

**EXPERIENCES OF STUDENT MIDWIVES REGARDING APPLICATION OF
UBUNTU PRINCIPLES DURING PROVISION OF MIDWIFERY SERVICES IN
VHEMBE DISTRICT, LIMPOPO PROVINCE**

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A Dissertation submitted in fulfilment of the requirement for the degree

Master's in nursing science

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JANUARY 2024

DECLARATION

I, Nthuseni Tiny Netangaheni hereby declare that the dissertation entitled: *“Experiences of student midwives regarding application of Ubuntu principles during provision of midwifery services in Vhembe District, Limpopo Province”* hereby submitted to the University of Venda, is my own work and has not been previously submitted by me at this university or any other university. The sources that I have used or quoted have been acknowledged by means of complete references.

Signature

Tiny Netangaheni

Date: 10/01/2024

DEDICATION

This study is dedicated to:

My mother, Collen Mutondi Themeli;

My husband, Dr Thinavhuyo Robert Netangaheni;

My children, Dzanga, Asakundwi and Vhuhwavho; and

My sisters, Avhatakali Florence Neluvhalani and Thinavhuyo Eunice Munzhedzi.

ACKNOWLEDGEMENTS

- First and foremost, I express my most profound gratitude to Almighty God for sustaining me daily throughout all the challenges until the completion of this research study. I will keep on trusting you in everything.
- Many thanks to the Limpopo Provincial Department of Health, the Vhembe District health authorities, as well as the CEOs of the hospitals selected for participation in the research project.
- I am infinitely grateful to all the participants who contributed their valuable views and understanding on the primary subject of this investigation, without which this research study would never have been completed.
- My most heartfelt words of acknowledgement to my supervisor, Dr K.G. Netshisaulu for her excellent supervision time and unwavering guidance in all the stages of compiling and producing the final manuscript.
- I greatly value the contributions by my co-supervisor, Prof D.U. Ramathuba and her tireless involvement and interest in my work.
- Special thanks to my husband, Dr T.R. Netangaheni, our children Dzanga, Asakundwi and Vhuhwavho, as well as my family for continuously supporting me and understanding my absence when they needed me most. Your prayers for me were not in vain.
- Many thanks also to Mrs. Lorraine Nokuthula Mntonintshi-Mketo for providing psychological support throughout this study.
- I must also give thanks to Ms. Nongiwe Linette Mhlanga for language editing and formatting of the dissertation.

LIST OF ACRONYMS AND ABBREVIATIONS

ANA:	American Nurses' Association
CCSA:	Constitutional Court of South Africa
CTD:	Clinical Teaching Department
DoH:	Department of Health
DoHET:	Department of Higher Education and Training
DPSA	Department of Public Service & Administration
HPCSA	Health Professions Council of South Africa
ICN	International Council of Nurses
ICU	Intensive Care Unit
IMMR	Institutional Maternal Mortality Ratio
LMICs	Low- and Middle-Income Countries
MANA	Midwives Alliance of North America
MEC	Member of Executive Council Member of Executive Council
NORRAG	Network for International Policies and Cooperation in Education and Training
OPD	Out-Patient Department
PCC	Professional Conduct Committee
SANC	South African Nursing Council
Stats SA	Statistics South Africa
TBAs	Traditional Birth Attendants
TMD	Theory of Moral Development
UNIVEN	University of Venda
UNW	United Nations Women
USA	United States of America

ABSTRACT

Background: Ubuntu is a primordial African philosophical paradigm premised on the fundamental principles of sharing, passionate humanness, respect, caring, compassion, as well as ensuring a qualitative human community in the spiritual life of an individual, family, and community. Poor implementation of Ubuntu in nursing and midwifery services reflects negatively on professional ethics.

Purpose: The purpose of this study was to describe the experiences of student midwives regarding the application of Ubuntu principles during provision of midwifery services in Vhembe District, Limpopo Province.

Methods: A qualitative approach, with exploratory and descriptive research designs was adopted. The sample was 30 Level 4 midwifery students from both the Thohoyandou Nursing Campus and the Department of Advanced Nursing Science, University of Venda selected using purposive sampling. Data were collected through individual interviews guided by semi-structured interview guide, and thematically analysed according to Tesch's eight steps.

Results: The study found that student midwives had positive and negative experiences of Ubuntu. The positive experiences were characterised by teamwork, patient support, respect for patients and non-discrimination. The negative experiences were characterised by discrimination, disrespect, psychological and physical abuse, shortage of staff and poor infrastructure. The study also found that Ubuntu was important to ensure quality care provision which was holistic, where midwives advocated for patients and in-service training on Ubuntu should be provided. Ubuntu principles were also significant for the establishment and maintenance of relationships between student midwives and registered midwives.

Recommendations: It is recommended that training on Ubuntu aspects should be included in the midwifery curriculum. Moreover, to improve midwifery services Ubuntu principles should be inculcated in midwifery service provision by all healthcare workers in all maternity units.

Key words: application, experiences, midwifery services, Ubuntu principles, student midwives

Table of Contents

DECLARATION.....	i
DEDICATION	ii
ACKNOWLEDGEMENTS.....	iii
LIST OF ACRONYMS AND ABBREVIATIONS	iv
ABSTRACT	v
List of Figures.....	viii
List of Tables.....	ix
CHAPTER 1	1
OVERVIEW OF THE STUDY	1
1.1 Introduction	1
1.2 Background.....	2
1.3 Problem Statement	6
1.4 Rationale of the Study.....	8
1.5 Significance of the Study.....	9
1.6 Purpose of the Study.....	10
1.7 Research Objectives	10
1.8 Definition of Key Concepts	10
1.8.1 Caring.....	10
1.8.2 Experience.....	11
1.8.3 Midwifery Students.....	11
1.8.4 Patient	11
1.9 Layout of Chapters.....	11
1.10 Conclusion	12
CHAPTER 2.....	13
LITERATURE REVIEW AND THEORETICAL FRAMEWORK.....	13
2.1 Introduction	13
2.2 Ubuntu Principles	13
2.2.1 Compassion	14
2.2.2 Equality	14
2.2.3 Obedience	14
2.2.4 Respect	14
2.2.5 Togetherness.....	15
2.3 Experiences of Student Midwives Regarding Application of Ubuntu Principles.....	15
2.4 Student Midwives’ Perspectives Concerning the Significance of Applying Ubuntu Principles in Midwifery Services.....	17
2.5 Theoretical Framework.....	19
2.5.1 Kohlberg’s Theory of Moral Development and its Applicability.....	20
2.5.1.1 Pre-conventional morality (Stages 1-2)	20
2.5.1.2 Conventional morality (Stages 3-4).....	21
2.5.1.3 Post-conventional morality (Stages 5-6).....	22
2.6 Conclusion	23
CHAPTER 3	24
RESEARCH METHODOLOGY	24
3.1 Introduction	24
3.2 Research Approach	24
3.3 Research Design.....	24
3.4 Study Setting.....	25
3.5 Study Population and Sampling	26
3.5.1 The Accessible and Target Populations	27
3.5.2 Sampling of Participants	27
3.5.2.1 Sampling criteria	28
3.5.2.2 Sample size	28
3.5.3 Sampling of Facilities	28
3.6 Data Collection Methods	29
3.6.1 Data collection instrument.....	29

3.6.2 Data collection process.....	29
3.7 Data Analysis	30
3.8 Ethical Considerations	31
3.8.1 Permission to Conduct the Study.....	31
3.8.2 Informed Consent and Voluntary Participation	32
3.8.3 Prevention of Harm to the Participants.....	32
3.8.4 Anonymity and Confidentiality.....	33
3.8.5 Deception of Participants.....	33
3.8.6 Debriefing of Participants.....	33
3.9 Methods to Ensure Trustworthiness	34
3.9.1 Credibility	34
3.9.2 Transferability	35
3.9.3 Dependability	35
3.9.4 Confirmability.....	35
3.9.5 Authenticity.....	36
3.10 Conclusion	36
CHAPTER 4	37
PRESENTATION OF RESEARCH FINDINGS	37
4.1 Introduction	37
4.2 Participants 'Demographic Characteristics	37
4.3 Presentation of the findings.....	39
4.3.1 Objective 1: Application of Ubuntu during the provision of midwifery services.....	44
4.3.2 Objective2: Significance of applying of Ubuntu Principles during the provision of midwifery services. .	52
4.4 Conclusion	56
CHAPTER 5	57
DISCUSSION OF THE FINDINGS.....	57
5.1 Introduction	57
5.2 Application of Ubuntu Principles during Provision of Midwifery Care	58
5.2.1 Positive experience on Ubuntu	58
5.2.2 Negative experiences of Ubuntu	60
5.3 Significance of applying Ubuntu principles during the provision of midwifery services ...	65
5.3.1 Quality care provision	65
5.3.2 Establishment and maintenance of positive relationships with patients.....	68
5.4 Kohlberg's theory of moral development	69
5.5 Conclusion	70
CHAPTER 6	71
SUMMARY, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION	71
6.1 Introduction	71
6.2 Summary of the Main Findings.....	71
6.2.1 Methodology	71
6.2.2 Individual Profiles of the Participants	72
6.2.3 Student Midwives' Understanding and Experiences of the Principles of Ubuntu Principles	72
6.2.4 Students midwives' perceptions regarding the significance of applying of Ubuntu Principles during the provision of Midwifery Services.....	73
6.3 Recommendations	73
6.3.1 Recommendation for improvement of Midwifery Service Delivery	73
6.3.2 Recommendations for nursing education	74
6.3.3 Recommendations for further research.....	74
6.3.4 Recommendations for the Department of Health	74
6.3.5 Recommendations for Professional Midwives	74
6.4 Limitations of the Study.....	75
6.5 Dissemination of study findings	75
6.6 Conclusion	76
REFERENCES	77
APPENDIX A1: LETTER TO THE CEO: TSHILIDZINI REGIONAL HOSPITAL.....	92
APPENDIX A2: LETTER TO THE CEO: DONALD FRASER DISTRICT HOSPITAL.....	95
APPENDIX A3: LETTER TO THE CEO: SILOAM DISTRICT HOSPITAL	98
APPENDIX B1: PARTICIPANT INFORMATION SHEET	101
APPENDIX B2: CONSENT FOR PARTICIPATION IN RESEARCH	105
APPENDIX C: INTERVIEW GUIDE.....	109

APPENDIX E: PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES: LP2023-0-013	110
APPENDIX F: DEPARTMENT OF HEALTH VHEMBE DISTRICT APPROVAL LETTER: REF S5/4/2/3	111
APPENDIX G: APPROVAL LETTER TO COLLECT DATA AT SILOAM HOSPITAL STAMPED 24 FEBRUARY 2023	112
APPENDIX H: ACCEPTANCE OF COLLECTING DATA AT DONALD FRAZER HOSPITAL DATED 28 FEBRUARY 2023 .	113
APPENDIX I: APPROVAL LETTER TO COLLECT DATA AT TSHILIDZINI HOSPITAL DATED 6 MARCH 2023	114
APPENDIX J: SAMPLE INTERVIEW TRANSCRIPT	115
APPENDIX K: EDITOR'S LETTER	117

LIST OF FIGURES

Figure 2.1: Kohlberg's theory of moral development	20
Figure 3.1: Vhembe district municipality map.....	26

LIST OF TABLES

Table 4.1: Participants' demographic characteristics.....	388
Table 4.2: Summary of themes and subthemes.....	39

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 Introduction

Ubuntu is described as an African humanist and philosophically inspired perspective concerning the human condition, and behaviour of humans towards others (Ngogi, 2018:10; van Breda, 2019:439). In the nursing context, the Ubuntu philosophy enables nurses and midwives to learn that a person's humanity is also in the humanity of another (Kauka, 2018: 45; Mulaudzi & Peu, 2014:1158). Such an understanding or perspective of the Ubuntu philosophy is viewed as ensuring that nurses and midwives treat patients with the level of respect to which all human beings are entitled, since Ubuntu is measured by the extent of a person's relations with, or conduct towards other people (Ewuoso & Hall, 2019:93). Ubuntu also encompasses behaviour that is demonstrably conducive to the benefit of the community in simplest forms, such as helping a needy stranger who is, or even more complex ways in relation to others (Muhammad-Lawal, Anokwuru, Bhana-Pema & Mulaudzi, 2022:19; Thompsell, 2019: 1).

In addition, the Ubuntu philosophy would familiarise student midwives with the expected or required humaneness, respect, and dignity in their treatment of patients during their training (Muhammad-Lawal et al., 2022:21). Furthermore, it is both professionally and ethically required that nurses and midwives should meet their communities' expectations and needs by providing nursing care and midwifery services with due consideration to the communities' cultural values and beliefs. Such midwifery services include ante-natal care, intrapartum care, and postnatal care (Downing & Hastings-Tolsma, 2016: 214).

Ubuntu and nursing ethics are closely related as both concepts focus on love, care, respect, dignity and empathy as some of their values. An individual's capacity to uplift others is how Ubuntu views them. Ubuntu places a strong focus on community: "I am because I belong." A nurse can be raised in and born into an Ubuntu community, where they can acquire the values of compassion, dedication, and belonging-all founded on the communitarian principle of Ubuntu. This is similar to how a person can be born into an Ubuntu-focused community. Senior and junior nurses can collaborate in the community according to a philosophical framework suggested by the principles and values of Ubuntu (Poovan, du Toit, & Engelbrecht, 2006:27). The inclusive attitude that might serve as the cornerstone for a young nurse's socialisation into the field is embodied in the Ubuntu philosophy. The principles of Ubuntu that a senior nurse instils in a junior nurse are consistent with the nursing ethics code, which recognises the

significance of nursing care and considers each patient's individual requirements (International Council of Nurses, 2006). The relationship revolves around the patient. While acknowledging each patient's unique needs, the Ubuntu philosophy-using nurse also believes that people must be seen as members of a community.

1.2 Background

Establishment and maintenance of conducive environment in which patients are treated as unique and respected individuals is vital in nursing and midwifery professions (Dehghani, Mosalanej & Dehghan-Nayeri, 2019:1). Implementation of ethical values as a foundation for ethical reasoning should be regularly reinforced to guide midwives and students on training towards decisions that protect women's lives at childbirth (Dehghani et al., 2019:1). The World Health Organization (WHO, 2020:1) posits that every woman should have or access safe motherhood, which entails safe and healthy care during pregnancy and at childbirth. This right involves being treated with respect and dignity; being free from any sexual, physical, emotional, and psychological harm or violation and discrimination; as well as the right to know about any procedures and activities related to health care (United Nations Women/ UNW, 2020:1). Disrespect, abuse, and abandonment of women during the process of childbirth at health care facilities is a serious violation of women 's rights around the world (Aktaş & Karabulut, 2016:126; Twumasiwaa-Boateng & Yakong, 2022:26).

A study conducted by Sen, Reddy, Iyer, and Heidari (2018:5) in Guinea, Ghana, Nigeria, and Myanmar revealed that one third of women in these four countries experienced some form of verbal or physical abuse approximately 30 minutes before delivery, or about 15 minutes after delivery. Sen et al. (2018:1) further note that young, unmarried women and those with a low educational level were most likely to be abused. Kassa, Tsegaye and Abeje (2020:1) posit that in developing Sub-Saharan African countries, 44.9% of women were disrespected during childbirth. Disrespecting women during childbirth is demonstrated by aspects such as the poor rapport between healthcare providers and maternal patients (Kassa et al., 2020:1). Notably, the inclusion of poor rapport resonates with the application of Ubuntu, which is founded on culturally compliant human relations. There is varying statistical data regarding the frequency and extent of the disrespect and abuse which women faced during childbirth (Nolte & Downing, 2019:1; Nt'sekhe, 2018:2). These variations are partly attributed to differences in availability of healthcare resources in different contexts. For instance, a systematic review showed that the prevalence of disrespect and abuse of women

before, during, and after childbirth in low and middle-income countries (LMICs) ranged from 5% to 98% (Memela, 2021:14).

The challenges of implementing appropriate ethical standards and values are not unique to developing countries. Megregian (2016:1) emphasises that in the United States of America (USA), ethics is an integral competency requirement in both midwifery education and practice for graduates. However, there appears to be no universal methods among midwifery educators concerning the content, methods, and evaluation of ethics education in the USA (Megregian, 2016:2). Furthermore, a study conducted by Megregian (2018:2) found that only 7% or 28% of institutions in the United States (US) offered ethics as a subject on its own, while most institutions in the US only integrated some aspects of ethics education in other core or ancillary subjects.

In the same study, 60% of the participants viewed the congested midwifery curriculum as the most common obstacle to provision of ethics education in their respective colleges. Where it was offered, most of the programmes focused mainly on ethical concepts such as collective decision making, informed consent, and effective communication (Megregian, 2018:2). Therefore, the midwifery educators in the United States are challenged to explore the ethical questions or issues of maternity care from the perspective of midwifery. In addition, such a situation is viewed as presenting opportunities for establishing innovative and comprehensive stand-alone programmes for midwifery ethics. Such an approach would also strengthen ethics concepts in the preparation of US midwifery graduates.

According to Twumasiwaa-Boateng and Yakong (2018:26), the experience of birthing for women in Pakistan and India is also characterised by disrespect, humiliation, and unfriendliness. Consequently, Pakistani women did not have much faith in their midwives, which caused them to question their expertise and ethical decision-making (Saleem, McIntyre, Rattani & Sylkonder, 2019:200). Saleem, McIntyre, Rattani & Sylkonder (2019:200) further assert that it is for reasons such as these, which most Pakistani and Indian mothers prefer to give birth at home or consult traditional healers, rather than utilising public hospitals, where they would probably be humiliated by midwives. Accordingly, the Indian government has since decided to upscale resources and find different ways of bringing women into the mainstream health care system to develop and improve it. Despite that respectful maternity care is not a skill for which training is required, the Indian government has made repeated calls for a change in

attitude to instil openness and sensitivity to this thorny issue of pregnant mothers' aversion to mainstream hospital treatment (Saleem et al., 2019:200).

According to Mpeli (2022:2) and Nkoane (2022:13), while several interventions have been made to improve access to skilled care in labour and birth, the aspects of dignity, respect, confidentiality, and privacy were traditionally not considered to be important indicators of quality midwifery care. Furthermore, a descriptive qualitative study conducted in Karachi, Pakistan by Saleem et al. (2019:200) concerning the perceptions of midwives about their midwifery-oriented care model, showed that these midwives struggled to be professionally recognised. They also faced barriers in respect of becoming independent obstetricians and midwifery practitioners. This struggle to earn recognition for their practice in Pakistan also emanates from the public's general low confidence in these services (Saleem et al., 2019:200).

The Midwives Alliance of North America (MANA) has a structured programme in its Statement of Values and Ethics, which emphasises on seven critical principles, namely: a woman's unique individuality; wholesomeness (indivisibility) of mother and baby; nature/ circumstances of the birth; midwifery as an art; the woman as a mother; nature of the relationship; as well as cultural sensitivity, humility and competency (MANA, 2021:3). These seven MANA ethical principles could be viewed as more substantive than those observed in the Indian and Pakistani contexts in terms of professionalism and cultural awareness. Collectively, the MANA's values and ethical principles for midwifery could be credited for focusing on the moral, legal, and professional aspects of maternal and child health (MANA, 2021:1). In this regard, the aim is to guide students, professional practitioners, and educators in midwifery to perform to the highest standards in the care of mothers and their newly born babies (MANA, 2021:1). Moreover, these ethical values are aimed at influencing maternal health care policies of the institutions and organisations that are involved in maternal health and childbirth (Sethi, Gupta, Oseni et al., 2017:111; Taşlı, Gönen, Kırbaş et al., 2022:789).

Some Sub-Saharan studies in countries such as Nigeria and Botswana reported cases of ill-treatment and disgraceful conduct; as well as evident incidents of care that do not bear any resemblance to dignified consent and confidentiality, and perpetrated abandonment and inadequate care (Nolte, Downing, Temane & Hastings-Tolsma, 2018:4364). As such, women in Nigeria resorted to consulting traditional birth attendants (TBAs), whom they viewed as more caring and supportive than the

professionally trained midwives whom they regarded as unfriendly, rude, harsh, aggressive, abusive, and disrespectful (Ishola, Owolabi &Filippi, 2017:137; Sethi, Gupta, Oseni et al., 2017:111). In Botswana, the standards for the conduct and practice of nurses and student midwives are guided mainly by the Nursing and Midwifery Council of Botswana (NMCB), which has adopted elements of the International Council of Nurses' Code and other relevant legislation of the country (International Council of Nurses/ ICN, 2021:14).Furthermore, the University of Botswana has adopted learning and teaching strategies that are fundamentally problem-focused, which are regarded as improving the midwifery students' ethical competence and critical thinking (Jang & Oh, 2019:1186).

The study undertaken in one of the South African provinces demonstrated aptly that women admitted in the obstetric and maternity wards were experiencing substandard and dehumanising care by nurses, despite the existence of laws, rules and regulations that obviate such unethical and unprofessional conduct in the South African health sector. Substandard practices ranged from verbal abuse, disrespect, assault, physical suffering, as well as lack of privacy and confidentiality (Malatji & Madiba, 2020:360). It is against such a backdrop that Jewkes and Penn-Kekana (2019:2) argue that midwifery care of high quality should enhance promotion of safe, timely, effective, and equitable care. Such care embraces values that result in the achievement of professional midwifery care in all stages of childbirth. It is such professionalism in midwifery that leads to maintenance of quality care during childbirth (Bosire, Mendenhall, Norris & Goudge, 2021:538).

Currently, the nursing and midwifery professions face many challenges, including the incessant complaints raised by communities about the unbecoming ethical conduct of nurses in all categories at the healthcare facilities (Muhammad-Lawal et al., 2022:179; Statistics South Africa/ Stats SA, 2020:1)

. Many reports have shown that complaints by the public included nurses' poor display of empathy and insufficient care to patients because of nurses' deficient professional standards and morals while rendering midwifery services and nursing care. Both Sobuwa (2022:1) and Sompane (2022:1) acknowledge that the media's coverage concerning below-par incidents of nursing care and misconduct are premised specifically on alleged misdemeanours that continue to be investigated by the relevant authorities at the healthcare facilities and institutions where these incidents occurred.

