S Marawu, for his assistance and for his advice. I wish you all the best things in life.
- The Department of Health in the Western Cape Province for allowing me to make use of their MOUs. I also wish to thank the Michael Mapongwana and Gugulethu MOU nurses and patients for taking part in the study. Their participation is highly appreciated.
- Mrs C Uys, the CPUT statistician for being there for me whenever I needed assistance, you are the best. May you be blessed.
- Mr R Proske for caring for us in the post-graduate lab and his colleague Mr NJ Kalam, including Mr U Omar and the entire CPUT library staff, in particular Mrs Z Tshabalala for listening when I needed to talk and Mrs Harriet Solomon for being more than just a librarian but a dear friend and a mother.
- Ms Cheryl Thomson, for proof-reading, language editing and technical formatting of this thesis, you did a great job and you were the best.
- Mr Luyolo Siwangaza, Ms Thandokazi Mbane, Mrs Eva Lwabona, Ms Marta Hambelela Kanyemba, Ms Leah Matela, Mr Matthew Benjamin, Mr David Bedi and Mr Fred Kubai, my dearest sisters and brothers in the same journey who were so supportive and encouraging.

DEDICATION

This thesis is dedicated to all those who see no light at the end of the tunnel.

Just take a look again, the light is there shining, waiting for you to make a way through it, so make your way to further up your studies though no one sees you as worth any good.

You can do it, I have done it.

Money or no money, you can change your life if you believe, just have faith, faith does not kill but it makes you stronger.

For all those who see no future in their lives

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GLOSSARY

Abbreviations	Explanation
BANC	Basic Antenatal Care
CEO	Chief Executive Officer
CHB	Chris Hani Baragwanath Hospital
CNSP	Clinical Nursing Specialist Practice
CRSAA	Constitution of the Republic of South Africa Act
CST	Caesarean Section Theatre
DHWCP	Department of Health, Western Cape Province
DOH	Department of Health
ESMOE	Essential Steps in Management of Obstetric Emergencies
GG	Gugulethu
HPCSA	Health Professions Council of South Africa
HRW	Human Rights Watch
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICN	International Council of Nurses
ICU	Intensive Care Unit
IMCI	Integrated Management of Childhood Illness
MCWH	Maternal, Child and Women's Health
MDGs	Millennium Development Goals
MEC	Member of the Executive Council
MM	Michael Mapongwana
MoH	Minister of Health
MOU	Midwife Obstetric Units
PHC	Public Healthcare
SABC	South Africa Broadcasting Corporation
SADC	Southern African Development Community
SANC	South African Nursing Council
SHC	Secondary Healthcare
SPSS	Statistical Program for Social Science
THC	Tertiary Healthcare
WCHSFA	Western Cape Health Service Fees Act
WHO	World Health Organization

CHAPTER 1

GENERAL INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 INTRODUCTION

South Africa's maternal health services are provided at various levels in the healthcare system. Antenatal clinics are widely distributed; some stand alongside and some are within hospitals. Women can deliver at Midwife Obstetrics Units (MOU), managed by midwives, which provide a 24-hour service (Thomas, Jina, Tint & Fonn, 2007:39). This study was based on the ethical conduct of nurses in the antenatal clinics within two selected hospitals, Michael Mapongwana (MM) and Gugulethu (GG) Midwife Obstetrics Units. Mulaudzi, Mokoena and Troskie (2010:117) in Morrison (1993:11-12) state that nurses, as members of a noble profession, are expected at all times to carry themselves with distinction in the execution of their duties, particularly in the treatment of patients who are entrusted in their care. The nursing profession should aim to care for others, which means having strong feelings and concern for people, nurturing them and intervening to preserve life and promote health. A nurse who has a caring disposition shows concern for a patient's need for physical care, respect, love and belonging.

Tomey (2004:76) states that nurses should share the responsibility for initiating and supporting action to meet the health and social needs of the public, in particular those of vulnerable populations. Nurses are usually the key often the main healthcare providers for families, particularly when it comes to the delivery and postnatal care of new-born babies. Therefore, nurses have the responsibility to safeguard patients from incompetent and unethical care provided by other members of the healthcare team (Fry, Veatch & Taylor, 2009:214).

1.2 BACKGROUND OF THE STUDY

The study was prompted by the perceived deterioration of standard care for patients who were due to give birth. This study specifically sought to investigate if the nurses in the selected Western Cape hospitals provide the required standard care to patients they serve. There is a perceived lack of ethical conduct by nurses in MOU labour wards in general, ignoring the needs of patients and mistreating patients instead of acting ethically. To act ethically means giving up your beliefs and putting the patients first, not being violent and neglecting patients.

The importance of treating patients ethically is underpinned by the South African Constitution and other legislation such as the Health Professions Act, No. 56 of 1974. According to the Constitution (South Africa, 1996:13), everyone has the right to have access to healthcare services, including reproductive healthcare. The Constitution further states that no one may be refused emergency medical treatment and that the patient should be treated with compassion, ethical, empathy, respect, dignity and integrity. The Health Professions Act (South Africa, 1974) makes provision that health practitioners should act in the best interests of his or her patients; maintain the highest standards of personal conduct and integrity; and keep accurate records of the patient.

Not only legislation states the importance of ethical behaviour by nurses, but also scholars in the field of healthcare. De Araujo Sartorio and Zoboli (2010:689) state that to be a good nurse is to be concerned with efficiency and effectiveness in patient care. Patients are valued through a dialogic relationship between themselves and the nurses. When this recognition occurs, the dialogue is seen as an interaction that includes trust, closeness, availability and empathy, and relies on the contribution of both persons involved.

Furthermore, Dlugacz (2010:159) expands on De Araujo Sartorio and Zoboli's viewpoint by stating that a good nurse is a nurse who knows how to think critically, and knows how to use statistical tools to understand patient care processes. Ethical practice entails a sense of moral duty, respecting another's rights and honouring one's obligations. Erasmus (2008:9) declares that nurses have an obligation to perform well for (beneficence) and an obligation not to harm (non-maleficence) patients who are within their care. It can be assumed with a degree of confidence that the primary intent of nurses is to promote beneficence and to endeavour to achieve non-maleficence.

These principles indicate that such individuals are morally obliged to avoid physical, emotional and social harm which negatively affects a person's interests.

Myburgh (2007:29) states that maternity service in South Africa faces particular problems in the provision of care to delivering mothers. In addition to problems with resources and care, violence and abuse have been reported. Maternity death rates are high and are related to inadequate provision of care. Moreover, practices that may contribute to such problems in care-giving have been found to be rooted in attitudes towards patients who are about to give birth. Nevertheless, it is evident that

maternity services in South Africa have been identified as a problematic area of care-giving with devastating consequences such as death and violence.

According to Kruger and Schoombee (2010:84) abuse of women by nurses in maternity wards does exist in hospitals world-wide and this has been documented in research which was conducted by universities, organisations and government agencies. Patients and nurses at a maternity ward in one particular South African hospital were interviewed about their experiences of childbirth as well as their experiences of nursing in a maternity ward. Accounts of satisfactory nursing were rare and findings about ritualised abuse of patients by nurses were confirmed. It appears that there were reports of unsatisfactory nursing characterised by abuse of patients and this confirms that there is still a problem with regards to ethical conduct of nurses in MOU labour wards. Goethals, Gastmans and de Casterle (2010:637) indicate that nurses who work in a complex work environment give priority to medical or technical interventions, establishing caring relationships with their patients is of secondary importance. Furthermore, there is a tendency by nurses not to recognise home births where there has been no technical or medical intervention.

Tlebere, Loveday, Mbombo and Wigton (2007:364) cite negative attitudes and non-recognition of home labour by some nurses as some of the predominant factors that prevent patients from going to hospitals or clinics for delivery. Also, there has been an outcry that nurses have become judgemental in terms of young mothers who have had multiple pregnancies. Some young mothers, as well as mothers who have had multiple pregnancies complained about the attitude of nurses in maternity wards. This assertion is supported by the views of the mother who was interviewed by Tlebere *et al.* (2007) when she said, "Sometimes when women go into the clinic and has had many babies before, the nurses will scold her and ask why she keeps getting pregnant." Regarding the aforementioned behaviour, Jackson, Loveday, Doherty, Mbombo, Wigton, Matizirofa, Chonra, Nzimande, Cele, Joyi, Tregger and Tlebere (2006:19) state that some women get annoyed with such questions, to such an extent that when they fell ill during pregnancy, they rather resorted to traditional medicine.

Chitty (2005:224) says that a professional nurse should be a person who makes every effort to maintain a non-judgmental attitude towards patients as a nursing value. Furthermore, Goethals *et al.* (2010:635) maintain that a nurse's ethical practice is a difficult and complex process in which an intricate environment of personal and contextual factors plays an important role in the reasoning and behaviour process.

1.3 PROBLEM STATEMENT

The core problem which this study addresses revolves around the ethical conduct of nurses towards patients in MOUs. Nurses are supposed to treat patients with care, love, dignity and with integrity.

Ironically, there is a perception that patients are mistreated instead of being treated with care and dignity in South Africa. It is notable that some patients, due to fear of mistreatment, choose to deliver their babies at home while risking their lives and that of an unborn child.

1.4 RESEARCH QUESTIONS

The main aim of this research was to explore the ethical conduct of nurses towards patients in MOU labour wards. Ethical conduct plays an important role regarding service delivery in hospitals. This is of particular importance since every patient, especially pregnant women, should be handled with utmost care. Fulton, Lyon and Goudreau (2010:20) support this assertion when they argue that ethical conduct is based on the presence of emotional competence (self-awareness, self-management, social awareness and relationship competency) and knowledge of healthcare ethics and moral reasoning.

The research questions for this study are:

- Do nurses display ethical conduct when dealing with patients in MOU wards and what is the impact of nurses' ethical behaviour towards patients?
- What is the perception of patients towards nurses' ethical behaviour during the child birth stage at the MOU labour wards?
- What are the factors that may influence a nurse's performance when dealing with patients in the MOU labour wards?

1.5 OBJECTIVES OF THE STUDY

The following are the objectives of this study:

- To develop a theoretical framework on the ethical conduct of nurses in the MOU labour wards.
- To assess if nurses in MOU labour wards adhere to ethical conduct when dealing with patients;
- To determine the perceptions of patients towards nurses during child birth stages at MOU labour wards; and
- To examine factors in maternity wards that may influence nurses' performances when dealing with patients in MOU labour wards.

1.6 THE SIGNIFICANCE OF THIS STUDY

The study will assist in clarifying the perception of negative conduct of nurses towards patients, as well the patients' perceptions towards the conduct of nurses in MOU labour wards. There are several policies that deal with health in general. However, they do not specifically focus on MOU labour wards. The study will have a positive impact because it will reveal what is actually happening in the MOU labour wards of the two hospitals selected for the research. The results will help clarify the perceived or real problems. However, if there is any misconduct discovered in the MOU wards, the results of this study will bring this to the attention of the Department of Health, allowing them to intervene and take positive action in rectifying the situation.

There is a clear indication of a need for new policy on the ethical conduct of nurses in MOUs. Policy implementation regarding the ethical conduct of nurses is a critical element that should be considered and emphasize in addition to what had already been executed in the Nursing Act (South Africa, 2005) about midwife. The aforementioned policy state that midwife is a person who is competent and experienced to independently exercise midwifery in the manner and to the level prescribed and who is competent in assuming responsibility and accountability for the practice. Hence, patients in the MOU labour wards need to be assured of proper and satisfactory treatment by nurses.

The study will mostly benefit patients, nurses, the broader community and the Department of Health in the Western Cape, but it will also serve as a basis to contribute towards the well-being of the entire Western Cape Province community. The study will also lead to improvements in MOU labour wards by identifying problems and assisting with the implementation of "ethical conduct" workable interventions.

1.7 DELINEATION OF THE STUDY

The geographical demarcation of the study was MOU labour wards located in two selected hospitals in the Western Cape Province. The study will be delimited to nurses and women who had given birth between 1 to 7 days during the time of data collection January – March 2013. Furthermore some women returned their questionnaires uncompleted due to their referrals to other hospitals and this influenced the process of getting more postnatal patients taking part in the study. Empirical research was not conducted due to this method being time-consuming, combined with financial constraints.

1.8 PRELIMINARY LITERATURE REVIEW

Dierckx De Casterle, Izumi, Godfrey and Denhaerynck (2008:541) indicate that nursing is primarily oriented towards explicitly making and achieving what is good for a specific patient. There was an incident of a woman who was due to give birth who was sent home by one of the nurses with misleading information. However, the incident had almost endangered the woman's life and that of her new-born child since she gave birth shortly after she left the MOU (Jackson *et al.*, 2006:21). Surprisingly, it is so unfortunate that such incident can be caused by nurses and in a way failing to accomplish what is best for women who have attended MOU with the aim to deliver their babies.

It is essential that nurses in all settings, including academic, conduct themselves in an ethical manner in their daily lives. One of the ways to explore this more fully is to reflect on the historical evaluations of nursing ethics. The SABC (2012) reported that infant mortality of 250 deaths per day have been recorded in South Africa.

Historically, nurses assumed a hierarchical position, were self-sacrificing, controlled and disciplined and followed an ideology of the 'perfect nurse', which are all issues that are relevant to nursing in South Africa today. The development and continuance of these nursing discourses and identities are important issues, since they relate to the origin of practices which are still found in present-day nursing, and are of importance when the issue of violence is considered (Myburgh, 2007:7).

Nurses also play an important role in preserving a woman's sense of dignity throughout childbirth, mainly by helping her to sustain the level of control that she desires (Torres & De Vries, 2009:20). However, there is still the problem of violence towards pregnant women, as well as abuse and neglect, which is without doubt an important issue in the healthcare profession and almost certainly has an effect on care-giving and the well-being of both nurses and patients (Myburgh, 2007:31).

Furthermore, MOU nurses must be aware of the influence that they have over women's birth experiences. A woman's decision during labour to change from an un-medicated to a medicated birth is affected, in part, by a feeling of lack of support from nursing staff (Torres & De Vries, 2009:20).

Key ethical principles, which are shared by groups of nurses, include encouraging the well-being of the patients, practicing informed consent, respecting the patient's right to privacy, offering only those services for which the professional nurse is qualified,

and having respect for diversity (Torres & De Vries, 2009:20). Nurses should practice the aforementioned principles and perform nursing care well. Unfortunately, in reality, to some nurses these ethical principles are merely written guidelines and they do not act in accordance with them at all.

1.9 RESEARCH METHODOLOGY AND DESIGN

Babbie and Mouton (2010:647) state that research methodology comprises methods, techniques and procedures that are employed in the process of implementing the research design or research plan, as well as underlying principles and assumptions. Singh and Bajpai (2008:130) emphasise that research design is a mapping of strategy. It is essentially a statement of the object of the inquiry and the strategies for collecting the evidence, analysing the evidence and reporting the findings.

A quantitative research approach was used to collect data from postnatal patients and from nurses who were on duty in the MOU labour wards during the time of survey. The researcher particularly focused on the women's experiences of labour process in the two MOUs.

The data for the study was collected from MOU labour wards in two selected hospitals in the Western Cape Province. Likert-type structured questionnaires comprising closed-ended questions were administered. The main data source was from patients and nurses in the maternity wards, supported by information gleaned from journal articles, relevant books, and the Internet. The following key concepts relates to research methodology:

1.9.1 Questionnaire

A questionnaire is a document; which includes questions and other types of items that are designed to solicit data that is appropriate for analysis (Babbie, 2010:256). The objective of the survey was to collect valid data, consistent and representative of the population from which the sample respondents were derived. A Likert-type questionnaire was used for the study, with closed-ended questions and multiple-choice answers.

The questionnaires primarily comprised closed-ended questions. Likert-type, close-ended questions allowed respondents to choose from multiple-choice answers that answer which they believed to be most relevant regarding their perceptions on the ethical conduct of nurses in MOUs.

According to Adler and Clark (2011:238) closed-ended questions utilise a multiple-choice format where the respondents pick from a list of answer groupings. Babbie (2010:256) supports Clark's statement by stating that closed-ended questions are survey questions in which the respondent is asked to select an answer from amongst a list that is presented by the researcher. Closed-ended questions are popular in survey research because they provide a greater uniformity of responses and are more easily processed than open-ended questions. The closed-ended questionnaire allows the researcher to convert data from the respondents into numbers in order to interpret and conduct statistical analysis.

The researcher employed a structured questionnaire as part of the quantitative methodology approach. The data were collected by means of closed-ended questions and was prepared for statistical analysis. The statistical analysis presented the results in the form of graphs and tables. The intention of the research was to produce valid results when investigating the ethical conduct of nurses in MOU labour wards in the Western Cape Province.

1.10 DESCRIPTION OF THE RESEARCH POPULATION

Blankenship (2010:82) defines a population as the group of all individuals, organizations, or artifacts that could be involved in the study. The population is also the group that the researcher wants the results of the study to apply to at the conclusion of the study. Before determining who will participate in the study, the researcher must define the population.

The population of the study comprised all postnatal patients and nurses in the MOUs in hospitals in Western Cape, South Africa. Time and financial constraints dictated that two MOUs were selected. The researcher was faced with a challenge of getting the higher number of patients who visited these MOUs' given that some patients tends to be referred to other hospitals at a later stage due to health complications.

Data collection in Gugulethu MOU was conducted from 15 January to 01 March 2013, and in Michael Mapongwana MOU from 22 January to 01 March 2013. Consecutive sampling method was applied, making it possible for every member of the population to be chosen as part of the sample. Data was collected from 178 participants in total.

1.11 ETHICAL CONSIDERATIONS

The nurses pledge is provided in the study (see Appendix F), however for the letter from the grammarian (see Appendix G). For the letter indicating that the data was analysed by the statistician (see Appendix H). The Department of Health (DOH) in the Western Cape Province also granted approval to conduct the research in the Michael Mapongwana and Gugulethu MOU labour wards (see Appendix I). The Cape Peninsula University of Technology (CPUT) research committee granted ethical approval for the study (see Appendix J).

Throughout the collecting of data process the research interacted with participants, explaining the details of the study to them prior to the distribution of questionnaires. To ensure that all participants are comfortable to participate, no personal identification details were requested from any of the participants.

1.11.1 Informed consent letter

All potential participants received a letter of informed consent which they were required to sign, indicating that they understood the study and would voluntarily participate. Participants were allowed to withdraw from taking part in the study even though they had signed the informed consent letter. The signed letters of informed consent were not used as part of the study. Participants were made aware that participation in the study was voluntary and that confidentiality and anonymity would be maintained. They were also made aware that there would be no follow-up after completion of the study. A cover letter for the study was designed and it is shown in Appendix A. The purpose of this letter was to reveal to the respondents the ethical consideration of the study. This letter also informed the participants about the topic under investigation. However, the informed consent letter for nurses appears as Appendix B and that for patients is in Appendix D.

According to Lowrance, (2012:69) the general concept of informed consent in the conventional interpretation is a mentally competent person understanding congenial, voluntary allowance to some act that otherwise could be contrary to his or her interest. Participants must understand the information and then voluntarily decide whether to participate. Cottrell and McKenzie (2011:101) state that voluntary participation refers to the participant's willingness to freely choose to participate in the research study and all participants' information needs to be treated with confidentiality. Gravetter and Forzano (2011:119) say that confidentiality is an assurance that the information is confidential and will only be seen by people who need to do so for the purposes of research.

1.12 ORGANISATION OF THE STUDY

The study is divided into five chapters, as outlined below.

Chapter One

Chapter One introduces the study and the background of the study. It further outlines a research problem and the key questions pertaining to the research. The objectives of the research and significance of the study are delineated. Additionally, the chapter explains the research methodology and design. Furthermore, the chapter provides the ethical considerations, and ethical clearance which was obtained from the Cape Peninsula University of Technology (CPUT).

Chapter Two

A theoretical study covers the legal frameworks pertaining to conduct of nurses in hospitals. The focus is on frameworks that give guidelines to nurses who work in MOU labour wards. The Constitution of the Republic of South Africa, as well as other relevant Acts, is discussed in this chapter. Furthermore, the chapter contemplates the views on ethical conduct contained in studies conducted by other scholars.

Chapter Three

Chapter three discusses the research methodology used to conduct the survey. The chapter further provides details on how these methodologies were applied, as well as how the data was collected for the purposes of this study.

Chapter Four

Chapter four of the study deals with the presentation of data analysis and interpretations of the research findings. The chapter also outline a brief description of methods that were used. Data collected from respondents were coded with numerical values which was then analysed to obtain the results.

Chapter Five

Chapter five discusses the summary of findings. The chapter also provides recommendations constructed on findings and conclusions to the study.

CHAPTER 2

THE ETHICAL CONDUCT OF EMPLOYEES IN MATERNITY WARDS: A THEORETICAL STUDY

2.1 INTRODUCTION

A literature review is a method of collecting information to answer research questions or find out what is known about a particular topic (Fink, 2010:163). The literature review was conducted in relation to the legal frameworks that serve as guidelines for the conduct of nurses in general. Furthermore, the literature review represented information on what has already been researched and is known about ethical conduct of nurses in MOU labour wards, and in general. The purpose of the literature review is to represent an overview on what has been identified by other scholars on the issue of ethical conduct.

In terms of legal framework all policies/legislation fall under the umbrella of the Constitution of the Republic of South Africa. Both international and national legislation is discussed. These frameworks cover the conduct of nurses in general but do not specifically refer to the ethical conduct of nurses in MOU labour wards. An overview of the legal framework pertaining to hospitals, patients and professional's conduct in hospitals is provided. This chapter also considers whether certain policies are applicable and if staff do comply with the policies. The study discusses legislation such as the Nursing Act No. 33 of 2005 (South Africa, 2005) which provides the scope of the profession and practice of nursing, the National Health Act No. 61 of 2003 (South Africa, 2003) giving the provision of the Provincial Health Council's functions and the Health Professions Act No. 54 of 1974 (South Africa, 1974) covering the main responsibilities of health practitioners.

Furthermore, the chapter presented the impact of ethical conduct and challenges around unethical conduct of nurses in South Africa, as well as the phases and characteristics of nurses. The study further looks at the views of the World Health Organisation regarding ethical conduct of nurses in MOU labour wards as well as the core concepts of maternal child health nursing and health service in South, the effects of poor nursing and the standard of care for women in MOU labour wards.

The study also considered patients' observations on nursing staff behaviour and on how they conducted themselves around patients.

2.2 DEFINITION OF THE KEY TERMS

2.2.1 Ethics

“Ethics is the regulation dealing with what is good and bad, or else right and wrong or with ethical sense of duty and obligation” (Mondy, 2010:30), whilst Peram and Van Tonder (2011:5) declare when the phrase is narrowly defined, ethics is the study of ideal human behaviour and ideal ways of being. Ethics as a branch of philosophy is called moral philosophy and addresses matters of human conduct that are of great importance to nurses and other health professionals.

2.2.2 Ethical conduct

Ethical conduct is based on the presence of emotional competency (self-awareness, self-management, social awareness, relationship competency and knowledge of healthcare ethics and moral reasoning. Furthermore, ethical conduct is derived from universal principles of ethics these principles include autonomy, truth-telling, beneficence, non-maleficence, confidentiality justice, and role fidelity (Fulton, Lyon, & Goudreau, 2010:20).

2.2.3 Humanistic existentialism

Humanistic existentialism emphasises humanity, human worth, beauty, ideals and the importance of human existence. Existentialism views the existence of humanity as the centre of all things (Young, Mogotlane & Geyer, 2009:68).

2.2.4 Nursing

Section 31 of the South African Nursing Act, (No. 33 of 2005) states that nursing means caring professional practices by a person registered with the South African Nursing Council, who supports, cares for and treats users to achieve or maintain health and where this is not possible, cares for a user so that he or she lives in comfort and with dignity until death (South Africa, 2005:45).

2.2.5 Professional nurses

According to the South African Nursing Act, section 30 (1), a professional nurse is a person who is qualified and competent to practice independent and comprehensive nursing in the manner and to the level prescribed, and who is capable of assuming responsibility and accountability for such practice (Asah, 2010:16).

2.2.6 Nursing ethics

Johnstone (2009:16) states that nursing ethics can be defined broadly as the examination of all kinds of ethical and bioethical issues from the perspective of nursing theory and practice, which, in turn, rests on the agreed core concepts of nursing, namely person, culture, care, health, healing environment and nursing itself is an ethic of care although ethic of care has an important place overall in the moral scheme of nursing and nursing ethics.

