

## PROBLEMS MIDWIVES EXPERIENCE WITH LEGISLATION AND THEIR NEEDS IN THIS REGARD



**CS Dörfling**

DCur

Senior Lecturer: Midwifery and Neonatal Nursing Science  
Rand Afrikaans University



**AGW Nolte**

D.Litt. et, Phil.

Professor: Midwifery and Neonatal Nursing Science  
Rand Afrikaans University

### ABSTRACT

*From own experience and in conversation with midwives the researcher has identified several problems and needs in the legislation which regulates the practice of the midwife. As a result the midwife is hindered in rendering effective service, since she sometimes hesitates to act. She might even act outside her scope of practice.*

*The researcher wanted to explore the problem in a more comprehensive way and conducted focus group interviews with midwives to determine their problems and needs with regard to legislation.*

*Various problems with the legislation were identified. The legislation causes confusion among midwives, limits her practice and is outdated.*

### OPSOMMING

*Uit gesprekke met verskeie vroedvroue en uit eie ondervinding is dit duidelik dat hulle verskeie probleme met die wetgewing wat hulle praktyk reguleer, ervaar. Die gevolge hiervan is dat die vroedvrou soms huiwerig optree en somtyds selfs haar plig verzaak of buite haar bestek van haar praktyk optree.*

*Die navorser wou hierdie probleem omvattend ondersoek en het van fokusgroeponderhoude gebruik gemaak om vas te stel wat die probleme is wat vroedvroue met die wetgewing het.*

*Verskeie probleme in die wetgewing is geïdentifiseer. Die wetgewing skep verwarring, is beperkend en het nie tred gehou met die verandering in die praktyk nie.*

### THE AIMS

The aim of this study is to determine which

- problems the midwife has with legislation
- needs the midwife has as pertains legislation.

### RESEARCH DESIGN

The design is exploratory and descriptive. The problems midwives have with the legislation which regulates their practice, as well as the needs they have in this regard are explored by means of focus group interviews and then described. The study is limited to the province of Transvaal (context of the study).

### RESEARCH METHOD

#### Collecting of data

In order to identify the problems and needs, the researcher conducted semi-structured focus group interviews with midwives in the different areas of practice.

An **interview** is a method of collecting data and can be described as the interaction between the interviewer and the respondent, with the aim of procuring valid and trustworthy information (Marshall & Rossman, 1989:82/83).

A **focus group discussion** can be defined as deliberations in which a small number of participants, chaired by a moderator, take part. One or more subjects relevant to the investigation are then discussed (Folch-Lyon & Trost, 1981:443).

During this study the researcher also acted as moderator. The moderator has to set the questions, facilitate the sessions and interpret the results. Training about how to handle a focus

group session was given by a psychiatric nursing specialist.

The researcher decided on this method of collecting of data due to the following reasons:

- It can stimulate the thoughts and ideas of the group members.
- It can lead to lively conversation, which will stimulate the memories, feelings and experiences of the participants in the same way as the process of free association (Folch-Lyon & Trost, 1981:445).
- The group situation can encourage participants to conduct themselves more freely and show attitudes they might not have as individuals in an interview. This probably happens because group members feel more at ease and safe in the presence of people that share their viewpoints, attitudes and ways of conduct. It might, however, also happen that they are simply drawn in by the discussion (Folch-Lyon & Trost, 1981:445).
- It provides a safe environment for the participants in which they can give their opinion freely without fearing criticism (Kingry, Tiedje & Friedman, 1990:124). This is especially important in this study, since midwives often don't feel free to talk about legislation.

## The population

The population, from which the test sample was taken, consisted of the following services, where midwives in the Transvaal work:

- Hospitals with more than 50 beds in the maternity ward (private hospitals excluded).
- Hospitals with less than 50 beds in the maternity ward (private hospitals excluded).
- Private hospitals.
- Clinics where maternity services are rendered.
- A midwife in private practice.
- An expert in the area of Midwifery Nursing Science.

## The sample

For the purpose of this study, five groups of midwives, active in the province of Transvaal, were brought together. The number of groups needed for a particular study depends on the aim of that study. Krueger (1988:1) suggests that one should keep to four groups with evaluation after the third group. The evaluation determines whether the information acquired is saturated - in other words whether there are themes that occur regularly.