These occurrences included patients' reporting of the nurses' disgraceful undervaluing or completely disregarding their cultural beliefs. In most, or all instances, these misconduct cases or incidents were referred to the South African Nursing Council (SANC) to be investigated further. According to the SANC (2022:60), the general landscape of misconduct in the nursing profession is reflected by the fact that, for the 2021/2022 financial year, there was a total of 68 cases or complaints received, 55 of which were effectively resolved, and a further 13 were outside of the aegis of the SANC. In terms of the places of occurrence, private institutions accounted for 17 misconduct incidences, while public institutions contributed to 32, amounting to a total of 49 cases at these various institutional types for the 2021/2022 financial year.

It is in view of these range of challenges that the study aimed at determining the experience of student midwives regarding application of Ubuntu principles during the provision of midwifery services.

1.3 Problem Statement

Patients are entitled to receive quality midwifery services from healthcare professionals (Abaunza, 2013:6; Downe, Lawrie, Finlayson & Oladapo, 2018:2). Therefore, it is imperative that such services should be rendered in a conducive hospital environment that adheres to the respectful treatment of patients in accordance with their unique individual needs (Downe et al., 2018:4). In recent times, midwifery services are failing to maintain quality standards of care underpinned by good nurse-patient relationships (Nkoane, 2022:37; Stats SA, 2020:1). This is confirmed by the high numbers of patients who complain regularly in the media about poor attitudes and standards of midwifery care they received, which sometimes leads to incessant maternal and neonatal complications (Burrowes et al., 2017:3; Papinaho et al., 2022:133).

There is an abundance of media coverage of the negative image of nursing due to professional misconduct and negligence (Kobe, Downing & Poggenpoel, 2020: a2033; Jeffery & Wojtalik, 2019:1). This is supported by literature which revealed that a 17-year-old young mother laid a complaint against Katleho Hospital in Free State Province after her baby died during delivery (Sompane, 2022:1). The report revealed that nurses failed to treat the complicated delivery (breech presentation) as an emergency case. Another example pertains to an incident at Chris Hani Baragwanath Hospital. The hospital was faced with a case of litigation estimated at R1 billion in medical claims due to negligence consequent to shortage of staff members (Sobuwa,

2022:1). In fact, Jack Bloom (Gauteng Shadow Health Member of Executive Council (MEC)) revealed in April 2022, that between 2018 and 2022, the Chris Hani Baragwanath Hospital's maternity unit experienced 50 medical negligence claims amounting to R992 million (Sobuwa, 2022:1).

In another incident, the Constitutional Court of South Africa (CCSA, also known as ConCourt), in Case Number: CCT 202/20, cited as: [2022] ZACC 11, ruled in favour of a mother whose baby had died after birth because of medical negligence at Tembisa Hospital's maternity ward (CCSA, 2022:1). This case had its origins in 2009 and was frequently in the media until the above-mentioned 2022 ConCourt ruling (Nkosi, 2021:1). Overall, hospitals in Gauteng Province experienced about 2,000 deaths related to negligence for the period 2018 to 2022 (Sobuwa, 2022:1).

In addition to the above-cited examples of negative media coverage of nursing, studies by Maphumulo and Bhengu (2019:13) and Mathibe-Neke and Masitenyane (2018:1) confirm that South Africa is overloaded with cases of malpractices by both registered and student midwives. This is further supported by Vedam, Stoll, Nicholas-Rubashkin, Martin, Miller-Vedam, Hayes-Klein and Jolicoeur (2019:201), who reported episodes of non-consented care, abandonment, physical abuse, discrimination, and other malpractices in some African maternity settings. The continuation of these malpractices could result in increased mortality rates and more lawsuits (Vedam et al., 2019:201).

The South African Nursing Council (SANC) and communities in general have raised their concerns regarding problems of malpractice and moral deterioration in the midwifery nursing profession, which is mostly in the media and a plethora of research studies concerning the perception of midwifery services by the community (SANC, 2020:1; Vedam et al., 2019:201). Against this background, it is inevitable that the SANC should enforce its fiduciary and moral responsibility of ensuring that student midwives and nurse practitioners are motivated and empowered in ethics and professionalism (SANC, 2020:1). It is then in such a context that the research study intended to determine the experiences of student midwives regarding the application of Ubuntu principles during the provision of midwifery care services in Vhembe District, Limpopo Province.

1.4 Rationale of the Study

The study's rationale essentially serves as a motive or justification for the undertaking of the investigation (Badenhorst, 2018:1; Flick, 2020:17). The increasing misconduct numbers reported by the SANC is a cause for concern and warrants protracted evidence-based scrutiny to explore possible improvements in the quality of midwifery and professional value-driven care (Downe et al., 2018:10). In this instance, the current study determines what is known in theory and practice, whilst seeking to address the gap in literature concerning how student midwives apply the required Ubuntu principles. Unsurprisingly, Malatji and Madiba (2020:3667) and Manganyi (2017:1) affirm that nursing education and training in South Africa currently needs some revitalisation, with specific attention to service delivery in the healthcare facilities. As such, the current study's exploration of student midwives' experiences and application of Ubuntu principles is in keeping with the need to revisit and revitalise nursing education to improve on service delivery, as emphasised by authors such as Malatji and Madiba (2020: 3667), Manganyi (2017:1), and Maphumulo and Bhengu (2019: e2-e3).

In many African maternity settings, incidences of abandonment, physical abuse, discrimination, and non-consented care still prevail (Naidoo & Ramphal, 2019:18; Vedam et al., 2017:201). These incidences are reflective of a lack of application of Ubuntu principles. Accordingly, this study augments to insights on how the application of Ubuntu principles could contribute towards the resolution of issues pertaining to deteriorating ethical practices and professionalism in maternity settings generally.

In Section 1.2, the study has referred to several studies with varying degrees of emphasis on professionalism and ethics in nursing. These exegetic initiatives include Tshosane's (2018:28) Soweto study, Jiyane's (2018:77) Mpumalanga study, the Belgian study by Vermeulen, Peersman, Waegagemans et al., (2019:18); as well as Dippenaar's (2021) South African study. However, these studies did not focus sufficiently on the student midwives' experiences in relation to the application of Ubuntu principles during their provision of midwifery care services.

In addition to the emphasised research problem, the rationale of the study is then also premised on the researcher's realistic concerns with the application of the Ubuntu principles by student midwives during their care provision in Vhembe District, Limpopo Province. Therefore, the exploration of detailed information through participants' responses and midwifery programme leaders would assist the researcher in identifying

the appropriate measures to follow in the quest to ensure adherence to the Ubuntu principles in midwifery care provision.

1.5 Significance of the Study

The significance of the study underpins the premises within which the value, worth or contribution of the study is located (Botma, Greeff, Mulaudzi & Wright, 2022:218). The current study's fundamental significance is outlined below in two inter-related spheres.

The study contributes to on-going research studies and to the existing body of knowledge (epistemology) in the field of nursing ethics in the context of Ubuntu principles. The nursing and midwifery professions are faced with a credibility or legitimacy crisis due to a myriad of factors, including obstetrics fatalities and maternal mortality (Dippenaar, 2021:12; Manganyi, 2017:1). Notwithstanding, an understanding and implementation Ubuntu principles in midwifery is a scantily researched field of knowledge (Vermeulen, Peersman, Waegegemans et al., 2019:20). In that regard, this study is of significance insofar as contributing to further research-based initiatives intended to improve the standard and quality of ethics in nursing midwifery from multi-faceted scholarly perspectives.

The organizational significance pertains primarily to the extent to which the study and its findings are viewed as relevant and significant to institutions (Nkoane, 2022:29; Paton, Bell & van der Merwe, 2020:7). In that context, the Department of Health (DoH), the South African Nursing Council, and the Department of Higher Education and Training (DoHET) are significant, considering their respective fiduciary mandates in nursing education and training policy and practices, patientcare, and health care services.

For the Department of Health, both the findings and recommendations in this study could be used to improve midwifery practices and standards, which would minimise risk factors such as patients' dissatisfaction, abandonment, physical abuse, discrimination, and non-consented care (Manyisa & Van Aswegen, 2017:29; Munkanda, 2022:11; Zali, 2020:1). The researcher further upholds that the study's findings could highlight the need for the inclusion of professional value-driven midwifery care as the base for quality midwifery care in the country. Furthermore, the findings of the study, if adopted, may contribute to the reduction of litigations against both the National Department of Health and Department of Health in Limpopo Province.

This study could also benefit the South African Nursing Council insofar as influencing nursing policy-making is concerned in terms of measures for improving midwifery care in the country (Botma et al., 2022:218; SANCA, 2020:14). Additionally, the researcher believes the findings of the study may add to the Limpopo Provincial Department of Health's revision of its policies and guidelines regarding the application of, and adherence to Ubuntu principles based on the outcomes of this research study.

1.6 Purpose of the Study

The purpose of this study was to determine the student midwives' experiences regarding the application of Ubuntu principles during provision of midwifery services in Vhembe District, Limpopo Province.

1.7 Research Objectives

The following research objectives were addressed:

- To explore and describe the experiences of student midwives regarding application of Ubuntu principles during provision of midwifery services at public hospitals in Vhembe District, Limpopo Province.
- To explore and describe student midwives' perspectives regarding the significance of applying Ubuntu principles during provision of midwifery services at public hospitals in Vhembe District, Limpopo Province.

1.8 Definition of Key Concepts

The definition of the below-mentioned key terms has been helpful in clarifying the lexical, contextual, disciplinary, and practice-related application and meanings of these terms (Berberoglu, 2018:399; Thomas, 2021:65).

1.8.1 Caring

Caring is a feeling that is demonstrative of concern, compassion, sensitivity and empathy towards the well-being and plight of others (Ko & Collins, 2018:307; Thompsell, 2019:8). In this study, caring relates to the ability of the midwives in applying Ubuntu values such as love, respect, honesty, commitment during provision of midwifery services.

1.8.2 Experience

Experience is the process of being part of something, or seeing, doing, or feeling something for the first time or first-hand (Frechette, Bitzas, Aubry, Kilpatrick & Lavoie-Tremblay, 2020:2; Nolte et al., 2018:4366). In this study, experience means the research participants' accumulated observations and encounters during provision of midwifery services.

1.8.3 Midwifery Students

According to the Nursing Act (No. 33 of 2005), an individual undergoing midwifery training, education, and training at a midwifery nursing education institution who satisfies the prescribed conditionality of an appropriate training programme is considered a midwifery student, regardless of gender, as long as they have met the selection and enrolment standards of a midwifery course of study or programme (Department of Health, 2005:1; Department of Health, 2018b:14) and this person or people should have registered as an apprentice or learner midwife with the South African Nursing Council (SANC, 2021:12). In the present study, a midwifery student implies a fourth-year student at the Thohoyandou Nursing Campus or the Department of Advanced Nursing Science, University of Venda, and is registered as a student under Regulation 425 of the South African Nursing Council.

1.8.4 Patient

A patient is any old or young person regardless of gender or age receiving or has previously received nursing care treatment or service such as labour or pregnancy check-ups in a hospital or any other accredited health care facility, and whose health status or requirements demand attention of a nurse or doctor as provider of a required health care service (Department of Health, 2018a:2; World Health Organization/ WHO, 2020:1). In this study, a patient is an individual to whom midwifery care services are provided by midwifery students.

1.9 Layout of Chapters

This research study is structured into the six below-stated chapters:

Chapter 1: Overview of the study

This chapter introduced the study. Main sections of the chapter include introduction, background; problem statement; the rationale and significance; the research purpose, objectives, and research questions; definition of key terms, and a layout of the study's six chapters.

Chapter 2: Literature Review and Theoretical Framework

The chapter presents the literature reviewed in relation to the research topic in both its local and international contexts. The chapter also focuses on the application of Kohlberg's theory of moral development, in this study.

Chapter 3: Research Methodology

This chapter focuses on aspects and variables that underpin the processes and procedures that guided the study's undertaking. These variables include: the research Approach, research Design, study Population and Sampling, data Analysis; as well as the applicable ethical considerations and trustworthiness measures (i.e., credibility, transferability, dependability, confirmability, and authenticity) applied in the study and conclusion.

Chapter 4: Presentation of Research Findings

This chapter presents a detailed thematic analysis of the data acquired during the interviews with the chosen participants.

Chapter 5: Discussions of the Findings

This chapter presents and discusses the results accruing from the participants in the context of the reviewed literature.

Chapter 6: Summary, Limitations, Recommendations and Conclusion

This chapter concludes the entire study by summarising the major findings. Most importantly, the chapter also describes the extent to which the study's objectives were achieved based on the study findings. The chapter also presents the recommendations, limitation of the study and conclusion.

1.10 Conclusion

The chapter has presented the background of the study, the problem statement, the rationale and significance of the study, the research purpose and research objectives, the definition of key concepts, as well as the layout of the study's chapters.

The next chapter presents and discusses the literature review and the application of theoretical framework to the study.

CHAPTER 2

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

A review of literature pertains to a critical synopsis of studies relevant to an area of knowledge or disciplinary field in which the researcher is interested, and logically contextualises the research problem within the knowledge field (Noble & Heale, 2019:17; Polit & Beck, 2017:133). This perspective is further endorsed by Schryen, Wagner, Benlian and Paré (2020:46), who further uphold that it is highly beneficial for researchers to undertake research by first acquiring knowledge and understanding derived from the existing literature in the investigated research field. It is against this backdrop that the current chapter focuses fundamentally on the reviewed literature in conjunction with the theoretical framework adopted in pursuance of explaining the core phenomenon of student midwives' experiences regarding the application of Ubuntu principles during provision of midwifery services.

Accordingly, the current chapter is delineated into three dominant aspects, namely, the Ubuntu context, the literature-based experiences of student midwives; as well as the theoretical framework in terms of which Kohlberg's theory of moral development serves as a reference point.

2.2 Ubuntu Principles

The integration of Ubuntu principles during provision of midwifery services serves as a core value in protecting the patients' rights (Asamoah & Yeboah-Assiamah, 2019:307; Goldman, Thomas & Molose, 2019:2). Accordingly, the midwives and student midwives are supposed to adopt and project professional values, considered to be the stimulus and guidelines for members' professional etiquette in the nursing profession. Professional groups regard professional values as the standard according to which individual members are evaluated on account of the profession's integrity as perceived by the individual (Jecker, Atuire & Kenworthy, 2022:4). The necessity of these values is reinforced in the professional identity and performance rooted in personal values, as persuaded by the influence of the family, the environment, ethnicity, and culture, as well as religion. In this regard, the integration of these values during the provision of midwifery services would enhance quality and comprehensive health care during the antenatal, delivery and puerperium periods (Jecker et al., 2022:4).

The Ubuntu personality values should always be adhered to, as they ensure protection of the rights of patients (Poorchangizi, Farokhzadian, Abbaszadeh, Mirzaee & Borhani 2019:20). These personality values in the Ubuntu philosophical paradigm are also encapsulated by compassion, equality, obedience, respect, and togetherness (Poorchangizi et al., 2019:20), which are all described below.

2.2.1 Compassion

Compassion entails valued peace, cohesion, and warmth (Broodryk, 2018:26). It is expected of student midwives that they should apply their professional competence and exemplify exceptional caring methods, while also showing or expressing their positive emotional abilities in the interest and benefit of their clients/ patients (Ko & Collins, 2018:307).

2.2.2 Equality

Equality includes practiced non-discrimination and acceptance by all (Goldman et al., 2019:6). Student midwives are expected to provide quality healthcare to the public using their expertise, knowledge, and professional skills to all their patients and clients without any undue discrimination (Kehoe, 2015:14; Mabasa, 2020:14).

2.2.3 Obedience

Obedience involves agreement to adhere to values that enhance justified relationships, customs, and norms (Poorchangizi et al., 2019:20). According to Manganyi (2020:11), conflict and poor decision-making amongst doctors and nurses regarding patient care is reflective of a disagreement amongst health professionals. This could manifest in a doctor's demonstration of a lack of respect for decisions and evaluations made by nurses, as well as undermining or ignoring the reality of the relationship between the nurses and patients as being stronger than that of the doctors to the patients. In that regard, perceived ethical issues pertaining to the lack of feedback and open discussions are highlighted in this study as situations that incite conflict between nurses and doctors (Molefe, 2019:99).

2.2.4 Respect

Respect entails structured order, discipline, and dignity (Molefe, 2019:100). It is expected of student midwives to acquit themselves appropriately and project an image that is positive concerning their profession (Munkanda, 2022:11). Student midwives must have respectful behaviours such as listening to different points of view; show compassion; protect dignity and privacy; and ask permission (Inpatient Report

September 2016:4). Patients treated with dignity and respect are most likely to say they were treated with care and compassion by staff who were friendly, helpful, professional, and understanding. As a result, patients feel safe and better able to cope with the hospital experience.

2.2.5 Togetherness

Togetherness involves improved teamwork and moral support (Mugumbate & Chereni, 2019:4). In addition, dissension among nurses and doctors increases their high stress levels and tension among student midwives, which could potentially disrupt their much-needed togetherness and collegiality (Kulmala, 2016:1). Meanwhile, Nt'sekhe (2018:60) concurs that these increased levels of stress among student midwives occur when their integrity and values are compromised while rendering patient care.

2.3 Experiences of Student Midwives Regarding Application of Ubuntu Principles

All South African midwives are firstly trained as general nurses, then as midwives, who then work in any health care setting and form a vital component of the South African health care system (DoH, 2005:12; DoH, 2018a:3). This important role of midwives is such that women can visit a midwife at any stage of their pregnancy until childbirth and during the post-natal period. To reduce childbirth risks and problems, women should be attended to by a skilled professional who applies Ubuntu principles (Dippenaar, 2021:1; Jewkes & Penn-Kekana, 2019:1).

Midwives find it difficult to integrate with systems that restrict independent function and disallow other voices in decision-making, which would establish transformation regardless of practice settings (Mulaudzi, Anokwuru, Mogale, Moloko-Phiri & Du Plessis 2022:23). The frustration expressed by midwives towards inconsistent policies relates to both their practice scope and care model in those public contexts. Despite the restricted resource appropriation, there is still an abundant need to upscale midwifery education to initiate and develop care competencies that are based on Ubuntu principles in the provision of clinical services (Mupedziswa, Rankopo & Mwansa, 2019:17).

The rights of women, respect and culturally sensitive care must be maintained by student midwives when choosing health care providers during pregnancy, labour, and puerperium. The provision of culturally sensitive maternal services is extensively

described in the literature as negatively impacting minority groups. In a study conducted in the USA, Adebayo, Parcell, Mkandawire-Valhmu, and Olukotun (2022:1135) found that minority African American women were four times more likely to experience pregnancy related complications due to unequal provision of maternal health care services. Such unequal provision of health services included dismissals of pain complaints with references of being black and strong. Furthermore, Adebayo et al., (2022:1135) found that even among women of lower social class there was differential care provision. In South Africa, respectful care is also described in a study undertaken by Mthombeni, Maputle and Khoza (2018:60) whose aim was to describe the postpartum mothers' perceptions regarding the care which male student midwives provide during the midwifery practice. The findings of that study revealed that male student midwives were preferred by postpartum mothers more than female student midwives, due to the perception that male students adhere to the Ubuntu principles of respect, sympathy, and care than their female counterparts. In this regard, Arslan and Dinç (2017:790) and Mthombeni et al., (2018:60) agree that male student midwives should also play a vital role during antenatal, delivery and postpartum.

In a study conducted by Mulaudzi et al., (2022:23), the authors concluded that younger nurses were not motivated to apply Ubuntu principles in the care of patients. The study revealed further that the failure by the government to recognise nursing also led to the demotivation of younger nurses in the application of Ubuntu principles. Notably, Mulaudzi et al., (2022:1) highlighted that younger nurses such as student midwives differ in their application of Ubuntu in comparison to older-generation nurses who could apply such principles earlier in their careers. This implies that a change in culture with younger generation nurses and midwives were more self-reliant and individualistic in comparison to older generation nurses (Mulaudzi et al., 2022:2). The conclusions reached by Mulaudzi et al., (2022: 2) concerning the lack of motivation and recognition of the midwifery and nursing profession are also reiterated by Kosicki, Tomberg and Bradley (2018:766), who also concluded that there was a lack of motivation in the application of Ubuntu principles in many health care and midwifery settings. In addition, issues pertaining to lack of Ubuntu in midwifery practice are often related from the patients' perspectives, but excluded the midwives' perspective (Kosicki et al., 2018:768).

The study by Jafari, Khatony, Abdi and Jafari (2019:6) reveals further that midwives desire to provide respectful maternal care, but face challenges in applying such respectful maternal care because the recruitment of student midwives allows entry of

candidates who view the profession merely as just another job. In addition, Maluwa, Gwaza, Sakala, Kapito, Mwale, Haruzivishe and Chirwa (2019:1362) highlight that student midwives fail to apply Ubuntu principles because of lack of appropriate leadership that guides them in this regard. Therefore, the lack of leadership results in the normalisation of disrespect and abuse of maternal patients by the student midwives and the midwifery profession (Jafari et al., 2019:3; Zali, 2020:1). Moreover, the issue of poor leadership to inept socialisation of student midwives into the profession, which culminates in the inability to apply Ubuntu principles (Maluwa et al., 2019:1362).

In recognising the criticality of leadership, nursing managers have realised that providing compassionate leadership in their team ensures that patient care is also provided with compassion, which is a manifestation of the importance of leadership and socialisation in the application of Ubuntu principles in a teamwork environment by nurse managers (Jafari et al., 2019:3; Maluwa et al., 2019:1362). It is in the context of such teamwork that a conducive environment should be created for student midwives to apply Ubuntu principles (Lekhuleni, van der Wal & Ehlers, 2018:9).

The issue of applying Ubuntu and ethical principles of caring by student nurses was also explored by Kobe et al. (2020:a2033) and Nolte and Downing (2019:10). All these authors conclude that student nurses (as novices in the profession) were willing to apply Ubuntu principles and found it easier to apply these principles due to enabling factors such as teamwork and job satisfaction among members in the same nursing unit. In addition, Downing and Hastings-Tolsma (2016:214) also noted that embracing a positive therapeutic relationship with patients was also an enabler for student nurses to provide quality care that embodies Ubuntu. The issue of student midwives being receptive to providing caring respectful care is also described by Vermeulen, Peersman, Waegemans et al., (2019:20), who conducted a qualitative exploratory study.

in Belgium on final-year student midwives' learning experiences in labour wards. The study found that the learning experience of respondents was positive and enthusiastic, but tense and improvised in other aspects, indicating that the application of Ubuntu principles was not addressed (Wolfenden, 2022:4).