2.2.7 Maternity

The Oxford Compact English Dictionary (2002:196) indicates that maternity relates to the period during pregnancy and shortly after childbirth.

2.2.8 Maternity patients

Holder (2008:16) maintains that maternity patients refer to patients that are admitted to a maternity ward for the purpose of delivering a child.

2.2.9 Hospital

The Oxford Compact English Dictionary (2002:538) defines a hospital as an institution providing medical and surgical treatment and nursing care for sick or injured people.

2.2.10 Profession

A profession is a disciplined group of individuals who adhere to ethical values and hold themselves out as, and are accepted by the public as possessing particular knowledge and skills in a broadly recognised body of learning imitative from research, education and training at a high level, and who are prepared to apply this knowledge and exercise these skills in the interest of others (Beaton, 2010:4-5).

2.2.11 Delivery

Delivery refers to labour, merely in the physical sense, which may be described as the process by which the foetus, placenta and membranes are expelled through the birth canal (Mthethwa, 2006:23).

2.2.12 Antenatal care

Antenatal care is the care given to pregnant women throughout the period between conception and the birth of the child (Mthethwa, 2006:23).

2.2.13 Public health

Public health is the science and art of averting disease, lengthening life and organised community efforts for the hygiene of the atmosphere; the control of infectious infections; the edification of the individual in terms of personal hygiene; the organisation of medical services for early diagnosis and the prevention of disease; and the development of a social machinery to ensure everyone of a standard of living that is sufficient for the maintenance of health, hence organising these benefits to enable every citizen birthright and longevity (Horn, 2010:23).

2.2.14 Midwife Obstetrics Units (MOU)

Midwife Obstetrics Units (MOU) is a medical institution establishment which provides antenatal and postnatal care for women. MOUs deal with patients who will give birth by caesarean or the natural birth route. However, some MOUs do not have all the necessary equipment to assist women in need of immediate help due to birthing complications.

2.2.15 Postnatal

Postnatal is when a baby is given or can be given to the mother but a mother still visits for perineum check-ups for progress with healing (DOH, 2007:41-42). In addition, postnatal patients are patients who have just given birth and who are in the period of mother/infant bonding, where resting after birth is required and is considered as a necessity for all women. However, women are required to do follow-up visits a few days after a baby is born.

2.2.16 Labour room

These are rooms within the maternity section of a public or private hospital which are set up for the birth of a baby, with all the necessary equipment and staff to cope, should an emergency or complication arise (Mathews, 2004:51).

2.3 LEGISLATIVE OVERVIEW OF PUBLIC HEALTH

Current legislative policies have created a unique opportunity for the South African Health Department to amalgamate the entire national health spectrum with the scope of the profession, practice and conduct of professional staff. The National Health Act (South Africa, 2003) provides a framework for a single health system for South Africa. It highlights the rights and responsibilities of health providers and users and ensures broader community participation in healthcare delivery from health facilities at local government level up to national level (Lubisi, 2008:35).

The South African Nursing Council established under section 2 of the Nursing Act, No. 50 of 1978 as amended, continues to exist as a juristic person, notwithstanding the repeal of that Act by this Act (South Africa, 2005).

In terms of human dignity, section 10 of the Constitution states that “everyone has inherent dignity and the right to have their dignity respected and protected” (South Africa, 1996).

2.3.1 The Constitution of the Republic of South Africa (Act No. 108 of 1996)

The Constitution of Republic of South Africa, Act 108 of 1996, was implemented in order to rule the nation, as no country can be ruled without rules and regulations. The Constitution sets the course for all other legislation with regard to everything pertaining to the South African nation. Therefore, any policy or law, before being implemented, must comply with the provisions of the Constitution.

Section 27 subsection 1(3) of the Constitution deals with health and states that everyone has the right to have access to healthcare services, including reproductive healthcare, sufficient food and water, and social security, including, if they are unable to support themselves and their dependents, appropriate social assistance (South Africa, 1996). The State must take reasonable legislative and other measures within its available resources, to achieve the progressive realisation of each of these rights. No one may be refused emergency medical treatment. Even though the Constitution states that no one may be refused emergency medical treatment, there were still some patients who complained of not receiving pain relievers when they felt pain whilst in labour in the maternity wards in South Africa.

2.3.2 The Nursing Act (Act No. 33 of 2005)

The Nursing Act, No. 33 of 2005, exists to regulate the nursing profession and to provide for matters connected to it. Nursing policies have created a unique opportunity for all South African nurses to be able to learn more about the scope of the profession and the practice of nursing (South Africa, 2005).

According to section 31(2) of the Nursing Act (South Africa, 2005:34-35), a professional nurse is a person who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed; and who is capable of assuming responsibility and accountability for such practice.

A midwife is a person who is qualified and competent to independently practise midwifery in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for the practice. A staff nurse is a person who is educated to practise basic nursing in the manner and to the level prescribed. An auxiliary nurse or an auxiliary midwife is a person who is educated to provide elementary nursing care in the manner and to the level prescribed.

The Minister may prescribe scopes of the profession and practice for other categories of nurses that are contemplated in section 31(2).

Regarding conduct issues that are found in the Nursing Act, the researcher made use of the above conduct, as these are closely related to the research. Furthermore, it is clear that the above listed practice of nurses applies to all professional nurses. The scope of the profession and practice of nursing is well documented in writing, but it should be put into practice, especially in South African MOUs.

2.3.3 National Health Act (Act No. 61 of 2003)

This Act provides a framework for a determined uniform health system within South Africa, and also for matters incidental thereto. It takes into account the provisions of the Constitution and other laws of national, provincial and local governments with regard to health services (Strategic Plan, 2010:4).

The National Health Act, No. 61 of 2003 states the objectives of the Act in section 40(2) (a-c). The objectives of this Act are to regulate national health and to provide uniformity in respect of health services across the nation by:

- a. Establishing a national health system which:
 - i. Encompasses public and private providers of health services; and
 - ii. Provides an equitable manner for the population of the Republic with the best possible health services that available resources can afford.
- b. Setting out the rights and duties of healthcare providers, health workers, health establishments and users; and
- c. Protecting, respecting, promoting and fulfilling the rights of:
 - i. The people of South Africa to the progressive realisation of the constitutional right of access to healthcare services, including reproductive healthcare;
 - ii. The people of South Africa to an environment that is not harmful to their health or well-being;
 - iii. Children to basic nutrition and basic healthcare services contemplated in section 28(1) (c) of the Constitution; and

- iv. Vulnerable groups such as women, children, older persons and persons with disabilities.

This study explores policy concerning the conduct of nurses in MOU labour wards, as the study aims to examine nurses' ethical conduct towards patients in maternity wards.

2.3.4 Health Professions Act (Act No. 56 of 1974)

The Health Professions Act, No. 56 of 1974, came to pass to establish the Health Professions Council of South Africa and other professional boards, to provide for control over the education, training and registration for and practising of health professions registered under this Act, and to provide for matters incidental thereto.

The Health Professions policy (National Health Act, 2003: section 27A) lists the main responsibility of health practitioners:

- a) A practitioner shall at all times act in the best interests of his or her patients;
- b) Shall respect patient confidentiality, privacy, choices and dignity, shall maintain the highest standards of personal conduct and integrity;
- c) Should provide adequate information about the patient's diagnosis, treatment options and alternatives, costs associated with such alternatives and any other pertinent information to enable the patient to exercise a choice in terms of treatment and informed decision-making pertaining to his or her health; and that of others,
- d) Practitioners shall at all times keep his or her professional knowledge and skills up to date;
- e) Shall maintain proper and effective communication with his or her patients and other professionals;
- f) Shall, except in an emergency, obtain informed consent from a patient or, in the event that the patient is unable to provide consent for treatment for himself or herself, from his or her next of kin; and
- g) Shall keep accurate patient records.

2.3.5 The South African Nursing Council (SANC)

The South African Nursing Council (SANC) is an autonomous, financially independent, statutory body which was initially established by the Nursing Act, No. 45 of 1944, then established in terms of section 2 of Nursing Act No. 50 of 1978, and repealed by the Nursing Act No. 33 of 2005 (South Africa, 2005).

The South African Nursing Council is the body entrusted to set and maintain standards of nursing education and practice in the Republic of South Africa.

The SANC imparts nursing regulations and inspects and approves nursing schools and education programs; examines, registers, and enrolls nurses, midwives, and nursing auxiliaries; licenses nursing agencies; and monitors nursing employers (South Africa, 2005). It is internationally recognised and acknowledged that the fundamental purpose of regulating health professionals is to ensure that:

1. They serve the public appropriately; and
2. The public is reasonably protected.

The SANC has been delegated with the authority to administer regulatory and licensing responsibilities by the Nursing Act, No. 33 of 2005.

Nursing has always been regulated in this manner, but this should be strengthened by ensuring that there is regular re-evaluation of the South African nursing regulatory framework which seeks to strengthen all aspects of nursing, particularly the way that nursing is regulated. This must show in the quality of clinical nursing practice and nursing leadership in all its forms. This is a key to re-establishing and maintaining the public's high level of trust in the nursing profession (DOH, 2008:15).

The strength and quality of nursing regulations depend on nurses regulating nursing. Only the nursing profession itself has the unique knowledge necessary to set and enforce standards of nursing practice. Nursing is bound by the ethical values of the profession that require nurses to base their practice on relevant and current knowledge, and to show respect for the well-being, dignity and autonomy of persons receiving care. These values promote safe, ethical and competent nursing care.

It is the SANC's responsibility to ensure that there are clear practice rules and guidelines, which are set for the profession and the responsibility of members of the profession to practice in accordance with these guidelines (DOH, 2008:15).

Nursing regulations must evolve to meet the changing healthcare needs of the South African public. A developmental approach in the maintenance of nursing standards and processes is essential. Scopes of practice evolve and often overlap with other health professions in trying to respond to changing healthcare needs of the public. Likewise, regulation approaches evolve to meet the challenges and opportunities of technological advancements. It is important that regulators, policy-makers, educators and the nursing profession itself know how important nursing regulation is to the country's health system. Advancing from keeping a register of professionals to ensuring adherence to professional values through education and practice is a major responsibility for participation in nursing workforce planning and development. This means constant benchmarking internally (within nursing), externally (with other

professional groups) and internationally (with nursing regulators). Self-regulation by health professions should undergo detailed scrutiny (DOH, 2008:15).

2.3.6 Health Professions Council of South Africa, 2008

The HPCSA (Health Professions Council of South Africa, 2008) provides core ethical values and standards for good practice. Everything ethical required of a professional to maintain good professional practice, are grounded in core ethical values and standards, while the latter are the directives that follow the core values. These core values and standards are presented as a linear list for the sake of simplicity. In concrete cases, the demands of these core values and standards may clash, thus making competing demands on healthcare practitioners. The only way to address such clashes is through ethical reasoning.

The core ethical values and standards; which are required of healthcare practitioners, include the following:

- a) **Respect for persons:** Healthcare practitioners should respect patients as persons, and acknowledge their intrinsic worth, dignity, and sense of value;
- b) **Best interests or well-being:** Non-maleficence: Healthcare practitioners should not harm or act against the best interests of patients, even when the interests of the latter conflict with their own self-interest;
- c) **Best interests or well-being: Beneficence:** Healthcare practitioners should act in the best interests of patients, even when the interests of the latter conflict with their own personal self-interest;
- d) **Human rights:** Healthcare practitioners should recognise the human rights of all individuals;
- e) **Autonomy:** Healthcare practitioners should honour the rights of patients to self-determination or to make their own informed choices, and to live their lives by their own beliefs, values and preferences;
- f) **Truthfulness:** Healthcare practitioners should regard the truth and truthfulness as the basis of trust in their professional relationships with patients;
- g) **Confidentiality:** Healthcare practitioners should treat personal or private information as confidential in professional relationships with patients; unless overriding reasons confer a moral or legal right to disclosure;
- h) **Compassion:** Healthcare practitioners should be sensitive to, and empathise with, the individual and social needs of their patients; and seek to create mechanisms for providing comfort and support where appropriate and possible;

- i) **Tolerance:** Healthcare practitioners should respect the rights of people to have different ethical beliefs; as may arise from deeply held personal, religious or cultural convictions;
- j) **Justice:** Healthcare practitioners should treat all individuals and groups in an impartial, fair and just manner;
- k) **Professional competence and self-improvement:** Healthcare practitioners should continually endeavour to attain the highest level of knowledge and skills required within their area of practice; and
- l) **Community:** Healthcare practitioners should strive to contribute to the betterment of society in accordance with their professional abilities and standing in the community (HPCSA, 2008:2-3).

2.3.7 Western Cape Health Services Fees Act (No. 5 of 2008)

The Western Cape Health Service Fees Act provides for a schedule of fees to be prescribed for health services rendered in the Western Cape Province by the DOH and to provide for incidental matters.

This Act provides for maternity, child and women's health and nutrition that aims to prevent and reduce morbidity and mortality during pregnancy, birth, post-delivery, infancy and early childhood; prevents infectious diseases through immunisation; renders high quality health services for maternal and child survival; contributes to the institutional care of clients through access to high quality healthcare; and contribute to the improvement of nutritional status and food security.

Maternal, Child and Women's Health (MCWH) and nutrition services are rendered through existing human resources at all levels of care (by doctors, nurses, dieticians, pharmacists and other healthcare workers). Improving MCWH services is a key factor to achieve Millennium Development Goals (MDGs) 4 and 5. According to Western Cape (South Africa) (2010:68-69) these include access to antenatal services, intra-partum care, postnatal care, neonatal care and child health services at all levels. Staff members are continuously up-skilled through programmes such as IMCI (Integrated Management of Childhood Illness), infant feeding, BANC (Basic Antenatal Care) and ESMOE (Essential Steps in Management of Obstetric Emergencies).

2.3.8 United Nations: World Health Organisation (WHO)

The World Health Organisation (WHO) highlights the roles of nurses and midwives as:

- providing quality accessible care;
- integrating community health services;

- training for care providers;
- strengthening inter-professional collaboration (a nurse must belong to an inter-professional team);
- leadership by calling for removal of fragmented services;
- conducting community assessments; and
- Helping the community identify problems and seek solutions.

Nurses should deliver according to expectations and should ensure efficient and healthy outcomes. Having nurses of different entry levels who are able to cater to the community's needs can contribute significantly towards the attainment of MDG's. The upward trends for promotion and other conditions of services should also be considered concurrently (WHO, 2011:7).

2.3.9 International Council of Nurses (ICN), 2006

Elements of the Code

- **Nurses and people**

A nurse's primary professional responsibility is to peoples who require nursing care. By providing care, the nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected. Nurses ensure that individuals receive sufficient information on which to base consent for care and related treatment. Nurses hold in confidence personal information and use judgment to share this information. Nurses share with society the responsibility for initiating and supporting action to meet the health and social needs of the public, in particular those of vulnerable populations.

Nurses also share responsibility to sustain and protect the natural environment from depletion, pollution, degradation and destruction (ICN, 2006:2).

- **Nurses and practice**

Nurses carry personal responsibility and accountability for nursing practice, and to maintain competence by continual learning. Nurses maintain a standard of personal health so that the ability to provide care is not compromised. Nurses use judgment regarding individual competence when accepting and delegating responsibility. Nurses always maintain standards of personal conduct, which reflect well on the profession and enhance public confidence. Nurses, in providing care, ensure that the use of technology and scientific advances are compatible with the safety, dignity and rights of people (ICN, 2006:2-3).

- **Nurses and the profession**

Nurses assume a major role in determining and implementing acceptable standards of clinical nursing practice, management, research and education. Nurses are active in developing a core of research-based professional knowledge. Nurses, acting through professional organisations, participate in creating and maintaining safe, equitable social and economic working conditions in nursing (ICN, 2006:3).

- **Nurses and co-workers**

Nurses sustain a co-operative relationship with co-workers in nursing and other fields. Nurses take appropriate action to safeguard individuals, families and communities when their health is endangered by a co-worker or any other person (ICN, 2006:3).

The International Council of Nurses (2006) also serves to provide a code of ethics for nurses and serves the following purposes:

- it is a succinct statement of the ethical obligations and duties of every individual who enters the nursing profession;
- it is the profession's nonnegotiable ethical standards; and
- It is an expression of nursing's own understanding of its commitment to society.

There are numerous approaches for addressing ethics. These include adopting or subscribing to ethical theories, including humanists, feminists and social ethics, adhering to ethical principles, and cultivating virtues. The Code of Ethics for Nurses reflects all of these approaches. The words "ethical" and "moral" are used throughout the Code of Ethics. "Ethical" is used to refer to reasons for decisions about how one should act, using the above mentioned approaches. In general, the word "moral" overlaps with "ethical"; but is more aligned with personal beliefs and cultural values (Nursing World, 2010).

The Code of Ethics for Nurses uses the term patient to refer to recipients of nursing care. The derivation of this word refers to "one who suffers," reflecting a universal aspect of human existence. Nonetheless, it is recognised that nurses also provide services to those who seek health; as well as those who respond to illness, to students and to staff, in healthcare facilities, as well as in communities. The Code of Ethics for Nurses is a reflection of the proud ethical heritage of nursing, a guide for nurses now and in future (Nursing World, 2010).

2.3.10 Southern African Development Community (SADC)

The SADC's vision is that of a common future, hence, a future within a regional community that will ensure economic well-being; improvement of the standards of living and quality of life; freedom and social justice; and peace and security for the people of southern Africa. This shared vision is anchored on the common values and principles and the historical and cultural affinities that exist between the people of southern Africa (SADC, 2010).

2.4 UNDERSTANDING THE PRINCIPLES OF ETHICAL NURSING CONDUCT

South Africa's maternal health services are offered at various levels in the healthcare system. Antenatal clinics are widely distributed, some stand alone and some are within hospitals. Women can deliver at MOUs, managed by midwives who provide a 24-hour service (Thomas, Jina, Tint & Fonn, 2007:39). An aspect of maternal healthcare is the way in which pregnancy and birth are understood from the perspective of the healthcare system. This may influence the care provided to women who are in the labour ward (Myburgh, 2007:28).

Ethical practice seems most challenging in daily ethical dilemmas, occurring from situations that involve conflicting values or beliefs, about what is the right or most excellent course of action (Dierckx de Casterle *et al.*, 2008:541). Ethical conduct as an essential characteristic of the Clinical Nursing Specialist Practice (CNS) is embedded in beliefs and values (Fulton, Lyon & Goudreau, 2010:20). Chitty (2005:225) states that values are the freely chosen principles, ideals, or standards held by an individual, class, or group that give meaning and direction to life. Furthermore, a value is an abstract representation of what is right, worthwhile, or desirable. Values define ideal modes of conduct and reflect what the individual or group endorse and try to live up to. Values, like beliefs, are relatively stable and resistant to change.

The concept is further supported by Fulton, Lyon and Goudreau (2010:20) who state that values involve an application of knowledge related to ethical principles, analysis of situations that contain ethical dilemmas, and decision-making in responding to these situations. Ethical conduct is based on the presence of emotional competency (self-awareness, self-management, social awareness, relationship competency) and knowledge of healthcare ethics and moral reasoning. Dorse (2008:2) states that ethics is the foundation of committed service to humankind, and every professional nursing practitioner takes pride in his or her profession. Furthermore, ethics is the expected standard and behaviour of a group as described in the group's code of

professional conduct. According to De Araujo Sartorio and Zoboli (2010:687) ethical nursing happens when a good nurse does the right thing. To be less than a good nurse implies a moral failing, and with nursing being intrinsically a moral practice, this implies a bad nurse.

Dierckx de Casterle *et al.* (2008:541) point out that nursing is primarily oriented to making explicit and to accomplishing what is good for a particular patient. No matter how essential technical and scientific expertise in nursing may be, providing first-class nursing care is constantly an ethically-grounded undertaking. The ethical concern for a patient's interests is fundamental to the ethical demand that inspires nursing practice. Dorse, (2008:3-4) refers to nursing as a caring profession and the nurse continuously strives to give good care. Caring is not a feeling, it is a way of behaviour, and nurses should not only care for the patients, but also for one another. Rosdahl and Kowalski (2008:14) aver that nursing is based on the theory of what it is, what nurses do, and why. Nursing is a unique discipline and is separated from medicine. It has its own body of knowledge on which delivery of care is based. There are practice theorists who believe practice should guide discipline, that the first obligation of the professional in nursing is the responsibility for nursing practice or its improvement (Dahnke & Dreher, 2011:68).

Dorse (2008:2) is of the opinion that ethics is the foundation of committed service to humankind and every professional nursing practitioner takes pride in his or her profession. McIntosh (2008:1) further states that the registered nurse should adhere to the nursing regulations guiding her or his clinical practice and provide safe nursing care. Nursing is associated with caring behaviour towards patients and the profession is geared towards taking care of the patient. Furthermore, the development of the nursing profession is historically based on the belief that it is a suitable profession for women, since they are believed to possess the intrinsic values of virtue and care-giving (Myburgh, 2007:4).

The ethical foundation of the nursing profession in South Africa is vested in the Nurses' Pledge. Rosdahl and Kowalski (2008:14) state that all nurses are expected to practice ethically, conduct themselves appropriately as members of a specific group. As a nurse, you also accept responsibilities within the role delineated by licensure. According to the SANC (2004:10) nursing is a caring profession offering a service to humankind. Nurses should always display the utmost respect for human life. The relationship of trust between society and the nurse should be based on the nurse's

professional knowledge, competency and conduct characterised by an eagerness to be responsible for his or her actions and obligation to serve mankind.

De Araujo Sartorio and Zoboli (2010:691) conclude that ethics is seen as a continuous exercise occurring in everyday practice. It is also understood as a resource that may be passed to other members of the nursing staff by means of exceptional actions by nurses. There are things that are better transmitted when you actually exercise and practice them, and not merely by talking.

Health workers administering care to pregnant women ought to demonstrate respect and a genuine interest in their clients, and avoid arrogant, impolite or judgemental attitudes. This implies even in the context of a poor working environment or seemingly unsafe practices of certain pregnant women (DOH, 2007/8:9). However, studies such as Brown, Hofmeyr, Nikodem, Smith and Garner (2007:2) state that in South Africa women are often shouted at, struck, or slapped by staff.

In addition to patients being shouted at and struck by staff, Penn-Kekana, McPake and Parkhurst (2007:29) state that in South Africa poor provider practice was identified as a key aspect contributing to maternal deaths. Furthermore, the problem of violence towards patients, including abuse and neglect, is without a doubt an important issue in the healthcare profession, which almost certainly has an effect on care-giving.

According to Myburgh (2007:29) regarding harsh and abusive behaviour towards women in MOU labour wards in South Africa, violence and abuse has been reported where MOU labour services in South African have been identified as a problematic area of care-giving, with devastating consequences of death and violence. Furthermore, violent behaviour towards patients was explained to be a reaction to provocation by patients or deliberate strategies to control or punish patients. This kind of act contradicts what is expected from nurses. Odhiambo (2011) urges both national and provincial governments to develop a complaint procedure to solicit required information and provide remedies, to make certain that health workers are involved in formulating strategies to address systemic problems that lead to complaints and develop systems to assess patterns of complaints.

Brown *et al.* (2007:2) hypothesise that the presence of a childbirth companion could have beneficial effects on labour, also influence provider behaviour, functioning as an independent witness and community spectator. This is considered an excellent idea,

with the hope that it would improve the quality of care and promote a more women-friendly service. A condemnation of physical, verbal and other forms of abuses in maternity wards is necessary because not all patients will be able to have a companion with them when visiting the maternity wards. In addition to what Brown *et al.* have stated, other interventions such as regular inspections and monitoring in maternity wards may assist in ensuring the safety of patients. In so doing, all patients will be safe, including those who do not have a companion.

All nurses should ensure that they always act ethically and treating patients with care and empathy should be their first priority

2.5 CHALLENGES AROUND UNETHICAL CONDUCT OF NURSES IN SOUTH AFRICA

2.5.1 Chris Hani Baragwanath Hospital

Chris Hani Baragwanath Hospital is a big hospital receiving referrals from all the nearby areas. The unit has been in place for over two years, starting first as an office-hours-only service, but eventually running 24 hours each day, 7 days a week (Dlakavu, 2012:20).