One of the groups in the study was used as a pilot study. The questionnaire and work protocol were tested. No changes were, however, made to the questionnaire and therefore the researcher decided to include it with the other groups in the test sample.

The Transvaal was used in the study, because all possible instances where midwives can practise are situated in this area. These services are also spread over urban, rural as well as remote areas. This is important as the demands of prac-

tising midwifery can possibly differ in the various areas.

The services in each of the following four regions, namely the Northern, Eastern, Western and Central Transvaal (as stipulated by the Department of National Health and Welfare) were selected randomly.

The researcher identified all the services resorting under a specific category in a subsection and placed them in a container. Two of the services were then drawn from the container. This process was repeated with each category in a specific subsection until two services in each category were identified. This process was repeated with all four subsections. In this way eight services, two in every category, were selected randomly from every section.

After the services had been identified, the researcher addressed a letter to a mediator, usually the Chief nursing services manager, of each service. In this the mediator is requested to identify one senior practising midwife that would be willing to participate in a group discussion about the problems and needs of midwives as regards the legislation that controls their practice. A further criterium for inclusion was that the midwife had to be bilingual. The time, date and place where the group discussion would be held, were also mentioned in the letter.

One midwife with a private practice and one lecturer in Midwifery Nursing Science in the specific area were also included. These midwives were selected with a definite aim. The researcher contacted the persons and asked them if they would be willing to participate in such a group discussion. In an effort to promote participation, the researcher offered to pay for all transport costs of the members of the groups.

Kingry *et al.* (1990:124) is of the opinion that the researcher should give a reward in the form of money or a gift to the participants in order to motivate them to take part. In other cases just an invitation should prove to be enough motivation.

The place where the group discussion was held in a specific region, was more or less central in order to limit the distances participants had to cover to a minimum. The longest distance was between Messina and Pietersburg (more or less two hours by car).

In cases where the midwives had to travel far, the group discussions were held just after twelve o'clock to enable them to attend the meeting. In urban areas the discussions were held later in the afternoon so that they could attend after work.

## The course of the interviews

The interviews were held in a quiet, comfortable, neutral and private room. The moderator welcomed every participant on her arrival warmly and established rapport in this way. Where possible the hostess provided coffee, tea and light refreshments to put everyone at ease. The conversation

was recorded with a high quality tape recorder. The moderator started the group session by an exposition of the topic and the importance of the study. Participants were assured of anonymity and their consent to use the tape recorder was taped. In most cases the group members did not know her and her presence didn't play a role.

The written questions were given to every participant and the researcher read them aloud as well. Well structured and consecutive questions based on the aim of the study must be asked to get a variety of responses (Kingry *et al.* 1990:124).

The researcher asked two question in Afrikaans and English:

- (i) "Watter probleme ondervind u met die wetgewing van die vroedvrou?"  
"What are the problems that are experienced with the legislation of the midwife?"
- (ii) "Hoe moet die wetgewing verander om in die behoeftes van die vroedvrou se praktyk te voorsien?"  
"What changes in the legislation are necessary to provide in the needs of the practice of the midwife?"

The participants in the group could answer the questions in English or Afrikaans as they preferred. Based on the recommendation by Kingry *et al.* (1990:124), it was explained to group members that everybody's contribution to the group was of great importance and that they should feel free to voice their problems and needs as regards the legislation which regulates their practice. The researcher allowed the participants to talk freely and to honestly relate their experiences and give their opinions.

The moderator also acted as the facilitator of the group by encouraging them to express their views, be more specific in their responses and to give underlying causes for their viewpoints. The participants were shown respect, unconditional acceptance, and warmth and empathy were shown. The following main communication techniques were used during the interviews: silence, minimal response, reflection, paraphrasing and clarifying.

During and just after the discussions, the researcher made notes which form part of the data (Wilson, 1985:382).

The interviews that were taped on cassette were transcribed word for word and were analysed together with the notes.

An interview guide was compiled to ensure that each interview takes place in the same way.

## Ethical considerations

The respondents were assured that their anonymity was guaranteed and that the interviews on tape would be erased once the research was concluded and that the results of the study would be supplied to them.

## Pilot study

The researcher used a pilot study to test the interview guide and the questions. No problems were encountered and no changes were made. The researcher also used this group to evaluate her technique of conducting an interview and to determine if she needed more training in this. A psychiatric nursing specialist observed this first interview and commented on the researcher's group technique after it was ended. The psychiatric nursing specialist approved this first interview. On these grounds the researcher decided to include the interview of the pilot group in the sampling.