2.4 Student Midwives' Perspectives Concerning the Significance of Applying Ubuntu Principles in Midwifery Services

Both Manganyi (2017:1) and Zondo (2022:132) assert that there is a large area of improvement that is present in the present state of nursing education and training in

South Africa, particularly in relation to the current levels of the supply chain in health facilities. During their training, midwifery students are introduced to the nursing ethos and patients' rights as part of their curriculum module. Upon their training completion, the student midwives are then expected to render quality nursing care to all patients after their absorption into the health services as part of the workforce (Manganyi, 2017:1; Zondo, 2022:123).

The Ubuntu philosophy needs to be combined with the ethos of nursing to enable nurses and student midwives to be respectful, empathetic, and sympathetic to patients (Malambe, 2019:132). The latter will eliminate unethical and unprofessional behaviour displayed by some of the nurses and student midwives who abuse patients physically and emotionally, sometimes commanding them in a harsh and unpalatable manner (Manganyi, 2020:7). It is understood that some of the nurses and student midwives come from different family backgrounds, and that some student midwives were not properly socialised in understanding the importance of respecting other human beings. Thus, it is imperative for the facilitation of Ubuntu philosophy as an entry training programme comprising of a short course on nursing ethos and social science subjects (Manganyi, 2020:7; Zondo, 2022:130).

In a Cape Town study conducted by Muhammad-Lawal et al., (2022:21), the student midwives in their fourth year of study reflected that the application of Ubuntu principles in patient care was critical, since Ubuntu is closely related to caring. In this regard, Muhammad-Lawal et al., (2022:21) emphasize that the Ubuntu philosophy does embrace the provision of care in nursing. However, student nurses need to be aware of the care they are providing. Moreover, Ubuntu embodies compassion, which involves the demonstration of compassion, applying proficiency and displaying the ability to express a positive disposition of themselves and to their patients or clients (van Breda, 2019:439).

Nichols, Trimble, and Stebbings (2020:177) also reflect on the importance of Ubuntu in nursing practice. The authors take a unique approach to perceptions of student nurses in applying Ubuntu by noting that it is challenging for student nurses to apply ethical principles and principles of Ubuntu because of the way in which leadership is taught in nursing schools. For instance, most midwifery schools would ask for a nurse leader to lecture on leadership, give assignments on leadership or facilitate faculty presentations (Nichols et al., 2020:177). From these lectures the novice student midwives are expected to assume leadership in providing compassionate ethical nursing care reflecting Ubuntu. However, Ubuntu in past generations has been taught

through fables such as “*how Stella saved the farm*”, which provided children with an opportunity to develop morally, make moral judgements and make critical decisions that enable the application of Ubuntu (Nichols et al., 2020:177). In such a situation, student midwives’ perception on application Ubuntu will remain a challenge for the students unless teaching through fables in leadership is included, which is a view also posited by Chiafery, Hopkins, Norton, and Hodges (2018:217-218).

The significance of applying Ubuntu principles in midwifery care in South Africa is also demonstrated in a study conducted by Mulaudzi, Anokwuru & Davhana-Maselesele (2021:278) during the COVID-19 pandemic. The authors noted that the lack of personal protective equipment (PPPE) severely compromised the safety of nurses and midwives, which could have ignited protest action and the withdrawal of labour from the nursing fraternity (Mulaudzi et al., 2021:271). The rights pertaining to protest action by nurses are constitutionally entrenched, but the nurses decided to abide by their ethical principles, which elevated the importance of Ubuntu during the COVID-19 pandemic (Mulaudzi et al., 2021:272). Such illustration of communalism at a time of need for the whole country is demonstrative of nurses’ perception and elevation of the importance of Ubuntu in nursing practice (Hedding, Greve, Breetzke et al., 2021:2; Mulaudzi et al., 2021:274).

The application of ethical principles of rights-based autonomy and informed consent are a challenge because of conflict with traditional African belief systems which foster communalism (Akpa-Inyang & Chima, 2021:1; Barchi, Kasimatis, Magama & Shaibu, 2019:1). Furthermore, ethical principles such as informed consent are based on Western libertarian rights-based approaches which might not have been embedded in African socialisation and its value of communitarianism over individualist rights (Akpa-Inyang & Chima, 2021:1). In view of such conflicting philosophical paradigms, measures of disrespect and/ or abuse reported in maternal settings against midwives may also need to be analysed from an African values perspective to demonstrate the significance Ubuntu in midwifery practice (Akpa-Inyang & Chima, 2021:1; Munkanda, 2022:12).

2.5 Theoretical Framework

This study utilises the Kohlberg’s theory of moral development. Figure 1.1 below is a representation of this theory and its three-fold foundational pillars or levels.

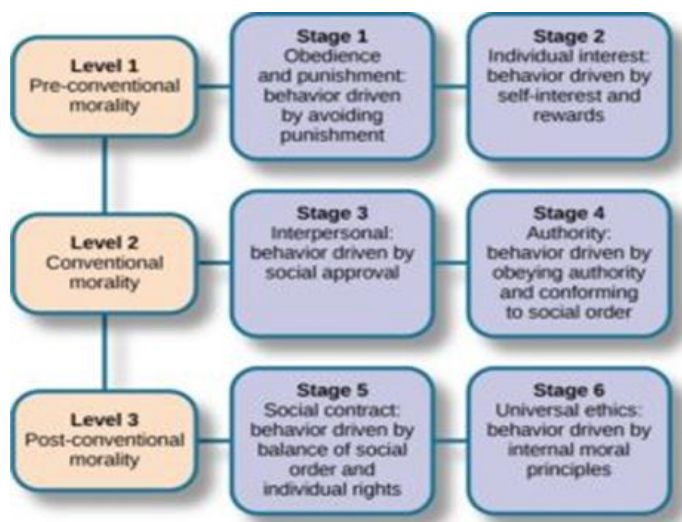


Figure 2.1: Kohlberg's theory of moral development

The theoretical conceptualisation in this study was addressed in terms of Kohlberg's Theory of Moral Development (TMD) and its main tenets or principles, as well as its applicability or relevance to the present study. In the context of the study, the theory was used to describe potential enhancements in the moral development and ethical issues of midwifery students during their provision of midwifery services. In this regard, the theory was also found to be helpful in the exploration of Ubuntu principles and possible comparable variants.

2.5.1 Kohlberg's Theory of Moral Development and its Applicability

For purposes of this study, Kohlberg's Theory of Moral Development mainly described potential enhancements in the moral development and ethical issues of midwifery students during their provision of midwifery services. The foundational tenets of the theory are categorised in respect of the pre-conventional morality (stages 1-2); conventional morality (stages 3-4), and post-conventional morality (stages 5-6) (Kohlberg, 1981:57). These stages are discussed below.

2.5.1.1 Pre-conventional morality (Stages 1-2)

In terms of the pre-conventional developmental level (stages 1-2), complex situations that individuals encounter are dealt with by means of conventions (Kohlberg, 1981:57). Conventions are the generally accepted norms, laws, and expectations as practised or applied in a profession, in society or institutions such as hospitals (Christiansen, Bertram & Mukeredzi, 2018:511). Accordingly, understanding of the conventions for people in stages 1-2 of moral development is inadequate, which relates to the values of the individual when caring for the patients. However, studies highlight that student

nurses and midwives at their level 3 and 4 of practice identify ethical rewards differently from other more senior nurses (D'Angelo, Lule, Neuman et al., 2019:12). The different ethical perceptions are thought to be the consequence of factors such as: midwifery students still being in the process of developing ethically, poor moral reasoning due to inexperience, reliance on personal values to differentiate between good and bad, or right from wrong (Imenda, 2019:185). The perceived ethical issues encompass a lack of respect for a person's dignity, violating the confidentiality of patient's information, and conflict between nurses and doctors due to a variety of factors (ICN, 2021:14; Jafari, 2019:5).

During the pre-convention stages, student midwives in level 3 of their studies lack autonomy and subscribe to obedience because they fear punishment and believe that avoiding punishment is the correct way to behave in the hope of being rewarded for good behaviour (Downe et al., 2018:11; Kohlberg, 1981:57).

It was in the interest of the researcher to determine whether the student midwives do experience levels of distress due to feelings of powerlessness, lack of experience or lack of knowledge in clinical practice. In that regard, Vaajoki et al., (2023:597) assert that the level of training and the length of exposure to clinical practice do influence moral reasoning of student midwives.

Regarding the present study, the theory was beneficial insofar as enhancing the researcher's understanding of factors that constitute barriers to level 3 student midwives' difficulties concerning ethical issues. The level 3 student midwives may fear punishment by senior and professional nurses when they are not performing duties as expected or trying to avoid punishment despite their ethical autonomy. There is a need for student midwives to have autonomy to provide quality clinical care without fear or favour (Vaajoki, Kvist, Kulmala et al., 2023:597; Wachira, 2019:6).

2.5.1.2 Conventional morality (Stages 3-4)

The conventional morality developmental level and its stages 3-4 of moral development is characterised by adherence to the norms, laws, rules, and expectations of society. Additionally, stage 3-4 involves level 4 student midwives who accept directives from those in authority and respect the views of others (midwives and supervisors) mainly to avoid blame. Stages 3-4 of development are critical to level 4 student midwives for advancing the decision-making abilities through the approval of the professional nurses in the clinical setting. According to Aktaş and Karabulut

(2016:124; Downe et al., 2018:11), most student midwives lack knowledge, self-confidence, and autonomy to resolve conflict. During these stages, a decision is made entirely based on disregarding the wellbeing of the patient or client in exchange of acknowledgment and favour from the professional nurse (Tolsma et al., 2018:1524).

Student midwives ought to be exposed to good role modelling for guidance (Jang & Oh, 2019:1189; Wachira, 2019:18). By observing professional nurses who have been in the profession for some time can immensely benefit student midwives during the conventional morality stage. Additionally, the perceptions of ethical issues and the behaviour of student midwives regarding clinical practice is directed by acts of conformity and loyalty to more senior colleagues (Shunmugam, 2022:14). Although an awareness towards performing duties effectively has been developed, most midwifery students remain silent when confronted with working conditions that are characterised by conflict between nurses and doctors, poor supervision, a shortage of resources, and obvious violations of patients' rights (Shunmugam, 2022:14). Such situations heighten stress levels, thus, decreasing the odds of resisting unethical practices due to the lack of confidence (Barchi et al., 2019:1; Sethi et al., 2017:111).

In this study, the researcher determined whether the student midwives seek approval from professional nurses prior to deciding in the clinical setting, which enabled the researcher's development of effective strategies for enhancing student midwives' confidence, independence, and self-reliance. Such strategies effectively contribute to the reduction of cases and lawsuits of negligence caused by fear of punishment and over-reliance on supervision (Dehghani et al., 2019:1; Paton et al., 2020:14).

2.5.1.3 Post-conventional morality (Stages 5-6)

In terms of the post-conventional morality developmental level (stages 5-6 of moral development), midwifery students in their level 4 studies accept the conventions of the group or society due to their understanding of the conventions and their autonomous ability to define ethical values, including the ability to differentiate between the societal expectations, rules, and laws. Level 4 student midwives also possess the ability to formulate general ethical principles that are foundational to the nursing practice. Tolsma et al. (2018:1524) associates the improvement of moral reasoning with a higher level of training. Therefore, students are expected to demonstrate higher levels in their perception of ethical issues as opposed to their beginner counterparts.

According to Özden, Arslan, Ertuğrul and Karakaya (2019:1213), decision making during stage 5-6, decision making is founded on the student's evaluation of the situation, taking consideration of the impact of their decisions, unlike when following instructions from a senior person. However, ethical reasoning is not sufficiently improved by a high level of training (Özden et al., 2019:1213). Rather, ethical reasoning also depends on the type of curriculum provided and clinical experience of ethical issues. Therefore, stress level among student midwives depends on the length of exposure to various experiences, their own ethical values, the type of ethical issues experienced, as well as ethical maturity (Ewuoso & Hall, 2019:98).

In this study, the researcher determined whether the student midwives can make their own choices subject to the accumulated data acquired during the theoretical and practical phases of their training on ethical issues. Accordingly, level 4 student midwives should be able to make their own informed decisions based on the accumulated information they have acquired during the theoretical and practical phase of their training in nursing ethics (Ewuoso & Hall, 2019: 98; Özden, et al., 2019:1213).

2.6 Conclusion

This chapter discussed the literature reviewed in the context of student midwives' application of Ubuntu principles. The chapter also described the Ubuntu principles of compassion, togetherness, obedience, respect, and equality. The chapter further discussed the literature pertaining to application of Ubuntu principles by student nurses. From this reviewed literature, it was noted that student midwives are motivated to apply Ubuntu principles but need the support of leadership and teamwork. The chapter concluded the discussion with Kohlberg's theory of moral development which provides a theoretical framework for the study. The next chapter will focus on research methodology.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

Research methodology relates to processes, techniques, strategies, and methods which the researcher utilises to approach the study in relation to the problem being investigated, the study's aim and objectives; as well as the data collection and analysis procedures (Clark, Foster & Bryman, 2018:12; Rania, Coppola & Pinna, 2021:229). The approach adopted in this study is discussed below.

3.2 Research Approach

The researcher adopted a qualitative research approach, which emphasises on the acquisition of data and other relevant material that are non-numerical or non-statistical, to interpret the meaning of such data for enhancing understanding concerning social life in the context of a study's targeted populations or places (Crossman, 2020:1; Rania et al., 2021:229). Moreover, the qualitative research approach is most suitable for allocation of descriptions, interpretations, contextualization, and facilitating in-depth insight into specific concepts or phenomena (Clark et al., 2028:12). The researcher was also able to get a more practical and realistic sense of the world by using a qualitative approach rather than a quantitative one, which relies on numerical data and statistical analysis. The use of quotations helped to maintain the data's richness.

3.3 Research Design

According to Bryman (2021:36) and Polit and Beck (2017:136), the research design relates to the processes, procedures, strategies, and research instrumentation preferred by the researcher in resolving the research problem and achieving the study's overall intentions. In enhancement of its research approach, the study further utilised the exploratory and descriptive research design for gaining more insightful meaning concerning the phenomenon of Ubuntu and experiences of student midwives in relation to the application of Ubuntu principles during their provision of midwifery services in the Vhembe District Municipality.

Exploratory and descriptive research designs have some aspects of similarity, but also differ in some respects (Corbin & Strauss, 2019:11). Although the exploratory and descriptive approaches may be combined in practice, exploratory research mostly presents a holistic picture concerning the details of a situation, while descriptive research provides more specific details concerning relational variable of a situation or

social settings, and further focuses on answering the *why* and *how* questions (Anderson, 2019:141). The researcher applied both the exploratory and descriptive research design approaches in this study in order to find out more relevant information and details concerning the experiences of student midwives in relation to the application of Ubuntu principles during their provision of midwifery services in the Vhembe District Municipality.

3.4 Study Setting

Grove, Gray and Burns (2018:276) describe a study setting as the natural, partially, or highly controlled physical location at which the research was conducted. The investigation will be carried out by the researcher in Vhembe District, Limpopo Province.

According to the Vhembe District Health Plan (2018/ 2019-2020/ 2021), the Thulamela and Makhado Municipality are 'Category B' municipalities situated in the Vhembe District's northern-most part of Limpopo Province. The Kruger National Park forms the eastern boundary of the Vhembe District Municipality, which also shares its southern and south-western borders with the Makhado Local Municipality. The municipality has a population of 618,462 residents, 99.3% of whom are black African, 0.1% Coloured, 0.5% Indian/Asian, and 0.1% Caucasian (Vhembe District Health Plan, 2018/ 2019-2020/ 2021).

Many of the Thulamela municipality residents (63.6%) speak Tshivenda as their first language, followed by Xitsonga (32.9%), and English (0.7%). The unemployment rate at this municipality was 43.8% in 2016, with youth unemployment rates at 58.3% (Vhembe District Health Plan, 2018/ 2019-2020/ 2021). Only 4.7% of the population in Thulamela has tertiary education, and more than 40% are still in Grade 8-Grade 12, with about 10% having no formal schooling background (Vhembe District Health Plan, 2018/ 2019-2020/ 2021).

There are seven hospitals in the Vhembe District Municipality which are: Musina Hospital, Louis Trichardt Memorial Hospital, Malamulele Hospital, Hayani Hospital, Tshilidzini Regional Hospital, Donald Fraser District Hospital, and Siloam District Hospital.

Figure 1.2 is a map of the Vhembe District and its various municipality demarcation in which all seven district hospitals are located.

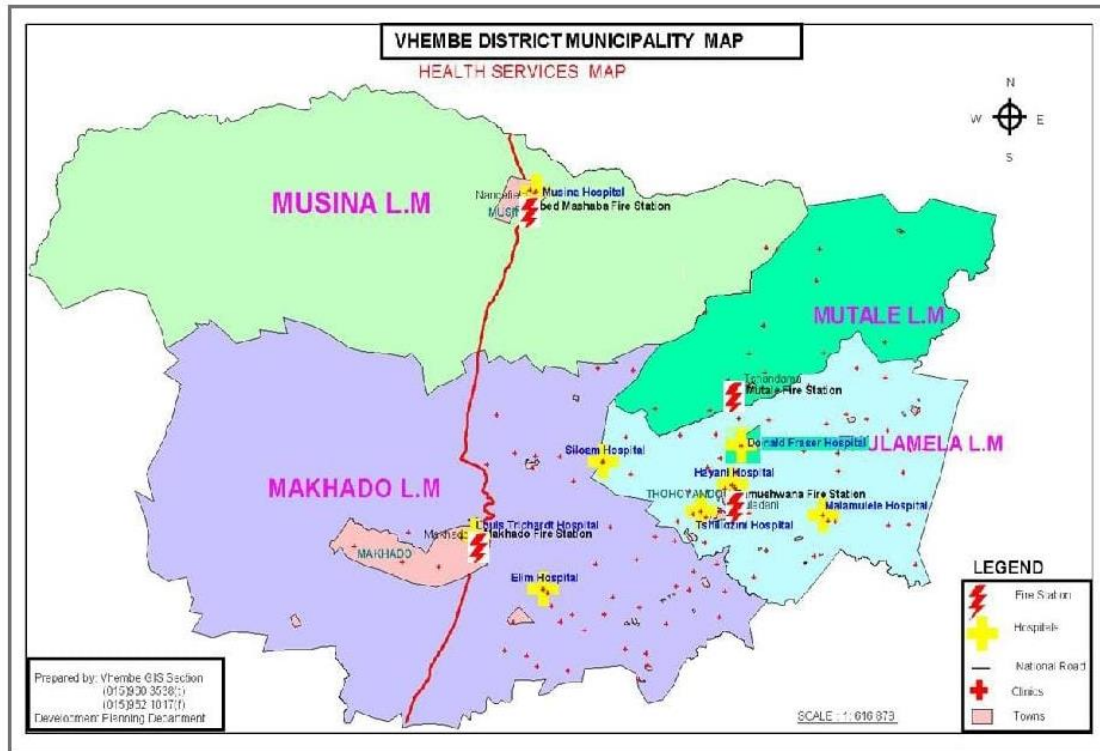


Figure 3.1: Vhembe district municipality map

The University of Venda (Department of Advanced Nursing Science) and Thohoyandou Nursing Campus are located in the Thulamela Local Municipality (LM) and accept student midwives from a variety of cultural backgrounds, primarily Tsonga, Venda, and Northern Sotho. Furthermore, the Thohoyandou Nursing Campus and University of Venda; a ‘feeder college’ for all hospitals and clinics in the Thulamela Local Municipality, Vhembe District Municipality, and other parts of Limpopo Province. On completion of their midwifery studies, these students provide services that are pertinent to nursing care to people with varying cultures as a factor of globalisation and its effect on people’s movements and travel from one place to another (Berberoglu, 2018:399; Koto & Maharaj, 2016:55).

3.5 Study Population and Sampling

A population of the study relates to the whole group of persons, units, events, or objects that are bound by common characteristics and qualities that are of relevance and interest to the study in terms of meeting the criteria that the researcher has

determined before undertaking the study (Brink, Van der Walt & Van Rensburg, 2018:131; Walliman, 2019:110).

3.5.1 The Accessible and Target Populations

The accessible population in this study are a segment of the entire research population and consisted of all midwifery students at both the Thohoyandou Nursing Campus and the Department of Advanced Nursing Science, University of Venda.

On the other hand, the target population are the group of individuals, units or objects who meet the specific sampling characteristics, population criteria and dynamics, and advance some critical aspects of the study as the fundamental basis for making generalisations (Kumar, 2019:83; Leedy & Ormrod, 2020:12). Therefore, the targeted population of the study are only the Level 4 midwifery students from both the Thohoyandou Nursing Campus and the Department of Advanced Nursing Science, University of Venda who were placed at the three district hospitals (i.e., Tshilidzini Regional Hospital, Donald Fraser District Hospital, and Siloam District Hospital) for their clinical learning.

3.5.2 Sampling of Participants

Sampling is described as the process by which the researcher selects a group of the most representative participants from an identifiable population to obtain information regarding a problematic phenomenon based on some predetermined criteria (Ary, Cheser-Jacobs, Sorensen-Irvine & Walker, 2019:16; Brink et al., 2018:132). In this study, the representative group of participants were chosen according to the non-probability purposive sampling method. This technique relies on the researcher's own judgement as the sole determinant of *how* and *why* a certain type of participants are deemed relevant for involvement in the study (Anderson & Poole, 2018:13; Dunn, 2018:26).

Therefore, the researcher opted for the purposive sampling strategy because of her ample knowledge and understanding of the research environment in the Vhembe District. The purposive sampling option was also influenced by the fact that it does not guarantee any chance for participation in the study, which is advantageous for elimination of possible researcher bias (Creswell & Creswell, 2018:103).

3.5.2.1 Sampling criteria

The sampling criteria are basically the range of considerations applied by the researcher to determine inclusion and exclusion of research participants based on some pre-determined characteristics, traits, or qualities (Ary et al., 2019:16; Creswell & Poth, 2017:63).

Inclusion criteria

The following inclusion criteria were applied for inclusion of prospective midwifery students in this study:

Fourth level midwifery students from both the Thohoyandou Nursing Campus and the Department of Advanced Nursing Science, University of Venda who were who were placed at the three district hospitals, and willing to take part in the study.