Chris Hani Baragwanath Hospital, known affectionately as 'Bara', is South Africa's largest hospital and the third largest hospital in the world. Bara sprawls over 173 acres, has 429 buildings and 10 kilometres of corridors. The hospital has more than 3,000 beds to serve a population of about four million and employs more than 6,000 members of staff (Phillips, 2013:25). Chris Hani Baragwanath Hospital strives to achieve the highest level of patient care based on sound scientific principles and administered with empathy and insight, train their work corps to be the best equipped and motivated to serve the sick and injured and maintain and defend truth, integrity and justice for all, at all times, to the benefit of patients and staff (Phillips, 2013:26).

However, Thom (2012) reported incidents of several new-born babies that died while others were left brain damaged in Bara's labour wards because of a staffing crisis. Thom further elaborated that the staffing crisis was linked to, among others, the non-payment of nursing agencies. Furthermore, the doctors also revealed that due to staff shortages and resultant delays in caesarean sections, a number of babies who needed urgent deliveries died or suffered asphyxiation, resulting in brain damage. Such incident of babies dying and having brain damage due to shortage of staff was denied by Bara CEO Johanna More who claims she was not informed of such issues.

Thom (2012) also indicated a statement made by doctors who reported that labour ward beds stayed wet and dirty for extended periods, even resulting in maggots breeding in the blood-soaked mattresses. Staff who worked under these conditions reported severe psychological stress, forcing them to deliver a “dysfunctional and unsafe service to users”.

Ethical conduct of nurses in Chris Hani Baragwanath Hospital is linked to the aforementioned incidents and problems facing the hospital. However, this conduct should be a stand-alone act. The wet and dirty bed creates a perception that because nurses were not paid they reacted by neglecting patients and depriving patients of their right to sanitary and clean conditions. In Service Delivery (2007:5) the Minister of Gauteng Department of Health “insists that all patients should be treated with dignity and that the delivery of quality healthcare to women and children in particular is one of main priorities”. Moreover, Service Delivery, (2007:26) Chris Hani Baragwanath Hospital from a service delivery point of view, viewed the weak management as dysfunctional to good service delivery, such that the management and doctors, nurses and support staff do not speak to each other. This led to bad health outcomes, ill-discipline and performance that is not properly managed.

Kwizera (2011:58) states that nurses should maintain a high standard of personal health so that they can provide quality care and a standard of conduct that will reflect on the profession and increase public confidence. Furthermore, nurses should maintain a sustainable relationship with co-workers in nursing and other fields. Nurses must be prepared to deal with ethical conflict in the day-to-day practise of their profession, to recognise exceptional features of each situation and to handle each according to its uniqueness in order to satisfy the needs of individual patients (Kwizera, 2011:59).

2.5.2 Frere Hospital

As per the National Task Team Report (2007) the Minister of Health Dr Manto Tshabalala-Msimang appointed a Task Team on the 13th July 2007 to visit the Eastern Cape in order to obtain the facts with regards to the report that appeared in the Daily Dispatch newspaper on 12th July 2007. The article reported the alleged high number of deaths of babies in the Maternity Section of Frere Hospital.

Some of the findings and recommendations about physical facilities such as buildings of Maternity Units of Frere Hospital were as follows:

The maternity ward was clean during formal and unannounced visits and walk-about. Findings about basic equipment was available but in certain instances required replacement. Clinicians and hospital management during the direct inquiring of the ward staff, there was reassurance that no babies had died as a result of non-availability of equipment. There were Baumanometers (blood pressure machines) at all bed areas in the admission room and labour ward apart from one bedside. Moreover, blood pressure machines were present in the antenatal clinic and in the wards and also three ultrasound machines in the maternity ward were available. A colour Doppler machine was available in the antenatal clinic, also a machine in the labour ward (old but functional) and one in the gynaecology section.

Regarding nurses, findings indicated that the current nursing complement and allocation in the Maternity Unit, Neonatal Unit and Neonatal ICU is not sufficient, for example during the night only one professional nurse and one nurse assistant is allocated for a 32-bed ward. The findings further state that there is an allocation of one professional nurse and one assistant nurse to the neonatal ward and high care ward, while four professional nurses and one nurse assistant to the labour ward and Caesarean Section Theatre (CST). There was also an inadequate allocation of nursing staff during the day throughout the Maternity Unit and the ICU. There is no designated supervisor for the students.

According to Sifile (2011) three women who gave birth by caesarean section in East London's Frere Hospital had to sleep on thin mattresses on the hospital's cold floors for a week whilst waiting for their sickly babies to be discharged. Sifile (2011) further states that due to fear of victimisation the women did not want to be named. The women further claimed the negligence on nurses in the maternity wards. McKinney, James, Murray, Nelson and Ashwill (2012:19) state that negligence is failure to perform the way an equitable, prudent human being of similar contextual would act in a comparable condition. Neglect may involve doing something that should not be done or failing to do something that ought to be done. Pregnant women are failed by South Africa healthcare with lack of supervision and responsibility by the government and this has resulted in increased number of cases of abuse and death of pregnant women (Odhiambo, 2011). The abuse of pregnant woman by health workers and substandard care prevalent in the Eastern Cape is considered as one of the factors responsible for the failure in maternity care.

Odhiambo (2011) states that one woman interviewed claimed that she had been pinched, slapped, ignored. The woman further said that she was insulted and refused admission during labour. Other women claimed that they were made to clean the floor of the hospital when they soiled the floor after giving birth.

2.6 CONDUCT OF NURSES

The International Council of Nurses (ICN) code points out that the crucial thing in nursing is paying respect to the human rights of patients, including cultural rights, and the right to life and choice, to dignity and to be treated with respect. Nursing care cannot be conditioned by age, skin colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race, or social status. The section on nurses and patients states it is a nurse's duty to promote the atmosphere in which the human rights, values, customs and spiritual beliefs of individuals, families and communities are respected (Dobrowolska, Wronska, Fidecki & Wysokinski, 2007:174).

Matoz and Sherma (2010:123) state that nurses are required to respect individuals and their beliefs despite the consequences and they are obliged to respect a person's autonomous choices. The moral standard includes keeping promises, avoiding or preventing harm, and respecting persons. These are principles that are morally required.

De Araujo Sartorio and Zoboli (2010:687) are of the opinion that being a nurse is to be engaged in a practice with an inherent moral sense and considering that being a good nurse is at the same time an issue and an aspiration for the profession. There are different categories of nurse, such as being a nurse who follows the rules and procedures of the Department of Health, a nurse with a kind heart, a nurse who is caring and loves her duties. That kind of nurse can be identified not only as a nurse, but as a good nurse. The concept is further supported by De Araujo Sartorio and Zoboli (2010:687) who state that a good nurse means that the nurse's concern for patients is totally related to efficient, effective and attentive care that fosters the well-being of patients.

Being a good nurse would make it impossible for unethical conduct to occur. Fry, Veatch and Taylor (2009:214) state that nurses have a responsibility to safeguard patients from incompetent and unethical care provided by other members of the healthcare team. However, in some maternity wards it is perceived that such incompetence still exists and the statement is supported by Kruger and Schoombee (2010:95) who say that women were frightened to call for help, scream, or express

their pain for fear of punishment. In accordance with the viewpoints of the aforementioned authors, such things should be prevented by ensuring compliance to the Nursing Act. It would then be impossible for a nurse not to carry out her/his duties properly and would safeguard other nurses from incompetence. Kruger and Schoombee (2010:93) report that it seems to be standard maternity ward procedure for the controlling and managing of the patient in labour.

Nurses need to conduct themselves ethically, not to impose their own measures of control on patients, which leads to violence and abuse of patients. Such controlling behaviour of nurses in the MOU labour wards has a negative impact on patients. Emerson (2007:332) and Pyrek (2011:2) state that the primary pledge of a nurse should be to the well-being of patients and nurses should ensure that they promote and act as advocates to protect the health and safety of patients. Nurses should be vigilant and institute appropriate action when becoming aware of any instance of incompetence, dishonourable, unlawful or impaired conduct by any member of a healthcare team or the healthcare system, or some act on the part of others that places the rights or safety of the patient in jeopardy.

It is surprising that there are still reports of patients who are victims of physical violence and whose right to dignity is violated in MOU labour wards in South Africa. Violence can be direct and indirect. According to Kruger and Schoombee (2010:94) direct violence includes acts such as slapping and pinching, and indirect violence include acts such as rough physical handling and the denial of pain relief when technically indicated.

Fraser, Cooper, Crawford and Myles (2009:23) elaborate that the reasons given by women concerning the dissatisfaction with maternity services include fragmented care, long waiting times, insensitive care, lack of emotional support, inadequate explanations, lack of information, medical control, inflexibility of hospital routines, and dehumanising aspects of hospitalisation and reproductive technologies. Nurses need to be competent at all times when carrying out their duties. Nurses' competency plays a significant role in guaranteeing the quality of nursing interventions and outcomes (Janssen, Keen, Soolsma, Seymour, Harris, Klein & Reime, 2005:96). Competency is defined as the ability to perform the vital skills in the designated environment in accordance with the role and principles of the institution (Janssen, *et al.* 2005:96).

With regards to competence, nurses should ensure that they carry out their duties competently at all times. Competency in a nurse's daily life will make patients feel that

they are cared for, respected and treated in a dignified manner. Baston and Hall (2009:14) say that it is likely that the woman will feel anxious on admission; she will be anticipating an uncertain future. If she is greeted with a smile and warm personal welcome, she is more likely to feel valued and respected. A midwife must assess the woman's condition as soon as possible after admission.

Nurses in MOU labour wards should be aware of their tasks and responsibilities in the early labour stage adhering to the rules and codes of practice. Caring for women in labour is not an exact science and women do not always conform to expected parameters. Therefore individual needs should be met (Baston & Hall, 2009:20-21). Furthermore, the Constitution section 12 subsections (2) (a) (South Africa, 1996), states that everyone has the right to bodily and psychological integrity, which includes the right to make decisions concerning reproduction.

It appears likely that some patients are still being verbally abused for having had many babies, regardless of what the Constitution states regarding the right of a woman to make a personal decision in this regard. Nurses should always be professional in all dealings with patients. Goethals *et al.* (2010:647) indicate that nurses first have to consider their own ethical stance; however, they must eventually consider the values and expectations of patients and the families they serve.

2.7 PHASES OF THE NURSING PROCESS

The nursing process consists of a problem-solving approach that focuses on meeting the needs and solving the problems of people. The nursing' process consists of five steps: assessment; diagnosis; planning; implementation; and evaluation (Lyer, 2006:227).

2.7.1 Assessment

Lyer (2006:227) says that the assessment is an almost automatic process by which the nurse makes many observations. In this study assessments are made of women arriving at the MOU labour wards in various stages of labour. Determining how soon birth may occur is a crucial first priority. If birth is imminent, staff members should complete a focussed assessment of maternal and fetal well-being and prepare the woman for childbirth (Orshan, 2008:604).

2.7.2 Diagnosis

A nursing diagnosis is a clinical judgment about individual, family, or community responses to definite or prospective health problems/life processes. A nurse is accountable to diagnosis and provides the basis for selection of interventions to achieve desired outcomes (Lyer, 2006:229).

2.7.3 Planning

The plan may be documented in the form of a nursing care plan. The traditional nursing care plan consists of three elements: nursing diagnoses, outcomes and interventions (Lyer, 2006:229).

2.7.4 Implementation

The implementation phase involves supervising the care provided by others, such as unlicensed assistive personnel or nursing assistants; teaching and counselling residents and their families; carrying out orders of healthcare providers, such as doctors, nurse practitioners, and others.

The timing of intervention care is critical. Timely intervention can prevent a bad outcome and avoid irreversible damage to the resident (Lyer, 2006:229).

2.7.5 Evaluation

According to Orshan (2008:617) in the evaluation the client uses various techniques to achieve a tolerable level of pain and participates in decision-making. If problems expand, appropriate interventions are instituted to ensure maternal and fetal well-being. However, (Black, 2013:164) states that the evaluation is the final phase of the nursing process and involves nurses examining the patient's progress in relation to the goals and outcome criteria to determine whether a problem is resolved or unresolved. Moreover, Klossner (2006:493) adds that an evaluation of the preterm new-born is an on-going process that demands constant readjustment of the nursing diagnoses, planning, and implementation. Below illustrates the flow and phases of the nursing process

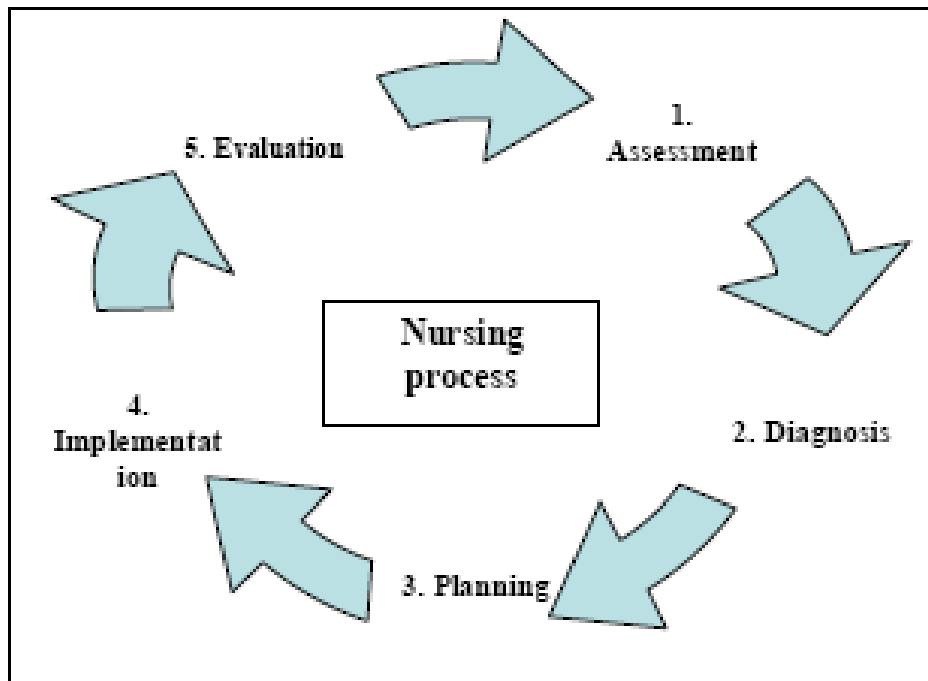


Figure 2.1: Phases of the nursing process

(Adapted from Hector, 2010:4)

2.8 CONTEMPORARY NURSING ROLES

Rosdahl and Kowalski (2008:15) state that nurses are respected as a healthcare resource in the community. Other roles that nurses assume in practice for example:

- The nurse is a care provider, each person achieves the maximum level of wellness due nurses' help and for that reason clients will achieve total wellness; in others compromises must be made.
- The nurse as an advocate ensures that clients receive the care they need and by intervening when it is necessary. Advocates further help clients recognise their rights and responsibilities. Nurses also explain details about procedures, so clients are comfortable to give informed consent.
- The nurse is a communicator, so they document client care and the client's response. Professional nurses write care plans with input from other healthcare staff members; most staff use this significant plan. Nurses record all the data in daily flow sheets or nursing notes. Nurses record medicine and treatment. They also communicate with other healthcare team members in daily reports and team meetings to maintain stability of care.
- The nurse is a team member who works jointly with other healthcare professionals to provide the best care possible.
- The nurse is a teacher. Professional nurses write instruction plans and assist people in preventing disease and injury prior its occurrence. Other members of the healthcare team assist with teaching as well. Many nurses teach prenatal classes and assist with labour and delivery, providing support for the whole period of childbirth. A professional nurse further teaches new mothers important self-care and also the care measures for the baby.
- The nurse is a leader. Nurses work with clients in stimulating them to attain important goals. Leadership is power and nurses can use their skills to direct

that power for enhancement, not only in their clients' health, but also in the services that they provide, the community, and for the entire healthcare system (Rosdahl & Kowalski, 2008:16).

2.9 NURSES' DEFINING CHARACTERISTICS

One of the principles of nursing is to promote health, healing, development and to prevent disease, illnesses, injuries and disabilities. Where people have developed illnesses and/or disabilities, the purpose of nursing is to reduce distress and suffering, and to enable people to understand and cope with their disease and/or disability, its treatment and its consequences (Glasper & Richardson, 2006:95). Scott (2006:566) states that pregnancy is none of the above but a physiological process. Pregnant women can become ill as a result of being pregnant, can have a disease process prior to pregnancy or develop a co-incidental disease during pregnancy. In conclusion, as clarified above, it is obvious that pregnant patients are then, by definition, patients. Empowering people and supporting them to achieve and sustain or recover independently is what a nursing intervention is. The nursing emotional and moral process includes recognition of nursing needs and personal care; information, education, advice and advocacy; and physical, emotional and spiritual support (Thornbory, 2009:22).

Nurses, patients and relatives and other carers, in collaboration with others as members of a multi-disciplinary team, work together. Due to their commitment, where it is appropriate, they will lead the team while prescribing and delegating and also ensuring that supervision of the work of others takes place. Furthermore, sometimes they will participate in guidance of others, mostly though they remain personally and professionally accountable for their own decisions and actions (McCormack & McCance, 2010:69).

The focus of nursing is the whole human being and the human response, rather than a particular aspect of the person or a particular pathological condition (McCormack & McCance, 2010:69). Respecting the dignity, autonomy and uniqueness of human beings is one of nursing ethical values. Furthermore, the privileged nurse-patient relationship and the acceptance of personal accountability for decisions and actions are also ethical values. The aforementioned values are expressed in written codes of ethics, and supported by a system of professional regulation (McCormack & McCance, 2010:69).

The specific domain of nursing is people's exclusive responses to and experience of health, sickness, infirmity, disability and health-related life events in any

circumstances in which they find themselves. People's responses possibly will be physiological, social, cultural or spiritual, and are often a combination of all of these. The term "people" includes individuals of every age, families and communities, throughout the entire lifespan (Mallik, Hall & Howard, 2009:5).

2.10 CORE CONCEPTS OF MATERNAL AND CHILD HEALTH NURSING AND HEALTH SERVICE IN SOUTH AFRICA

Maternity and child healthcare involves the implementation of an interdisciplinary plan in a collaborative manner to ensure continuity of care that is cost-effective, quality-oriented, and outcome-focused. Maternal and child health nursing involves family-centered, evidence-based, case-managed care (Ricci & Kyle, 2009:7).

The maternity services in South Africa have to date received some attention and have been reorganised in an attempt to provide more equitable and accessible services (Jantjies, 2008:3). Worldwide, maternity care is provided at different healthcare service levels, for example primary, secondary and tertiary levels with the most basic type of care being provided at primary care facilities (Jantjies, 2008:4).

Couper, Hugo, Tumbo, Harvey and Malete (2007:124) state that primary healthcare clinics are the first line for healthcare delivery in South Africa and are the foundation of all healthcare concerned with medical interventions expected at improving the health status of the most individuals at the least cost. Furthermore, a Primary Health Clinic (PHC) is usually staffed by nurses and community health workers and is often the basis on which the health service is judged. It is therefore crucial that these clinics function well. Although staff in these clinics generally feels that they offer care of excellent quality, there are problems in the areas of management and staff attitudes.

Schellack, Meyer and Gous (2011:560) state that the primary healthcare system is a mainly nurse-driven service in clinics that includes district hospitals and community health centres. Kumar (2012:548) states that since 1994, comprehensive antenatal and delivery care has been available free of charge to all South African women. The Department of Health has adopted policy regarding nationally agreed minimum components of basic antenatal care (BANC) at the primary care level, and criteria for referral to other levels of care. Furthermore, Mayers (2010:4) tells that PHC provides its services for expectant women and children below the age of six years, for free. Healthcare at the primary level is offered within the District Health system. Each health district should provide comprehensive health services at primary and secondary level, with referral to a tertiary level as necessary.

Declaration of Alma-Ata (1978):

- reflects and evolves from the economic conditions and socio-cultural and political characteristics of the country and its communities and is based on the application of the relevant results of social, biomedical and health services research and public health experience;
- addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly;
- includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation;
- maternal and child healthcare, including family planning; immunisation against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs;
- involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors;
- requires and promotes maximum community and individual self-reliance and participation in the planning, organisation, operation and control of primary healthcare, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate;
- should be sustained by integrated, functional and mutually supportive referral systems, leading to the progressive improvement of comprehensive healthcare for all, and giving priority to those most in need; and
- relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community (Mayers, 2010:11).

According to Schellack, Meyer and Gous (2011:560) patients are referred to district hospitals where there are a lot of local medical doctors and nurses whenever a patient's medical needs exceed the capacity of that particular clinic. The next levels of the referral chain, which are regional hospitals, employ specialists while tertiary hospitals are tasked with more advanced surgical services. Furthermore, letter referrals to secondary and tertiary levels of care are usually done for patients with non-urgent problems. The referral letter communicates reasons for referral works and acts as a permission slip to permit the patient easy access to treatment at secondary or tertiary service level. Thereafter the patients are immediately moved back to their lower level hospitals when the problem for which a patient was referred is solved or under control (Smith & Khutoane, 2009:64). A woman should initiate antenatal care as soon as pregnancy is diagnosed. Following the initial "classifying visit", low-risk women should then receive four follow-up antenatal visits in primary care, whereas higher-risk women should be referred to secondary or tertiary level of care (Kumar, 2012:548).

Orshan (2008:598) states that nurses play a key role in ensuring that the client in labour receives adequate support throughout the experience. The client may respond to pain with screaming or crying. Fatigue and exhaustion may further compound these feelings. As a result, the client may fear that she will completely lose control. The point is, it should not be forgotten that the pregnant woman is a patient and she should be treated with respect and dignity and care, and not be bullied while she is experiencing labour pains. The maternity ward is supposed to be a warm, caring and loving place where patients feel free and at home. The birth of a baby should be remembered as a happy and enriching experience. Labour can only be deemed to have been successfully conducted when these ideals are satisfied (Liu, 2007:1). Thomas (2009:135-136) states that patients feel the loneliness of hospitalisation. As a consequence of this feeling, females in the nursing profession are vulnerable to angry, envious, and destructive although perhaps largely unconscious, impulses of many others with whom they deal with the patients, as well as physicians and other colleagues. Service delivery of acknowledged excellence depends on well-educated and motivated staff (Jantjies, 2008:135). Figure 2.2 is sourced from Jantjies (2008), health for all models applied to maternity care in South Africa.

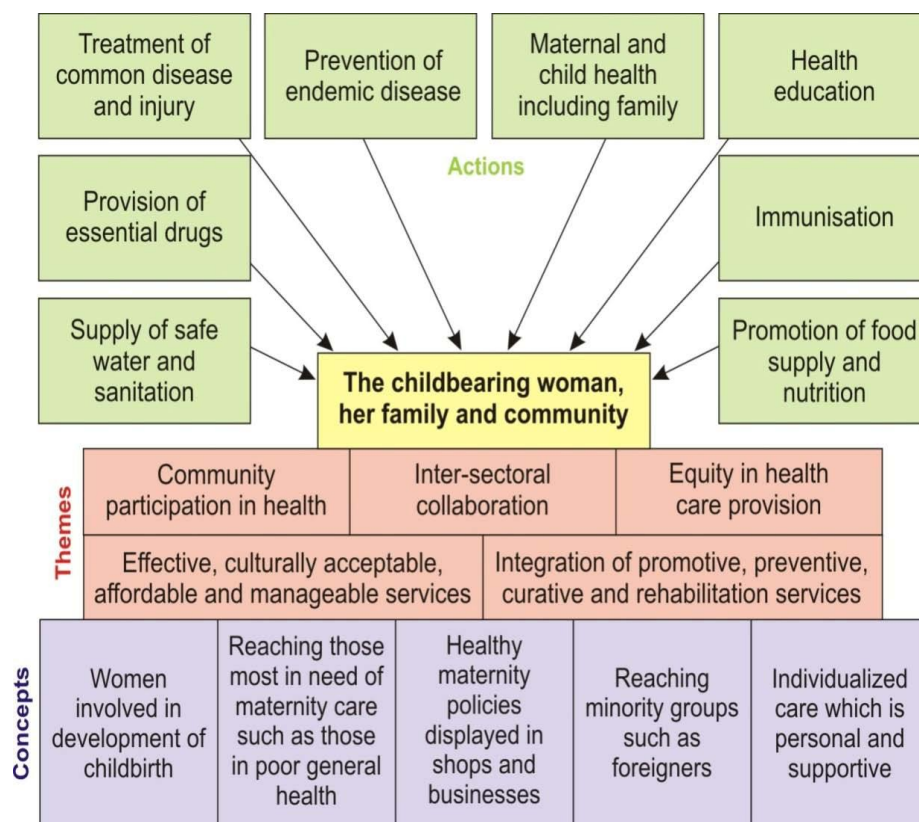


Figure 2.2: Health for all models applied to maternity care in South Africa

(Adapted from Jantjies, 2008:23)

2.11 THE CONDITIONS OF EFFECTIVE NURSING

The maternity unit is essential in a general hospital. The same unit in a teaching hospital is referred to as the Department of Obstetrics and Gynaecology. This unit or department should serve both in the physical set-up and in personnel to provide every care and comfort for the mother and her new-born. The maternity ward can easily be made attractive, comfortable and restful. The extent of the provision that should be made for institutional confinements is conditioned as:

- The number of women who should desire a hospital bed, if available;
- The number of women who ought on medical grounds to have a hospital delivery; and
- The length of stay in a hospital of normal cases (Basavanthappa, 2003:126).