## Content analysis of the data

A content analysis of the observations was made. This method was used as it allowed the conversations to be studied and analysed in a systematic, objective and quantitative way (Kerlinger, 1986:477). Kerlinger's method (1986:477-482) for content analysis was used.

The first step in this process was to define and categorise the universum of the content. In this case the universum consisted of all the information taken down, in other words all the transcriptions as well as the notes made at the different group discussions. Following this, the units for analysis were formulated. Examples are words like **vagueness** or **confusion** and themes like **prescribed medication** and **post-natal care**.

Categories were then quantified. For example, in case problems occurred with the administering of medication in each group, then  $f = 5$ . The number of times that the same content recurs, is indicated.

This process was followed by the researcher herself and another encoder, familiar with the qualitative research method. Kingry *et al.* (1990:125) recommends this measure in order to increase the reliability and validity of the research. The independent encoder was supplied with a protocol to ensure that she and the researcher followed the same process during the analysis of the data.

## Reliability and validity

### Reliability

According to Woods and Catanzaro (1988:137) reliability implies that an independent researcher would make the same conclusions under the same circumstances as the researcher.

They (Woods and Catanzaro, 1988:137) maintain that the following factors may influence the reliability of the study. The ways in which the researcher controlled these factors will be discussed in the following.

**The status of the researcher in terms of renown and gender.** The researcher might be known to the participants.



Certain members of the pilot group and the first group were familiar with the researcher. She, however, explained her role to the group by mentioning that she was only there to facilitate the group.

**The selection of participants.** The researcher might choose team members because they would be so-called "good" participants. They were chosen in such a way as to be representative of the midwives in the Transvaal. Midwives working in urban, rural and remote areas were included. The practices where the midwives work were chosen randomly. Following that, a mediator was used to identify the participants. The mediator, usually a nursing services manager, was asked to identify a midwife to take part in the group interview. The criteria for participation were mentioned in the letter and midwives could decide independently whether they wanted to take part.

**The social situation and climate** of the time may cause group members not to give any information other than what they regard relevant.

The interviews were held in a neutral area without disturbances. Group members were encouraged to give their own opinions about the problem. Notes were made during and directly after the interviews in order to accurately reflect the structure and context within which the interviews took place.

**The method that was used.** An independent researcher doing the same research and analysing the data under the same circumstances, should come to the same conclusions.

### **Validity**

According to Woods & Catanzaro (1988:137) the validity of the study could be influenced by the following factors.

**Aging and maturation.** Aging and maturation take place when research is done over a long period of time. The group interviews in this study were all done within the period of one month. During this time there were no changes in the legislation which regulates the practice of the midwife.

**Observer's effects.** The participants can become dependent of the researcher in an attempt to increase their status or to provide in their psychic needs. They might act abnormally in an attempt to put themselves in a better light. They might not be truthful or withhold relevant information. The researcher led the interviews personally. An observer's effect could thus not have occurred. The information gathered from the interviews is compared (see Part 2) in some of the research to a content analysis of the legislation and literature. This is done to test its validity and to exclude the information, given by group members, that was possibly misrepresented or false. The researcher also made a survey in the different areas of practice to confirm the position of the midwife, in order to test the validity of the information acquired from the groups.

**Selection and regression.** Data can be misrepresented by the selection of participants. The researcher could for example, intentionally choose the information which would fit well with her study. The selection of members was already discussed in the section on the sample. Only members meeting the stipulated criteria, were included in the groups.

**Mortality.** Longitudinal studies require hours of commitment from respondents. The researcher ensured the members that their presence was very important to the study, in order to motivate them to participate.

The interviews lasted 60 to 90 minutes. Group members were therefore not required to spend hours in their involvement with the research and mortality of members was never really an issue.

**Triangulation.** According to Guba (in Krefting, 1991:215) the validity of qualitative research can be improved by the use of triangulation.

Triangulation can be defined as a combination of two or more theories, sources of data, methods and researchers to examine a single phenomenon (Kimchi, Polivka & Stevenson, 1991:364).

Guba (in Krefting, 1991:221) recommends that the conclusions of research should be compared to **at least two sources** to increase the validity of the results. The information compiled by means of focus groups should thus be compared to two or more theories, sources of data, methods and information from other sources to ensure its validity.