Exclusion criteria

Meanwhile, the following criteria or range of considerations rendered any prospective participants excluded from any involvement in the research study:

First-, second- and third-year midwifery students from both the Thohoyandou Nursing Campus and the Department of Advanced Nursing Science, University of Venda.

3.5.2.2 Sample size

A sample size basically relates to the actual number of participants who were finally chosen to take part in a study (Kumar, 2019:106). In this study, the sample size comprised of thirty (30) participants who were purposively chosen, of these, 10 were midwifery students from the Department of Advanced Nursing Science, University of Venda, while the other 20 were also midwifery students from the Thohoyandou Nursing Campus.

3.5.3 Sampling of Facilities

The non-probability sampling method was used to select the facilities. From the seven hospitals in Vhembe District, only three were purposively selected, namely, Tshilidzini, Donald Fraser and Siloam hospitals. The rationale for purposively choosing these three hospitals is that midwifery nursing students from both selected training institutions (i.e., Thohoyandou Nursing Campus and the Department of Advanced Nursing Science, University of Venda) are placed in these selected hospitals for midwifery clinical learning.

3.6 Data Collection Methods

Data collection relates to the acquisition of information intended to address the research problem and other pertinent study concerns (Babbie, 2020:13; Silverman, 2017:219). The study used the semi-structured interview as the main tool for qualitative data collection. Interviews are described as one-on-one discussions between an interviewer and an individual or interviewee and are meant to gather information on a specific set of issues linked to the research topic (Kumar, 2019:109; Patten & Galvan, 2019:23).

3.6.1 Data collection instrument

Semi-structured interview guide is an instrument which guided the interviews. Data collection instrument is the interview guide. The researcher developed and used an interview guide, which comprised of a logically organised list of questions and issues that needed to be addressed during the researcher's focused conversations with the participants. The questions were based on the objectives of the study. The interview guide and its relevant questions are shown in Appendix C.

3.6.2 Data collection process

Both the information sheet (see Appendix B1) and informed consent form (see Appendix B2) form provided relevant information, including a full disclosure concerning the study purpose and the use of its findings (Gray et al., 2017:260; Hennink, Hutter & Bailey, 2020:27). The individual semi-structured interviews were held at pre-arranged venues at each of the sampled health care facilities. These venues were in the secluded sections of the hospitals to avoid a disruption of the daily operations of these hospitals.

At the beginning of each session, the researcher introduced herself and immediately made disclosure of the study.

The researcher requested the participants' permission to audio-record the interviews, which enabled the researcher to ensure that no participant-related information or responses were omitted or missed. Seeking permission was also a means to build trust and rapport between the researcher and her participants (Samuel & Richie, 2022:20). Probing questions were used during the interviews to enable participants' more detailed responses concerning the subject matter at hand. At the end of each interview session, the researcher thanked the participants for their time and their positive involvement and contributions in the study. Data saturation is the point at

which sufficient details and information about the investigated phenomenon has been reached (Faryadi, 2018:2913; Grove, Gray & Burns, 2018:276).

3.7 Data Analysis

Data analysis is the systematic process of organising, categorising, and reducing collected data to translate or convert such information into usable text and images for developing a framework of the findings (Botma et al., 2022:220; Ngulube, 2015:12)

Data was analysed using Tech's eight steps in the coding process as recommended by Creswell (2020:193) and in conjunction with the context analysis method. The eight steps are discussed as follows:

Step 1: Organising and preparing the data analysis.

Creswell (2020:193) recommends that all recorded or captured data be transcribed. Verbatim to enhance the analysis process. The researcher transcribed all the audio recorded interviews verbatim on the Microsoft Office to ensure safe storage and readability.

Step 2. Reading or looking at all data

The researcher carefully read all the verbatim transcripts to attain a comprehension of data segments and their meaning. The notebook was used to record the meaning and understanding that surfaced throughout the reading of the verbatim transcripts, along with the related thoughts. By carefully and repeatedly and reading the participants' transcripts over an uninterrupted period, the researcher processed and understood data in its totality to ensure quality data analysis and record all notes and thoughts in real time as they come to mind.

Step 3: Coding all the data

Based on the existence or frequency of concepts in the verbatim transcripts, the Researcher then scaled down data for coding while listing all topics that emerge. In the process, grouping similar topics and separately clustering those that are dissimilar. The researcher recorded notes and thoughts of the collected data in the margins of the paper where the verbatim transcripts appear.

Step 4: Generating description and all themes.

The researcher once again analysed the transcriptions with concerted focus on the codes which existed from the frequency of the concepts (Mental picture codes when reading through) Questions such as "Which words describe it?", "What is all about?" and "What is the underlying meaning?" will guide the researcher in this step.

Step 5: Representing the description and themes.

The researcher abbreviated the topics that emerge as codes, writing the abbreviation next to the appropriate segments of the transcription. Thereafter, the researcher differentiated the codes by including meaningful existences of specific coded data. Analysis, writing the codes with a different colour pen than the colour pen in step 3 on the margins of the notebook.

Step 6: Developing the themes and subthemes.

Themes and subthemes were developed from coded data and the associated texts. And the complete list was reduced by grouping topics that are related to each other in order to create meaning of the themes and sub-themes. To understand the meaning of the themes and subthemes, Kohlbergs' Theory of Moral Development was applied. This entailed aligning the meaning of each of the three phases to define a particular theme or subtheme. For example, the pre-conventional phase is when moral development is taking place and moral actions of student nurses are characterised by fear of punishment (stage 1) or personal benefit (stage 2).

Step 7: Comparing the codes, topics, and themes for duplication.

In this step, the researcher reviewed the work from the beginning checking for duplication and refining codes, topics, and themes where necessary.

Step 8: Recording the existing data, where necessary

The data associated to each theme was assembled in a single column to complete the preliminary analysis. Liaison between the researcher and an independent coder confirmed the themes and subthemes of the researcher prior to the researcher producing the final research.

3.8 Ethical Considerations

According to Frechette et al. (2020:8) Marshall and Rossman (2016:29) social researchers should abide by ethical and professional principles and protocols which guide their conduct and behaviour when dealing with human subjects. In this regard, the study adhered to the broad ethical principles of research advocated by Machi and McEvoy (2018:47) and Polit and Beck (2017:139). These ethical principles or protocols include permission to conduct the study, informed consent and voluntary participation, prevention of harm to the participants, anonymity, and confidentiality, as well as the deception and debriefing of participants. These ethical protocols or considerations are outlined in the ensuing sub-sections.

3.8.1 Permission to Conduct the Study

Ethical clearance was granted by the University of Venda's Human and Clinical Trials Research Ethics Committee (HCTREC), and identifiable as Research Project

No:FHS/22/PDC/10/1206 which provided the required authorisation for the data collection process to commence. Thereafter, permission was also granted by the Limpopo Department of Health, Vhembe District Department of Health managers, Department of Health District Managers of the three research sites.

Once approval was granted by the hospital authorities, appointments were made at the three hospitals with a schedule of possible dates for the semi-structured interviews. This enabled the researcher to avoid interrupting student midwives' daily work schedules at the hospitals.

3.8.2 Informed Consent and Voluntary Participation

Informed consent implies the agreement of potential participants to be involved in the study's empirical processes on the basis that the researcher has fully disclosed all pertinent information and details about the entire study (Frechette et al., 2020:8). Social research entails some degree of prying into people's private affairs, and potentially disrupts their routine activities (Babbie, 2020:520). Participants' involvement in a study should be voluntary, and without any coercion from the researcher's part (Hedding et al., 2020:1).

Against this background, the researcher acknowledged the possible intrusion of the study into the daily routines of the selected participants and provided them with background information about their consent to participate voluntarily knowing what the study entails. The purpose of the research was explained, which enabled the participants to decide whether to accept or decline any participation in the research project (Machi & McEvoy, 2018:54). No participant was threatened, lured, or forced to be involved with the promise of monetary inducements. Furthermore, the participants were informed that they can withdraw their participation at any stage of the process without any fear of any punitive action taken against them by the researcher or their institutions.

3.8.3 Prevention of Harm to the Participants

Doing no harm to the research participants is critical in social science research ethics (Flick, 2020: 18; Taşlı, Gönen, Kırbaş, et al., 2022:904). Therefore, social science research should under no circumstances pose any form of indirect or direct harm to the research participants, regardless of whether they volunteered their participation in the study (Babbie, 2020:522). Therefore, the researcher did not expose the participants to any form of physical, psychological, and emotional harm or distress.

3.8.4 Anonymity and Confidentiality

Protecting the welfare, interest and identity of the participants is a sacrosanct requirement in social research (Marshall & Rossman, 2016: 23). In that regard, the researcher ensured that none of the interviewees' responses were identifiable and linked to any specific participant (Walliman, 2019:119). The researcher further allocated numbers for her own identification and categorisation of the participants' verbatim statements to prevent their identities. Additionally, all details concerning their addresses and contact numbers were stored safely and not divulged to anyone. All transcripts of the audio recordings, note pads, and copies of consent forms were kept anonymous before their storage in a computer whose contents could only be accessed by a password. Moreover, the researcher created a drop box on the computer for the safekeeping of the recordings which were only accessed by the researcher working on this study. In this regard, the researcher ensured that each of the interviews were held in safe offices with doors locked to prevent any undue external disruptions (Hennink et al., 2020:43). All the stored digital data and hard copies will be kept for five (5) years, after which it would then be permanently removed.

3.8.5 Deception of Participants

Deception is premised on misleading participants, intentionally misrepresenting facts, and concealment of information from them (Kumar, 2019:89; Surju, 2018:14). The researcher informed the participants that the study was mainly for her academic qualifications in fulfilment for the requirements for her Master's in Nursing degree registered with the University of Venda, and that the findings may be used by the Limpopo Provincial Department of Health and Vhembe District Municipality to improve care and minimise patients' dissatisfaction with health care service delivery. The consent form disclosed all the needed information, and no money was offered or promised to the participants to deceive them into participating in the study (Kumar, 2019:89).

3.8.6 Debriefing of Participants

Debriefings are described as post-interview psycho-social interventions afforded to participants as an opportunity to address some latent experiences triggered by their involvement in the study, and to have their questions answered and removal of any misconceptions for their healing process (Anderson & Poole, 2018:17). Accordingly, the researcher afforded the participants the opportunity to ask their questions during

the study. However, none of the participants required any psychologist for further counselling as an aftermath of their involvement in the study.

3.9 Methods to Ensure Trustworthiness

In qualitative studies, trustworthiness is both a mechanism and process to ensure the quality and scientific rigour of the study results and the processes by means of which those results were generated (Leavy, 2017:26). According to Kumar (2019:29) and (reference), the foremost indicators or criteria of trustworthiness in a qualitative study are the credibility, transferability, dependability, confirmability, and authenticity indicators; all of which are discussed in the ensuing sub-sections below.

3.9.1 Credibility

Credibility relates to the confidence of the researcher in the truth value of the data generated and the intensity according to which the self-same data was interpreted (Botma et al., 2022:218; Brink et al., 2018:172). Credibility also involves the extent of the study results' believability or acceptability of the study results from the viewpoint of the research participants. In addition, credibility (known as validity in quantitative studies) is ascertained by the participants' authentication, validation, corroboration, and approval of the findings. The higher the outcome of these, and the higher the study's validity. The researcher ensured credibility by member checking, building rapport with the participants and literature control.

Credibility was established by building rapport and trust with the participants. First and foremost, the researcher did not just begin by asking questions in the interview. Rather, she warmly introduced herself at the beginning of each session and fully disclosed the study and its purpose. Through prolonged engagements, the researcher further spent more time with the participants outside of the formal interview sessions to understand their worldview and rationale for their experiences and responses to the interview questions (Burns & Grove, 2017:219; Ngulube, 2015:140).

Additionally, member checking (which could be viewed as complementary to building rapport with the participants) was applied with the researcher's post-interview follow-up for further clarity on participants' answers to certain questions which the researcher might have missed. Member checking was employed to validate the obtained data through discussions with the participants, who were allowed to react to their responses when analysed data was referred to them for their further review, validation or correcting the generated themes and categories where it was necessary (Creswell &

Poth, 2017:66). The researcher ensured credibility by consistently pursuing various possible interpretations of the analysed data.

3.9.2 Transferability

Transferability is premised on the findings' applicability or generalisability to other participants or contexts facing similar challenges as in the original study (Bryman, 2021:53; Silverman, 2017:88). In this study, the results are expected to produce high generalisability and transferability to other contexts or settings due to the homogeneous groups of student midwives represented in the study. Although transferability of research findings is not always a possibility in qualitative research studies (Leedy & Ormrod, 2020:48), the researcher has kept records of the research processes, which will enable interested researchers to fully understand the study and its current approaches for possible application or replication in their own respective settings.

3.9.3 Dependability

Dependability is premised on the view of the study's evidence becoming repeated irrespective of context, circumstances, and conditions external to the initial research study (Leavy, 2017:44). Dependability was applied in this study by asking the same questions to all participants irrespective of the time and circumstances of each interview session (Marshall & Rossman, 2016:43). Furthermore, the researcher used the probing strategy in a way that did not change the original meanings and contexts of the questions.

3.9.4 Confirmability

Confirmability relates to the degree of the study results' corroboration by independent professionals or experts in the field of inquiry (D'Angelo et al., 2019:13). Confirmability also relates to the extent of data congruity, relevance and accuracy and clarity of meaning (Leedy & Ormrod, 2020:33). The data should reflect the participants' voice, and not the perceptions, biases, or preferences of the researcher (Brink et al., 2018:173). Therefore, the researcher consulted a professional research methodology practitioner and coder for independent verification of the relevance and accuracy of the findings; as well as confirming the agreeability of the findings and conclusions reached. Confirmability was further ensured by capturing all interviews on audio to retain the original state of the participants' statements before their analysis and interpretation. The researcher used the follow-up or probing questions to preclude any assumptions concerning the participants' responses.

3.9.5 Authenticity

Authenticity is based on the study results' genuine reflection of the participants 'own original versions of their lived realities and experiences (Dudovskiy, 2018:7; Ryan, 2018:44). According to Leedy and Ormrod (2020:33) the authenticity of a study and its findings is reflected in a research report's complete depiction of the (subjective) feelings, understanding and tone of the participants. In this study, the researcher applied the authenticity measure of trustworthiness through member checking to ensure that she had not misrepresented the participants' perspectives in preference of her own versions of midwifery students' experiences concerning the application of Ubuntu principles in health care settings.

3.10 Conclusion

The chapter described the qualitative approach that was applied in the study, whose fundamental concern was to explore and understand the student midwives 'perceptions in the application of Ubuntu principles in non-numeric or narrative terms. The study also used both the exploratory and the descriptive designs for achieving its intended objectives. Also discussed in this chapter was data collection and analysis processes, as well as sampling processes in terms of which the 30 student midwives were purposively selected for involvement in the semi-structured interview. Data was analysed by means of thematic content analysis. The trustworthiness measures were also presented, as well as the ethical parameters that applied in this study.

The next chapter presents detailed discussions emanating from the research findings.

CHAPTER 4

PRESENTATION OF RESEARCH FINDINGS

4.1 Introduction

The previous chapter provided theoretical pre-data collection framework according to which the actual generation of empirical data was conducted in this study. The current chapter, on the other hand, basically provides evidence-based domain of the study in so far as describing the sampled thirty participants' experiences regarding the application of Ubuntu principles and the significance of applying Ubuntu principles from responses aligned to these two objectives; outlined in an interview guide with six items reflected in Appendix C. In addition, participants' demographic characteristics are also presented to reflect their suitability for involvement in the study, as well as effectively contextualising the environmental dynamics of the study from a human perspective (Anderson, 2019:141); (Clark et al., 2018:15).

The purpose of this study was to determine the student midwives' experiences regarding the application of Ubuntu principles during provision of midwifery services in Vhembe District, Limpopo Province. Consistent with the research objectives the fundamental research questions of the study were then articulated as follows:

What are the experiences of student midwives regarding application of Ubuntu principles during provision of midwifery services at public hospitals in Vhembe District, Limpopo Province?

What are student midwives' perspectives regarding the significance of applying Ubuntu principles during provision of midwifery services at public hospitals in Vhembe District, Limpopo Province.

The presentation of the participants' demographic data is shown below.

4.2 Participants 'Demographic Characteristics

The researcher interviewed a total of thirty participants whose demographic characteristics are shown below in Table 4.1. Pseudonyms were used to conceal the identity of participants, which is following the ethical protocols of anonymity, confidentiality, and privacy (Faryadi, 2018:2912; Nayab, 2020:70).

Table 4.1: Participants' demographic characteristics

Pseudonym	Age	Gender	Level of Training	Hospital
Participant 1	22	Male	4	HB
Participant 2	23	Female	4	HB
Participant 3	23	Female	4	HB
Participant 4	23	Female	4	HA
Participant 5	22	Female	4	HA
Participant 6	25	Female	4	HA
Participant 7	23	Female	4	HA
Participant 8	22	Female	4	HA
Participant 9	30	Female	4	HA
Participant 10	25	Female	4	HA
Participant 11	22	Female	4	HA
Participant 12	24	Female	4	HA
Participant 13	30	Female	4	HA
Participant 14	23	Female	4	HB
Participant 15	22	Female	4	HB
Participant 16	21	Female	4	HB
Participant 17	26	Female	4	HB
Participant 18	22	Female	4	HB
Participant 19	22	Female	4	HB
Participant 20	22	Female	4	HB
Participant 21	23	Female	4	HB
Participant 22	24	Male	4	HB
Participant 23	21	Female	4	HB
Participant 24	22	Female	4	HB
Participant 25	22	Female	4	HC
Participant 26	21	Female	4	HC
Participant 27	25	Male	4	HC
Participant 28	24	Male	4	HC
Participant 29	25	Male	4	HC
Participant 30	23	Female	4	HB

Table 4.1 above reflects the demographic characteristics of the sample. The table further illustrates that all 30 participants were in their fourth level of midwifery studies, which is following the sampling criteria. From a curriculum viewpoint, the level four students were participants targeted based on their broader knowledge and understanding of nursing ethics. Additionally, the participants' ages ranged from 21 to 30 years, with a mean age of 23.4 years and a modal age of 22 years. From the viewpoint of the researcher, both the median and modal age factors are positive developments for the nursing profession, in terms of the longevity of years during which they would render their nursing care services to the public.

Also extrapolated from Table 4.1 above is that majority of the participants (n=25, 83%) were females, whereas (n=5, 17%) were males.

4.3 Presentation of the findings

The findings discussed in this section were derived from the thematically generated and analysed raw statements. Four themes developed and fifteen sub-themes emerged from the themes indicated in table 4.2.

Table 4.2: Summary of major themes, themes, and subthemes

Objective	Theme	Sub-theme
1. Application of Ubuntu during the provision of midwifery services	1. Positive experiences of Ubuntu application	1.1 Patient support
		1.2 Teamwork and collegiality
	2. Negative experiences about Ubuntu application	1.3 Respect of patients
		1.4 Non-discrimination
		2.1 Shouting of patients by senior midwives
		2.2 Fair versus unfair treatment based on race and nationality.
		2.3 Disrespect of student midwives by senior midwives
2. Significance	3. Quality care Provision	2.4 Psychological and emotional abuse of patients
		2.5 Physical abuse of patients
		2.6 Shortage of staff
		2.7 Poor infrastructure
		3.1 Holistic care
3.2 Patients' advocacy role by		

<p>of applying Ubuntu principles during the provision of midwifery services</p>	<p>4.Establishment and maintenance of positive relationship with patients</p>	<p>student midwives 3.3 In-service training on Ubuntu Principles 4..1 Trusting relationship between student midwives and patients</p>
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4.3.1 Objective 1: Application of Ubuntu during the provision of midwifery services.

From this major theme, there were two themes; the first focusing on positive experiences of Ubuntu with four sub-themes emerged and the second theme focussing on negative experiences about Ubuntu application had five subthemes which emerged.

The positive experiences about Ubuntu included patient support, teamwork and collegiality, mutual trust and respect, and non-discrimination as sub-themes. The theme on negative experiences included subthemes of, shouting at patients by senior midwives, xenophobic abuse racism and ethnicity, disrespect of student midwives by senior midwives, psychological and emotional abuse of patients and physical abuse.

Theme 1. Positive experiences about Ubuntu application

Positive experiences of Ubuntu can be related to acts of goodwill, ordinary good manners and treating patients as unique being with respect, and dignity without prejudice and discrimination. Participants related their positive experiences about application of Ubuntu principles based on patient support, teamwork and collegiality, respect of patients and non-discrimination. The development of this theme was framed by the conventional phase of Kohlberg's Moral development theory. At this stage, moral reasoning is shaped by the society's expectations of good behaviour. These expectations include supporting patients, working in a team and providing respectful, non-discriminatory care.

Sub-theme 1.1 Patient support

The participants in the study revealed that both student midwives and few senior midwives are able to display Ubuntu principles during provision of midwifery services. Participants revealed that they are supportive and caring and also provided patients with appropriate information which enabled them to understand their health conditions and responded positively as expected. This is supported by the following statement:

“Most of student midwives display good nurse-patient relationship and patients support is always good, does not shout at patients instead, patient is given full explanation before and starting the delivery procedure and also explain the expectation thereof to gain cooperation (P 17, from HB)”.

While among the senior midwives, the findings revealed that only few of them supported patients hence the application of Ubuntu. This is supported by the following narrative statements:

“There are still few among the senior midwives in the ward who are showing Ubuntu, who stood next to the patient side bed providing support through massaging of patient”. (Participant 1 from HB)

“In this institution there are others senior midwives that explain to the mother smoothly and support them to deliver the baby”. (P6, from HA)

Sub-theme 1. 2 Teamwork and collegiality

Participants in the study reported team work as one of the aspects they experienced, which positively impacted the provision of midwifery services to patients. Thus, midwives and student midwives worked harmoniously with each other, resulting in quality care provision to patients despite shortage of staff. The following were echoed by the participants:

“During antenatal, I experienced the importance of team spirit while allocated in the antenatal ward which was very full and short staffed and there we work very well and stick together as a team” (P3, from HB)

The finding revealed that teamwork and collegiality may play an important role and have implications of providing quality midwifery services in an overcrowded ward.

“I was suturing the episiotomy to the patient who was not co-operating and called for help from a senior midwife who came and supported the patient by emphasizing the importance of cooperating to ensure that suturing of the perineum is done well” (P28, from HC).