Antenatal care, the great preventive branch of obstetrics, is the systematic medical supervision of women during pregnancy. Its aim is to preserve the physiological aspects of pregnancy and labour and to prevent or detect all the pathological conditions of pregnancy as early as possible. The ideal outcome of childbirth is a healthy mother in possession of a healthy child. The earlier in pregnancy a woman comes under medical supervision, the better, and it is ideal that such care be carried into the postpartum period for a reasonable length of time. In order to provide such adequate care of the expecting mother in a hospital, a properly organised department with medical and supplementary services must be available. The antenatal clinic should be situated, where feasible, on part of the ground floor or adjoining the maternity wing. The size of the clinic will be governed to some extent by the number of times the obstetrician will wish to see an expecting mother before delivery. The responsibilities of nurses in antenatal clinics include the setting up of examination rooms, preparation for pregnant women, for examination and care of supplies and equipment used during the clinic sessions. The nurses have to play a major role in the maternity unit. Their duties are to connect all nursing functions in the maternity clinics with those of the in-patient department. The in-patient facility of a maternity department will include an admitting room, labour and delivery room, equipment for anaesthesia, recovery room and postpartum wards. The roles and responsibility of nurses will include the overall management of the unit, that is the admitting clinic, preparing a mother for delivery, conducting delivery, taking care of the mother and new-born, providing postpartum services, and a number of activities related to mother and child (Basavanthappa, 2003:126-127). McKinney *et al.* (2012:19) say that standard of care courts have generally held that nurses' practices according to established standards and health agency policies, while these standards and policies do not have the vigour of law. Professional associations set standards of care and also describe the level of care that can be expected from practitioners.

2.12 THE EFFECTS OF POOR NURSING

Myburgh (2007:33) states that an individual projects his or her vulnerability into another person in order to attack it, which brings about a sense of triumph. Therefore, it may be part of the desire to triumph over her own anxieties about the loss of control or being overwhelmed that causes the nurse to project vulnerabilities into the patient, resulting in the necessary attack in order to overcome it. Nurses then treat patients harshly and strictly as they are expected to be irresponsible and that aspect of the patient needs to be eliminated.

Patients become symbolic of the “irresponsible” and negative aspects of the projected self and should therefore be controlled and punished, since the inability to control them would reflect an inability to control the fantasy situation within the nurse also.

It may be argued then that nurses experience the patient and the uncontrollable work environment as precursors to efforts to regain control and that these efforts may involve violence committed against patients (Myburgh, 2007:34). Violent behaviour towards patients was explained to be a reaction to provocation by patients or deliberate strategies to control or punish patients. It is clear that violence is the result of unprofessional behaviour (Myburgh, 2007:29). Unsatisfactory professional behaviour is any conduct that goes against the expected knowledge, skills or judgment possessed, or care exercised, by the nurse or midwife in the practice of nursing, or midwife of an equivalent level or training or experience. In addition, any other improper or unethical conduct relating to the practice of nursing or midwifery such as verbal or physical abuse of patients (Staunton & Chiarella, 2008:225).

Myburgh (2007:31) states that violence towards patients results partly from a social sanctioning of such behaviour. It is perceived that staff do not always see their verbal or physical abuse as an act of abusive behaviour. This behaviour was legitimised through a supposed agreement where staff believed it to be their duty to obtain compliance from pregnant women in order to ensure the delivery of a healthy baby. Failure of patients to comply was found to be a justification for refusing to provide help during birth. Hart (2010:257-258) is of the opinion that an important part of portraying correct professional behaviour is having a good relationship with your patients and clients, with warmth and empathy from the professional. In addition, nursing is a collaborative profession, and the greatest outcomes for patients and clients are achieved when staff works together effectively.

2.13 STANDARD OF CARE FOR WOMEN IN MATERNITY WARDS

Maternal health has a particularly close relationship with the right to the highest reasonable standard of health. This fundamental human right is recognised in the International Covenant on Economic, Social and Cultural Rights (ICESCR), as well as other international human rights treaties. The right to health includes entitlements to goods and services, including reproductive healthcare and information (Hunt & Mesquita, 2010:3).

Other rights

States have three primary obligations towards the right to health:

- **Respect:** The State must not interfere with the right to health, for example by adopting discriminatory policies or laws;
- **Protect:** The State must ensure that third parties (e.g. non-state actors) do not infringe on the enjoyment of the right to health;
- **Fulfil:** The State must take positive steps to realise the right to health, such as policy, legislative, budgetary and administrative measures (Hunt & De Mesquita, 2010:9).

These regulations mean that the State must take steps to ensure women have the right to use maternal healthcare and other relevant reproductive health services. This may require actions including increasing resources to the relevant services within the health sector, developing a policy and plan of action, developing more services and improving staffing ratios, addressing social, cultural and economic reasons why women do not have access to services (Hunt & De Mesquita, 2010:9).

Nurses' fundamental rights need to be respected and not exploited in the workplace (Dorse, 2008:1). However, the rights of patients also need to be respected. Odhiambo (2011) states that there were unnecessary suffering of patients in maternity wards due to nurses' mistreatment of patients and this has contributed to poor maternal health outcomes. The ill-treatment of women in the maternity wards drives women away from seeking care. Furthermore, the perceived abuse of patients by nurses can lead to morbidity and mortality that is very costly to the healthcare system. The maternity care failures and ineffective complaint mechanisms in the Eastern Cape undermine the right to a remedy, under national and international law. It contributes to violations of the right to life, health and freedom from cruel, inhuman, and humiliating treatment. The right to uphold the rights under international and regional human rights agreements are officially authorised by the Government and its provinces. South Africa is perceived to be a country that ignores the views of informed people who are aware of maternal healthcare problems, especially the maternity patients as targets (Odhiambo, 2011). Maternity wards should be an

environment of co-operation and harmony between nurses and patients, not a war zone where there is no peace of mind for either patient or nurses. Nurses should show compassion and love and respect their profession and turn away from any form of mistreating women.

2.13.1 Quality of health in the maternity ward

Nelson (2006:36) cited in Mokhondo (2010:21) states that one of the factors in a logistic regression analysis were associated with delayed attendance at antenatal care, economic factors, low education, age, poor quality of care, parity and the attitudes of staff toward patients. Zander (1982:249) cited in Mokhondo (2010:22) indicates that private general practitioners in antenatal care would address some of the other issues that are associated with late attendance at antenatal care, for example distances to the clinics and the associated transport costs, long waiting queues, poor relationships with healthcare workers.

2.14 THE RIGHT OF ACCESS TO HEALTHCARE

South Africa has four duties in relation to the right to access to healthcare services: to respect, protect, promote and fulfil that right. Respect implies that the State and its surrogates, including health professionals, must avoid doing anything that interferes, directly or indirectly, with the enjoyment of the right to health. Protect the human right to health implies taking steps to ensure that no third party interferes with a person's access to healthcare. Promoting human rights is a uniquely South African State obligation. Access to information enables patients to make informed decisions about their health. However, to adequately fulfil the right to health, the problem of resource constraints must be dealt with (London & Baldwin-Ragaven, 2006:22).

Penn-Kekena, McPake and Parkhurst (2007:31) state that the situation analysis of maternal health services in South Africa concluded that South Africa performs poorly for a middle-income country with a considerable health infrastructure, availability of staff, and free healthcare for pregnant women and high levels of utilisation of delivery of service. Nevertheless, there is a perception that nursing staff were de-motivated and over half considered leaving. The impact of insufficient pay, poor promotion projections, feeling unsupported by management and poor relationships with colleagues were all associated with lack of organisational commitment. The financial and non-financial factors influenced nurses' decisions about their work (Penn-Kekena, McPake & Parkhurst, 2007:31).

Despite nurses being demotivated this does not give them the right to ignore rules and regulations. Challenges that badly impact on nurses should be addressed so that patients are not hindered from having access to good healthcare because of nurses' problems.

The provision of healthcare to patients should be the first priority of every nurse, regardless of any circumstances. London and Baldwin-Ragaven (2006:22-23) state that the first democratic public policy announced by President Mandela in 1994 was the provision of free healthcare for children and pregnant women. Furthermore, the right to freedom and security of a person implies that health services should neither be sources of violence towards patients, nor permit violence to interfere with patients. There are still on-going reports on the bad attitude of nurses towards patients and that nurses do not comply with policy, such as verbal abuse of patients.

Human rights are a core element of professional obligations for healthcare workers. National and international bodies are increasingly recognising the importance of incorporating human rights into ethical and professional standards. Healthcare providers have obligations to ensure that they are not agents responsible for the violations of human rights, and can act positively to promote and fulfil human rights (London & Baldwin-Ragaven, 2006:24). According to Tlebere *et al.* (2007:346) there are some women who reported homebirth and that the bad attitudes of nurses were the cause of them not attending a hospital or clinic for delivery. The bad attitudes of nurses towards patients could lead to patients being deprived of one of their human rights – good healthcare.

According to Dierckx de Casterle *et al.* (2008:541) heavy workloads, insufficient time, organisational and financial restrictions, and staffing problems frequently make it difficult for nurses to make ethically-based decisions in their practice. However, that is not an excuse for mistreatment of patients. Nurses' problems cannot impact on the care of patients. In past years nurses used to earn a minimal income, yet delivered good service to patients and there were no complaints of mistreatment. They worked very hard, long hours but always performed their duties in an acceptable manner. In recent years bad treatment and abuse of patients has become the norm and in maternity labour wards the undignified manner in which patients are treated appears to be an acceptable state of affairs.

Patients need love, respect and care. Healthcare team members and patients should be mutually respectful and treated equally. This means that each person in the team must be treated equally, valuing each person's participation and contribution, and ensuring that they have the opportunity to fulfil their potential (Hart, 2010:258). When patients receive love and care from nurses, patients are more likely to support the fight for rights of nurses and improved working conditions.

2.15 PATIENT OBSERVATIONS

2.15.1 Issues concerning nursing staff

Van Driel (2005:59-60) makes a statement that patients perceive nurses to be just personnel that look neat and presentable in their uniforms. However, some patients feel that nurses are friendly and efficient, while some patients perceived nurses as being rude and unfriendly in their dealings with patients, especially those nurses who work night shift. Further complaints were about personnel who do not respond immediately to the needs of patients, even when patients expressed discomfort. This poor service could be attributed to one of two things. First, that only one professional nurse is on duty and is responsible for two or more wards. Secondly, that agency staff are being used to supplement the staff shortage. Many of the agency staff have more than one job and it often happens that they are employed by nursing agencies on days/nights when they are on their rest days from their permanent jobs. This results in a tired person being on duty and thus they are less alert and less responsive to the needs of patients.

Under these circumstances, tiredness from dual employment might possibly cause harm to patients. It is a problem to be short-staffed in a maternity hospital but that should not be a burden and blame to be carried by patients. A nurse's duties should be carried out and fulfilled, and problems solved without patients being prejudiced by a nurse's shortcomings. Eliasson, Kainz and Von Post (2008:501) emphasise that midwives are members of a profession, and by choosing this profession it indicates that a midwife wishes to be of service to people. Midwives are required to be professional and possess the understanding and competence required of the profession. Midwives are governed by a code of ethics which emphasise the protection of a patient's dignity, alleviation of suffering and creation of a good feeling for the patient because a nurse is there.

2.15.2 An intolerable act of midwives

Several mothers believed that midwives did not give their bodies the attention they deserved. Furthermore, they perceived that the treatment was performed in an unethical and nonchalant manner, there was a perception that midwives did not care and that they were damaging their bodies. In addition, patients perceived midwives as people who did not take responsibility to ensure that treatment was carried out in a proper and correct manner. Midwives also denied mothers the right to proper treatment when they felt the mothers did not do as they should to prevent harm coming to the mother's body. Due to the unprofessional and nonchalant approach of midwives, there was an increase to the mother's suffering during the birth (Eliasson, Kainz & Von Post, 2008:505-506).

2.15.3 A blame on mothers by midwives

Goethals, Gastmans and de Casterle (2010:635) state that the healthcare system requires nurses with strong medical technical competencies and the capability to focus on the ethical dimension of care. For nurses to deal with the ethical dimension of care in practice is extremely difficult. Frequently nurses cannot act according to their own personal morals and norms. This causes internal moral distress, which has a negative impact on the nurses and patients. Nurses require knowledge that not only builds their science, but that can enlighten their art, morality, and self-knowledge (Fulton, Lyon & Goudreau, 2010:32). Furthermore, an elimination of possible unethical conduct of nurses towards patients may be possible when nurses regain the knowledge that informs their art and morality.

2.16 PATIENT SAFETY

By the very nature of their profession, nurses are engaged in close physical contact with patients. Some of the procedures performed by nursing staff pose risks to patients should the procedures be performed without due care and skill (Johnstone, 2009:58). The idea of good and bad, right and wrong are products of different moral orders. Tlebere *et al.* (2007:347-348) say that several studies in South Africa have highlighted poor interpersonal treatment in maternity services. However, it is recognised in reports that the system needs to address the underlying workload and other stressors facing South African health providers that contribute to the poor interpersonal treatment of women and families.

2.16.1 Characteristics of patient safety

Patient safety is concerned primarily with the avoidance, prevention and amelioration of unfavourable outcomes or injuries stemming from healthcare itself. It should address events that span the continuum from 'errors' and 'deviations' to accidents. Safety emerges from the interaction of the mechanism of the system. It is more than the deficiency of adverse outcomes and it is more than prevention of identifiable 'preventable' errors or incidences. Safety does not dwell in a human being, device or department. Improving security depends on learning how safety happens from the interaction of components. Patient safety is related to 'quality of care', but the two philosophies are not synonymous. Safety is rather an essential subset of quality. To date, activities to control quality have not focused adequately on patient safety issues (O'Neill, 2008:6).

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY FOR ETHICAL CONDUCT OF EMPLOYEES IN MATERNITY WARDS AT SELECTED PUBLIC HOSPITALS IN THE WESTERN CAPE PROVINCE

3.1 INTRODUCTION

Research design and methodology is crucial since no research project can be conducted without a strategic plan of action. This research study was intended to analyse the ethical conduct of nurses in the maternity wards in selected maternity hospitals in the Western Cape Province, South Africa. The methodology used in this study was quantitative and data interpreted by statistical analysis. The measurement instrument used was a Likert scale questionnaire. The multiple choice answers offered were strongly agree, agree, disagree, and strongly disagree, with values coded from 1 to 4. The study discusses the close-ended questions for data collection. Population and sampling, as well as procedure for data collection, are discussed. The chapter further provides the validity and reliability as well as the data analysis of the study.

3.2 RESEARCH DESIGN

The research design signifies the design that is used to conduct a research study. Henn, Weinstein and Foard (2009:49) indicated research design is a plan of strategy of shaping the research. Mouton (2009:55) supports Henn, Weinstein and Foard by defining the research design as a plan or outline of how you intend conducting the research. The design for data collection was a quantitative approach and the results will be quantified. Quantitative research design is further discussed below.

3.2.1 Quantitative research

Quantitative research was the method used to analyse the ethical conduct of nurses towards patients in the MOUs. Blanche, Durrheim and Painter (2006:563) state that quantitative research is a research in which data are collected or coded into numerical forms and to which statistical analyses may be applied to establish significance of the results. In this regard Dunn (2010:429) argues that quantitative research is a category of research that is numerically-oriented. Data was collected and coded and the results were statistically analysed. The quantitative method allows a researcher to speedily generate data.

3.3 RESEARCH METHODOLOGY

Research methodology can be identified as an orderly, organised and correct execution of the plan. Illustrated below are the methodologies that were deemed appropriate to this study.

3.3.1 Population of the research

Vanderstoep and Johnston (2009:26) state that a population is the universe of people for which the study could be generalised. For this study the population includes post-natal patients and nurses in the Midwife Obstetrics Units (MOU) the Western Cape, South Africa. There are several MOUs in the Western Cape Province and the case study focused on the two MOUs of Gugulethu and Michael Mapongwana hospitals in Cape Town. The population contained both nurses and post-natal patients in the MOUs. The total of the target population of the study was 311 nurses and post-natal patients in Gugulethu and Michael Mapongwana MOUs.

3.3.2 Sample size

Sample is the segment of the population selected for the study (Bryman & Bell, 2011:176). The sample frame is based on nurses and post-natal patients in two geographical locations: Michael Mapongwana and Gugulethu MOUs in Cape Town in the Western Cape Province. The two MOUs were identified in the Western Cape due to time and financial constraints. The study incorporated data collection from all the post-natal patients who gave birth from January to March 2013 in each selected MOU. A total of 158 questionnaires were distributed to patients who gave birth and nurses in Michael Mapongwana, while 153 questionnaires were distributed to Gugulethu MOU. The total sample of both MOUs was 178 participants. In Michael Mapongwana MOU six 86 completed questionnaires were collected from post-natal patients and nurses, and in Gugulethu MOU 92 completed questionnaires were collected.

Table 3.1 below indicates population and sample numbers of patients and nurses in both Michael Mapongwana and Gugulethu MOUs.

Table 3.1: Population and sample of post-natal patients and nurses in GG and MM MOUs

MOUs	PARTICIPANTS	WEEKS OF DATA COLLECTION	DATES	DISTRIBUTED QUESTIONNAIRES	COMPLETED QUESTIONNAIRES	UNCOMPLETED QUESTIONNAIRES
GG	Post-natal	1 st	15 Jan – 18 Jan13	13	12	1
MM	Nurses	2 nd	23 January 2013	28	-	-
GG	Nurses	2 nd	23 January 2013	31	-	-
MM	Post-natal	1 st	22 Jan – 25 Jan 13	40	17	23
GG	Post-natal	2 nd	21 Jan – 25 Jan 13	30	21	9
MM	Post-natal	2 nd	28 Jan – 01 Feb 13	25	21	4
GG	Post-natal	3 rd	28 Jan – 01 Feb 13	24	16	8
MM	Post-natal	3 rd	18 Feb – 22 Feb 13	30	23	7
GG	Post-natal	4 th	18 Feb – 22 Feb 13	35	18	17
MM	Post-natal	4 th	25 Feb - 01 Mar 13	35	14	21
GG	Nurses	5 th	25 February 2013		17	14
MM	Nurses	5 th	26 February 2013		11	17
GG	Post-natal	5 th	25 Feb - 01 Mar 13	20	8	12
TOTAL		4/5 weeks		311	178	133

3.4 PROCEDURE FOR DATA COLLECTION

The above table (table 3.1) shows the population and sample of post-natal patients and nurses in both selected MOUs. The researcher distributed questionnaires to post-natal patients in Gugulethu MOU on the 15th January until the 18th January 2013, which was the first week of data collection and out of 13 questionnaires was received back 12. On the 23rd January the questionnaires were distributed to nurses in both selected MOUs and from MM were collected on the 25th February 2013, while from Gugulethu were collected on the 26th February 2013. Questionnaires received from nurses in Gugulethu totalled 17, while 11 were received back from Michael Mapongwana MOU. The first week of data collection from post-natal patients in Michael Mapongwana was from the 22nd January until the 25th January 2013. Of these 40 questionnaires, 17 were completed.

The second week of distribution of questionnaires for post-natal patients in Gugulethu MOU was from the 21st January to 25th January 2013 and out of 30 questionnaires, 21 was returned complete. 28th January to the 1st February 2013 was the second week of post-natal patient data collection in MM MOU and out of 25 questionnaires, 21 were received back. Furthermore, for the third time in Gugulethu MOU the same dates as MM, out of 24 questionnaires 16 were completed. The third week for data collection from post-natal patients in MM was from the 18th February to 22nd February 2013 and out of 30 questionnaires 23 were completed by respondents. However, in the same dates but the fourth week for Gugulethu MOU out of 35 respondents only 18 returned completed questionnaires. From the 25th February to the 1st March 2013 was the fourth round of data collection from the post-natal patients in MM and out of 35 questionnaires 14 were completed and received back. In the fifth week of post-natal patient data collection in Gugulethu MOU, out of 20 questionnaires only 8 were completed. For data to be fully collected in Michael Mapongwana it took four weeks, while in Gugulethu MOU it took five weeks.

Due to small number of post-natal patients in the first week of collecting data in Gugulethu MOU, the researcher decided to collect data in both MOUs on the same day, spending time at both MOUs each day. Starting on the 21st January the data collection from both maternity labour wards started. The aforementioned figures provide a round figure sample of 178 consisting post-natal patients and nurses in both selected maternity wards. 133 questionnaires were not completed from nurses and post-natal patients. It was discovered that some patients would be giving birth naturally and at a later stage after examinations would be transferred to other hospital due to health complications. In such situations some of the patients were not able to participate in the study. Also, other patients and nurses who were not interested in taking part in the study returned their questionnaires unanswered and some respondents did not complete their questionnaires in full. The above situation influenced the process of getting more nurses and post-natal patients from the two selected MOUs to take part in the study.

The researcher engaged with the Department of Health and was granted permission to conduct the research study. The DOH acceptance letter appears in Appendix I. This study focused on the ethical conduct of nurses towards women attending MOUs to deliver their babies, from arrival until time of being discharged.

3.5 TYPES OF SAMPLING

Sampling comprises both probability and non-probability sampling. A brief description of probability sampling is given, although this study employed non-probability sampling.

3.5.1 Probability sampling

Probability sampling is a method where there is probability that a participant will be selected for inclusion in the sample known (Evans & Rooney, 2011:126). Through the use of probability sampling, it is possible for the researcher to obtain exact results from the relevant known sample. According to Daniel (2012:126) there are four major types of probability sample design, being Simple random sampling, systematic sampling, stratified random sampling and cluster sampling.

3.5.2 Non-probability sampling

Blanche, Durrheim and Painter (2006:139) maintain that non-probability sampling is publicised as the preferred method since it allows generality of population. Non-probability sampling refers to any category of sampling where the selection of element is not determined by statistical principle of uncertainty. The study used the non-probability sampling method. According to Polit & Bech (2014:196) the principal types of nonprobability where elements are selected by non-random methods are convenience, quota, consecutive, and purposive sampling. However the study used a sample that is more commonly used in clinical research. This sample technique is consecutive sampling which is described hereunder.

3.5.2.1 Consecutive Sampling

Consecutive sampling is a nonprobability sampling method that involves taking all of the people from an accessible population who meet the eligibility criteria over a specific time interval, or for a specified sample size (Polit & Bech 2014:196). Consecutive sampling is an approach where each member of a population will be selected to participate in the study. In this study consecutive sampling was used to gather data from individuals in both Michael Mapongwana and Gugulethu MOUs during a specific period of time. Consecutive sampling ensures that each member of the population is equivalent to be part of the sample. Data validity and reliability is discussed hereunder.

3.6 DATA VALIDITY AND RELIABILITY

Significantly, any measurement practice requires validity to ensure the methods employed have captured the data that addresses the research questions. Crowther and Lancaster (2009:87) maintain that validity is the extent to which data collection or measurement technique measures what it is supposed to measure, whereas Kaplan and Saccuzzo (2009:135) look at validity as an agreement between a test score or measure and the quality it is believed to measure. Completed questionnaires were perused by the supervisor to ensure validity. The results from completed questionnaires were reviewed multiple times to eliminate any chance of error. Uncompleted questionnaires were removed and considered as spoilt papers.