In this research triangulation of sources was used and the results, acquired from different sources of data, were compared. The information acquired from the group interviews was compared to a survey of the situation in practice as well as an analysis of the legislation, in order to confirm its validity. The midwives, for example, said that it was sometimes necessary for them to be able to administer medication, but that a physician was not always available to make a prescription. They do not know if standing prescriptions are valid and there is no regulation that authorise them to administer medication. The researcher did a mini survey by means of a semi-structured interview and the information acquired through this survey, confirmed that physicians are not always available. An analysis of the legislation that regulates the practice of the midwife was made and found that midwives working in hospitals, are not authorised by regulation to administer medication. It was also confirmed that problems surrounding the execution of standing prescriptions exist. The analysis of the legislation was also submitted to experts (professional officials of the SANC and legal consultants) in order to confirm its validity.

In order to limit the length of the article, it focusses on only the method and results of the focus groups.

**The unique authority of the researcher.** Guba (in Krefting, 1991:220) maintains that the essence of validity is settled in the unique authority of the researcher. The researcher is a practising midwife herself, who is knowledgeable about the problems midwives experience with legislation in practice. She completed a master's dissertation about a problem with the legislation that guides the practice of the midwife (Dörfling, 1989:1-141). She is also well acquainted with qualitative research, since she is involved with group research and acts as supervisor for master's degree students. In the past she analysed and categorised huge quantities of data. The researcher also received training for interviewing groups.

## THE DISCUSSION OF THE RESULTS OF THE FOCUS GROUP INTERVIEWS

Several problems and needs as regards the legislation that guides the practice of the midwife were identified by means of the focus group interviews. The results of the different interviews will be discussed next. The final composition of the five groups is reflected in Table 1.

**Table 1: The composition of the five groups**

Service	Pilotstudy	Region 1 Central Transvaal	Region 2 Western Transvaal	Region 3 Eastern Transvaal	Region 4 Northern Transvaal
Hospitals<50	1	1	1	2	2
Hospitals>50	2		1	1	1
Private Hospitals	1	1		1	
Private practices	3	1	1		1
Clinics	1	1	1*	1*	1
Lecturer	1	1	1*	1*	
N=	9	5	4	5	5

\* The same person

It is clear from Table 1 that the groups were quite small in many of the cases. This can possibly be attributed to the shortage of staff, especially in rural areas. In Region 4 the midwives had to travel long distances in order to participate. Due to political unrest in the area, the midwives were reluctant to participate.

The results of each group will be dealt with separately in the main and sub- categories identified by the researcher and the independent encoder. The following main categories were identified:

- The legislation is limiting.
- The legislation creates confusion.
- Technically the regulations are poorly formulated.
- The needs of midwives as regards legislation.
- Other categories.

## A SYNTHESIS OF THE CONTENT ANALYSIS

Five focus groups were held and the results of the five groups (n=5) now follow. The number of groups in which the same problem was identified is indicated between brackets as (f). All problems that were identified in the groups are included in the results, even if they were only mentioned in one of the groups (f=1). Even though quantification of data was done, each response is important. The aim of this research was to identify all problems. The results were compared to information from other sources to confirm the validity of the data.

### The legislation is limiting

#### *Midwives would like to administer the following medication as prescribed (n=5)*

Syntometrine	(f=2)
Konakion	(f=2)
Iron, Pregamal	(f=2)
Calcium	(f=1)
Oxytocin	(f=2)
Valium	(f=1)
Narcan	(f=1)
Pethidine	(f=1)

"We always used to administer certain things in the past, medication. He doesn't allow this any more. So, you must be absolutely reliant on a doctor. Where their turnover is much larger, it really is a problem." (Translated from the Afrikaans).

**By law no midwife is allowed to maintain an epidural block. (f=4)**

"Even though in practice the midwife is expected to do epidural top-ups as prescribed by the physician, she is not allowed to do this by regulations." (Translated from the Afrikaans).

**The stipulations regarding the administering of intravenous fluids are limiting**

- The regulation that the midwife may only administer one kind of fluid, is limiting. (f=1)

"The midwife may only administer dextrose-salt solution (5% solution). Administering this type of fluid can cause hyperglycaemia with the baby." (Translated from the Afrikaans).