The finding revealed that there is harmonious relationship and teamwork between midwives and students.

“During labour patient who are not cooperative especially the primigravida are supported and encouraged to open their legs and stretching legs with the support of different nurses to deliver and save the life of the baby (P27, from HB).

Sub-theme 1.3: Respect of patient

Participants highlighted that respect is one of the values of Ubuntu is described in the context of respecting patients during care provision. In this regard, student midwives shared their experiences of respect between the midwives and patients. The respect from the senior midwives was given to “*high profile patients*”, while another participant noted the respect was provided in the antenatal unit. Noteworthy student midwives who described the positive experience of respectful maternity care were from the same institution.

The quotes to support are shown below:

Although there were cases of lack of respect there were some instances where senior midwives showed respect to patients. The following statement support the findings:

“Respect is only given as per prejudice and high-profile cases are treated with respect.” (Participant 20 from HB)

The finding also showed that in some units, respect was provided to all patients.

“During antenatal care senior midwives treat patients with respect and dignity. Labour ward where high risk patient is booked for elective C/S either due to obstetric and medical conditions, but the senior midwives ensure that everything of the patient went well.” (Participant 15 from HB)

Sub-theme 1.4 Non-discrimination

According to Respectful Maternity Care, all patients should be treated as unique beings, with respect and dignity irrespective of their culture, ethnicity, and religion without discrimination nor prejudice. Therefore, non-discrimination reported by the participants who revealed that there are senior midwives who still displayed Ubuntu during provision of health care services. They highlighted that patients are treated equally irrespective of their culture and religion. Their quotes to support this subtheme are shown below:

“They are those senior midwives who are still treating patients equally irrespective of their culture and believe” (P23, from HB).

The same sentiment was echoed by other participants as follows:

“Good quality care is provided in maternity ward and patients are well taken care of with fair treatment to all, irrespective of their culture and beliefs” (P29, from HC)

Theme 2. Negative experiences of Ubuntu

The second theme aligned to the major theme application of Ubuntu principles during provision of midwifery services were the negative experiences of Ubuntu. The development of this theme was framed by the phase 1 of Kohlberg's Moral Development stage. At this stage, the student midwives observe the violation in the application of Ubuntu principles because of fear of consequences of opposing senior midwives and or self-interest.

In this regard, the participants expressed their views with regards to negative experiences regarding the application of Ubuntu principles. The negative experiences of Ubuntu subsumed five subthemes which illustrated lack of application of Ubuntu by the senior midwives. These subthemes were shouting of patients by senior midwives, fair versus unfair treatment based on race, disrespect of student midwives, physical abuse of patients and psychological and emotional abuse of patients by senior midwives.

Sub-theme 2.1. Shouting of patients by senior midwives

In this study participants revealed the opposite, instead during provision of care, senior midwives shouted at patients by saying hurtful things unnecessarily. Usually, it led to negative outcomes. This was evidenced by quotes from participants who noted the constant shouting of patients and calling them using bed numbers or diagnosis that did not embody Ubuntu. The excerpts supporting the subtheme are shown below:

The finding described how nurses would shout at patients.

“Ubuntu principles are not applied. Nurses are shouting to the patients’ telling patients that “this is not your home!”. They are also rude to the patients” (P2, from HB)”.

In shouting of patients, the nurses used bed numbers to refer to patients which did not exemplify Ubuntu.

“Nurses shout at patients instead of speaking with them nicely and they also call patient by bed instead of their real names.” (P3, from HB)”.

When the patients call senior midwives to tell them about how they feel or about labour pains. The responds from the senior midwives are as follows:

“Are you a midwife!”

“How do you know about labour?”

“They also shouted to patients who are not cooperating”.

“Patients are not given opportunity to express themselves” (P7 from HA)

“Shouting at the patient instead of speaking nicely in a polite manner, calling patient by bed numbers and diagnosis instead of real names” (P 5, from HA)”.

Poor and ineffective communication with patients revealed lack of application of Ubuntu principles by senior midwives. The shouting usually led to negative outcomes and hinders provision of quality care.

Sub-theme 2.2. Fair versus unfair treatment based on race and nationality.

The participants reported unfairness regarding care provision to South Africans and Zimbabweans, whereas Indians received special care versus South Africans.

This is shown in the quotes below:

The findings also showed that there was unfair treatment regarding waiting times among Zimbabwean patients.

“People are different, and some abide to Ubuntu principles, discriminations of patients for example Zimbabwean patients are not attended in time, just sit and wait for a long period, to access medical treatment they are shouted at, and the approach is bad as compared to other cultures” (P 9, from HA)”.

Furthermore, there was unfair treatment between Indians and South Africans.

“There is discrimination in labour ward of the hospital, Indians and South African are not treated equally, and the Zimbabwean is insulted in front of other patients,

Indians are allowed to bring along a birth companion in the ward while South Africans are not given that opportunity, The Indians can also come in the wards even if it is not visiting time, Zimbabweans are not given proper health care as they are forced to pay money for health care services” (P 24, from HB)”.

Therefore, from the quotes it was concluded that there was unfair treatment based on race and or nationality.

Sub-theme 2.3. Disrespect of student midwives by senior midwives

Participants reported that the respect of student midwives is lacking in maternity wards. Senior midwives' yelling at student midwives in front of patients or other professionals is an example of how they are disrespected and not treated like special beings. This type of attitude led to a negative impact in the student's midwives who develop low esteem and low self confidence in their daily activities. This subtheme resonated with phase 1 of Kohlberg's moral development theory, stage 1 of the pre-conventional phase where the student could not act on their moral dilemma because of fear of consequence of being labelled or not getting signatures. The issue of disrespect and failure by the student midwife to act on a moral dilemma is described by the participants whose quotes are shown below:

"The student was trying to massage the patient who was in labour and was shouted at by the senior midwife who said "Do you want to spoil our patients!" meaning :(U do ri tshinyela vhalwadze hoyu) "are you going to massage all these patients in labour?" and I just kept quiet for that and comply with the ward rules to avoid being labelled and not get signatures after completion." (P6 from HC)

A participant also reiterated the issue of being insulted which showed a lack of respect of the student midwife.

"Some of us are told that we are stupid and insulted in front of the patients. These have led students to lose confidence and develop a low self-esteem." (P7 from HA)

"Students are treated with disrespect as if they do not have feelings". (P10 from HA)

I was shouted at when we need help like "matshudeni haya a bora!" (meaning these students are boring) only the students from university students are highly considered and get more privileged to be taught versus the college student, I felt embarrassed and demotivated (P9, from HA)

"As student midwives we are facing a lot of challenges like treated with disrespect in maternity ward (P30 from HB)."

From the statements above, the student midwives had negative experiences in the application of Ubuntu because of the disrespect they experienced from the senior midwives.

Sub-theme 2.4. Psychological and emotional abuse of patients.

Participants described how patients were psychologically and emotionally abused through verbal threats. They were told that maternal services would not be provided to them. They were shouted at, humiliated, and embarrassed irrespective of the stage of labour and severity of pain. These findings revealed lack of Ubuntu in maternity ward.

The statement of the student midwives illustrates how maternal services would not be adequately provided to reduce pain *“Due to different pain tolerance, some patient may be screaming even though is still latent phase”* *“2cm dilated” jumping all over and crying for help, Instead, nurses will shout to the patient that “this is how to give birth and you must tolerate” instead of giving patient analgesic to relieve pain”* (P 21, from HB).

Moreover, student nurses highlighted the verbal threat to the maternal patients indicated by the statement:

“The student was suturing episiotomy to the patient who was not cooperating and call for help from the senior midwives who came and told the patient her that” “You will leave with your perineum and will see if your husband will be happy to see you like this”, after this the patient was cooperative and suturing was completed after change of behaviour” (P 28, from HC).

From the statements above it was concluded that the emotional and psychological abuse of patients created a negative experience of application of Ubuntu principles among student nurses.

Sub-theme 2.5. Physical abuse of patients by senior midwives

Participants reported physical abuse of patients by senior midwives in labour ward, claiming that the intention is to save the life of the unborn baby. This was usually done to the primigravida patients who were not well informed on what to expect in labour. These were supported by the following statements:

“I was in labour ward while one of the patients who was giving birth, requested to push the baby out and not complying, instead the senior nurse forcefully open the legs of the patient by pulling the legs away to open the legs and also shouted to the patient.” until the baby delivered alive” (P 22 from HB).

There have also been reports of forcible leg openings in another hospital, albeit involving different midwives.

“During labour patients are opened and stretched legs forcefully with support from different nurses especially to the primigravida and non-cooperating” (P27 from HC)”.

Sub-theme 2.6. Shortage of staff

The participants expressed their views regarding the importance of availability of human resources to ensure quality maternal services. In their descriptions they revealed that they are working in an environment that is not conducive due to shortage of staff. They are providing midwifery services without supervision due to staff shortage and “which they view as trial-and-error learning” to save both the life of the mother and the baby. As a result, they emphasized the significance of having enough qualified, experienced, and skilled midwives to guarantee high-quality midwifery services. This will lead to a reduction of burnout and shouting of patients and a result of exhaustion that violated Ubuntu principles.

This is supported by the following narrative statements:

“All shortage of staff needs to be corrected... Every maternity ward should have enough staff to ensure provision of quality care and application of Ubuntu principle (P 12, from HA)”.

“Shortage of staff during admission and preparation for caesarean section where everything was done without supervision which is a violation patients’ rights that jeopardise Ubuntu application” (P3 from HB)”.

“There is a shortage of staff in the hospital where one professional nurse might be left alone running the ward. The government must employ degree nurses, and advanced midwives to improve service delivery” (P14, from HA)”.

The finding also revealed that addressing the shortage of midwives will improve quality maternal services as burnout will be reduced which led to patient shouting.

“There is shortage of staff, burnout, exhaustion and shouting at patients by senior professional nurses” (P 8, from HA)”.

“I think the hiring of midwives will minimise shortage of staff and improve maternal service delivery” (P 18, from HB)”.

The student midwives acknowledged that senior midwives were their role models in applying Ubuntu but could not adhere to these principles due to shortage of staff.

“Overcrowding with patients lead senior midwives to violate Ubuntu Principle and shortage of staff does not correlate with patient ratio... Senior midwives

that are acting as role models are not complying with Ubuntu Principles...” (P 12, from HA)”.

Sub-theme 2.7. Poor infrastructure

Participants revealed that they are working in an environment that is not conducive due to poor infrastructure. Curtains are used to divide the beds. They also revealed the issue of overcrowding that resulted in lack of confidentiality, dignity, and privacy of patients. As a result, these hinder the quality provision of maternal services and Ubuntu principles. These findings are supported by the following narrative statements:

“Bad infrastructure in labour ward which is too small that always lead to overcrowding with patient, no privacy as the bed is divided by curtains due to lack of space (P 1, from HB)”.

The finding also showed that adequate infrastructure ensured dignified quality care from another hospital.

“There should be good infrastructure where patients will be treated with dignity and maintenance of privacy (P11 from HA).”

“There should be provision of good infrastructure as the space is not enough for privacy in the delivery room as one can hear everything that is happening next door (P7 from HA).”

4.3.2 Objective2: Significance of applying of Ubuntu Principles during the provision of midwifery services.

As shown in Table 4.2 above, the second major theme that emerged was the significance of applying of Ubuntu Principles during the provision of midwifery services. From this major theme, two themes were developed namely, quality care provision, establishment, and maintenance of positive relationship with patients. Their sub-themes are holistic care provision, patient advocacy and in-service training. The development of these subthemes was shaped by the description of the conventional and the post-conventional phases of Kohlberg’s moral development model. In the post conventional stage, moral reasoning is based on applying ethical principles, for example fostering positive therapeutic relationships with patients.

Theme 3. Quality care provision

Participants expressed their perceptions on the significance of applying Ubuntu principles during the provision of midwifery services. The theme of quality care provision had three subthemes which were: holistic care, ability to act as patient advocate, and in-service training on Ubuntu principles.

Sub-theme 3.1. Holistic care provision

The participants in the study revealed that holistic care were achieved by providing care which includes meeting the physical and psychosocial needs of the patient; this embodies quality care by embracing Ubuntu the psychological needs can be met through principles like compassion, kindness, empathy, and respect of patients during provision midwifery services. The following narrative statements describe the student midwives' perceptions regarding the significance of applying Ubuntu in holistic care provision:

“To take care of patients and treat them with dignity during antenatal care, labour and postnatal care, attending to patients needs in totality, make sure that you are not putting your patient into danger (P 1, from HB)”.

The student midwives also shared that they understood quality care as providing care in totality.

“During delivery process I treat patients in totality, with respect and, listening to patients when they asked questions, give clarification where necessary without prejudice, always be there to the patient, comforter and ensuring that patient feels welcome (P 27, from HA)”.

Sub-theme 3.2 Ability to play an advocacy role.

Participants further described the significance of Ubuntu in ensuring quality care through the student midwives' ability to play an advocacy role for the patients. The advocacy role was described by participants who shared that they acted as patient advocates by upholding patients' rights. The excerpts to support the subtheme are shown below:

“Patient can be affected by different environment spheres therefore student midwives should take care of those environmental spheres, sympathise with patients, play an advocacy role, learn as much as you can by avoiding putting the patient into danger due to lack of knowledge, as this will have negative impact in patient care in midwifery services that will hinder the application of Ubuntu principles” (P 1, from HB).

The finding also showed that student midwives played an advocacy role through providing information and upholding the Batho Pele principles.

“Ability to provide patient care equally. Helping patients to express their feelings and fear during hospitalisation to avoid excessive worries through reassurance. Provides with knowledge of rights of patients and play as a patient advocacy through familiarising with Batho-Pele Principles” as a student midwife (P 12, from HA).”

“I make ensure that patients are satisfied and provide advocacy role. When one is shouting to the patient, I confronted the shouter and tell her that is unlawful including, I have confronted the senior midwives as well without fear (P8, from HA).”

Sub-theme 3.3. In service training on Ubuntu principles

The participants shared that in-service training on application of Ubuntu principles was significant as it enhanced quality maternal service delivery. This will foster teamwork, good nurse patient relationships and quality care. The participants also revealed that Ubuntu should be added in the new curriculum of student midwives to minimise unacceptable behaviour that are displayed due to lack of information.

This theme was supported by the following narrative statements:

“Senior midwives should undergo in-service training that emphasizes the Ubuntu principle in order to ensure good nurse patient relationship is established (P15 from HB).”

The study also found that student midwives regarded Ubuntu principles as significant and novice midwives and students required training on Ubuntu.

“In-service training regarding the application of Ubuntu principles to both professionals and students’ midwives should be done once a year to equip the newly qualified professional nurses. Both professional nurses and student midwives should work together as a team and apply Ubuntu principles there should be enough resources to ensure the service rendered is appropriate (P 17, from HB).”

“In-service training must be done to ensure quality service delivery (P 21, from HB).”

The study also revealed the importance of inclusion of Ubuntu Principles in the curriculum of students Midwives. This is supported by the following narrative statement:

“The Ubuntu Principles programmes should be included in the curriculum of student midwives to minimise unacceptable behaviour during the provision of midwifery services as some of the senior midwives are not aware of their wrongdoing”.

Same participants also added that:

“Inservice training should be done for grooming the low category about application of Ubuntu in Maternity ward.” (P2 from HB).

Theme 4: Establishment and maintenance of positive relationship with patients

The student midwives also described how the establishment and maintenance of a positive relationship with student midwives also positively affected the application of Ubuntu principles. This main theme was supported by one subtheme: trusting relationship between student midwives and patients.

Sub-theme 4.1. Trusting relationship between student midwives and patients.

The participants in the study revealed the importance of Ubuntu through their good nurse- patient relationship during maternity service delivery. They also noted that the good relationship enabled cooperation from patient, as evidenced by the following statements:

“My relationship with the patient is very good, most of the time the patient called me to attend them in most of the cases and I also allow them to express their feelings and fear, and responded positively, unlike the professional midwife who shouted to the patients, and they trust me as I did not shout on them (P 4, from HA)”.

“The relationship is very good; in such a manner the patient can call me while sitting amongst other students for support when attended everything went well. Some of the patients can be able to remember to student midwife when they met in the mall (P22, from HB)

“I display good nurse patient relationships. [For example] In labour, I lowered my voice when speaking with the patient. I ensure that I give full explanation to the patient regarding the procedure to be done and their expectation thereof. I treated all the patients as unique being with their own different needs. I refer the non-cooperative patient to the senior professional midwife (P 1, from HB)”.

“I think my relationship is good with the patient [smiling]. I am always called for provision of support unlike the senior professional midwife who are rude to the patient (P 3, from HB)”.

“My relationship with the patient is very good” (P 5, from HA).

“It is good and there is respect for patients” (P 8, from HA).

“The relationship with patients is very good. One day I have the opportunity to admit the patient in the labour, progressed the patient until delivery. The patient was very happy in respect to the midwifery care provided to her throughout the delivery process (P 10, from HA)”.

“It is my responsibility to support and give comfort to the patients, treat them with respect and this will enhance student midwife patient relationships (P11, from HA)”.

As a student, I do comply with the application of Ubuntu Principle, I displayed this by greeting the patient before any procedure by so doing that a good nurse patient relationship is established (P12 from HA).”

From the afore-cited extracts, it is evident that the midwives view their relationship with their patients as characterised by “good” or “very good”, professional, cordial, and supportive interactions. Moreover, there is also mutual trust and respect between these midwives and the patients. Therefore, when patients have trust in their nursing team, they feel safe, supported, and confident in their care that bonds lead to a better patient satisfaction and ultimately better outcomes.

4.4 Conclusion

In this chapter, the researcher presented the research participants’ interview-based responses to reflect their experiences, perceptions and realities concerning the application of Ubuntu principles during provision of midwifery services. In that regard, the chapter first outlined the participants’ demographic profiles or characteristics. Thereafter, the 4 (four) generated themes were analysed and interpreted in on the context of the reviewed literature, the research problem, as well as the objectives of the research. Fifteen sub-themes emerged from the participant narrated statements. The following chapter presents a discussion of the main findings.

The next chapter (Chapter 5) discusses the main findings as a sequel to the presentation that was made in the current chapter (i.e., Chapter 4).

CHAPTER 5

DISCUSSION OF THE FINDINGS

5.1 Introduction

The previous chapter provided the necessary data and findings of the research study as accrued from the thirty purposively sampled participants through their in-depth individual interviews. In the present chapter, the researcher mostly presents the discussion of the research study. In this regard, the chapter begins with a section on the extent of the study's accomplishment of its objectives as reflected in Section 1.7 of Chapter One.

To ponder: the purpose of the study was to determine the student midwives' experiences regarding the application of Ubuntu principles during provision of midwifery services in Vhembe District, Limpopo Province. To this end, the study sought to achieve the following two objectives as articulated Section 1.7 of Chapter 1:

- To explore and describe the experiences of student midwives regarding application of Ubuntu principles during provision of midwifery services at public hospitals in Vhembe District, Limpopo Province; and
- To explore and describe student midwives' perspectives regarding the significance of applying Ubuntu principles during provision of midwifery services at public hospitals in Vhembe District, Limpopo Province.

From the data analysed, the study found that student midwives had negative and positive experiences of the application of Ubuntu principles during the provision of midwifery services. Descriptors of the positive experiences included teamwork, mutual respect, non-discrimination, and patient support. The student midwives also had negative experiences of application of Ubuntu, and these were characterised by shouting of patients by senior midwives, unfair treatment based on race and nationality, disrespect of student midwives by senior midwives, psychological and emotional abuse of patients, physical abuse of patients, shortage of staff and poor infrastructure. The study also found that Ubuntu was significant in the provision of midwifery care because it ensured quality care provision, which was characterised by holistic care, student midwives playing an advocacy role for patients and the need for in service training on Ubuntu. In addition, Ubuntu principles were also significant for the establishment and maintenance of positive relationship with patients which was characterised by a trusting relationship between student midwives and patients.

Based on the above, the current chapter discusses these main findings in accordance with the findings described above. Furthermore, the discussion encapsulates some prevailing literature perspectives that either concur with or deviate from the empirically obtained data from the thirty sampled participants (Anderson, 2019:141; Corbin & Strauss, 2019:27).

The discussions concerning the findings are consonant with the researcher's assertion in Section 4.3 (i.e., Conclusion of Chapter 4). Therefore, the discussion of the findings in the ensuing sections in this chapter takes note of those thematic categories that are stand-alone, those that are perennial across themes, as well as those that seemingly appear to be contradictory in their response to similar questions.

5.2 Application of Ubuntu Principles during Provision of Midwifery Care

The findings of application of Ubuntu illustrated through patient support illustrate the ideal application of ethical values in the provision of midwifery services. This experience shared by the participants fits the descriptor of Ubuntu principles provided by Broodryk (2006:26) who notes that Ubuntu embodies the provision of moral support. Maputle (2018:210) commends such patient support by revealing that it reduces the need for medical interventions by minimising complications.

5.2.1 Positive experience on Ubuntu

The findings of the study revealed some positive experiences related to application of Ubuntu during provision of midwifery services. Such experiences involved patients' support which led to improved quality care provision as midwives provided massage to women in labour which stimulated contractions thereby facilitating delivery. This is in line with what has been reported by Maputle (2018:210) who revealed that support of patients by midwives reduces the need for medical interventions by minimising complications. The findings revealed that the positive experience of application of Ubuntu embodies the description of togetherness which involves teamwork and moral support (Broodryk, 2006:26). This display of providing support to the patients by some of the senior midwives demonstrated togetherness that defines Ubuntu. The same sentiments were echoed by Maputle (2018:208) who emphasized that provision of patient support during labour by the senior midwives is of prime importance as it reduces the need for medical interventions like Caesarean sections and its complications and shortens labour whilst also display the application of Ubuntu.

Positive experiences of Ubuntu can be related to acts of goodwill, ordinary good manners and treating patients as unique being with mutual respect, and dignity without prejudice and discrimination. Participants experienced positive experiences regarding the application of Ubuntu principles during provision of midwifery services. Such positive experiences included provision of patient support.

According to Harris (2022:99), teamwork is essential for providing safe, effective, and women-centred maternity care. Therefore, the study also found that teamwork and collegiality ensured the student midwives had a positive experience in the application of Ubuntu. Such teamwork was reported in various units such as the antenatal clinic where the participants shared that despite the staff shortages, teamwork enabled the positive experience of Ubuntu. In addition, the findings also revealed how the student midwives were supported by the senior midwives when managing uncooperative patients. Such teamwork between senior midwives and student nurses' mirrors what Ubuntu should reflect according to other studies in South Africa by Downing et al. (2020:122) who also used an exploratory qualitative study design.