Furthermore, measurement practices require both validity and reliability. Reliability refers to the constancy, stability, and repeatability of a data collection instrument. A reliable instrument does not respond to chance factors or environmental conditions. It will have consistent results if repeated over time on the same person or if used by two different investigators (Wood & Ross-Kerr, 2011:209). Moreover, Meier (2008:43) indicates that reliability is an agreement between tests under maximally similar conditions. Statistical data processing and analysis was employed in this study in order to establish data validity and reliability following Woods and Ross-Kerr articulation. A CPUT statistician used SPSS version 21 software to ensure reliability of the data collected. The method of data collection is discussed below.

3.7 METHOD OF DATA COLLECTION

Structured questionnaires were used as the data collection method for this study. Pathak, (2008:111) identifies a structured questionnaire as one which contains definite, concrete and pre-coordinated questions, with additional questions limited to those necessary to classify inadequate answers to elicit a more detailed response. A structured questionnaire may consist of closed-ended and open-ended questions. For this study a structured questionnaire containing closed-ended questions was used. Babbie (2010: 256) holds a view that this survey type is popular and it provides a greater uniformity of responses, which are more easily processed than open-ended questions. Jackson (2011:110) argues that closed-ended questions are questions for which participants choose from a limited number of alternatives. This type of questionnaire provides a greater uniformity of responses and is more easily processed than open-ended questions.

This study selected to use closed-ended questions contained in a Likert scale questionnaire, aimed at obtaining sufficient relevant information from the participants without causing them any inconvenience. Maintaining time management in terms of not causing inconvenience to nurses on duty is the first priority. The closed-ended questions for this study consisted of 15 statements for patients, excluding the demographic data questions, and 18 statements for nurses, also excluding demographic data questions. Dornyei and Taguchi (2010:3-4) state that questionnaires are any written instruments that present respondents with a series of questions or statements to which they are to react, either by writing out their answer or selecting from among existing answer choices. Pathak (2008:110) is of the opinion that a questionnaire is a set of stimuli to which illiterate people are exposed in order to observe their verbal behaviour under social stimuli.

The questionnaire for nurses may be seen in Appendix C and the questionnaire for post-natal patients is Appendix E. Questionnaires were self-administered from January to March 2013 to nurses and patients in two selected MOUs, Michael Mapongwana and Gugulethu.

Both nurses (Appendix B) and patients (Appendix D) were required to sign a consent form before participating in the study. The questionnaires were in English; however, the questionnaires were interpreted in Xhosa for participants who did not understand English. The questionnaires were structured in a simple manner to accommodate all education levels of the respondents, including the uneducated. Being self-administered, this allowed the researcher to obtain meaningful responses from patients as they were able to ask questions. Babbie (2010:270) introduces the three main methods of administering questionnaires such as: self-administered questionnaires, in which respondents are asked to complete the questionnaires themselves; surveys administered by interviewers in face-to-face encounters; and surveys conducted by telephone. Self-administration provided one on one communication and also further provided the researcher an opportunity to give clarity as needed. An administered questionnaire was a flexible method to gather data.

3.8 MEASURING INSTRUMENT

The measurement scale for questionnaire was a Likert scale. The respondents had options to select from multiple-choice answers. The questionnaires were coded numerically with Likert scale values:

- Strongly agree 1
- Agree 2

- Disagree 3
- Strongly disagree 4

The strength of the Likert scale was that it made it possible for patients to answer without making them write much while not feeling well after giving birth. Furthermore, Likert scale questionnaires also lessened inconvenience for nurses whilst on duty and taking care of patients. Participants were able to choose from multiple-choice answers as how best to express their response. Likert scale questionnaires provide greater uniformity. However, respondents are limited to express their views in writing. The most important advantages of Likert scale questionnaires are discussed below.

3.8.1 Advantages of Likert-type scale

The Likert scale is reviewed as a sustainable measurement to be used to retrieve applicable information given by response (Kothari, 2004:86). A true Likert scale is used to calculate an average index score for those who agree, disagree, strongly agree or strongly disagree with each of the individual statements (Babbie, 2012:186). Furthermore, a Likert-type scale questionnaire is regarded as reliable because respondents respond to each statement that is included in the instrument. As such, it provides more information and data than the Thurstone-type scale. Likert-type scale takes much less time to construct; it is frequently used by the students of opinion research. Moreover, it has been reported in various research studies that there is high degree of correlation between Likert-type scale and Thurstone-type scale (Kothari, 2004:86).

The Thurstone scale is a type of composite measure, constructed in accordance with the weights assigned by judges to various indicators of several variables (Babbie, 2012:185). Though the Likert-scale has some limitations it does consider illiterate respondents and reduces any constraints in time while helping with time management. The Likert scale allowed each patient, regardless of their educational level, to be able to be included in the study due to its simplicity.

The information obtained from participants was then analysed using the SPSS version 21 software package. The data analysis is discussed hereunder.

3.9 DATA ANALYSIS

The (SPSS version 21) statistical software was used for all analysis. The questionnaires were structured and coded numerically. Data was obtained from self-administered questionnaires to nurses and patients in two selected MOU labour wards, being Michael Mapongwana and Gugulethu Midwife Obstetrics Units. A total number of 11 completed questionnaires were collected from 86 distributed to nurses and post-natal patients in Michael Mapongwana. From Gugulethu 75 completed questionnaires were collected from 92 which were distributed. A total of 178 completed questionnaires were collected from nurses and post-natal patients in both MM and GG MOUs.

Data was encoded and statistically analysed in collaboration with a registered CPUT statistician. The results were presented in charts and tables.

CHAPTER 4

SURVEY RESULTS, DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

This chapter discusses analysis of data collected from two selected Midwife Obstetrics Units at Michael Mapongwana and Gugulethu hospitals. The questionnaires were distributed amongst selected patients and nurses in both MOU's. The objectives were to analyse ethical conduct of nurses in MOUs and to assess if nurses adhere to ethical conduct when dealing with patients. Furthermore, the aim was also to determine the perceptions of patients of nurses' conduct towards patients during the child birth stage at the MOU labour wards. These objectives provided guidelines on how to structure the questionnaire.

Statistical software (SPSS version 21) was used to analyse the data as well as MS Excel and the results are given in this chapter. Survey data for nurses and survey data for patients were analysed and interpreted.

4.2 SURVEY DEMOGRAPHICS

The information obtained from nurses in this study included information on occupation, gender, language and years of experience in the labour wards of both selected MOUs. Demographic data of post-natal patients from both selected MOUs include information on marital status, language, number of births and age.

4.2.1 Survey demographic data for nurses

Figure 4.1: Gender distribution of nurses in Michael Mapongwana MOU

The MM MOU results indicated that all nurses were female.

Gender

■ Female ■ Male

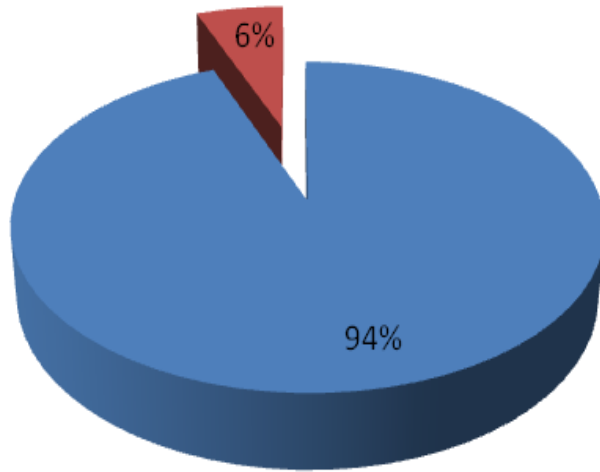


Figure 4.2: Gender distribution of nurses in Gugulethu MOU

The GG MOU ward results indicated that nurses were 17 that took part in the study. Furthermore, out of 17 respondents 16 were female nurses and 1 male a nurse.

Language

■ English ■ isiXhosa ■ Other

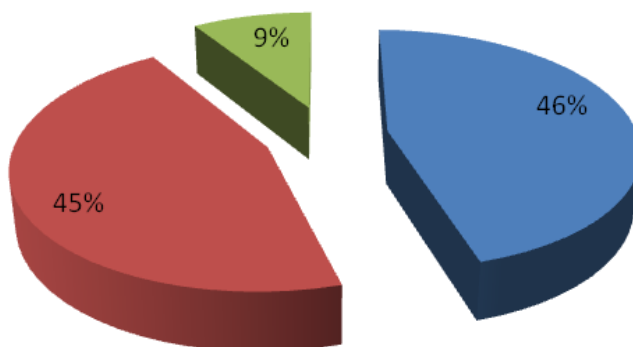


Figure 4.3: Language distribution of nurses in Michael Mapongwana MOU

The dominant languages spoken in Michael Mapongwana MOU were English and Xhosa. Out of 11 respondent nurses 5 were English-speaking and also 5 Xhosa-speaking. Only 1 respondent spoke another language.

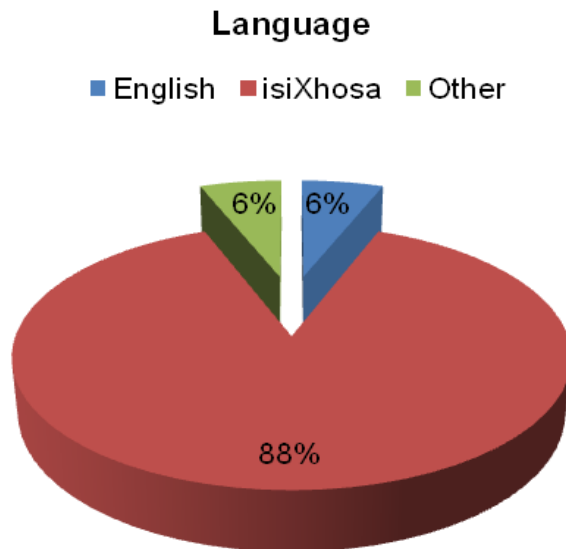


Figure 4.4: Language distribution of nurses in Gugulethu MOU

Gugulethu MOU respondent nurses mostly spoke Xhosa. There were 15 Xhosa respondents out of 17 nurses, while 1 respondent was an English speaker and 1 respondent spoke another language.

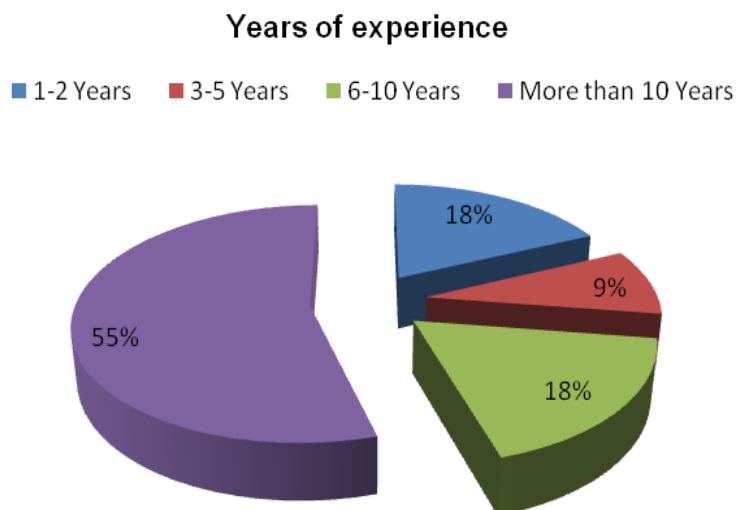


Figure 4.5: Years of experience for nurses in Michael Mapongwana MOU

Out of 11 respondents 2 student nurses stated that their years of work experience was 1-2 years, 1 respondent indicated 3-5 years of work experience, 2 respondents stated 6-10 years of work experience and 6 nurses indicated that they have more than 10 years working experience. These results indicate that most nurses were fairly experienced.

Years of experience

■ 1-2 Years ■ 3-5 Years ■ 6-10 Years ■ More than 10 Years

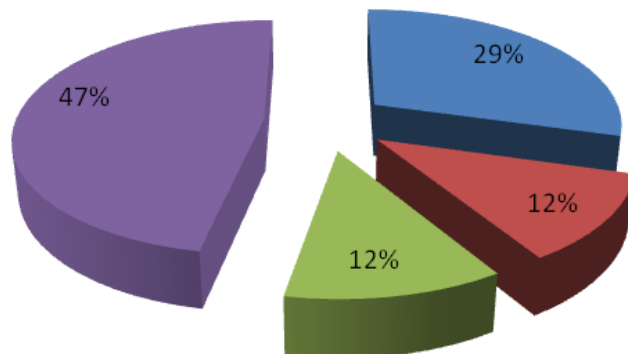


Figure 4.6: Years of experience for nurses in Gugulethu MOU

In Gugulethu MOU out of 17 respondents 5 nurses, including a student nurse, indicated 1-2 years working experience. Only 2 respondents stated 3-5 years of working experience and other 2 nurses indicated 6-10 years of working experience. The majority of nurses (8) indicated they had more than 10 years working experience. These results indicate that most nurses are experienced.

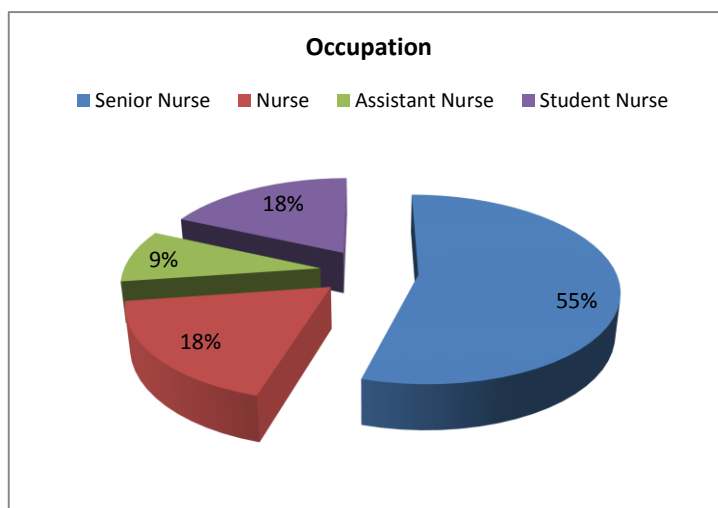


Figure 4.7: Occupation distribution of nurses in Michael Mapongwana MOU

The Michael Mapongwana results showed that out of 11 nurse respondents 6 were senior nurses, 2 were nurses, 1 respondent was an assistant nurse and 2 respondents were student nurses.

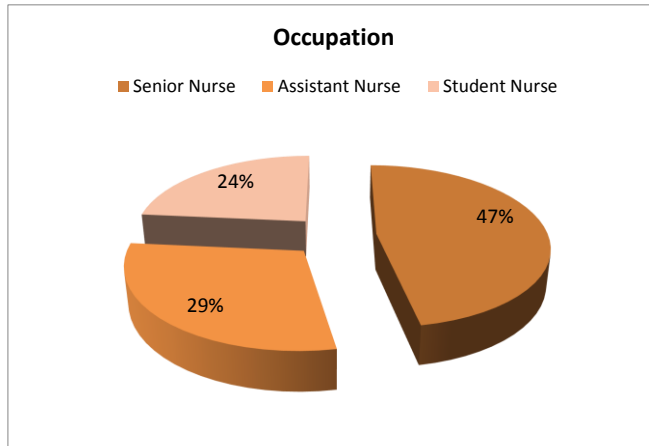


Figure 4.8: Occupation distribution of nurses in Gugulethu MOU

In Gugulethu MOU results indicated that out of 17 nurse respondents 8 were senior nurses, 5 were assistant nurses and 4 were student nurses.

4.2.2 Survey demographic data for patients

There was a higher number of post-natal patient respondents than nurses, so percentage values are reflected, not numerical. There was a total of 150 post-natal patient respondents, 75 each from Michael Mapongwana and Gugulethu MOUs.

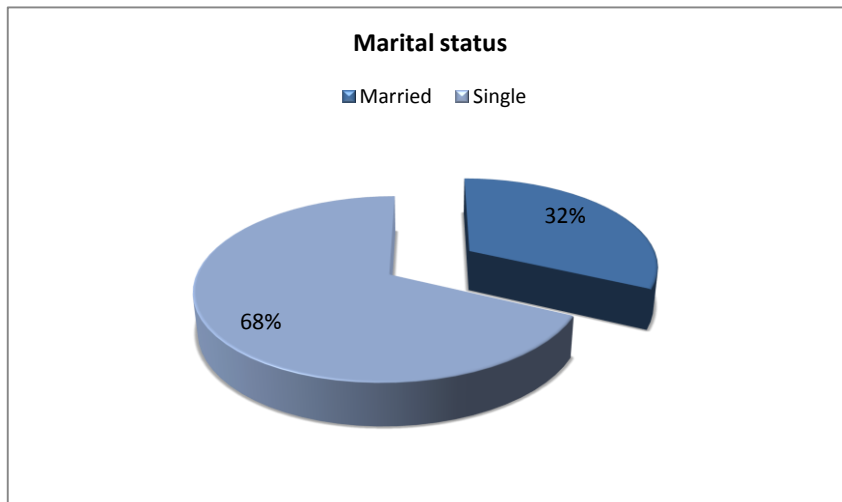


Figure 4.9: Marital status for Michael Mapongwana MOU patients

In Michael Mapongwana MOU 32% of patient respondents were married and 68% were single.

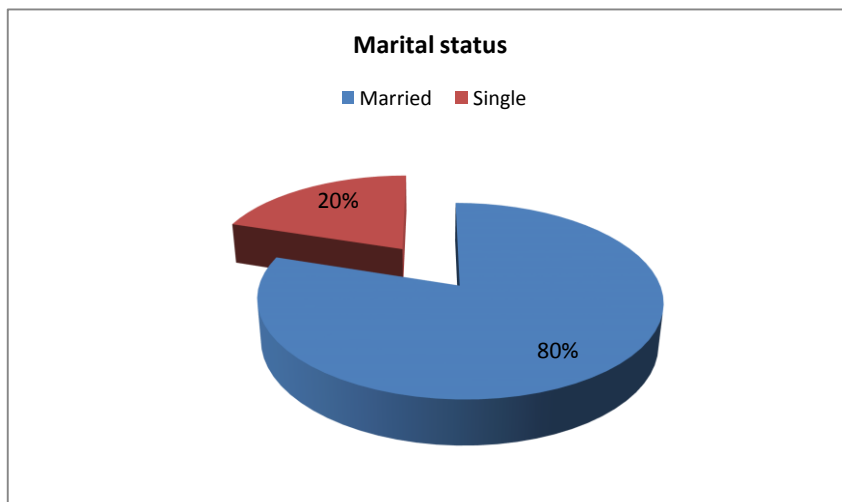


Figure 4.10: Marital status for Gugulethu MOU patients

Only 20% post-natal patient respondents from the GG MOU were married and an overwhelming majority of 80% respondents were single.

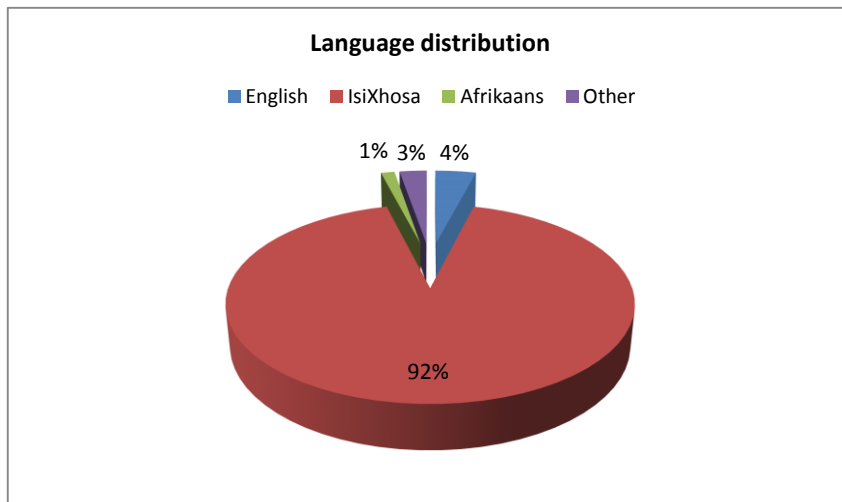


Figure 4.11: Language distribution for Michael Mapongwana MOU patients

Figure 4.11 indicates that the home language of the vast majority of respondents (92%) was Xhosa. 4% were English-speaking, while 3% spoke other languages and only 1% spoke Afrikaans.

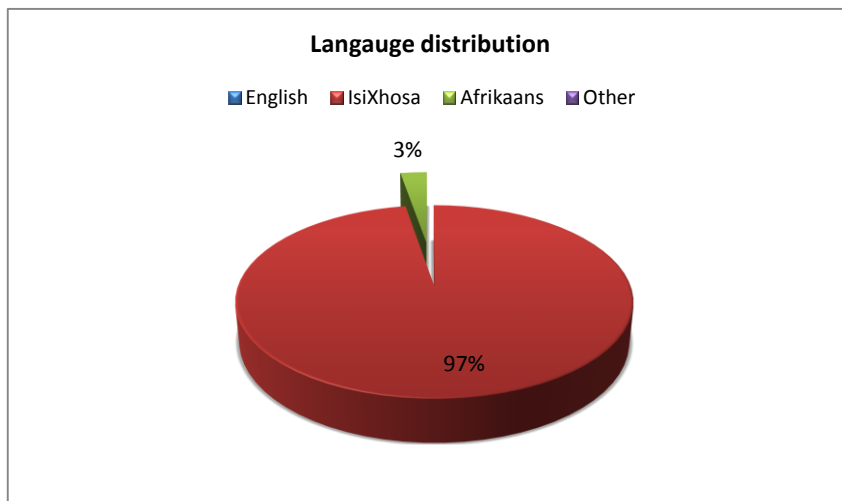


Figure 4.12: Language distribution for Gugulethu MOU patients

Results depicted in figure 4.12 from Gugulethu MOU show that 97% were Xhosa-speaking, while only 3% spoke other languages.

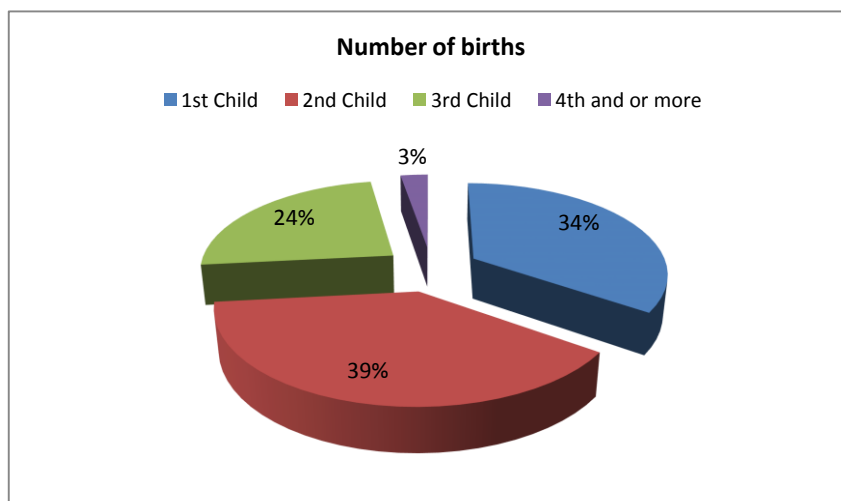


Figure 4.13: Number of births Michael Mapongwana MOU patients

The results from MM MOU showed 34% of patients were first-time mothers, for 39% of patients this was their second child, 24% respondents were giving birth for the third time and 3% of respondents gave birth for the fourth time.

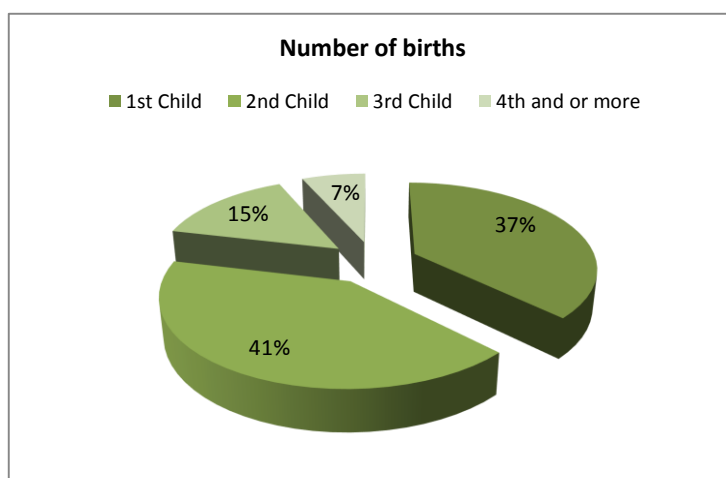


Figure 4.14: Number of births Gugulethu MOU patients

The Gugulethu MOU results indicated that 37% of respondents were first time mothers, a majority of 41% of patients were giving birth for the second time, 15% of respondents were giving birth for the third time and only 7% of respondents were giving birth for the fourth or more times.