- Midwives should be able to initiate transfusions. (f=2)

"The midwife should be able to start an intravenous transfusion when she deems it necessary and not necessarily just when there is an emergency. She often has to do this in any case as a routine procedure." (Translated from the Afrikaans).

**Referring patients to a physician when they do not have any complications, is unnecessarily limiting (f=4)**

"I feel if you are a normal person without any abnormalities, why do you have to tell her she should be seen by a doctor." (Translated from the Afrikaans).

## **The legislation creates confusion**

**Midwives are ignorant about new legislation and this causes confusion. (f=2)**

"The newest regulations that appeared about the scope of the practice, since it really excluded Midwifery completely. It should really be mentioned in it that our special needs are really not acknowledged by it." (Translated from the Afrikaans).

**Confusion arises because different regulations of the legislation are valid for the different categories of midwives. (f=2)**

"To whom does Regulation 2488 really apply?" (Translated from the Afrikaans).

**Confusion exists about the authorisation to administer medication. (f=2)**

"Which regulations are valid for midwives in hospitals? - Standing prescriptions? - Regulation 2488? - Regulation 777 or 2466?" (Translated from the Afrikaans).

**Confusion exists about the way in which the changes in the legislation were announced. To whom does Regulation 2488 apply? (f=2)**

**Article 38A creates confusion. Does it authorise midwives? (f=2)**

**Confusion is created by the vagueness of the regulations. (f=3)**

"You can do anything, as long as you feel capable of doing it." (Translated from the Afrikaans).

## **Technically the regulations are poorly formulated**

Technically, the editing of the regulations was done poorly, for example the use of "shall". (f=2)

## **The needs of midwives as regards legislation**

- One regulation should be valid for all. (f=1)
- Notification about changes in legislation. (f=1)
- Lists of other legislation/ regulations that regulate their practice. (f=1)
- The regular revision of legislation/ regulations. (f=2)
- Legislation for midwives in private hospitals. (f=1)
- Specific regulations. (f=1)
- Realistic regulations. (f=1)
- Compulsory further professional training of midwives. (f=2)
- Midwives in practice should be involved with the formulation of legislation. (f=2)
- Clear guidelines about standing and telephonic prescriptions. (f=4)

## **Other categories**

- Midwives are ignorant about legislation. (f=5)
- Midwives experience several ethical problems. (f=2)
- A need for resources. A need for post-natal follow-up visits.
- Partnerships. Midwives would like to know what the position of the Council is regarding partnerships. (f=4)
- The following aspects create a negative attitude among midwives.
  - List of abnormalities (abnormal conditions of pregnant women) in the regulation. (f=2)
  - Training regulations. (f=2)
  - The regulations are unrealistic. That which is prescribed by the regulations and what is executed in practice, differs. (f=3)

---

## CONCLUSIONS

In the focus group interviews the midwives mentioned that the legislation which regulates their practice is limiting, confusing and technically often poorly formulated. The midwives also mentioned that they have various needs as regards the legislation that regulates their practice.

This article is only about the method followed as well as the results of the focus groups. The information acquired in the groups must, however, be compared to other sources of information in order to confirm its validity and only then can a conclusion be made.

## REFERENCES

- Basch, CE 1987: Focus group interview: An underutilized research technique for improving theory and practice in health education. **Health Education Quarterly**, 2(14), June 1987:411-448.
- Folch-Lyon, E & Trost, JF 1981: Conducting Focus Group Sessions. **Studies in Family Planning**, 12(12), Dec. 1981:443-449.
- Kerlinger, F 1986: Foundations of behavioural research. New York: Holt, Rinehart & Winston.
- Kingry, MJ; Tiedje, LB & Friedaman FL 1990: Focus Groups: a research for Nursing. **Nursing Research**, 39(2), March 1990:124/125.
- Krefting, L 1991: Rigor in Qualitative Research: the Assessment of Trustworthiness. **The American Journal of Occupational Therapy**, 45(3), March 1991:214-222.
- Krueger, RA 1988: Focus groups: A practical guide for applied research. Newbury Park: Sage Publications.
- Marshall, C & Rossman, GB 1989: Designing qualitative research. Newbury Park: Sage Publications.
- Wilson, H 1985: Research in Nursing. California: Addison Wesley.
- Woods, NF & Catanzaro, M 1998: Nursing research; theory and practice. St Louis: CV Mosby.