During provision of maternal services senior midwives and the student midwives displayed team nursing. The effective teamwork fostered a conducive working environment and improved patient's safety outcomes which reflected as a positive experience in the application of Ubuntu principles. This was supported by Haste et al., (2021) who expressed that team spirit are described as day-to-day activities of maternal health services influencing the workplace culture to ensure the quality midwifery service. This positive experience is also reflected in the study by Downing et al., (2020); who found that teamwork between student nurses and senior midwives or other team members in the nursing team was an enabler in the application of Ubuntu.

In addition to supporting the student midwives, a positive application of Ubuntu principles was also experienced through the senior midwives respecting the patients during antenatal care and in the labour ward. Although this showing of patient respect characterises the ideal application of Ubuntu described by Broodryk (2006:26); Maputle (2018:1), other studies contradict this finding. For example, the studies conducted by (Jafari et al., 2019:3); (Zali, 2020:1) found that midwifery care is characterised by disrespect of patients. Moreover, Jafari et al. (2019:3) add that this disrespect of patients is emulated by the mentees such as student midwives which results in a perpetual culture of disrespect in the midwifery profession. In light of this

difference in findings from this study and the findings from studies by Jafari et al., (2019: 3); Zali (2020:2) there is need for further studies for conclusive evidence on application of respectful maternal care.

According to patient Rights' Charter (2023) all patients have the rights to receive medical treatment without discrimination. The results also showed that patients faced discrimination as their cultural orientations varied and they were not all treated fairly. Although the finding illustrates the provisions of the Maternity guidelines in South Africa (2023), the Patients' Rights Charter and Batho Pele Principles that all patients should be treated without discrimination, some studies in other contexts contradict this finding. The study conducted in the USA by Adebayo et al. (2022:1135) who found minority women are more likely to experience unequal provision of maternal care. Despite the provision of non-discriminatory maternal services, the study also found that student midwives did experience discriminatory care services which showed negative experiences of Ubuntu. The negative experience described by the student midwives due to unfair treatment does not exemplify Ubuntu which include the principle of equality (Broodryk, 2006:26). Despite the lack of Ubuntu, the finding of fair and unfair treatment based on race and nationality is not unique to the South African context, The same sentiments echoed by Adebayo et al., (2022) in the study conducted in the USA, which found that minority African American women were unfairly treated based on race, social class, and lack of health insurance. Consequentially, black women were more likely to experience maternal complications due to unfair and discriminatory treatment (Adebayo et al., 2022).

5.2.2 Negative experiences of Ubuntu

The participants also shared their opinions about unfavourable encounters with the application of Ubuntu principles. These unpleasant experiences were caused by senior midwives yelling at patients, treating patients fairly or unfairly depending on their race and nationality, treating student midwives disrespectfully, abusing patients physically and psychologically, understaffing, and having inadequate facilities. With senior midwives yelling at patients, the current study's findings also revealed that student midwives viewed the professional nurses as their role models. However, their experiences and positive expectations in the application of Ubuntu principles were negatively impacted by some of the professional midwives' negative behaviours. Such behaviours included shouting at patients in an unprofessional and rude manner, which was not perceived as embodying Ubuntu by the student midwives. In contradistinction,

the findings of a study by Mulaudzi et al. (2022:1) revealed that younger nurses such as student midwives differ in their application of Ubuntu in comparison to older generation nurses who could apply Ubuntu principles earlier in their careers. The implication is that it is the younger nurses who were more inclined to shout at patients in comparison to the older professional midwives. However, in contrast to Mulaudzi et al. (2022:1) findings, Kosicki et al. (2018:767) noted that younger student midwives failed to apply Ubuntu principles not because of their age, but largely due to a lack of appropriate leadership guidance, role modelling, and mentorship acumen. Regrettably, such deficiencies and lack of leadership are the manifestation of the disrespect, condescension, and abuse of maternal patients by the professional midwives (Larkin, Begley & Devane, 2017:307; Manganyi, 2017:12; Naidoo & Ramphal, 2019:2). The participants also responded that there is a fairly and unfairly treatment of patients depending on their race and nationality. In their description of their understanding and application of Ubuntu principles, the participants noted that the Ubuntu principles weren't adhered to in many instances, as shown by the discrimination of Zimbabwean nationals seeking health services, as well as South Africans in comparison to their Indian counterparts who were afforded some preferential treatment. Such discriminatory practices are both unethical and illegal, which is an affront to the constitutionally enshrined right to equal treatment as well as a contradiction to both the Batho-Pele principles and the Patients' Rights Charter (Department of Public Service & Administration (DPSA), 1997:1); (Department of Health, 2018a:1). It is most notable in the findings that discrimination was meted against Zimbabwean nationals who were made to wait longer before they could receive maternal health care services. Such practices of xenophobia, racism and ethnicity lend credence to the negativity with which the nursing profession in general and midwifery has been reported in the mass media (Sobuwa, 2022:1; Sompane, 2022:1).

The physical abuse of patients especially among those not cooperating resulted in failure to apply Ubuntu by the senior midwives, with a consequential negative experience for the student midwives. This finding of physical abuse despite exemplifying the lack of Ubuntu application is mirrors findings from Nigeria, Ghana, Guinea, and Myanmar, where at least 30% of women are verbally and physically abused before and after delivery (Sen et al., 2018:1).

The issue of the unequal treatment of patients was also found to exist in the maternity wards. From their experiences, study participants noted that younger patients were most likely to experience discrimination and disrespect in the provision of maternal

health services. Disrespectful care was also provided to all those patients belonging to low educational as well as socio-economic classes. Similarly, a study conducted by Sen et al. (2018:1) in Guinea, Ghana, Nigeria, and Myanmar, revealed that women who were mostly young, unmarried and with a lower educational level were most likely to be abused. Associated with these findings of discrimination of younger women, was the discrimination of poorer patients, who were also found to be mistreatment similar to the description of the study undertaken by Sen et al. (2018:1). Clearly, the latter constitutes a superlative manifestation of condescension, which is against the principle of the humane and equal treatment of others, regardless of the assumed power relations and dynamics that may exist (Koto & Maharaj, 2016:55).

From the findings, it was noted that some patients - such as those who are “*high profile*” and “*Indian*” - were respected while Zimbabwean and young patients were not treated with respect. Such a situation is congruent with the findings of a study undertaken by Malatji and Madiba (2020:360) in one South African province, which concluded that women who were admitted in maternity and obstetric wards did experience some degree of disrespectful healthcare provision. According to the Maternity Guidelines in South Africa (2023) supported by Patients’ Rights Charter and Batho Pele Principles, all patients should be treated as unique beings, with respect and dignity without discrimination hence adoption of the name “Respectful Maternity Care”. Therefore, in the study the participants highlighted positive experiences of Ubuntu in providing midwifery services. Patients were treated as unique beings, without discrimination or prejudice irrespective of their ethnicity culture, age and without discrimination. This positive experience reflected through the non-discrimination of patients embodies the description of the Ubuntu principle.

From the participants quotes it was noted that there was respect for some patients by the senior midwives; and in some maternal units such as the antenatal unit, which embodied how the student midwives’ assertion experienced positive application of Ubuntu. This finding reflected by Mulaudzi et al., (2022) who found that leadership from senior midwives is critical in ensuring that student midwives emulate the provision of respectful maternal services. In summation of the first theme, the student midwives experienced positive experiences in application of Ubuntu in some cases, which was founded by senior midwives providing supportive, respectful, non-discriminatory care in teams. Such desirable application of Ubuntu principles by the senior midwives reflects on the findings by Mulaudzi et al., (2022:1) who concluded that older generation nurses were more likely to provide nursing care that embodies Ubuntu.

This application Ubuntu by older generation nurses creates a conducive working environment (Mulaudzi et al., 2022).

According to the Guideline for the Maternity care in South Africa (2023) midwives are responsible for provision of respect, care and empathetic to women irrespective of the unconducive working environment or supposed unsafe behaviour of a woman during labour. The study findings further describe the disrespect from senior midwives extended to the student midwives who were shouted at whilst providing care to patients. Shouting at student midwives and patients illustrated the general lack of respect for other people and resonated with the findings in the study conducted by Manganyi (2020:12), who reported that general lack of respect is due to poor socialisation during the upbringing. The negative experience brought about by shouting at patients was also described in a study conducted by Cannaerts et al., (2014:864) who found that senior midwives and student midwives themselves used harsh, unpalatable language which was unethical and unprofessional. The findings are supported by Hajzadeh et al., (2020) who revealed that senior midwives consider the use of verbal abuse and disrespect of women as a norm to save the life of both the mother and the baby. In addition, senior midwives perceived that such behaviour is necessary when the women are not cooperative or obedient to the medical instruction (Hajzadeh et al., 2020). This lack of respect of the student midwives by the senior midwives illustrates the lack of embodiment of the principle of respect described by, Honikman, (2015:1) which impact negatively on the principle of togetherness that promotes teamwork. Furthermore, the lack of respect among team members is comparable to study findings by Kulmala (2016:1) who attributed high tension and stress levels between senior midwives and doctors as well as senior nurses and student midwives to the lack of respect and collegiality (Kulmala, 2016:1). The same sentiments are echoed by Simane-Netshiasaulu (2021) where participants revealed that negative comments and lack of respect from senior midwives led to poor performance because of humiliation, demotivation, and frustration.

It is irrefutable that the student midwives have generally experienced working environments in which there prevails a significantly poor application of Ubuntu principles because of staff shortages resulting in burnout of professional midwives who in turn unjustifiably shouted at their patients. This implies that possible misconduct can be attributed by shortage of staff and ultimate contribute to lawsuit. The latter situation was compounded further by the very poor state of student midwives' supervision. Participants noted that staff shortages posed a major challenge in the student

midwives' work environment, which resulted in the prevalence of stress factors such as burnout. When viewed superficially, the professional midwives' shouting at patients could be regarded as mere unprofessional conduct blamed on recalcitrant or non-complying patients. However, in the context of the current findings, such conduct is possibly emblematic of deeper work-related stress induced by the work overload caused by the skewed nurse-patient ratios in the hospitals. Such imbalances and their consequences have been confirmed by Mathibe-Neke and Masitenyane (2018:17) and Moe (2015:11), who further elaborate that high staff turnover and low morale were likely to result from factors such as work overload and disproportionate nurse-patient ratios.

The emotional and psychological abuse of patients concluded in this study validates the finding by Cannaerts et al., (2014:864) who found that senior midwives emotionally abuse patients resulting in the lack of application of Ubuntu philosophy of respect, empathy, and sympathy to treat them with dignity and respect during their time on the labour ward. The same negative experience is supported by Malatjie (2020:67) who confirmed that verbal abuse by midwives was a common experience by women during childbirth. Women are shouted at and spoken to harshly when they failed to understand what the nurses expected from them. The midwives often failed to explain what the women must do because of language and interpretation barriers. This was particularly true for foreigners and refugees.

In addition to staff shortages, poor infrastructural problems have exacerbated the situation for both student and senior midwives in maternal service delivery. In this regard, issues of overcrowding, shortage of beds and appropriate machines or equipment have been cited as factors posing serious challenges to the effective delivery of midwifery care. Whereas these problems manifest internally in the hospitals, it could also be argued that they also reflect problems in the macrocosmic sphere of the health care system (MANA, 2021:13). Such a contention is premised on the fact that the hospitals cannot solve the problem of overcrowding in the wards by themselves, since it is the DoH that could resolve the problem by building more hospitals or extending the existing ones. Similarly, broken machines and equipment are in the financial and procurement purview of national or provincial health departments in compliance with laws such as the Public Finance Management Act (No. 1 of 1999) (National Treasury, 2020). The quotes summed up the significance of Ubuntu as the availability of human resources who were adequate and competent ensured quality maternal services that embrace Ubuntu. A similar conclusion was highlighted by Tolsma, (2021:214) who found that models of care that were human

and material resources are restricted in public institutions of care compromised the application of Ubuntu. While according to Mulaudzi et al., (2022) the studies revealed that shortages of human resources was also a burning issue. The participants expressed that younger professional nurses are working in an environment that lacks resources. They highlighted that inadequate resources influence provision of quality care. The same sentiments were echoed by Simane-Netshisaulu and Maputle (2021) who revealed that newly qualified midwives who are still under community service program as SANC requirements were found assisting patients in labour without supervision due to lack of staff. On the other hand, it was noted by Dippenaar (2021:1) and Jewkes & Penn-Kekana (2019:1) that employing sufficient, skilled, and competent midwives is crucial for the delivery of midwifery services in order to minimize difficulties, guarantee high-quality care, and uphold the Ubuntu values.

The participant narrative statement summed up the importance of good infrastructure that enabled dignified care, quality care which illumines Ubuntu. The importance of environmental aspects like infrastructure enabling Ubuntu is described by Broodryk (2006:26) who notes that the environment, culture, family, religion, and ethnicity influence Ubuntu values in people. The same findings were supported by Mapulo et al., (2021: 213) who confirmed that there was lack of privacy and dignity in labour wards as a result of poor infrastructure. There was overcrowding of beds which were close to each other. Nurses used curtains to create privacy, but women could hear and sometimes see what is happening behind the curtains (Mapulo et al., 2021:213)

5.3 Significance of applying Ubuntu principles during the provision of midwifery services

5.3.1 Quality care provision

According to Muhammad–Lawal et al., (2022:65) holistic nursing is based on the philosophy of holism and humanism and aim at provision of care in totality including both the physical, psychological, spiritual wellbeing of the patients. Therefore, the study participants expressed their views on quality care provision and the significance of applying Ubuntu principles during the provision of midwifery services. Quality care provision can be achieved by acting as a patient advocate, providing holistic care and in-service training on Ubuntu principles. The importance of application of Ubuntu principles during the provision of midwifery services was highly enlightened by the participants. Evidently, the provision of holistic care, treatment of the patient is the perennial message of the student midwives' description of their services rendered in their respective hospitals' maternity wards.

From participants' narrative statements, it was concluded that in-service training was required to ensure senior midwives must foster the application of Ubuntu principles in providing quality maternal care services. Similar findings on the need for training on Ubuntu were drawn by the study conducted by Manganyi (2017:7) who noted that training on Ubuntu is significant as it will enable the provision of quality care by providing knowledge on how to respect other people. (Manganyi, 2017:7) makes the recommendation on training on Ubuntu founded on the fact that socialisation of people differs with some people not having been socialised to adapt Ubuntu. The latter will eliminate unethical and unprofessional behaviour displayed by some of the senior midwives and student midwives who abuse patients physically and emotionally, sometimes commanding them in a harsh and unpalatable manner (Manganyi, 2020:7). It is understood that differences in personalities as a result of different in socialisation and backgrounds that will hinder the application of Ubuntu. Therefore, the facilitation of Ubuntu philosophy as an entry subject. While the same sentiments were echoed by Muhammad-Lawal-et al., (2022:66) who supported the fact that "*Ubuntu can be taught and learnt*". The study findings revealed that close-knitted relationship between Ubuntu and holistic nursing care is vital in the provision of maternal health services. Ubuntu principles can be used in strengthening holistic caring in nursing. The Ubuntu principles must be introduced into the nursing curriculum and must be taught to professional nurses, senior midwives, and student midwives. The same sentiments were echoed by (Malambe, 2019:132) that Ubuntu philosophy to be combine with the Ethos of Nursing to mould nurses into a respectful, empathetic, and sympathetic being during health service delivery.

The student midwives offered advocacy, Participant 1's response encapsulates the continuity of Ubuntu as involving caring through all services they provide such as sympathise with patients, play an advocacy role, learn as much as you can. This advocacy role is also supported by findings from the study conducted by Poorchangizi et al. (2017:20) who note that protection of patients' rights demonstrates Ubuntu. Notwithstanding the fluctuant relationships between senior or qualified midwives and the student midwives, the patients themselves were a central factor in the student-senior midwife equation. For instance, while some aspersions were generally thrown at the qualified midwives, the student midwives (particularly Participant 2 and 24) acknowledged their maintenance of good communication and rapport with the patients. In that regard, the student midwives could be viewed as fulfilling an advocacy role insofar as ensuring that the patients understand and implement the instructions and advice, they received from the senior midwives about pregnancy education. The

latter is in concurrence with the views posited by Maphumulo and Bhengu (2019:e3-e4). The advocacy role was also discussed as part of holistic care provision which was significant in the application of Ubuntu principles. Participant 27 described this application of Ubuntu by highlighting that he treats patients in totality, with respect and, listening. This provision of holistic maternal care services reflects the assertion by, Broodyk (2006:864) who describes holistic care provision which illustrates quality healthcare service provision. From the participant statements, it was concluded that student midwives perceived that Ubuntu was significant as it embodied holistic care which was part of the quality care. Similarly, Broodyk, (2006:864) describes the principles of compassion and respect (subsumed in Ubuntu) as significant in holistic care provision which illustrates quality healthcare service provision.

Empathy and kindness were among the values mentioned by the study participants as nexuses that connect Ubuntu and holistic nursing. The participants stated that a nurse needs to be kind and empathetic in order to care for a patient holistically. This same kindness and empathy are concurrent with Ubuntu, an African concept that embodies caring for others. “Ubuntu basically is to be kind to people in whatever Muhhamad-lawal- et al., (2022:66).

The participants expressed their views regarding the importance of in-service training that will enable the student midwife to adhere to the application and implementation of Ubuntu Principle during rendering of midwifery services. In-services training regarding the application and implementation of Ubuntu principles remain vital in enhancing quality maternal service delivery. The issue of in-service training was found to be a salient factor in the continuous development of midwives who have qualified already. For the midwives still in training, the inclusion of Ubuntu principles in the training of midwives should become a stipulated requirement in the nursing curriculum as part of Nursing Ethics. The inclusion of Ubuntu principles as part of the education and training of midwives was also mooted by Chiafery et al. (2018:220) reference and Zondo (2022:132). In fact, Zondo (2022:132) advocates that a short course on Ubuntu ought to be incorporated into the entry level and the advancement of nursing ethos and social science subjects. It is notable that Zondo (2022:132) justifies the need for training in Ubuntu on the basis that student midwives are socialised differently before they enter their midwifery training. As such, they may not uniformly apply the principles of Ubuntu. However, in this study participants stated the need to include Ubuntu in the curriculum in order that midwives are conscious of the need to provide services guided by Ubuntu principles.

5.3.2 Establishment and maintenance of positive relationships with patients

The study participants expressed their views regarding the establishment and maintenance of positive relationships with patients. Sense of trust played an important role on student midwife-patient relationship. Through effective communication between student midwives and the patient may enhance good student midwife-patient relationship. It was evident that the midwives view their relationship with their patients as characterised by “good” or “very good”, professional, cordial, and supportive interactions. Moreover, there is also mutual trust and respect between these midwives and the patients. As such through effective communication between student midwives and or midwives and the patient may enhance good healthcare worker-patient relationship. According to Molina-Mula and Gallo Estrada (2020), a good nurse-patient relationship, is accompanied by mutual trust, cordiality, closeness, resolution of doubts, counselling, empathy and even friendship, as opposed to the bad nurse - patient relationship where their concerns, and a relationship centred purely on technical aspects. In summation the positive relationship was significant in the application of Ubuntu principles by the student midwives. Moreover, there is also mutual trust and respect between these midwives and the patients. This finding of a positive relationship with patients being significant in the application of Ubuntu principles validates findings by the study conducted by Downing et al. (2020:7) who noted that a positive relationship with patients was a significant enabler for nurses to provide care that exemplifies Ubuntu.

Regarding the student midwives' relationships with their patients, they were found to be good, cordial, professional, supportive, and dignified. The relationships were also characterised by mutual trust and respect, as confirmed by Memela (2021:17) and Mthombeni et al., (2018: 63). The cordial working relationships with patients fostered the prevalence of Ubuntu principles. Furthermore, the participants expressed their respect for the patients, which was reciprocated by the patients remembering the nurse even after their discharge from the respective hospitals. Similar findings were also revealed in a South African study undertaken by Kobe et al. (2020:7), which found that the preservation of a therapeutic working relationship between student nurses and patients fostered the application of Ubuntu. However, such a post-therapeutic working relationship was not unique to the South African context, as was demonstrated in a study conducted in Belgium by Vermeulen et al. (2019:20). The participants indicated that student midwives perceived that Ubuntu was significant in provision of quality maternal services through their advocacy role. Noteworthy, this finding resonates with

the assertion by Poorchangizi et al., (2017:20) who note that Ubuntu enables the protection of other people's rights which is described by P12 from HA.

5.4 Kohlberg's theory of moral development

The study used the Kohlberg's theory of moral development as a theoretical framework. Kohlberg's Theory of Moral Development (1981) described enhancement of moral development through three stages, pre-conventional morality (stages 1-2); conventional morality (stages 3-4); and post-conventional morality (stages 5-6).

In the pre-conventional stage, the midwifery students are still developing ethically, their moral reasoning is poor because they are still new to the profession; they use personal values of what is good or bad, or right and wrong (Sinclair et al., 2016:2). At this first pre-conventional morality stage the student midwives observed some negative aspects in the application of Ubuntu principle which included how the professional midwives would shout at the patients violating Ubuntu principles, discriminate minority groups like, Zimbabwean patients and some South Africans. However, such violations of Ubuntu principles were observed by the student midwives and no action would be taken by the participants during this pre-conventional stage. Sinclair et al. (2016:3) further note that the lack of action from the student midwives is due to the fear of being punished or not being rewarded if they protest this immoral treatment of the patients. This lack of action or simple observation of the violation of aspects of Ubuntu defines the pre-conventional stage of the Kohlberg's theory of moral development.

The second stage according to the Kohlberg's Theory of Moral Development (1981) is the conventional morality stage. At this stage, the student midwives respect the views of others and accept instructions from those in authority such as the senior midwives and supervisors. This acceptance of instructions is aligned to the second major theme of the findings "significance of Ubuntu principles in the provision of midwifery services". During this conventional stage of Kohlberg's theory of Moral Development Yeh et al. (2010:480) notes the need for good role modelling. The author adds that at this stage role modelling is very crucial to guide the student midwives. Tshabalala (2011:83) further argues that during the conventional stage the student midwives are learning by observing those who have been in the profession for some time already. This issue of role modelling is evidenced through the subthemes of positive experiences of Ubuntu and the quality care provision. For example, student midwives experienced positive aspects of Ubuntu through teamwork and collegiality as Participant 3 from HB noted that she experienced the importance of team spirit

while allocated in the antenatal ward which was very full and short staffed and there we work very well and stick together as a team.