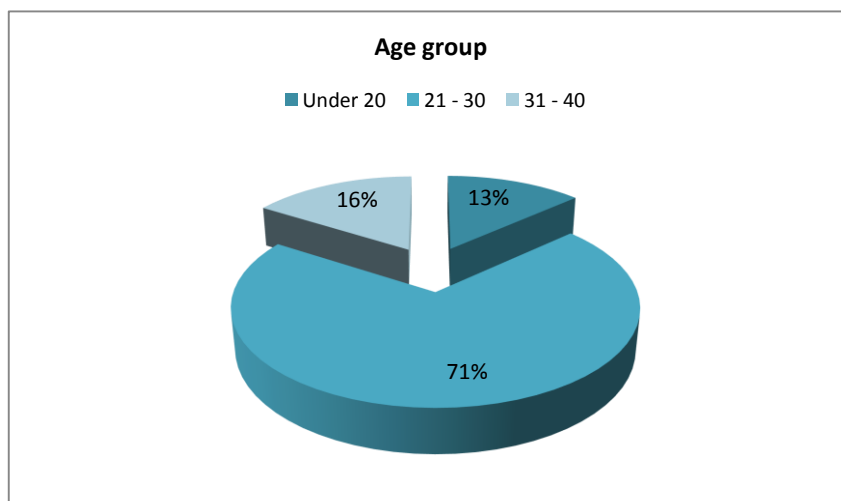


Figure 4.15: Age groups of Michael Mapongwana MOU patients

Figure 4.15 indicates that 13% of patient respondent were 20 years and younger, 71% respondents were between the age of 21 to 30 years old and 16% of respondents ranged from 31 to 40 years of age.

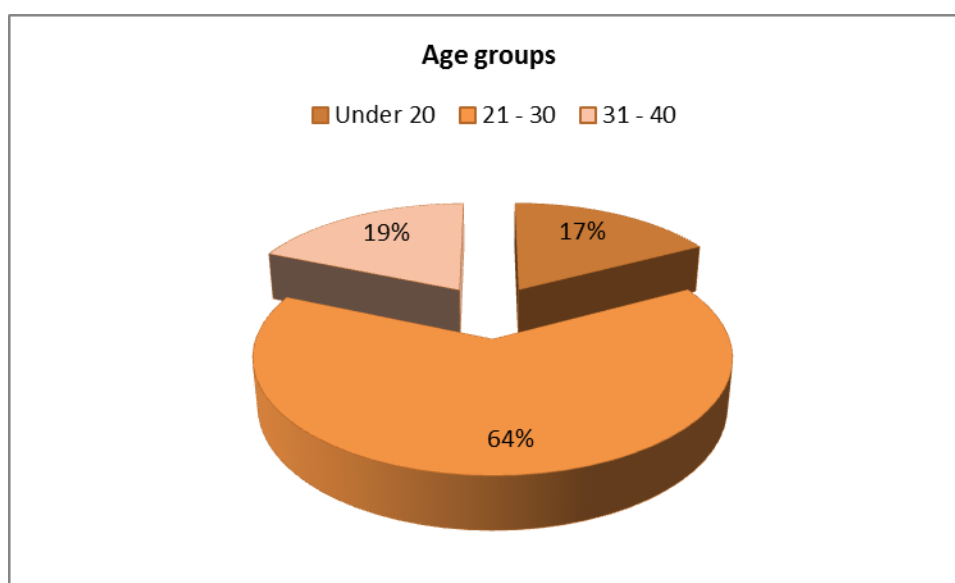


Figure 4.16: Age groups of Gugulethu MOU patients

The results in figure 4.16 indicate that 17% respondents were 20 years and younger, the majority of respondents (64%) were between 21 and 30 years of age and 19% of respondents were between 31 to 40 years of age.

4.3 DATA ANALYSIS AND INTERPRETATION

Data may be described as facts and statistics collected for reference or analysis. The interpretation of data is the process through which conclusions are drawn about the data obtainable for analysis (Sharma, 2011).

The following section analyses and interprets data collected from nurse who participated in the study.

4.3.1 Data analysis and interpretation for nurses

NURSE STATEMENT 1:

I always safeguard the patient's interest during labour.

Table 4.1: I always safeguard the patient's interest during labour

			Hospital Name		Total
			MM	GG	
Q1	Strongly Agree	Count	8	13	21
		%	72.7%	76.5%	75.0%
	Agree	Count	3	4	7
		%	27.3%	23.5%	25.0%
Total		Count	11	17	28
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.1

In Michael Mapongwana MOU 8 nurses strongly agreed out of 11 respondents and 3 nurses out of 11 respondents agreed with the statement. In Gugulethu MOU 13 nurses strongly agreed out of 17 participants and 4 nurses agreed out of 17 participants.

Interpretation

The results in Michael Mapongwana MOU signified that all respondents are of the opinion that they always safeguard patients' interest during labour. All the nurses in Gugulethu MOU are also of the opinion that they safeguard the patients' interests during labour.

NURSE STATEMENT 2:

Explaining the birth route to a patient before undergoing her caesarean or natural birth route is not necessary.

Table 4.2: Explaining the birth route to a patient before undergoing her caesarean or natural birth route, is not necessary

			Hospital Name		Total
			MM	GG	
Q2	Strongly Agree	Count	0	5	5
		%	0.0%	29.4%	17.9%
	Agree	Count	2	4	6
		%	18.2%	23.5%	21.4%
	Disagree	Count	2	0	2
		%	18.2%	0.0%	7.1%
	Strongly Disagree	Count	7	8	15
		%	63.6%	47.1%	53.6%
Total		Count	11	17	28
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.2

Out of the 11 nurses from Michael Mapongwana maternity ward only 2 agreed while the other 2 disagreed and 7 strongly disagreed. In Gugulethu MOU out of 17 nurses 5 strongly agreed, 4 agreed and 8 strongly disagreed with abovementioned statement.

Interpretation

A significant majority of respondents in Michael Mapongwana MOU indicated that nurses perceived themselves as making it a necessity and their duty to ensure that they explain the birth route to patients. Only a few nurses were not in support of the opinion. Some nurses in Gugulethu MOU also perceived that they believed that it was necessary to explain the birth route to a patient. However, most nurses were of the opinion that it was not necessary to explain the birth route to patient before undergoing Caesarean or natural birth route. This statement implies that there is a misunderstanding concerning what patients should be told and not told. It is important for all nurses to be aware of the necessity of a patient's right to information concerning their lives. Patients need to be informed of their birth route because they have a right to information that has to do with their health and/or their body.

NURSE STATEMENT 3:

Being a nurse in the maternity labour ward was my first choice.

Table 4.3: Being a nurse in the MOU labour ward was my first choice

			Hospital Name		Total
			MM	GG	
Q3	Strongly Agree	Count	4	9	13
		%	36.4%	52.9%	46.4%
	Agree	Count	2	7	9
		%	18.2%	41.2%	32.1%
	Disagree	Count	3	1	4
		%	27.3%	5.9%	14.3%
	Strongly Disagree	Count	2	0	2
		%	18.2%	0.0%	7.1%
Total		Count	11	17	28
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.3

From 11 respondents Michael Mapongwana MOU 4 strongly agreed and 2 nurses agreed, while 3 nurses disagreed and 2 strongly disagreed. In the Gugulethu MOU from 17 respondents 9 nurses strongly agreed, 7 agreed and 1 disagreed with the above statement.

Interpretation

The majority numbers of nurses at MM are of the opinion that being a nurse in the maternity ward was their first choice. However some nurses indicated otherwise concerning the aforesaid statement. Almost all nurses in the Gugulethu MOU were of the opinion that being a nurse in the labour ward was their first choice. Very few nurses were not in agreement with the statement.

NURSE STATEMENT 4:

I love being a maternity labour ward nurse.

Table 4.4: I love being an MOU labour ward nurse

			Hospital Name		Total
			MM	GG	
Q4	Strongly Agree	Count	6	12	18
		%	54.5%	70.6%	64.3%
	Agree	Count	5	5	10
		%	45.5%	29.4%	35.7%
Total		Count	11	17	28
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.4

From an overall number of 11 participants 6 nurses strongly agreed and 5 agreed in Michael Mapongwana MOU, while in Gugulethu MOU out of 17 respondents 12 nurses strongly agreed and 5 agreed with the statement.

Interpretation

All nurses from both MOUs are of the opinion that they love being an MOU nurse. Not one nurse indicated otherwise. All nurses perceived themselves to be providing the best service delivery in the two selected MOUs, given their positive indication of love to be a Midwife Obstetrics Unit nurse.

NURSE STATEMENT 5:

I work with care at all times.

Table 4.5: I work with care at all times.

			Hospital Name		Total
			MM	GG	
Q5	Strongly Agree	Count	7	10	17
		%	63.6%	58.8%	60.7%
	Agree	Count	4	7	11
		%	36.4%	41.2%	39.3%
Total		Count	11	17	28
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.5

Of the 11 nurses that responded from Michael Mapongwana MOU, 7 strongly agreed while 4 agreed with the statement. However, in Gugulethu MOU out of 17 participants 10 nurses strongly agreed and 7 agreed with the statement.

Interpretation

The nurses were of the opinion that work with care at all times. Results indicate that nurses are satisfied that they display care and ethical conduct towards patients in the labour wards.

NURSE STATEMENT 6:

My working conditions encourage me to work with care at all times.

Table 4.6: My working conditions encourage me to work with care at all times

			Hospital Name		Total
			MM	GG	
Q6	Strongly Agree	Count	3	10	13
		%	27.3%	58.8%	46.4%
	Agree	Count	4	5	9
		%	36.4%	29.4%	32.1%
	Disagree	Count	4	2	6
		%	36.4%	11.8%	21.4%
Total	Count	11	17	28	
	%	100.0%	100.0%	100.0%	

Descriptive analysis – Table 4.6

Out of 11 nurses the results indicated that 3 strongly agreed, 4 agreed and 4 disagreed in Michael Mapongwana MOU. In Gugulethu MOU out of 17 nurses the majority of 10 strongly agreed, 5 agreed and only 2 disagreed with the statement.

Interpretation

In Michael Mapongwana MOU a substantial number of nurses were of the opinion that working conditions encourage them to work with care at all times in the labour wards. However, some had a problem with working conditions. In Gugulethu MOU nurses some opinions' were that working conditions encourages them to work with care at all time in the labour ward, however few nurses indicated unsatisfactory working condition. These few "disagree" responses are a concern and could impact on best service delivery due to unsatisfactory working conditions. The negative comments might have a detrimental effect on how nurses continue to carry out their daily duties, such as not working up to the standard expected of them. Tlebere *et al.* (2007:347-348) say that several studies in South Africa have also highlighted poor interpersonal treatment in maternity services. However, reports recognize that the system needs to address the underlying workload and other stressors facing South African healthcare providers that contribute to the poor interpersonal treatment of women and families.

NURSE STATEMENT 7:

I adhere to the professional code of conduct in the maternity labour ward.

Table 4.7: I adhere to the professional code of conduct in the MOU labour ward

			Hospital Name		Total
			MM	GG	
Q7	Strongly Agree	Count	5	14	19
		%	45.5%	82.4%	67.9%
	Agree	Count	6	3	9
		%	54.5%	17.6%	32.1%
Total		Count	11	17	28
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.7

All 11 respondents from MM MOU agreed with the above statement, divided into 5 “strongly agree” and 6 “agree”. From a total of 17 respondents in GG MOU, 14 nurses strongly agreed and 3 agreed with the statement.

Interpretation

All respondent nurses from both MM MOU and GG MOU supported this statement and were of the opinion that they adhere to the professional code of conduct in the MOU labour ward. Below are the key elements of professional conduct with which nurses perceived themselves to be compliant (South Africa, 2005). The Nursing Act (South Africa, 2005) affirms the significance of a professional that nurses are at all times expected to observe and apply fundamental ethical principles in their interaction with healthcare users. Such ethical principles include, but are not limited to the following:

- **(Social) Justice** - Nurses are at all times expected to act fairly and equitably where there is competition of interest among parties, groups or individuals. Such interests may be, amongst others, related to access of healthcare resources, issues linked to prioritising care or any situation that may be perceived or experienced as unequal. Nurses should therefore pursue justice and advocate on behalf of vulnerable and disadvantaged healthcare users and should be able to justify their decisions and actions (SANC, 2013:4).
- **Non-maleficence** - This requires a nurse to consciously refrain from doing harm of any nature whatsoever to healthcare users, individuals, groups and communities.
- **Beneficence** - Nurses are required to do good and to choose the “best option” of care under given circumstances and act with kindness at all times.

It gives expression to compliance with the “duty to care” as a professional practice imperative (SANC, 2013:4).

- **Veracity** - This principle requires the nurse to act with truthfulness and honesty and to ensure that the information provided to and on behalf of the healthcare user is always in the best interest of the healthcare user (SANC, 2013:5).
- **Fidelity** - This entails adherence to factual and truthful accounting and balancing that with respecting, protecting and maintaining confidential information pertaining to the delivery of healthcare, including health records of healthcare users.
- **Altruism** - Nurses are at all times expected to show concern for the welfare and wellbeing of healthcare users. The nurses are to be mindful of the fact that wishes and actions of healthcare users may be in conflict with the values and principles of the Code, e.g. where healthcare users refuse treatment to the detriment of their health and that of others.
- **Autonomy** - Respect for the autonomy of eligible persons (healthcare users) to make their own decisions and choices in matters affecting their health.
- **Caring** - Nurses are required to demonstrate the art of nurturing by both applying professional competencies and positive emotions that will benefit both the nurse and the healthcare user with inner harmony (SANC, 2013:5).

Nurses’ opinions indicate a perception that they consider themselves to be acting with truthfulness and honesty and ensuring they provide sufficient information in the best interests of patients. Furthermore, nurses regard themselves as being concerned for the welfare and wellbeing of patients. Some nurses believe that it is not necessary to explain the birth route to patients before undergoing s Caesarean or natural birth. Nurses see themselves as complying with all the aforementioned key elements of professional conduct.

NURSE STATEMENT 8:

I handle the first time arrival patients with care in the MOU labour ward.

Table 4.8: I handle the first time arrival patients with care in the MOU labour ward

		Hospital Name		Total	
		MM	GG		
Q8	Strongly Agree	Count	7	10	17
		%	63.6%	58.8%	60.7%
	Agree	Count	4	7	11
		%	36.4%	41.2%	39.3%
Total		Count	11	17	28
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.8

Michael Mapongwana MOU labour ward indicated that 7 out of 11 nurses strongly agreed and 4 nurses agreed. However, in Gugulethu MOU labour ward 10 out of 17 nurses strongly agreed while the remaining 7 respondents agreed with the statement.

Interpretation

The descriptive analysis indicates that all respondents in both MOUs' are of the opinion that they handle first arrival patients with care in the labour ward. The results with give a perception that patients would always want to use the same hospitals in future due to the good treatment they received in the MOU labour wards. Baston and Hall (2009:14) say that it is likely that the woman will feel anxious on admission; she will be anticipating an uncertain future. If she is greeted with a smile and personal welcome, she is more likely to feel valued and respected.

NURSE STATEMENT 9:

I give support to patients who are due to give birth in the MOU labour wards.

Table 4.9: I give support to patients who are due to give birth in the MOU labour wards

		Hospital Name		Total	
		MM	GG		
Q9	Strongly Agree	Count	7	12	19
		%	63.6%	70.6%	67.9%
	Agree	Count	4	5	9
		%	36.4%	29.4%	32.1%
Total		Count	11	17	28
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.9

Seven out of 11 nurses strongly agreed while 4 out of 11 nurses agreed with the statement in Michael Mapongwana MOU. However, in Gugulethu MOU 12 out of 17 nurses strongly agreed and 5 out of 17 nurses agreed with the statement.

Interpretation

An overall number of respondents were great supporter of the strongly agreement and agreement statement both MM and Gugulethu Midwife Obstetrics Unit. Results indicate that nurses were generally of the opinion that they ensure they give support to patients who due to give birth as it was part of their duty. McIntosh (2008:1) further states that, the registered nurse should adhere to the nursing regulations guiding her/his clinical practice and provide safe nursing care.

Nursing is associated with caring behaviour towards patients and the profession is geared towards taking care of the patient.

NURSE STATEMENT 10:

I ensure that patients are comfortable to talk to me when they are having labour pains.

Table 4.10: I ensure that patients are comfortable to talk to me when they are having labour pains

			Hospital Name		Total
			MM	GG	
Q10	Strongly Agree	Count	7	11	18
		%	63.6%	64.7%	64.3%
	Agree	Count	4	6	10
		%	36.4%	35.3%	35.7%
Total		Count	11	17	28
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.10

Out of 11 nurses from Michael Mapongwana MOU 7 strongly agreed and 4 agreed. In the Gugulethu MOU out of 17 nurses 11 strongly agreed and 6 agreed with the statement.

Interpretation

The result indicates that all respondents in both MOUs agreed with this statement. The results substantiate that nurses are of the opinion that they ensure that patients are comfortable to talk to them when they are having labour pains. This perception confirms that they are aware of the importance of communication between them and patients in order to ensure understanding during patients' labour pains.

NURSE STATEMENT 11:

I see to it that patients are not left alone in the MOU labour ward.

Table 4.11: I see to it that patients are not left alone in the MOU labour ward

			Hospital Name		Total
			MM	GG	
Q11	Strongly Agree	Count	6	12	18
		%	54.5%	70.6%	64.3%
	Agree	Count	4	4	8
		%	36.4%	23.5%	28.6%
	Disagree	Count	1	1	2
		%	9.1%	5.9%	7.1%
Total		Count	11	17	28
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.11

In Michael Mapongwana MOU 6 respondent nurses out of 11 strongly agreed, 4 nurses out of 11 agreed and 1 nurse out of 11 respondents disagreed with the statement. In Gugulethu MOU out of 17 participants 12 nurses strongly agreed while 4 nurses agreed and only 1 disagreed with the statement.

Interpretation

The majority nurses in both selected MOUs were of the opinion that they do see to it that patients are not left alone in the MOU labour wards. The result proves that most nurses were of the perception that they see to it that patients are not left alone in the MOU labour wards. Very few nurses disagreed with the same statement. The few nurses who disagreed give a perception that there are problems that lead to nurses not being able to ensure patients are not left alone in the MOU labour wards. The problem could be linked to working conditions that do not encourage them to work with care at all times. This perception arises from the results of the statement where some nurses indicated that they are not encouraged by working conditions.

Furthermore, the conclusion that could be drawn from this perception might be that possibly some nurse do not have enough time to stay with patients and choose to leave them alone. The problem needs to be addressed because it might endanger the patients and their unborn babies when they are left alone in the MOU labour wards, risking the lives of both the mother and the life of the unborn child. Fry, Veatch and Taylor (2009:214) state that nurses have a responsibility to safeguard patients from incompetent and unethical conduct by other members of the healthcare team.

NURSE STATEMENT 12:

I see to it that patients are not hesitant to ring the bell when they need help from me.

Table 4.12: I see to it that patients are not hesitant to ring the bell when they need help from me

			Hospital Name		Total
			MM	GG	
Q12	Strongly Agree	Count	7	9	16
		%	63.6%	52.9%	57.1%
	Agree	Count	4	6	10
		%	36.4%	35.3%	35.7%
	Disagree	Count	0	2	2
		%	0.0%	11.8%	7.1%
Total		Count	11	17	28
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.12

In Michael Mapongwana MOU 7 nurses out of 11 respondents strongly agreed and 4 nurses agreed with the statement in, while in Gugulethu MOU out of 17 nurses 9 strongly agreed, 6 agreed and a small number of 2 disagreed with the statement.

Interpretation

In Michael Mapongwana MOU all respondents agreed with the statement. The nurses' opinion is that they see to it that patients are not hesitant to ring the bell when they need help from the nurses. The majority number of respondents in Gugulethu MOU also supported the statement while only a few nurses responded negatively to the statement. The fact that there were some disagreements with the aforementioned statement raises a question of possible barriers or problems associated with nurses' ethical conduct. This element of not agreeing with the statement may negatively impact on patients' perceptions towards nurses as a result patients may feel that they are being ignored in time of need. This problem may further lead to patients and their unborn babies being injured if nurses are not present during the birthing process. Tlebere *et al.* (2007:346) state that there are some women who reported they preferred a homebirth due to the bad attitudes of nurses and this was the reason that prevented them from going to a hospital or clinic for delivery. The perceived bad attitudes of some nurses towards patients cause patients to forfeit their human right to good healthcare.

NURSE STATEMENT 13:

I find that patients ring the bell for unnecessary reasons.

Table 4.13: I find that patients ring the bell for unnecessary reasons

			Hospital Name		Total
			MM	GG	
Q13	Strongly Agree	Count	1	0	1
		%	9.1%	0.0%	3.6%
	Agree	Count	5	7	12
		%	45.5%	41.2%	42.9%
	Disagree	Count	3	7	10
		%	27.3%	41.2%	35.7%
	Strongly Disagree	Count	2	3	5
		%	18.2%	17.6%	17.9%
Total		Count	11	17	28
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.13

In the Michael Mapongwana MOU out of 11 respondents 1 nurse strongly disagreed, 5 nurses agreed, 3 nurses disagreed and the remainder of 2 nurses strongly disagreed. In Gugulethu MOU out of 17 participants 7 nurses agreed, 7 nurses disagreed and 3 nurses strongly disagreed with the statement.

Interpretation

In MM MOU over half of the respondents supported the statement but some disagreed and strongly disagreed with the statement. In Gugulethu MOU some nurses were in favour of the statement though most nurses disagreed and strongly disagreed with the statement. These results indicate that many nurses in both MOUs are of the opinion that patients are ringing the bell for unnecessary reasons. This perception can lead to nurses ignoring patients when they ring the bell. Nurses need to be encouraged to adhere to ethical conduct so that they can be able to ensure that they do what is best for patients. Elimination of such assumptions would be appropriate because if it continued patients and unborn babies may suffer. Furthermore, Baston and Hall (2009:20-21) are of the opinion that nurses in the maternity ward should be aware of their tasks and responsibilities in early labour related to the rules and codes of practice.

NURSE STATEMENT 14:

I always make sure that I help patients to change them to another bed when needed.

Table 4.14: I always make sure that I help patients to change them to another bed when needed

			Hospital Name		Total
			MM	GG	
Q14	Strongly Agree	Count	6	9	15
		%	54.5%	52.9%	53.6%
	Agree	Count	4	6	10
		%	36.4%	35.3%	35.7%
	Disagree	Count	1	2	3
		%	9.1%	11.8%	10.7%
Total		Count	11	17	28
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.14

Out of 11 respondents 6 nurses strongly agreed, 4 nurses agreed while only 1 nurse disagreed with the statement in Michael Mapongwana MOU. Of 17 participants in the Gugulethu MOU 9 nurses strongly agreed, 6 nurses agreed and only 2 nurses disagreed with the statement.

Interpretation

Most respondents in both selected Midwife Obstetrics Units were in agreement with this statement and only a few disagreed. In Gugulethu Midwife Obstetrics Unit a large number of nurses were in support of the statement and a small number of participants were not in favour of the statement. The results indicate most nurses in both MOUs are of the opinion that they change patients to another bed when needed. The few nurses who disagree caused a perception that nurses could be assuming that patients can change themselves to another bed.

NURSE STATEMENT 15:

Sometimes I am too busy to respond immediately when the bell rings.

Table 4.15: Sometimes I am too busy to respond immediately when the bell rings

			Hospital Name		Total
			MM	GG	
Q15	Strongly Agree	Count	2	1	3
		%	18.2%	5.9%	10.7%
	Agree	Count	4	11	15
		%	36.4%	64.7%	53.6%
	Disagree	Count	3	2	5
		%	27.3%	11.8%	17.9%
	Strongly Disagree	Count	2	3	5
		%	18.2%	17.6%	17.9%
Total		Count	11	17	28
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.15

At Michael Mapongwana Midwife Obstetrics Unit out of 11 respondents 2 nurses strongly agreed, 4 nurses agreed, 3 nurses disagreed and 2 nurses strongly disagreed. In Gugulethu Midwife Obstetrics Unit out of 17 respondents 1 nurse strongly agreed, 11 nurses agreed, 2 nurses disagreed and another 3 nurses strongly disagreed with the statement.