Notably at the conventional morality stage of Kohlberg's Theory of Moral Development (1981), Mathibe-Neke (2015:79) notes that although student midwives have developed an awareness of performing their duties, most midwifery students remain silent when they find themselves working under difficult conditions such as a shortage of resources. Likewise, in this study the shortage of staff was described by the participants who noted the negative effect it had in staff in the application of Ubuntu principles. Mathibe-Neke (2015:79) note that such situations in the conventional morality stage of the Kohlberg's Theory of Moral Development (1981) difficult conditions such as a shortage of staff increase student midwives' levels of distress as they fail to resist unethical practices due to their lack of confidence.

The last stage is the post conventional morality stage characterised by decision making based on their evaluation of the situation, taking into consideration the impact of their decisions, (Stagg, 2010:97). In this study student midwives were expected to demonstrate whether they are able to make their own decisions based on information they have acquired during the theoretical and practical phases of their training on ethical issues. As such the level 4 student midwives were able to make their own informed decisions on their knowledge on Ubuntu, this was demonstrated by them establishing positive relationships with patients.

5.5 Conclusion

In this chapter, the researcher basically discussed the study findings that were presented in the preceding chapter. The discussion itself was directed by the two-fold thematic approach that was pursued in the previous chapter as well. However, the discussion in the current chapter was propelled and interpreted with the integration of various scholarship perspectives in the field of nursing ethics and midwifery.

Of major significance in this chapter is that the empirical evidence derived from the raw or verbatim statements of the participants could be verified or disproved against the prevailing authority of other studies and authentic secondary information sources in the field of nursing ethics, the Ubuntu philosophy, and midwifery.

The following chapter provides a summary of the main findings, the possible study limitations, as well as the recommendations derived from the findings.

CHAPTER 6

SUMMARY, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

6.1 Introduction

The preceding chapter presented discussions on various aspects of the thematically organised data and findings of the study. In this chapter, the researcher summarises the study's key findings and outlines the recommendations drawn from these findings, followed by the possible limitations of the study and its conclusion. It is worth noting that the recommendations reflect the researcher's own propositions for both development and improvement in the disciplinary methodological and practice-related domains of the study (Ary et al., 2019:23; Crossman, 2020:7).

6.2 Summary of the Main Findings

The study initially intended to determine the extent to which student midwives experienced and applied Ubuntu principles during provision of midwifery services in public hospitals in Vhembe District, Limpopo Province. To that effect, the specific objectives of the study were:

- To explore and describe the experiences of student midwives regarding application of Ubuntu principles during provision of midwifery services at public hospitals in Vhembe District, Limpopo Province.
- To explore and describe student midwives' perspectives regarding the significance of applying Ubuntu principles during provision of midwifery services at public hospitals in Vhembe District, Limpopo Province.

The above-cited objectives were optimally accomplished through the generation of two (2) major themes, four (4) themes and fifteen (15) subthemes as shown in Table 4.2 in Chapter 4.

6.2.1 Methodology

A qualitative research approach was adopted to accomplish the afore-mentioned research objectives through an exploratory descriptive design. The researcher applied non-probability purposive sampling to select fourth-year midwifery students at the University of Venda's Department of Advanced Nursing Science and Thohoyandou Nursing Campus. The eventual sample size was 30, comprising of 10 (ten) midwifery students from University of Venda, while the other 20 were also midwifery students from Thohoyandou Nursing Campus.

The researcher collected data using a semi-structured interview schedule (see Appendix (C)). Data was thematically analysed using Tesch's eight steps of thematic analysis. Kohlberg's Theory of Moral Development was reapplied during the data analysis to enable comprehension of the meaning of the codes generated. Furthermore, both the research process and outcomes were subjected to a trustworthiness standard involving credibility, transferability, dependability, confirmability, and authenticity. Finally, the research methodological process was completed through the observation of ethical principles or protocols that included (but not limited to); permissions to conduct the study, informed consent, beneficence and maintaining confidentiality.

6.2.2 Individual Profiles of the Participants

In total, 30 participants were interviewed in the study, the majority of whom (n=25, 83%) were female, and the remaining (n=5, 17%) were male. The participants were all level 4 student midwives whose ages ranged from 21 years to 30 years. Accordingly, the mean age of the participants was 23.4 years and a modal age of 22 years.

6.2.3 Student Midwives' Understanding and Experiences of the Principles of Ubuntu Principles

The student midwives' description of their initial understanding or conceptualisation of Ubuntu was different from their actual experiences of Ubuntu in the provision of midwifery services in the hospitals. The description of the preconventional phase of Kohlberg's Theory of Moral Development helped in the understanding this difference in knowing what Ubuntu is and the experience thereof. The participants noted that Ubuntu entailed humanity, caring, compassion, empathy, sympathy, equality, humane treatment of others, and respect. From this understanding, the participants noted and experienced that the principles were applied differently in the actual provision of midwifery services in the hospitals. For instance, some patients were accorded respect, while some were shouted at, rebuked, called condescending names, experienced xenophobia, racism, and ethnicity. Furthermore, participants noted that high-profile patients of Indian descent were treated with respect and dignity. In addition, the participants' understanding, and experiences of Ubuntu principles was expressed in the context of positive factors such as teamwork, which is paradoxical at the same time in view of some maltreatment experienced at the hands of some of the senior or registered midwives who were expected to be their role models through exemplary supervision and mentoring skills.

6.2.4 Students midwives' perceptions regarding the significance of applying of Ubuntu Principles during the provision of Midwifery Services

According to the study's findings, student midwives thought that the application of Ubuntu ideals was important when it came to providing midwifery services. The identification of this importance was framed by applying descriptors of Kohlberg's Theory of moral development conventional and post conventional stage. The participants' observations of the several facets of Ubuntu that shaped their roles as student midwives which denoted the conventional stage led to the conclusion of student midwives view on the importance of Ubuntu. Furthermore, in the post conventional stage, their interactions with patients in the maternity unit led to the conclusion that midwives are able to act on their moral judgements. These responsibilities included practicing Ubuntu in the following ways: providing patients with pertinent information; advocating for their rights; adhering to directives; documenting and maintaining records; and caring for others. The participants said that they had positive working relationships with the patients, and that mutual respect between the patients and student midwives enabled them to maintain positive therapy relationships. On the other hand, a few of the participants reported having unprofessional interactions with their more senior colleagues in the maternity units.

6.3 Recommendations

Based on the findings, the proposed recommendations relate to the Department of Health, the practice of the midwifery profession, as well as recommendations for future or further research.

6.3.1 Recommendation for improvement of Midwifery Service Delivery

From the study findings, it is recommended that midwifery practice ought to include the application of Ubuntu principles in the provision of service. This application of Ubuntu ought to be entrenched in all service areas, such as antenatal care, intrapartum care and postnatal care. Applying Ubuntu in service provision would improve immoral behaviour such as shouting at patients, discriminatory practices and disrespect which characterised some service units such as the labour ward.

It is further recommended that this application of Ubuntu principles in all service units should be done by all health care workers working in the service units, who may include, medical officers, nursing management, senior and junior midwives, students and supports staff. With this application of Ubuntu principles by everyone, the practice of midwifery can foster values such as respect, teamwork, compassion and obedience.

6.3.2 Recommendations for nursing education.

The study also recommends the integration of Ubuntu values with the teaching of ethical principles among student midwives. This inclusion of Ubuntu principles in the curriculum would foster the development of positive attitudes, skills and knowledge in the application of Ubuntu. Teaching of Ubuntu as part of ethics should also be extended to qualified midwives through seminars, workshops. This in-service training on application of Ubuntu should contribute towards the accumulation of points for continuous professional development towards annual license renewal.

6.3.3 Recommendations for further research

The study used a qualitative approach to describe experiences of student midwives in the application of Ubuntu in Vhembe District. In light of the small sample sizes that characterise qualitative research, it is recommended that future research could use a quantitative approach that enables the generalisation of study findings. It is also recommended that future research should focus on exploring how Ubuntu could still be applied in areas where there is inadequate infrastructure and human resources. Such a study would provide knowledge that will assist in application of Ubuntu in low resource settings.

6.3.4 Recommendations for the Department of Health

In that regard, one of the study's findings recommends that the department of Health should place visible signage on Ubuntu principles in all maternity units to ensure patients and midwives are aware of service-level standards.

The Department of Health should ensure the implementation of maternity care that abides by the provisions of the Respectful Maternity Care Charter. This enforcement of the Respectful Maternity Care Charter could be done by the inspectorate in the Office of the Health Standards and Compliance, a division of the Department of Health mandated to ensure professional conduct of health workers. The patients should also be given information about what to expect during labour/Ubuntu principles and via "MOM CONNECT "and media".

6.3.5 Recommendations for Professional Midwives

It is recommended that professional midwives and leaders in midwifery service provision Uphold Ubuntu principles of respect, teamwork, equality, caring, compassion, and humanity in all units and always to positively influence student midwives The study further recommends that Ubuntu principles should constitute a significant part of weekly supervision of qualified professional midwives by matrons.

This supervision could be done by observing the application of Ubuntu during nursing supervision rounds or reporting on the application of Ubuntu by junior midwives to their supervisors. The observations and reporting on application of Ubuntu can further be shared during meetings to encourage professional midwives to apply Ubuntu principles. Disciplinary action due to misconduct or violation of patients' rights must be instituted by the management of health facilities. Disciplining professional midwives who violate patients' rights could deter unethical practices such as discrimination.

6.4 Limitations of the Study

A study's possible limitations do not necessarily imply some weakness. Rather, such limitations are an indication of either the disciplinary, methodological, or practice-related areas that could possibly render the study ineffective if they were unnoticed by the researcher (Babbie, 2020:12; Machi & McEvoy, 2018:57). In that regard, the possible limitations prevail largely in the study's methodological domain.

The study may not be generalisable, since it consisted of a relatively small sample of the population in terms of the researcher's selection of *only* fourth-year midwifery students from the University of Venda and the Thohoyandou Nursing Campus. Additionally, the absence of nurse educators from the University of Venda and the Thohoyandou Nursing Campus as participants could also limit the representatives of voices in the study. Also, the same effect could happen due to the absence of the student midwives' supervisors or managers in the clinical and maternity units.

6.5 Dissemination of study findings

The preliminary results will be made available to the participants to afford them a chance to disagree with or dispute any misrepresentation of their views prior to the finalisation of the research report. The study's findings will be disseminated in the form of original research articles to be published in accredited journals and oral presentations in nursing conferences. Copies of the dissertation will be made available through the Limpopo Department of Health, Thohoyandou Nursing Campus and the Department of Advanced Nursing Science, University of Venda.

6.6 Conclusion

The study was conducted primarily to explore the student midwives' understanding and application of Ubuntu principles in public hospitals in Vhembe District, Limpopo Province. From the researcher's perspective, such an undertaking is of critical significance since it provides an authentic understanding from the very people whose experiences are foundational to a better understanding of the midwifery dynamics in a real and naturalistic setting. While the possible generalisability limitations have been noted, the overall findings in the current study serves a valuable reference point for future studies by other researchers in the field of Ubuntu principles, midwifery, and nursing ethics.

In this study, the centrality of patient care was found to be a fundamental mission of midwifery and health care service delivery. Despite the prevalence of some infrastructural challenges and unprofessional practices and their deleterious effects in some instances, student midwives did not appear to be deterred from their determination to learn and apply Ubuntu principles of caring, subordination and togetherness/ teamwork as part of their fundamental roles.

In addition, it is the researcher's contention that the future of Ubuntu principles is not in peril, considering that younger nurses and midwives are in the majority as compared to their older, more experienced, and senior counterparts. In that regard, it is concluded that the life blood of midwifery is sustainable, provided that concomitant transformation is instituted and institutionalised in the macrocosm of nursing education and training policy in South Africa.

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APPENDIX A: ETHICAL CLEARANCE NO: FHS/22/PDC/10/1206

ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Mrs NT Netangaheni

STUDENT NO:
11523009

PROJECT TITLE: Experiences of student midwives regarding application of Ubuntu principles during provision of midwifery services in Vhembe District, Limpopo Province.

ETHICAL CLEARANCE NO: FHS/22/PDC/10/1206

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr. KG Netshisaulu	UNIVEN, Advanced Nursing Science	Supervisor
Prof DU Ramathuba	UNIVEN, Advanced Nursing Science	Co - Supervisor
Mrs NT Netangaheni	UNIVEN, Advanced Nursing Science	Investigator – Student

Type: Masters Research

Risk: Minimal risk to humans, animals, or environment (Category 2)

Approval Period: December 2022 – December 2024

The Human and Clinical Trials Research Ethics Committee (HCTREC) hereby approves your project as indicated above.

General Conditions

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following.

- The project leader (principal investigator) must report in the prescribed format to the REC:
 - Annually (or as otherwise requested) on the progress of the project, and upon completion of the project
 - Within 48hrs in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
 - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the REC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date; a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the right to:
 - Request access to any information or data at any time during the course or after completion of the project.
 - To ask further questions; Seek additional information; Require further modification or monitor the conduct of your research or the informed consent process.
 - withdraw or postpone approval if:
 - Any unethical principles or practices of the project are revealed or suspected.
 - It becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepresented.
 - The required annual report and reporting of adverse events was not done timely and accurately.
 - New institutional rules, national legislation or international conventions deem it necessary

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE
Date Considered: November 2022

Name of the HCTREC Chairperson of the Committee: Prof NS Mashau

Signature: 



APPENDIX A1: LETTER TO THE CEO: TSHILIDZINI REGIONAL HOSPITAL

P O Box 116
VHUFULI
0971
October 2021

The Chief Executive Officer
Tshilidzini Regional Hospital
Vhembe District Municipality

Re: Request for permission to conduct research study at Tshilidzini Regional Hospital

Dear Sir/ Madam

My name is Tiny Netangaheni, a Master's in Nursing degree student registered with the University of Venda. The research I wish to conduct with my team is for non-degree purpose, it involves **"EXPERIENCES OF STUDENT MIDWIVES REGARDING APPLICATION OF UBUNTU PRINCIPLES DURING PROVISION OF MIDWIFERY SERVICES IN, VHEMBE DISTRICT, LIMPOPO PROVINCE"**.

This project will be conducted under the supervision of DR K.G. Netshisaulu of University of Venda. The aim of the study is to determine the experiences of student midwives regarding application of Ubuntu Principles during provision of care in Vhembe District Municipality in Limpopo Province. Your hospital has been selected because the researcher is interested in finding out the of student midwives regarding application of Ubuntu Principles during provision of care. I hereby seek your consent to approach ten (10) participants who are fourth-year midwives' students placed in your hospital.

The following inclusion criteria will be applied in this study:

- Fourth-year midwifery students at the University of Venda and Thohoyandou Nursing College, placed for clinical exposure in the maternity units of the selected five hospitals.

The following exclusion criteria will apply in this study:

- First and second year nursing students at the University of Venda and Thohoyandou Nursing College.

Sample size in this study will be thirty (30) participants consisting of ten (10) fourth year student midwives placed in five identified hospitals of Vhembe District, your Data will be collected in the form of audio recording and interview guide. The interview will

last for 30 to 40 minutes. The researcher will follow all ethical consideration and ensure that the participants are well informed about the expectations and intention of the research study. The researcher will also provide the participants with the contact details of the leading researcher and her supervisor for use in situations where his team conduct themselves in an unprofessional manner.

Upon completion of the study, the researcher undertakes to provide the five hospitals (your hospital included) and the Provincial Department of health with an electronic copy of the full research report. The participants will also be afforded with feedback sessions with the researcher to validate whether the results are a true reflection of the inputs they gave during the interview sessions.

The researcher has attached a copy of the research proposal, ethical clearance, interview guide, acknowledgement of University of Venda policy, informed consent form, and permission to conduct a study for the participants for your perusal to get an understanding of what the research entails. In case questions arises in relation to the study itself and/ or concerning the interview process please feel free to contact the researcher and on the provided details below.

As a result of the ongoing Covid-19 pandemic the following measures will be put in place as a way of preventing the infections. During data collection the researchers will maintain the recommended social distancing of 1.5 metre between themselves and the participants. Facial mask will be a pre-requisite for participating in the study. Before interviews can begin, the researcher will sanitise their hands and those of the participants. Doing so will reduce the chances of the spread of the Covid-19 infection to the participants.

The researcher will make appointments with two participants per day for interviews and the room or venue to be used must be well ventilated and allows for social distancing. During establishment of rapport, the researcher will screen the participants by asking the Covid-19 screening questions to ensure that the participants are not infected or not at high risk for Covid-19. In the unfortunate event that the researcher tests positive for Covid-19, all the participants exposed to the researcher will be informed so that they can take precautionary measures of avoiding contact with other people and to monitor themselves.

The researcher will monitor their body temperature daily before going to the field to collect data to protect the participants from infections. If the body temperature is above 37.5 the interview for that day will be rescheduled to a later date. In situations which is not possible to meet the participants face-to-face for data collection then arrangements will be made for interviews to be conducted using Telephones, Skype, Zoom Meeting and WhatsApp to minimise contact. Verbal consent through an audio recording will be done when face-to-face interviews are not possible. Therefore, the researcher will ensure that she follows Covid-19 guidelines as outlined by the University of Venda.

If you require any further information, please do not hesitate to contact me on 0727179154 and 0665045745 or email me at tiny.munzhedzi67@gmail.com

Thank you for your time and consideration in this matter and hoping for your positive response soon.

Regards

Mrs T. Netangaheni

Signature: _____ Date: _____

Contact: 0727179154 or 0665045745

e-mail: tiny.munzhedzi67@gmail.com

Department of Advanced Nursing Science University of Venda

APPENDIX A2: LETTER TO THE CEO: DONALD FRASER DISTRICT HOSPITAL

P O Box 116
VHUFULI
0971
October 2021

The Chief Executive Officer
Donald Fraser District Hospital
Vhembe District Municipality

Re: Request for permission to conduct research study at Donald Fraser District Hospital

Dear Sir/ Madam

My name is Tiny Netangaheni, a Master's in Nursing degree student registered with the University of Venda. The research I wish to conduct with my team is for non-degree purpose, it involves **"EXPERIENCES OF STUDENT MIDWIVES REGARDING APPLICATION OF UBUNTU PRINCIPLES DURING PROVISION OF MIDWIFERY SERVICES IN, VHEMBE DISTRICT, LIMPOPO PROVINCE"**.

This project will be conducted under the supervision of DR K.G. Netshisaulu of University of Venda. The aim of the study is to determine the experiences of student midwives regarding application of Ubuntu Principles during provision of care in Vhembe District Municipality in Limpopo Province. Your hospital has been selected because the researcher is interested in finding out the of student midwives regarding application of Ubuntu Principles during provision of care. I hereby seek your consent to approach ten (10) participants who are fourth-year midwives' students placed in your hospital.

The following inclusion criteria will be applied in this study:

- Fourth-year midwifery students at the University of Venda and Thohoyandou Nursing College, placed for clinical exposure in the maternity units of the selected five hospitals.

The following exclusion criteria will apply in this study:

- First and second year nursing students at the University of Venda and Thohoyandou Nursing College.

Sample size in this study will be thirty (30) participants consisting of ten (10) fourth year student midwives placed in five identified hospitals of Vhembe District, your Data will be collected in the form of audio recording and interview guide. The interview will

last for 30 to 40 minutes. The researcher will follow all ethical consideration and ensure that the participants are well informed about the expectations and intention of the research study. The researcher will also provide the participants with the contact details of the leading researcher and her supervisor for use in situations where his team conduct themselves in an unprofessional manner.

Upon completion of the study, the researcher undertakes to provide the five hospitals (your hospital included) and the Provincial Department of health with an electronic copy of the full research report. The participants will also be afforded with feedback sessions with the researcher to validate whether the results are a true reflection of the inputs they gave during the interview sessions.

The researcher has attached a copy of the research proposal, ethical clearance, interview guide, acknowledgement of University of Venda policy, informed consent form, and permission to conduct a study for the participants for your perusal to get an understanding of what the research entails. In case questions arises in relation to the study itself and/ or concerning the interview process please feel free to contact the researcher and on the provided details below.

As a result of the ongoing Covid-19 pandemic the following measures will be put in place as a way of preventing the infections. During data collection the researchers will maintain the recommended social distancing of 1.5 metre between themselves and the participants. Facial mask will be a pre-requisite for participating in the study. Before interviews can begin, the researcher will sanitise their hands and those of the participants. Doing so will reduce the chances of the spread of the Covid-19 infection to the participants.

The researcher will make appointments with two participants per day for interviews and the room or venue to be used must be well ventilated and allows for social distancing. During establishment of rapport, the researcher will screen the participants by asking the Covid-19 screening questions to ensure that the participants are not infected or not at high risk for Covid-19. In the unfortunate event that the researcher tests positive for Covid-19, all the participants exposed to the researcher will be informed so that they can take precautionary measures of avoiding contact with other people and to monitor themselves.

The researcher will monitor their body temperature daily before going to the field to collect data to protect the participants from infections. If the body temperature is above 37.5 the interview for that day will be rescheduled to a later date. In situations which is not possible to meet the participants face-to-face for data collection then arrangements will be made for interviews to be conducted using Telephones, Skype, Zoom Meeting and WhatsApp to minimise contact. Verbal consent through an audio recording will be done when face-to-face interviews are not possible. Therefore, the researcher will ensure that she follows Covid-19 guidelines as outlined by the University of Venda.

If you require any further information, please do not hesitate to contact me on 0727179154 and 0665045745 or email me at tiny.munzhedzi87@gmail.com

Thank you for your time and consideration in this matter and hoping for your positive response soon.