Interpretation

Most respondents in both MOUs supported the statement. However some nurses are of the opinion that sometimes they are too busy to respond immediately when the bell rings in both selected MOUs. According to the results of two selected Midwife Obstetrics Units most nurses' are of the opinion that they are too busy to respond. Furthermore, the results give a perception that there might be an outcry for help from some nurses. The nurses being too busy to respond immediately when the bell rings is a problem that could result in patients' health deteriorating if not rectified. There must be interventions put in place to resolve this problem. Moreover, if such incident of being too busy to respond to patient continues it can lead damage in patients in terms of health (Dorse, 2008:3-4). Furthermore, it is impossible to have a good relationship with patients without striving to give patients good care.

NURSE STATEMENT 16:

Patients need to listen to the nurses.

Table 4.16: Patients need to listen to the nurses

			Hospital Name		Total
			MM	GG	
Q16	Strongly Agree	Count	8	7	15
		%	72.7%	41.2%	53.6%
	Agree	Count	3	9	12
		%	27.3%	52.9%	42.9%
	Disagree	Count	0	1	1
		%	0.0%	5.9%	3.6%
Total		Count	11	17	28
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.16

Eight nurses out of 11 respondents strongly agreed and 3 agreed with the statement in Michael Mapongwana Midwife Obstetrics Unit. In Gugulethu Midwife Obstetrics Unit 7 nurses out of 17 participants strongly agreed while 9 agreed and only 1 disagreed with the statement

Interpretation

The total number of respondents in Michael Mapongwana MOU agreed with the aforementioned statement. The results indicated that nurses are of the opinion that patient are not listening to the nurses. All the respondents except 1 in Gugulethu MOU indicated a need for patients to listen to the nurses. The results indicate that nurse perceived that patients do not listen to nurses. Clear communication between nurses and patients would enable patients to understand what is needed of them. De Araujo Sartorio & Zoboli (2010:689) state that to be a good nurse is to be concerned with efficiency and effectiveness in patient care. Patients are valued through a dialogic relationship between themselves and the nurses. When this recognition occurs, the dialogue is seen as an interaction that includes trust, closeness, availability and empathy, and relies on the contribution of both persons involved.

NURSE STATEMENT 17:

I treat mothers with dignity in the MOU labour ward.

Table 4.17: I treat mothers with dignity in the MOU labour ward

			Hospital Name		Total
			MM	GG	
Q17	Strongly Agree	Count	9	15	24
		%	81.8%	88.2%	85.7%
	Agree	Count	2	2	4
		%	18.2%	11.8%	14.3%
Total		Count	11	17	28
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.17

The entire sample of 11 nurses from MM MOU and 17 from GG MOU either agreed or strongly agreed with the statement.

Interpretation

This indicates that in both selected MOUs all nurses were of the opinion that they treat mothers with dignity. This is in line with the Constitution 1996, Chapter 2 Bill of Rights, which instructs that everyone has dignity and the right to have their dignity respected and protected.

NURSE STATEMENT 18:

I have a good relationship with my patients.

Table 4.18: I have a good relationship with my patients

			Hospital Name		Total
			MM	GG	
Q18	Strongly Agree	Count	6	13	19
		%	54.5%	76.5%	67.9%
	Agree	Count	5	4	9
		%	45.5%	23.5%	32.1%
Total		Count	11	17	28
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.18

In Michael Mapongwana MOU all 11 respondents were in support of the statement. Out of 11 respondents 6 nurses strongly agreed and 5 nurses agreed with the statement. In Gugulethu MOU out of 17 respondents, 13 nurses strongly agreed and 4 nurses agreed with the statement.

Interpretation

All respondents from both MM and Gugulethu MOUs are of the opinion that they have a good relationship with their patients. The interpretation of the results gives a perception that nurses have a good understanding with their patients in the MOU labour wards. Based on the literature review some scholars indicated that nursing is a caring profession and the nurse continuously strives to give good care. Scholars further stated that caring is not a feeling, it is a way of behaviour, and nurses should not only care for the patients, but also for one another (Dorse, 2008:3-4).

4.3.2 Data analysis and interpretation for patients

PATIENT STATEMENT 1:

Nurses received me with dignity and love on my arrival in the maternity ward.

Table 4.19: Nurses received me with dignity and love on my arrival in the maternity ward

			Hospital Name		Total
			MM	GG	
Q1	Strongly Agree	Count	32	14	46
		%	42.7%	18.7%	30.7%
	Agree	Count	41	46	87
		%	54.7%	61.3%	58.0%
	Disagree	Count	1	12	13
		%	1.3%	16.0%	8.7%
	Strongly Disagree	Count	1	3	4
		%	1.3%	4.0%	2.7%
Total		Count	75	75	150
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.19

In Michael Mapongwana Midwife Obstetrics Unit out of 100% respondents 42.7% strongly agreed, 54.7% agreed, 1.3% disagreed and 1.3% strongly disagreed. In Gugulethu Midwife Obstetrics Unit out of 100% respondents 18.7% strongly agreed, 61.3% agreed, 16.0% disagreed and 4.0% strongly disagreed with the statement.

Interpretation

The result signifies that majority of post-natal patients in the two selected MOUs are of the opinion that they were received with dignity and love on their arrival in the MOU. However, some respondents were of a different opinion. This different opinion of some patients concerning this statement contradicts with the results of nurses where nurses were asked a similar question to this.

All the nurses in both MOUs actually perceived themselves as handling patients with care in the MOUs. The result from nurses contradicted this of patients. Possibly these results could imply a lack of senior staff monitoring or management to ensure patients are treated with dignity. Furthermore, active management can ensure that ethical conduct of all nurses is in line with the legislative frameworks such as the National Health Act (Act No. 61 of 2003). The management needs to ensure that monitoring and evaluation takes place so that there will not be any discrepancies in the Midwife Obstetrics Units.

PATIENT STATEMENT 2:

Nurses consult with me at each step that they are about to carry out.

Table 4.20: Nurses consult with me at each step that they are about to carry out

			Hospital Name		Total
			MM	GG	
Q2	Strongly Agree	Count	29	15	44
		%	38.7%	20.0%	29.3%
	Agree	Count	36	40	76
		%	48.0%	53.3%	50.7%
	Disagree	Count	8	15	23
		%	10.7%	20.0%	15.3%
	Strongly Disagree	Count	2	5	7
		%	2.7%	6.7%	4.7%
Total		Count	75	75	150
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.20

Out of 100% respondents from Michael Mapongwana Midwife Obstetrics Unit 38.7% strongly agree while 48.0% agree, 10.7% disagree and 2.7% strongly disagree. In Gugulethu MOU 20.0% strongly agree and 53.3% agree, 20.0% disagree and 6.7% strongly disagreed with the statement.

Interpretation

A significant majority of respondents in both MOUs were in agreement with the statement but some were not. Most patients were of the opinion that they were consulted with each step that was about to be carried out. Although some patients were of different opinions concerning the nurses consultation about each step they were about to carry out. It appears that respondents' perceptions differ. When linked with the similar question of nurses, not all nurses felt that it was necessary to inform patients at each step that they are about to carry out.

The perception then will be that some nurses might also be of the opinion that patients do not need to know everything. However, that should not be the case as patients have the right to know and it is a nurse's duty to inform patients of all the steps that will be carried out on them. Dlugacz (2010:159) states that ethical practice entails a sense of moral duty, respecting another's rights and honouring one's obligations. Furthermore, patients have a right to be consulted and to know what steps are about to be carried out on their bodies.

PATIENT STATEMENT 3:

Nurses always give good care in the labour ward.

Table 4.21: Nurses always give good care in the labour ward

			Hospital Name		Total
			MM	GG	
Q3	Strongly Agree	Count	28	16	44
		%	37.3%	21.3%	29.3%
	Agree	Count	39	37	76
		%	52.0%	49.3%	50.7%
	Disagree	Count	7	19	26
		%	9.3%	25.3%	17.3%
	Strongly Disagree	Count	1	3	4
		%	1.3%	4.0%	2.7%
Total		Count	75	75	150
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.21

In Michael Mapongwana MOU 37.3% respondents strongly agree, 52.0% agree, 9.3% disagreed and 1.3% strongly disagrees. In Gugulethu Midwife Obstetrics Unit 21.3% strongly agree, 49.3% agree, 25.3% disagree and 4.0% strongly disagreed with the statement

Interpretation

A substantial percentage of patient respondents in the Michael Mapongwana and Gugulethu MOUs were of the opinion that they were always given good care in the labour wards. However, some respondents in GG and MM indicated otherwise concerning the same statement. Most post-natal patients indicated that they were satisfied with the care they received in the labour wards though some post-natal patients were not pleased with the care they received. It is perceived that most nurses carry out their duties with care at all time but some do not. Results indicate a possible lack of ethical conduct by some particular nurses in the two selected MOUs. Reviewed results of nurse respondents contradict patients' responses.

Results from nurses indicated that they all handled patients with care. A lack of monitoring could be implied. This problem brings to question if any senior staff are available in the MOUs to monitor patients' safety at all times.

PATIENT STATEMENT 4:

Nurses did not explain every step that I will undergo during my stay in the labour ward.

Table 4.22: Nurses did not explain every step that I will undergo during my stay in the labour ward

			Hospital Name		Total
			MM	GG	
Q4	Strongly Agree	Count	5	10	15
		%	6.7%	13.3%	10.0%
	Agree	Count	19	20	39
		%	25.3%	26.7%	26.0%
	Disagree	Count	48	37	85
		%	64.0%	49.3%	56.7%
	Strongly Disagree	Count	3	8	11
		%	4.0%	10.7%	7.3%
Total		Count	75	75	150
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.22

From 100% respondents, 6.7% strongly agree, 25.3% agree, 64.0% disagree and 4.0% strongly disagree in Michael Mapongwana MOU. In Gugulethu MOU out of 100%, 13.3% strongly agree, 26.7% agree, 49.3% disagree and 10.7% strongly disagree with the statement.

Interpretation

Most respondents did not support the statement that nurses did not explain every step that the patient will undergo during their stay in the maternity ward. In Gugulethu MOU most respondents were of the opinion that nurses actually did explain every step that they patient will undergo during their stay in the maternity ward, although in Michael Mapongwana as well as in Gugulethu MOUs an unexpected high percentage of respondents were of a different opinion concerning the statement.

Some nurse respondents are of the same opinion as patients. A perception arises that some nurses believe that it is not necessary to explain the birth route to patients. This problem indicates a lack of knowledge and understanding by some nurses.

Senior staff need to monitor to ensure that all nurses know what ought to be done and not be done. Nurses need to know that patients are aware of what will be done on their bodies so that they can ask questions and be aware of what to expect.

PATIENT STATEMENT 5:

Nurses worked with care at all times when I was in labour.

Table 4.23: Nurses worked with care at all times when I was in labour

		Hospital Name		Total	
		MM	GG		
Q5	Strongly Agree	Count	22	18	40
		%	29.3%	24.0%	26.7%
	Agree	Count	42	35	77
		%	56.0%	46.7%	51.3%
	Disagree	Count	9	19	28
		%	12.0%	25.3%	18.7%
	Strongly Disagree	Count	2	3	5
		%	2.7%	4.0%	3.3%
Total		Count	75	75	150
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.23

In the Michael Mapongwana Midwife Obstetrics Unit 29.3% of respondents strongly agreed, 56.0% agreed, 12.0% disagreed and 2.7% strongly disagreed. In the Gugulethu MOU 24.0% strongly agreed, 46.7% agree, 25.3% disagreed and 4.0% strongly disagreed with the aforementioned statement.

Interpretation

It is indicated that most respondents' opinions were that nurse worked with care all times in both MOUs. Nevertheless, some respondents in both Gugulethu and Michael Mapongwana MOUs indicated that they were not in support of the statement. These results create a perception that not all nurses have a caring disposition towards patients in MOU labour wards.

However, when nurses were asked a similar question all nurses opinions were that they do work with care with patients. The patients' results contradict the nurses' results. Some patients are of the opinion that not all the nurses work with care when patients are in labour. This perception calls for monitoring and management to take place.

Monitoring how nurse's work with patients is necessary to ensure that all nurses works with care at all times. The inadequate provision of care can cause problems such as injury to women or unborn babies.

PATIENT STATEMENT 6:

I am or was informed of my birth route, namely the caesarean or the natural route.

Table 4.24: I am or was informed of my birth route, namely the caesarean or the natural route

			Hospital Name		Total
			MM	GG	
Q6	Strongly Agree	Count	17	11	28
		%	22.7%	14.7%	18.7%
	Agree	Count	23	34	57
		%	30.7%	45.3%	38.0%
	Disagree	Count	34	27	61
		%	45.3%	36.0%	40.7%
	Strongly Disagree	Count	1	3	4
		%	1.3%	4.0%	2.7%
Total		Count	75	75	150
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.24

In the Michael Mapongwana Midwife Obstetrics Unit 22.7% strongly agree, 30.7% agree, while 45.3% disagree and 1.3% strongly disagrees. In Gugulethu Midwife Obstetrics Unit 14.7% strongly agree 45.3% agree, 36.0% disagree and 4.0% strongly disagree with the statement.

Interpretation

The aim of this statement was to establish if women were informed of their birth route, namely the caesarean or the natural route. The results indicated that in both Michael Mapongwana and Gugulethu MOUs more than 50% of respondents were in favour of the statement, while over 40% of respondents indicated otherwise concerning the same statement. The results indicate that most post-natal patients were of the opinion that they were informed of the birth route, however some patients not in support of the statement. This results bring a perception that there is a problem that needs to be rectified as it takes away the patient's right to know what is about to be done on their bodies. Giving information to patients is important so that they are aware of what is to happen and be prepared.

These results are also supported by some nurses and imply that senior staff needs to monitor things such as this and work on how to resolve them. Rosdahl and Kowalski (2008:15) state that nurses as advocates must ensure that clients receive the care they need also to intervene when necessary. Advocates further help clients recognise their rights and responsibilities. Nurses explain details about procedures, so clients are able to give informed consent.

PATIENT STATEMENT 7:

I am comfortable to contact a nurse for any help that I need.

Table 4.25: I am comfortable to contact a nurse for any help that I need

			Hospital Name		Total
			MM	GG	
Q7	Strongly Agree	Count	23	17	40
		%	30.7%	22.7%	26.7%
	Agree	Count	39	37	76
		%	52.0%	49.3%	50.7%
	Disagree	Count	12	16	28
		%	16.0%	21.3%	18.7%
	Strongly Disagree	Count	1	5	6
		%	1.3%	6.7%	4.0%
Total		Count	75	75	150
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.25

In the Michael Mapongwana Midwife Obstetrics Unit 30.7% of respondents strongly agreed and 52.0% agreed, 16.0% disagreed and 1.3% strongly disagreed with the statement. In the Gugulethu Midwife Obstetrics Unit 22.7% strongly agreed, 49.3% agreed, 21.3% disagreed and 6.7% strongly disagreed with the statement.

Interpretation

A large percentage of respondents in both Michael Mapongwana and Gugulethu MOUs were of the opinion that they were comfortable to contact a nurse for any help they needed. However, some respondents in both MOUs indicated that they were not in agreement with the statement. The result gives a perception that even though most respondents were comfortable to contact a nurse for any help that they needed some respondents were not comfortable. These results create a perception that not all nurses are patient-friendly. Furthermore, not all nurses possess emotional competency and knowledge of healthcare ethics.

In looking at the results from nurses on a similar statement, results indicated that the statement was supported by all the nurses but the post-natal patients' perception with this statement differs from that of nurses. Scholars like Kruger and Schoombee (2010:93-95) argue that some patients in maternity wards are frightened to call for help, scream, or express their pain for fear of punishment.

PATIENT STATEMENT 8:

Nurse always co-operated well with me in the MOU labour ward.

Table 4.26: Nurse always co-operated well with me in the MOU labour ward

			Hospital Name		Total
			MM	GG	
Q8	Strongly Agree	Count	17	13	30
		%	22.7%	17.3%	20.0%
	Agree	Count	47	44	91
		%	62.7%	58.7%	60.7%
	Disagree	Count	10	14	24
		%	13.3%	18.7%	16.0%
	Strongly Disagree	Count	1	4	5
		%	1.3%	5.3%	3.3%
Total		Count	75	75	150
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.26

The MM Midwife Obstetrics Unit indicated that 22.7% strongly agree whilst the overwhelming majority of 62.7% agree, 13.3% disagree and 1.3% strongly disagrees. In Gugulethu Midwife Obstetrics Unit 17.3% of respondents strongly agree, 58.7% agree, 18.7% disagree and 5.3% strongly disagree with the aforementioned statement.

Interpretation

Primarily the aim of the statement was see if nurses always co-operates well with patients in the MOU labour wards. The majority of the respondents in both MOUs were of the opinion that nurses always co-operate well with patients in the MOU labour ward. A few respondents in both MOUs were not in agreement with the statement. This result means that respondents have different opinions with regard to how nurses co-operated with them in the MOU labour wards. Implications of this disagreement might bring a perception that not all nurses are morally willing to meet the patient's needs in the MOU labour wards.

PATIENT STATEMENT 9:

Nurses always go an extra mile to assist me.

Table 4.27: Nurses always go an extra mile to assist me

			Hospital Name		Total
			MM	GG	
Q9	Strongly Agree	Count	15	11	26
		%	20.0%	14.7%	17.3%
	Agree	Count	39	32	71
		%	52.0%	42.7%	47.3%
	Disagree	Count	20	26	46
		%	26.7%	34.7%	30.7%
	Strongly Disagree	Count	1	6	7
		%	1.3%	8.0%	4.7%
Total		Count	75	75	150
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.27

In MM MOU 20.0% of respondents strongly agreed, a substantial percentage of 52.0% respondents agreed, while 26.7% disagreed and 1.3% strongly disagreed with the statement. In the GG MOU 14.7% respondents strongly agreed, 42.7% agreed, while 34.7% disagreed and 8.0% strongly disagreed with the statement.

Interpretation

The results from this statement indicated that most respondents both in Michael Mapongwana and Gugulethu MOUs were of the opinion that the nurses always go an extra mile to assist patients but an unexpectedly high number respondent in both MOUs indicated that they were not of the same opinion. The perception drawn for the results point out that patient' perceptions differ from each other regarding the statement that nurses always go an extra mile to assist patients in the MOU labour ward.

PATIENT STATEMENT 10:

The nurses saw to it that I was not left alone in the MOU labour ward.

Table 4.28: The nurses saw to it that I was not left alone in the MOU labour ward

			Hospital Name		Total
			MM	GG	
Q10	Strongly Agree	Count	22	17	39
		%	29.3%	22.7%	26.0%
	Agree	Count	31	31	62
		%	41.3%	41.3%	41.3%
	Disagree	Count	21	23	44
		%	28.0%	30.7%	29.3%
	Strongly Disagree	Count	1	4	5
		%	1.3%	5.3%	3.3%
Total		Count	75	75	150
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.28

In MM MOU 29.3% of respondents strongly agreed and a large percentage (41.3%) agreed, while 28.0% disagreed and 1.3% strongly disagreed with the statement. In Gugulethu MOU 22.7% strongly agreed, a large percentage of 41.3% agreed, while 30.7% disagreed and (5.3% strongly disagreed with the aforementioned statement

Interpretation

Basically this statement sought to see if nurses saw to it that patients were not left alone in the MOU labour wards. Most of the respondents in both MOUs opinion were that nurses saw to it that they were not left alone in the MOU labour ward. However, again in both MOUs there were some patients of different opinion concerning to what the statement says.

This notion was supported by the results from responses of some nurses to a similar statement in their questionnaires. The negative responses indicate a problem for both patients and nurses in the MOUs. It could be perceived that there is a shortage of nurses and workload is heavy that resulted into patient opinions of being left alone in the MOU labour ward. Furthermore, for a patient to be left alone in the MOU labour ward means that there is a possibility that they can give birth on their own. Emotional support is very important and nurses need to be always alert when a patient might be in a critical condition.

PATIENT STATEMENT 11:

I was concerned for my child's safety in this hospital.

Table 4.29: I was concerned for my child's safety in this hospital

			Hospital Name		Total
			MM	GG	
Q11	Strongly Agree	Count	27	23	50
		%	36.0%	30.7%	33.3%
	Agree	Count	36	38	74
		%	48.0%	50.7%	49.3%
	Disagree	Count	10	11	21
		%	13.3%	14.7%	14.0%
	Strongly Disagree	Count	2	3	5
		%	2.7%	4.0%	3.3%
Total		Count	75	75	150
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.29

In Michael Mapongwana Midwife Obstetrics Unit 36.0% of respondents strongly agree, 48.0% agree, while 13.3% disagree and 2.7% strongly disagree with the statement. In Gugulethu Midwife Obstetrics Unit 30.7% of respondents strongly agree and 50.7% agree, while 14.7% disagree and 4.0% strongly disagree with the statement.

Interpretation

The results indicated that most respondents were of the opinion that they were concerned for their children's safety in both MOU labour wards. However, some respondents in both MOUs indicated that they were not concerned for their children's safety. The fact that some patients' opinions indicated concern brings a perception that there is a call for staff management to ensure that adequate security mechanisms are in place to ensure safety of patients and babies in the MOU labour wards.

PATIENT STATEMENT 12:

If I give birth again, I would love it to be in this hospital.

Table 4.30: If I give birth again, I would love it to be in this hospital

			Hospital Name		Total
			MM	GG	
Q12	Strongly Agree	Count	24	11	35
		%	32.0%	14.7%	23.3%
	Agree	Count	36	29	65
		%	48.0%	38.7%	43.3%
	Disagree	Count	12	28	40
		%	16.0%	37.3%	26.7%
	Strongly Disagree	Count	3	7	10
		%	4.0%	9.3%	6.7%
Total		Count	75	75	150
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.30

In the Michael Mapongwana Midwife Obstetrics Unit 32.0% of respondents strongly agreed, 48.0% agreed, while 16.0% disagreed and 4.0% strongly disagreed. From the Gugulethu Midwife Obstetrics Unit 14.7% of respondents strongly agreed, 38.7% agreed, while 37.3% disagreed and 9.3% strongly disagreed with this statement.

Interpretation

In both Michael Mapongwana and Gugulethu MOUs a high percentage of respondents were of the opinion that they would love to give birth in the same hospital. However, some respondents disagree and strongly disagree with this statement. The results create a perception of possible unsatisfactory or unfair treatment by nurses. Patients who feel this way may choose to rather give birth in their homes or elsewhere, rather than attend these selected MOUs and this decision could endanger the lives of both the mother and the baby.

PATIENT STATEMENT 13:

I will not recommend this hospital to my friends or family members.

Table 4.31: I will not recommend this hospital to my friends or family members

			Hospital Name		Total
			MM	GG	
Q13	Strongly Agree	Count	7	11	18
		%	9.3%	14.7%	12.0%
	Agree	Count	23	27	50
		%	30.7%	36.0%	33.3%
	Disagree	Count	37	31	68
		%	49.3%	41.3%	45.3%
	Strongly Disagree	Count	8	6	14
		%	10.7%	8.0%	9.3%
Total		Count	75	75	150
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.31

In the MM MOU 9.3% of respondents strongly agree with this statement, 30.7% agree, while 49.3% disagree and 10.7% strongly disagree with the statement. In the GG MOU 14.7% of respondents strongly agree, 36.0% agree, while 41.3% disagree and 8.0% strongly disagree with the statement.

Interpretation

Based on the results, a percentage of 60% of respondents in MM and 49.3% in GG indicated that they disagree and strongly disagree with the aforementioned statement. However, 40% of respondents in Michael Mapongwana and 50.7% of respondents in Gugulethu indicated that they strongly agree or agree with the statement. This indicated that some patients were of the opinion that conduct of nurses in the MOUs was not pleasing. The results indicate that the patients not wanting to recommend the MOUs to their family and friends could be perceived to be caused by the poor treatment they received. There appears to be unresolved issues concerning what happens between nurses and patients in these MOUs. This negative perception needs to be addressed and resolved.

PATIENT STATEMENT 14:

Nurses always ensured that they helped me to change to another bed when necessary.

Table 4.32: Nurses always ensured that they helped me to change to another bed when necessary

			Hospital Name		Total
			MM	GG	
Q14	Strongly Agree	Count	17	20	37
		%	22.7%	26.7%	24.7%
	Agree	Count	41	34	75
		%	54.7%	45.3%	50.0%
	Disagree	Count	15	20	35
		%	20.0%	26.7%	23.3%
	Strongly Disagree	Count	2	1	3
		%	2.7%	1.3%	2.0%
Total		Count	75	75	150
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.32

In the MM Midwife Obstetrics Unit 22.7% of respondents strongly agree, 54.7% agree, while 20.0% disagree and 2.7% strongly disagree with the statement. In the GG MOU 26.7% strongly agree, 45.3% agree, whilst 26.7% disagree and 1.3% strongly disagree with the statement.

Interpretation

This statement was required to determine if nurses ensured that they help patients to change to another bed when necessary. A substantial percentage of patient respondents from both MM and Gugulethu MOU labour wards opinions were that nurses always ensured that they helped patients to change to another bed when necessary. Some respondents in MM and Gugulethu MOU labour wards were of different opinion with regards with the statement.

Even in nurses statement some nurses opinions were that not all nurses ensures that patients are assisted to change to another bed when needed. Also some patients' opinion was that not all nurses were changing patients to another bed when necessary. Nurses' responses and patients' response to this statement were in line with one another.

PATIENT STATEMENT 15:

The care that I received from the nurses shows that the MOU labour wards have sufficient staff.

Table 4.33: The care that I received from nurses shows that the MOU labour wards have sufficient staff.

			Hospital Name		Total
			MM	GG	
Q15	Strongly Agree	Count	18	15	33
		%	24.0%	20.0%	22.0%
	Agree	Count	34	34	68
		%	45.3%	45.3%	45.3%
	Disagree	Count	20	24	44
		%	26.7%	32.0%	29.3%
	Strongly Disagree	Count	3	2	5
		%	4.0%	2.7%	3.3%
Total		Count	75	75	150
		%	100.0%	100.0%	100.0%

Descriptive analysis – Table 4.33

Table 5.33 indicates that in Michael Mapongwana Midwife Obstetrics Unit 24.0% of respondents strongly agree, 45.3% agree, while 26.7 disagree and 4.0% strongly disagree. In Gugulethu Midwife Obstetrics Unit 20.0% of respondents strongly agree, 45.3% agree, while 32.0% disagree and 2.7% strongly disagree with the statement.

Interpretation

The majority of respondents from both MOUs were of the opinion that the care patients receive from the nurses indicates that the labour wards do have sufficient staff. However, there were some respondents who were not in support of the statement. The perception is that most nurses carry out their duties very well while some are perceived to be failing to do so. These results provide a perception that staff management needs to investigate the problem to ensure that good service delivery is rendered to the public they serve.

CHAPTER 5

SUMMARY OF FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

5.1 INTRODUCTION

This chapter concludes the study and summarises the findings from the research conducted in the two selected Midwife Obstetrics Units at Michael Mapongwana and Gugulethu hospitals. The literature and the results confirmed good ethical conduct of nurses. However, there was still a slight perception of unsatisfactory conduct by some nurses towards patients in the two MOUs. Recommendations are suggested, emanating from the findings of the research.

5.2 SUMMARY OF FINDINGS

The literature review of this study supports the notion that generally in South Africa there are challenges around the desired ethical conduct of nurses towards women in MOU labour wards. The concerns focus on the physical and verbal abuse of patients by some nurses. The literature further indicates that good nursing ethical conduct needs to be promoted and expanded through strong leadership and management involvement at all levels of maternity hospital functioning.

The research established the following key findings:

- a) Nursing ethical conduct at the MM and GG MOUs is fairly good and it satisfies the greater number of serviced patients.
- b) A large number of patients who attended the two MOU labour wards were satisfied with the standard service received during their stay.
- c) Survey findings show some shortcomings exist in what the two MOU labour wards currently offer to patients in areas of individual patient care, communication and baby security certainty.
- d) Senior management service excellence in monitoring the situation emerged as lacking.
- e) A need to improve the prevailing levels of good ethical nursing conduct in the two MOUs related to working conditions emerged strongly in areas of HR matters, leadership, management functions, monitoring, as well as control mechanisms.

5.3 RECOMMENDATIONS

The study is assumed to have a positive input to the body of knowledge regarding conduct of nurses in the MOU labour wards at Michael Mapongwana and Gugulethu hospitals. The findings call out for further research to be conducted, with both quantitative and qualitative methods of data collection. An aim of the study was to assess if nurses in MOUs display ethical conduct when dealing with patients and to determine the perceptions of patients towards nurses during child birth stages in MOU labour wards.

Below are the five recommendations which emanated from the findings of this research:

Recommendation 1:

It was established that ethical nursing conduct in the two MOUs was fairly satisfactory. Therefore, it is advised that management should encourage and motivate nurses to maintain this good conduct in the MOUs. The introduction of an incentive scheme to reward hard- working nurses would further encourage a good relationship between nurses and patients. Happy staff are motivated to perform well and this will greatly enhance nurse/patient relationships.

Recommendation 2:

It was noted that a high percentage of patients were satisfied with the standard of service they received during their stay in the GG and MM MOUs. With such findings then it would be recommended that patients continue to be treated well in MOU labour wards so that they may feel safe and secure. Staff management should ensure that nurses are always inspired and motivated to continue with their good work since they are dealing with the lives of patients.

Recommendation 3:

The findings revealed some shortcomings in individual patient care concerning communication and baby security certainty. To remedy these shortcomings it is recommended that nurses and management, as well as the Department of Health, should seek to identify issues that caused the situation and conduct further investigation on how to rectify such issues.

- **For communication:** the study recommends the publication of a MOU brochure which should contain all the necessary information that patients need to know.

- **For baby security:** the study recommends installation of surveillance cameras positioned from the MOU labour ward doors into the baby rooms. Deployment of security personnel should be encouraged.

Recommendation 4:

It emerged that service excellence monitoring was lacking from senior management. The Department of Health should implement control mechanisms to guide and ensure that senior management do monitoring and evaluation of nurses in both GG and MM MOUs. To ensure service delivery excellence, the Department of Health needs to monitor the performance of senior management.

Recommendation 5:

It was noted that there was a need to improve the prevailing levels of good ethical conduct by nurses in the two MOUs. The Department of Health needs to look holistically at working conditions and areas of HR matters, leadership and management functions. Hospitals should ensure that all the proper equipment needed by nurses is available and that the working conditions are conducive to nurses carrying out their duties effectively. The Department of Health needs to ensure that levels of service delivery are improved and ensure that effective and efficient services are delivered to the public they serve. Interventions are needed from the DOH to ensure good ethical conduct of all staff in MOU labour wards.

5.4 CONCLUSIONS FOR ALL THE CHAPTERS

The conclusions for the chapters below give more insight on what all the chapters articulated.

Chapter One

The Michael Mapongwana and Gugulethu MOUs are situated in the Western Province in South Africa. This chapter covered aspects of ethical conduct of nurses towards patients in the MOU labour wards. The research problems revolve around perceptions of mistreatment of patients who are not being treated with care and dignity. The question was asked whether nurses do display ethical conduct when treating patients in MOU labour wards and if not, what was the impact of this behaviour on patients? The objective of the study was to develop a theoretical framework on the ethical conduct of nurses in the MOU labour wards. Moreover, the study identified the significance and delineation of the study where it indicated the geographical demarcation of the study. This chapter also provided a preliminary literature review the research methodology and design as well as the description of the research population.

Hereunder, an ethical conduct of employees in maternity wards a theoretical study is clearly stated. Chapter two outlined literature review in relation to the legal frameworks and views provided by some scholars and authors on issues of ethical conduct of nurses in general.

Chapter Two

Chapter Two discusses the literature review, considering views of some scholars regarding ethical conduct. Furthermore, information was gleaned from thesis, journals, articles, books and other sources to gain an overview of the research problem. The literature review moreover, presented the legal frameworks of policies on nurses' ethical conduct in general. The Constitution of the Republic of South Africa, Act No. 108 of 1996, governs all. Other policies, such as the Nursing Act, address the issues of professional nursing. This implies that all policies have to align with the constitution. However, even though the country has such policies in place there are still many negative perceptions regarding the ethical conduct of nurses in SA in general. Although existing policies were well-written and well-presented in terms of human rights, it is perceived that nurses are not always complying with them. Policies guiding the conduct of professional staff need to be enforced. People's dignity should be respected and their needs taken into consideration at all times. Nurses should value the people they serve.

Furthermore, the literature review covered works of scholars and authors who had conducted similar investigations of ethical conduct. All nurses should conduct themselves in an ethical manner and emotional competency is a major contributing factor to this ethical behaviour. Ethical conduct promotes a good relationship between patients and nurses. Effective service delivery in the nursing profession hinges on care and understanding between nurses and patients. Nurses ought to take care of patients. Negligent conduct of a nurse towards a patient can have a devastatingly negative impact on that particular patient. Nurses should ensure that they treat patients with care and empathy.

Moreover, the chapter also discussed the ethical conduct of nurses in Chris Hani Baragwanath and Frere hospitals. The literature supports that it is the nurses' duty to promote an environment in which human rights are respected. Furthermore, nurses are required to respect mankind. Other aspects covered were the phases of the nursing process as well as contemporary nursing roles. Empowering people and supporting them to achieve and sustain independently is what the nursing

interventions should achieve. The chapter furthermore, discussed the standard of care for women in maternity wards, their rights, quality of healthcare in the MOUs and the right of access to healthcare.

Underneath, the chapter three of the study articulates the research design and methodology along with explanation on how is the selected methodology used.

Chapter Three

The research study holistic look at the research design and methodology applied. The study fell within the ambit of positivistic research paradigm, incorporating quantitative research methods. The measurement instrument used was the likert-type questionnaire, which comprised of closed-ended questions. A Likert scale-type questionnaire with multiple choice answers was ranging from strongly agree, agree, disagree, and strongly disagree, with allocated values from 1 to 4, was the measurement instrument.

Furthermore, the study discussed data validity and reliability, as well as Likert-type scale advantages. The data from the questionnaire was analysed by using the (SPSS version 21) as well as Ms Excel. Moreover, due to financial and time constraints only two MOUs were selected, Michael Mapongwana and Gugulethu. One hundred and fifty three questionnaires were distributed to Gugulethu MOU and 125 were distributed in MM MOU. The population was post-natal patients and nurses in MOUs in the Western Cape.

The following chapter provides an analysis and interpretation of data. Questionnaires were administered to the post-natals and nurses and data processed through (SPSS version 21) as well as Ms Excel and presented in a form of charts and tables.

Chapter Four

This chapter discusses survey results, analysis and interpretation of the data. The above chapter provided the methods that were used to collect data. Data was collected from nurses and post-natal patients by means of questionnaires (see Appendix C for nurses and Appendix E for patients). Questionnaires contained closed-ended questions on demographic information and research questions.

Demographic information required from nurses was gender, language, occupation and years of experience. Demographics of post-natal patients included marital status, language, number of births and age. Figures were advanced in pie charts and tables.

The Statistical software (SPSS version 21) was used to analyse data gathered from the questionnaires. The answers from all respondents were coded with a numerical value. Survey demographics were collectively presented in numbers and percentages. Questionnaire statements were listed. A descriptive analysis and interpretation of findings from answers to each statement was given. The interpretation of data is the process through which conclusions are drawn about the data obtained for analysis. Data collection took over five weeks to complete.

The next chapter will provide the summary of findings, recommendations that are based on the findings from the research.

Chapter Five

Chapter five presented a summary of findings, recommendations and conclusions. The findings indicated that the ethical conduct of nurses in the two selected MOUs is satisfactory. This was proven by a significant number of patients who indicated that nurses always co-operated well with them in the MOU labour wards. However, some patients did indicate that they would not recommend these hospitals to friends and family members.

The findings further showed a lack of senior management service excellence and monitoring. There is a need to improve the levels of good ethical conduct amongst nurses in the selected MOU labour wards by improving working conditions of nurses as well as putting control mechanisms in place. Literature supported the need for improvement in ethical conduct of some nurses in MOU labour wards.

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APPENDIXES

**APPENDIX A
COVERING LETTER**

Cape Peninsula University of Technology
Business Faculty
CAPE TOWN
8000

Dear Sir/Madam

Research on “The ethical conduct of employees in maternity wards at selected public hospitals in the Western Cape, South Africa.”

I am studying towards completion of my Masters degree in Public Management. Your kind co-operation is sought for the completion of a questionnaire which is part of a survey about the ethical conduct of employees in maternity labour wards of hospitals in the Western Cape province, South Africa. I have received permission from the Provincial Department of Health to conduct the study.

By agreeing to complete the questionnaire you will be making a big contribution towards the lives of women, in general. The information will assist in helping the researcher to analyse the ethical conduct and actions of nurses and the effect that it has on the lives of patients and the public at large in the Western Cape province. All participants will remain anonymous and all information will be treated confidentially. To ensure that all participants are comfortable, no personal identification details will be requested of any of the participants.

The aim of this investigation is to assess the impact of nurses’ ethical behaviour towards patients in maternity labour wards and to ensure that the researcher provides recommendations to the Western Cape Department of Health for further consideration.

Thank you for your co-operation.

Mr Vuyokazi Mdivasi (Researcher)
Student Number: 205147321
Cell: 078 521 7814

Supervisor: Mr L Ntonzima
CPUT Office phone number: (021) 460 3637

APPENDIX B
INFORMED CONSENT LETTER FOR
NURSES IN MOU LABOUR WARDS

Informed Consent Letter for nurses on duty in maternity ward

Ms Vuyokazi Mdivasi (Researcher)

Research topic: “The ethical conduct of employees in maternity wards at selected public hospitals in the Western Cape, South Africa”

Student Number: 205147321

Cell: 078 521 7814

Cape Peninsula University of Technology

This Informed Consent Letter is for nurses who will be on duty in the maternity ward during the time of study.

Request for participation

I, Vuyokazi Mdivasi, currently studying towards completion of my Masters degree in Public Management at the Cape Peninsula University of Technology, request you to participate in the aforementioned study. The aim of this investigation is to assess the perception of patients towards nurses’ ethical behaviour during the child birth stage at maternity wards. Participation in this study is voluntary. The research questionnaires will take approximately 5 minutes to complete. There will be no follow-up after the study has been completed. All participants will remain anonymous and all information will be treated with confidentiality to ensure that all participants are comfortable to participate, no personal identification details will be requested of any of the participants.

In case any clarification is required, nurses will be afforded time to ask questions.

Declaration by participant

I have read the aforementioned information, I have been given time to ask questions about it and all my questions were answered to my satisfaction. I consent to voluntarily participate in this research study.

Name and Initials of Participant _____

Signature of Participant _____ Date _____

Day/Month/Year

Has approval to participate in _____

Thank you for your co-operation.

APPENDIX C
RESEARCH QUESTIONNAIRES FOR
NURSES IN MOU LABOUR WARDS

Please indicate your response by placing an X or tick in the chosen block.

	1		2		3		4		5
Senior Nurse		Nurse		Assistant Nurse		Student Nurse		Other	

	1		2
Married		Single	

1. Gender	
Female	1
Male	2

2. Language group	
English	1
IsiXhosa	2
Afrikaans	3
Other (please specify)	4

3. Experience in nursing profession (in years)	
1 – 2 years	1
2 – 5 years	2
5 – 10 years	3
More than ten years	4

Please indicate your agreement or not to the following statements by marking the appropriate cell.

	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
1.	I always safeguard the patient's interest during labour.	1	2	3	4
2.	Explaining the birth route to a patient before undergoing her caesarean or natural birth route is not necessary.	1	2	3	4
3.	Being a nurse in the maternity labour ward was my first choice.	1	2	3	4
4.	I love being a maternity labour ward nurse.	1	2	3	4
5.	I work with care at all times.	1	2	3	4
6.	My working conditions encourage me to work with care at all times.	1	2	3	4
7.	I adhere to the professional code of conduct in the maternity labour ward.	1	2	3	4
8.	I handle the first arrival patients with care in the maternity labour ward.	1	2	3	4
9.	I give support to patients who are due to give birth in the maternity labour wards.	1	2	3	4
10.	I ensure that patients are comfortable to talk to me when they are having labour pains.	1	2	3	4
11.	I see to it that patients are not left alone in the maternity labour ward.	1	2	3	4
12.	I see to it that patients are not hesitant to ring the bell when they need help from me.	1	2	3	4
13.	I find that patients ring a bell for unnecessary reasons.	1	2	3	4
14.	I always make sure that I help patients to change them to another bed when needed.	1	2	3	4
15.	Sometimes I am too busy to respond immediately when the bell rings.	1	2	3	4
16.	Patients need to listen to the nurses.	1	2	3	4
17.	I treat mothers with dignity in the maternity labour ward.	1	2	3	4
18.	I have a good relationship with my patients.	1	2	3	4

**APPENDIX D
INFORMED CONSENT LETTER FOR
PATIENTS IN MOU LABOUR
WARDS**

Informed Consent Letter for patients in the maternity ward

Ms Vuyokazi Mdivasi (Researcher)

Research topic: "The ethical conduct of employees in maternity wards at selected public hospitals in the Western Cape, South Africa"

Student Number: 205147321

Cell: 078 521 7814

Cape Peninsula University of Technology

This Informed Consent Letter is for women who are due to give birth in the maternity wards of hospitals which have been selected for the purposes of this study.

Request for participation

I, Vuyokazi Mdivasi, currently studying towards completion of my Masters degree in Public Management at the Cape Peninsula University of Technology, request you to participate in the aforementioned study. The aim of this investigation is to assess the perception of patients towards nurses' ethical behaviour during the child birth stage at maternity wards. Participation in this study is voluntary. The research questionnaires will take approximately 5 minutes to complete. There will be no follow-up after the study has been completed. All participants will remain anonymous and all information will be treated with confidentiality to ensure that all participants are comfortable to participate, no personal identification details will be requested of any of the participants.

In case any clarification is required, patients will be afforded time to ask questions.

Declaration by participant

I have read the aforementioned information, I have been given time to ask questions about it and all my questions were answered to my satisfaction. I consent to voluntarily participate in this research study.

Name and Initials of Participant _____

Signature of Participant _____ Date _____
Day/Month/Year

Has approval to participate in _____

Thank you for your co-operation.

APPENDIX E
RESEARCH QUESTIONNAIRES FOR
PATIENTS IN MOU LABOUR
WARDS

Please indicate your response by placing an X or tick in the chosen block.

1. Marital status			
Married	1	Single	2

2. Language group	
English	1
IsiXhosa	2
Afrikaans	3
Other (please specify)	4

3. Times of delivery	
1 st child	1
2 nd child	2
3 rd child	3
4 th or more	4

4. Age group	
Under 20	1
21 – 30	2
31 – 40	3
41 – 50	4
51 plus	5

Please indicate your agreement or not to the following statements by marking the appropriate cell.

	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
1.	Nurses received me with dignity and love on my arrival in the maternity labour ward.	1	2	3	4
2.	Nurses consult with me at each step that they are about to carry out.	1	2	3	4
3.	Nurses always give good care in the labour ward.	1	2	3	4
4.	Nurses did not explain every step that I will undergo during my stay in the labour ward.	1	2	3	4
5.	Nurses worked with care at all times when I was in labour.	1	2	3	4
6.	I am or was informed of my birth route, namely the caesarean or the natural route.	1	2	3	4
7.	I am comfortable to contact a nurse for any help that I need.	1	2	3	4
8.	Nurses always cooperated well with me in the maternity labour ward.	1	2	3	4
9.	Nurses always go an extra mile to assist me.	1	2	3	4
10.	The nurses saw to it that I am/was not left alone in the maternity labour ward.	1	2	3	4
11.	I was concerned for my child's safety in this hospital.	1	2	3	4
12.	If I give birth again; I would love it to be in this hospital.	1	2	3	4
13.	I will not recommend this hospital to my friends or family members.	1	2	3	4
14.	Nurses always ensured that they helped me to change to another bed when necessary.	1	2	3	4
15.	The care that I received from the nurses shows that the maternity labour wards have sufficient staff.	1	2	3	4

APPENDIX F
NURSES' PLEAGE OF SERVICE (as
used in South Africa)

NURSES' PLEAGE OF SERVICE (as used in South Africa)

(2004 - 2013 South African Nursing Council, under the provisions of the Nursing Act, 2005)

I solemnly pledge myself to the service of humanity and will endeavor to practice my profession with conscience and with dignity.

I will maintain, by all the means in my power, the honour and noble tradition of my profession.

The total health of my patients will be my first consideration.

I will hold in confidence all personal matters coming to my knowledge.

I will not permit consideration of religion, nationality, race or social standing to intervene between my duty and my patient.

I will maintain the utmost respect for human life.

I make these promises solemnly, freely and upon my honour

APPENDIX G
LETTER FROM GRAMMARIAN

1 Kort Street
Napier
7270

February 2014

EDITING & PROOFREADING

Cheryl M. Thomson

EDITOR & PROOFREADER

TO WHOM IT MAY CONCERN

This is to confirm that the Master's Thesis of VUYOKAZI MDIVASI, student number: 205147321, at the Cape Peninsula University of Technology, was proof-read and edited by Cheryl Thomson in preparation for submission of thesis for assessment.

Yours faithfully

CHERYL THOMSON

E-mail: cherylthomson2@gmail.com

APPENDIX H
CERTIFICATE FROM STATISTICIAN

To whom it may concern:

Vuyokazi Mdivasi (Student Number 205147321) – MTech dissertation

The statistical analysis of the data in this research project required by the student was done by me, using SPSS 21.

My function was not to be involved in the interpretation thereof – that should be the student's own work..

C Uys.

Corrie Uys, M.Sc (Statistics)

**APPENDIX I
ACCEPTANCE LETTER FROM
DEPARTMENT OF HEALTH,
WESTERN CAPE PROVINCE**

**STRATEGY & HEALTH SUPPORT**

healthres@pgwc.gov.za
 tel: +27 21 483 9907; fax: +27 21 483 9895
 1st Floor, Norton Rose House., 8 Riebeeck Street, Cape Town, 8001
www.capegateway.gov.za

REFERENCE: RP 65/2012
 ENQUIRIES: Dr Sikhumbuzo Mabunda

**39 182 Ndlima Street, Harare
 Khayelitsha,
 7784**

For attention: Vuyokazi Mdivasi

Re: The ethical conduct of employees in the maternity wards at selected public hospitals in the Western Cape, South Africa.

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research. Please contact the following people to assist you with any further enquiries:

Michael Mpongwana Gugulethu	Ms Matiyela Ms Mabusela	(021) 363 1080 (021) 637 1280
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Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.
2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final report within six months of completion of research. This can be submitted to the provincial Research Co-ordinator (healthres@pgwc.gov.za).
3. The reference number above should be quoted in all future correspondence.

We look forward to hearing from you.

Yours sincerely

A handwritten signature in black ink, appearing to read "Naledi".

**DR NT Naledi
 DIRECTOR: HEALTH IMPACT ASSESSMENT**

DATE: 27/9/2012

CC DR G PEREZ DIRECTOR: EASTERN/ KHAYELITSHA

APPENDIX J
ETHICS APPROVAL LETTER FROM
CAPE PENINSULA UNIVERSITY OF
TECHNOLOGY (CPUT)

P.O. Box 1906 • Bellville 7535 South Africa • Tel: +27 21 6801680 • Email: saliefa@cput.ac.za
Symphony Road Bellville 7535

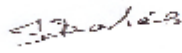
Office of the Chairperson Research Ethics Committee	Faculty: BUSINESS
--	--------------------------

At a meeting of the Research Ethics Committee on 11 April 2012, ethics approval
Was granted to MDIVASI, Vuyokazi (205147321) for research activities Related to
the MTech/DTech: MTech: Public Management at the
Cape Peninsula University of Technology.

Title of dissertation/thesis:	THE ETHICAL CONDUCT OF EMPLOYEES IN THE MATERNITY WARDS AT SELECTED PUBLIC HOSPITALS IN THE WESTERN CAPE, SOUTH AFRICA Supervisor: Mr L Ntonzima
-------------------------------	--

Comments

Decision: **APPROVED**

	11 April 2012
Signed: Chairperson: Research Ethics Committee	Date

_____	_____
Signed: Chairperson: Faculty Research Committee	Date

Clearance Certificate No | 2012PBREC0045