Regards

Mrs T. Netangaheni

Signature: _____ Date: _____

Contact: 0727179154 or 0665045745

e-mail: tiny.munzhedzi87@gmail.com

Department of Advanced Nursing Science University of Venda

APPENDIX A3: LETTER TO THE CEO: SILOAM DISTRICT HOSPITAL

P O Box 116
VHUFULI
0971
October 2021

The Chief Executive Officer
Siloam District Hospital
Vhembe District Municipality

Re: Request for permission to conduct research study at Siloam District Hospital

Dear Sir/ Madam

My name is Tiny Netangaheni, a Master's In Nursing degree student registered with the University of Venda. The research I wish to conduct with my team is for non-degree purpose, it involves **"EXPERIENCES OF STUDENT MIDWIVES REGARDING APPLICATION OF UBUNTU PRINCIPLES DURING PROVISION OF MIDWIFERY SERVICES IN, VHEMBE DISTRICT, LIMPOPO PROVINCE"**.

This project will be conducted under the supervision of DR K.G. Netshisaulu of University of Venda. The aim of the study is to determine the experiences of student midwives regarding application of Ubuntu Principles during provision of care in Vhembe District Municipality in Limpopo Province. Your hospital has been selected because the researcher is interested in finding out the of student midwives regarding application of Ubuntu Principles during provision of care. I hereby seek your consent to approach ten (10) participants who are fourth-year midwives' students placed in your hospital.

The following inclusion criteria will be applied in this study:

- Fourth-year midwifery students at the University of Venda and Thohoyandou Nursing College, placed for clinical exposure in the maternity units of the selected five hospitals.

The following exclusion criteria will apply in this study:

- First and second year nursing students at the University of Venda and Thohoyandou Nursing College.

Sample size in this study will be thirty (30) participants consisting of fourth year student midwives placed in five identified hospitals of Vhembe District, your Data will be collected in the form of audio recording and interview guide. The interview will last for 30 to 40 minutes. The researcher will follow all ethical consideration and ensure that the participants are well informed about the expectations and intention of the research study. The researcher will also provide the participants with the contact details of the leading researcher and her supervisor for use in situations where his team conduct themselves in an unprofessional manner.

Upon completion of the study, the researcher undertakes to provide the five hospitals (your hospital included) and the Provincial Department of health with an electronic copy of the full

research report. The participants will also be afforded with feedback sessions with the researcher in order to validate whether the results are a true reflection of the inputs they gave during the interview sessions.

The researcher has attached a copy of the research proposal, ethical clearance, interview guide, acknowledgement of University of Venda policy, informed consent form, and permission to conduct a study for the participants for your perusal in order to get an understanding of what the research entails. In case questions arise in relation to the study itself and/or concerning the interview process please feel free to contact the researcher and on the provided details below.

As a result of the ongoing Covid-19 pandemic the following measures will be put in place as a way of preventing the infections. During data collection the researchers will maintain the recommended social distancing of 1.5 metre between themselves and the participants. Facial mask will be a pre-requisite for participating in the study. Before interviews can begin, the researcher will sanitise their hands and those of the participants. Doing so will reduce the chances of the spread of the Covid-19 infection to the participants.

The researcher will make appointments with two participants per day for interviews and the room or venue to be used must be well ventilated and allows for social distancing. During establishment of rapport, the researcher will screen the participants by asking the Covid-19 screening questions to ensure that the participants are not infected or not at high risk for Covid-19. In the unfortunate event that the researcher tests positive for Covid-19, all the participants exposed to the researcher will be informed so that they can take precautionary measures of avoiding contact with other people and to monitor themselves.

The researcher will monitor their body temperature daily before going to the field to collect data in order to protect the participants from infections. If the body temperature is above 37.5 the interview for that day will be rescheduled to a later date. In situations which is not possible to meet the participants face-to-face for data collection then arrangements will be made for interviews to be conducted using telephones, Skype, Zoom Meeting and WhatsApp to minimise contact. Verbal consent through an audio recording will be done when face-to-face interviews are not possible. Therefore, the researcher will ensure that she follows Covid-19 guidelines as outlined by the University of Venda.

If you require any further information, please do not hesitate to contact me on 0727179154 and 0665045745 or email me at tiny.munzhedzi67@gmail.com

Thank you for your time and consideration in this matter and hoping for your positive response soon.

Regards

Mrs T. Netangaheni

Signature: _____ Date: _____

Contact: 0727179154 or 0665045745

e-mail: tiny.munzhedzi67@gmail.com

Department of Advanced Nursing Science University of Venda

APPENDIX B1: PARTICIPANT INFORMATION SHEET

Ethics clearance reference number:

Research permission reference number:

Date:

TITLE: EXPERIENCES OF STUDENT MIDWIVES REGARDING APPLICATION OF UBUNTU PRINCIPLES DURING PROVISION OF MIDWIFERY SERVICES IN, VHEMBE DISTRICT, LIMPOPO PROVINCE

Dear Prospective Participant

My name is Tiny Netangaheni, a Master's in Nursing degree student registered with the University of Venda. I am inviting you to participate in a study entitled **EXPERIENCES OF STUDENT MIDWIVES REGARDING APPLICATION OF UBUNTU PRINCIPLES DURING PROVISION OF MIDWIFERY SERVICES IN, VHEMBE DISTRICT, LIMPOPO PROVINCE**

I am conducting this research with the aim of determining the experiences of student midwives regarding application of Ubuntu Principles during provision of care in Vhembe District in Limpopo Province.

WHY BEING AM I INVITED TO PARTICIPATE?

You have been selected to participate to form part of a sample of twenty-five males and females Student midwives. You will be able to provide information which will be used to have influence in the district municipality and to a larger scale to the province of Limpopo at large. Before you participate in the study you will be provided with a consent form where you will sign to confirm your willingness to participate in the study. It is also important to note that Covid-19 guidelines as stipulated by the University of Venda will be followed as a preventative measure against the virus.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

As the participant you will be asked a series of questions by the researcher, and you will be expected to provide answers. The study involves audio taping of the interview questions and answers. The primary reason for recording is so that the researcher would be able to transcribe and analyse the data in detail. The recording is also important so that there is no information that is not clearly recorded by the researcher. The interview questions will take about 30 to 40 minutes.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason. If you participate in the study, you will be given a copy of this information sheet to sign and keep as evidence of your decision to participate in the study. You will also sign a written consent form. Withdrawing from the study will not deprive you of benefits in your community in any way.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

Participation in this study is entirely voluntary and there will not be rewards or reimbursements. However, taking part in this study will help solve the problems of dissatisfactory service delivery to patients and the student midwives. The researcher will share the finding of the study with you first and also with Provincial Department of Health in Limpopo Province and Vhembe District, this will assist researcher to identify the measures to follow that will ensure adherence to the Ubuntu principles. As a responded you will have a chance to have influence in the district municipality through your shared experiences in the study.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

The study is more likely to invoke sad emotions of past experiences during the interview. If you feel any discomfort during the interview or data collection you are allowed to withdraw from the study. Even after withdrawing from the study, your identity will remain anonymous. If any harm attributed to the study occurs, you will be referred to professionals who may be of help to you.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

You have the right to insist that your name will not be recorded anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this research OR your name will not be recorded anywhere and no one will be able to connect you to the answers you give . Your answers will be given a code number, or a pseudonym and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings.

The data will also be taken to an external coder, and he/she will be subjected to signing a confidentiality agreement. Thereafter, the confidentiality agreements will be submitted to the Research Ethics Review Committee for consideration. The answers that you provided during ghee interview will only be available to and reviewed by people responsible for making sure that research is done properly, which will include the transcriber, external coder, and members of the Research Ethics Review Committee. Therefore, records of data that identify you will only be available only to people working on the study, unless you give permission for other people to see the records.

Your anonymous data will be used for the research report. In addition, the research report of the study may be submitted for publication, but individual participants will not be identifiable in it.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

Hard copies of your answers will be stored by the researchers for a period of five years in a locked cupboard/filing cabinet in the researcher's home for future research or academic purposes; electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. After the five-year period hard copies of the data collected will be shredded. The electronic copies will be permanently deleted from the hard drive of the computer through the use of a relevant software programme.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

There is no form of reward or compensation to participate in the study.

HAS THE STUDY RECEIVED ETHICS APPROVAL?

This study has received written approval from the Research Ethics Review Committee, University of Venda. A copy of the approval letter can be obtained from the researcher if you so wish.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact the researcher Tiny Netangaheni on 0727179154 and 0665045745 or email: tiny.munzhedzi67@gmail.com. The findings might be accessible by December 2022.

Feel free to make follow up to the researcher on the provided communication tools.

Should you have concerns about the way in which the research has been conducted, you may contact DR K.G. Netshisaulu (supervisor) on 0726926926, email: tiny.munzhedzi67@gmail.com.

Thank you for taking time to read this information sheet and for participating in this study.

Regards

Mrs T. Netangaheni

Contact: 0727179154 or 0885045745

e-mail: tiny.munzhedzi87@gmail.com

Department of Advanced Nursing Science University of Venda

APPENDIX B2: CONSENT FOR PARTICIPATION IN RESEARCH

RESEARCH ETHICS COMMITTEE

UNIVEN Informed Consent

LETTER OF INFORMATION

Title of the Research Study: EXPERIENCES OF STUDENT MIDWIVES REGARDING APPLICATION OF UBUNTU PRINCIPLES DURING PROVISION OF MIDWIFERY SERVICES IN, VHEMBE DISTRICT, LIMPOPO PROVINCE

Principal Investigator/s/ researcher: Netangaheni N.T, Nursing Hons

Co-Investigator/s/supervisor/s : Netshisaulu KG, PhD, Ramathuba DU, PhD

Brief Introduction and Purpose of the Study: Ubuntu is an ancient African worldview based on the primary values of intense humanness, caring, sharing, respect, compassion and associated values, as well as ensuring a happy and qualitative human community in the spiritual life of a family. Poor implementation of nursing and midwifery ethics reflects negatively on these professions. This is demonstrated by the frequency of maternal mortality rates and lawsuits due to professional negligence in the country's health care sector. The researcher will adopt a qualitative exploratory research approach. The researcher will apply both the exploratory and descriptive research design approaches to find out more relevant information and details concerning the experiences of student midwives in relation to the application of Ubuntu principles during their provision of midwifery services in the Vhembe District Municipality. The purpose of the study is to determine the extent to which student midwives apply Ubuntu Principles during provision of care in Vhembe District, Limpopo Province.

The researcher will select the participants by means of non-probability sampling methods. Purposive and convenience sampling will be used to choose the study sample. In this study, the sample size will comprise of twenty-five (25) participants. Of these, 15 will be from the University of Venda, with the other 10 sampled from the Thohoyandou Nursing Campus. The sample size will be determined by data saturation.

Outline of the Procedures: The study will follow qualitative method using the semi-structured interview as the main tool for qualitative data collection. Interviews are described as discussions, usually one-on-one between an interviewer and an individual or interviewee and are meant to gather information on a specific set of issues linked to the research topic. The researcher will request the participants for permission to audio-record the interviews, which would enable the researcher to ensure that she does not omit any information provided by the participants. The study population will be all students from Thohoyandou Nursing Campus and the University of Venda's Department of Advanced Nursing Science. Non-probability purposive sampling will be used to select a sample size of twenty-five participants, composed of 15 nursing students from the University of Venda's Department of Advanced Nursing Science and 10 from the Thohoyandou Nursing Campus who are placed for clinical exposure in maternity units at the selected research sites. Ethical principles will be observed.

Risks or Discomforts to the Participant: The researcher will not expose the participants to any form of physical, psychological and emotional harm or distress by ensuring that the interviews are held in safe and hygienic surroundings.

Benefits: The participants will benefit from the study findings and being aware of application ubuntu principles.

Reason/s why the Participant May Be Withdrawn from the Study: participants will be informed that they can withdraw their participation at any stage of the process without any fear of any punitive action taken against them by the researcher or their institutions.

Remuneration: The participants will not be remunerated, they will be explained that participation is free will and no one will be forced to participate, no payment or any present given to participants.

Costs of the Study: There is no financial costs to be covered by the participant and no remuneration will be provided.

Confidentiality: All information regarding their addresses and contact numbers will be safely stored. All transcriptions (audio records, note pads, copies of consent forms), will be anonymized before storage by means of a computer which is protected by a password.

Research-related Injury: No anticipated injury as the research does not pose any risk of injury

Persons to Contact in the Event of Any Problems or Queries:

(Supervisor and details) Please contact the researcher (Tel no. 0727179154), my supervisor (Tel no. 015 9629115) or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director: Research and Innovation, Prof GE Ekosse on 015 962 8313 or Georges Ivo.Ekosse@univen.ac.za

General:

Potential participants must be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population

CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Netangaheni TN, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____.
- I have also received, read and understood the above written information (*Participant Letter of Information*) regarding the study.

- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during this research which may relate to my participation will be made available to me.

Full Name of Participant Date Time Signature

I,

(Name of researcher) herewith confirm that the above participant has been fully

Informed about the nature, conduct and risks of the above study.

Full Name of Researcher:..... Date.....Signature.....

Full Name of Witness (If applicable)..... Date Signature.....

Full Name of Legal Guardian (If applicable) Date..... Signature.....

Please note the following:

Research details must be provided in a clear, simple, and culturally appropriate manner and prospective participants should be helped to arrive at an informed decision by use of appropriate language (grade 10 level- use Flesch Reading Ease Scores on Microsoft Word), selecting of a non-threatening environment for interaction and the availability of peer counselling (Department of Health, 2004)

If the potential participant is unable to read/illiterate, then a right thumb print is required and an impartial witness, who is literate and knows the participant e.g., parent, sibling, friend, pastor, etc. should verify in writing, duly signed that informed verbal consent was obtained (Department of Health, 2004).

If anyone makes a mistake completing this document e.g., a wrong date or spelling mistake, a new document has to be completed. The incomplete original document has to be kept in the participant's file and not thrown away, and copies thereof must be issued to the participant.

References:

Department of Health: 2004. *Ethics in Health Research: Principles, Structures and Processes*

<http://www.doh.gov.za/docs/factsheets/guidelines/ethnics/>

Department of Health. 2006. *South African Good Clinical Practice Guidelines*. 2nd Ed. Available at:

http://www.nhrec.org.za/?page_id=14

APPENDIX C: INTERVIEW GUIDE

APPENDIX C: INTERVIEW GUIDE

TITTLE: EXPERIENCES OF STUDENT MIDWIVES REGARDING APPLICATION OF UBUNTU PRINCIPLES DURING PROVISION OF MIDWIFERY SERVICES IN VHEMBE DISTRICT, LIMPOPO PROVINCE INSTRUCTIONS

There are no wrong or right. Please be honest when answering. Do not put your name or anything that may be linked to your identity. You may ask for clarity from the researcher.

INTRODUCTION

1. What is your understanding by the concept of Ubuntu principles?
2. What are your experiences regarding Ubuntu principles in providing health care services?
3. How significant is the concept of Ubuntu in midwifery science/ how important are these principles in midwifery science.
4. What do you think are some of the challenges that midwives' students face in their work context?
5. What do you think can be done to ensure that Ubuntu is inculcated among the midwifery students?
6. What do you think can be done to improve midwifery service delivery in the hospital?

Thanking you in advance for your contribution!

APPENDIX E: PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES: LP2023-0-013

DEPARTMENT OF
HEALTH

Ref: LP_2023-01-013
Enquiries: Ms. PF Mahlokwane
015-293 6028
Email: Phoebe.Mahlokwane@dhsd.limpopo.gov.za

Mrs. N. T. Netangaheni

PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as Indicated below.

EXPERIENCES OF STUDENT MIDWIVES REGARDING APPLICATION OF BUNTUPRINCIPLES DURING PROVISION OF MIDWIFERY SERVICES IN VHEMBE DISTRICT, LIMPOPO PROVINCE

Permission to conduct research study as per your research proposal is hereby granted.

Kindly note the following:

Present this letter of permission to the Office District Executive Manager a week before the study is conducted.

- a. This permission is ONLY for Donald Fraser, Tshilidzini and Siloam Hospitals.
- b. In the course of your study, there should be no action that disrupts the routine services or incur any cost on the Department.
- c. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
- d. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.

The approval is only valid for a 1-year period.

If the proposal has been amended, a new approval should be sought from the Department of Health

Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated

Head of Department Date: 22/02/2023



Private Bag X3302, Polokwane
Fidel Castro Ruz House, 18 College Street, Polokwane 0700. Tel: 015-293 6000/12. Fax: 015 293 6211.

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Website: <http://www.limpopo.gov.za>

APPENDIX F: DEPARTMENT OF HEALTH VHEMBE DISTRICT APPROVAL

LETTER: REF S5/4/2/3



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
VHEMBE DISTRICT

Ref: S5/4/2/3

Enq: Gertrude Baloyi

Date: 23 February 2023

TO: Mrs NT Netangaheni
University of Venda

SUBJECT: REQUEST TO CONDUCT A STUDY (RESEARCH) AT DONALD FRASER, TSHILIDZINI AND SILOAM HOSPITALS

Experiences of student Midwives regarding application of Ubuntu principles during provision of Midwifery services in Vhembe District, Limpopo Province

1. The above matter has reference
2. The Department of Health has acknowledged your communiqué received on the 22 February 2023 for the above mentioned. Kindly be informed that permission has been granted to conduct a research at Donald Fraser, Tshilidzini and Siloam hospitals from 01 March 2023 – 01 March 2024 .
3. You are also advised to comply or adhere with the Departmental Policies, rules and regulations during your operations.

Hoping that you will find this in order



.....

CHIEF DIRECTOR: HEALTH SERVICES

22/01/2023

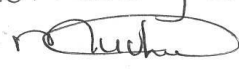
Date

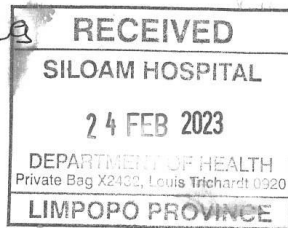
Private Bag X5009 THOHOVANDOU 0950
OLD parliamentary Building Tel (015) 962 1000 (Health) (015) 962 4958 (Social Dev) Fax (015) 962 2274/4623

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APPENDIX G: APPROVAL LETTER TO COLLECT DATA AT SILOAM HOSPITAL STAMPED 24 FEBRUARY 2023

APPENDIX A₃: LETTER TO THE CEO: SILOAM DISTRICT HOSPITAL

10!
To: Nursing Services

24/02/2023



P O Box 116
VHUFULI
0971
22 FEBRUARY 2023

The Chief Executive Officer
Siloam District Hospital
Vhembe District Municipality

Re: Request for permission to conduct research study at Siloam District Hospital

Dear Sir/ Madam

My name is Tiny Netangaheni, a Master's in Nursing degree student registered with the University of Venda. The research I wish to conduct with my team is for non-degree purpose, it involves "EXPERIENCES OF STUDENT MIDWIVES REGARDING APPLICATION OF UBUNTU PRINCIPLES DURING PROVISION OF MIDWIFERY SERVICES IN, VHEMBE DISTRICT, LIMPOPO PROVINCE".

This project will be conducted under the supervision of DR K.G. Netshisaulu of University of Venda. The aim of the study is to determine the experiences of student midwives regarding application of Ubuntu Principles during provision of care in Vhembe District Municipality in Limpopo Province. Your hospital has been selected because the researcher is interested in finding out the of student midwives regarding application of Ubuntu Principles during provision of care. I hereby seek your consent to approach five (5) participants who are the either third- or fourth-year midwives' students placed in your hospital.

The following inclusion criteria will be applied in this study:

- Third and fourth-year midwifery students of the University of Venda and Thohoyandou Nursing College placed for clinical exposure in the maternity units of the selected five hospitals.

The following exclusion criteria will apply in this study:

- First and second year nursing students at the University of Venda and Thohoyandou Nursing College.

39

APPENDIX H: ACCEPTANCE OF COLLECTING DATA AT DONALD FRAZER HOSPITAL DATED 28 FEBRUARY 2023



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
DONALD FRASER HOSPITAL

To:

Supervisor :Dr Netshisaulu K G

From: Quality assurance office

Enquiries: Nemanashi N.F.

REF: 4/4/1/1

Date: 28 February 2023

Re: ACCEPTANCE OF COLLECTING DATA AT DONALD FRASER HOSPITAL

RESEARCH TOPIC: EXPERIENCES OF STUDENT MIDWIVES REGARDING THE
APPLICATION OF UBUNTU PRINCIPLES DURING THE PROVISION OF
MIDWIFERY SERVICES IN VHEMBE DISTRICT, LIMPOPO PROVINCE

This is to certify that the following researcher(s)

NETANGAHENI NT(MS)

Is granted permission to come and collect data related to her study topic after risk assessment was conducted and was rated medium


You are kindly requested to implement batho-pele principles and patients' rights charter during data collection Implement covid-19 guidelines also

Any adverse or complaints encountered during data collection must be reported to the assistant director quality assurance in this cell number 0822323570

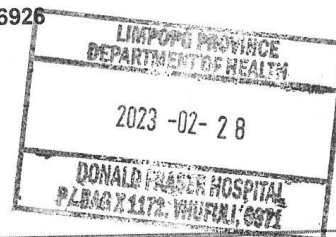
Privacy must be maintained throughout data collection

The supervisor of this research topic Dr Netshisaulu K remains accountable for the research process

Her contact number is **0159629115/0726926926**


ACTING CHIEF EXECUTIVE OFFICER

Date..... 28, 02, 2023



Private Bag X1172, Vhufuni, 0971
Tel: (015) 963 1778/9, (015) 963 1791/2, (015) 963 1783/4, Fax: (015) 963 1773, (015) 963 1796
Cell No.-083 248 0184

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APPENDIX I: APPROVAL LETTER TO COLLECT DATA AT TSHILIDZINI HOSPITAL DATED 6 MARCH 2023

Restricted



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
TSHILIDZINI HOSPITAL

Ref: 8/1/1
Enquiries: Netshifhefhe L.E
Date: 06 March 2023



To: Netangaheni Tiny

Subject: Permission to conduct research on "Experiences of student midwives regarding application of Ubuntu principles during provision of midwifery services in Vhembe District, Limpopo province".

1. The above matter refers.
2. Your letter received on the 06 March 2023 requesting for permission to conduct a study is hereby acknowledged.
3. Permission is therefore granted for the study to be conducted in Tshilidzini Hospital based on the approval letters you provided from the Limpopo Department of Health Head of department and Chief Director Vhembe District Health.

Wishing you success in your studies.


CHIEF EXECUTIVE OFFICER


DATE

Private Bag x 924 SHAYANDIMA 0945
Tel : (015) 964 4200 Fax : (015) 964 1492
(015) 964 1072

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APPENDIX J: SAMPLE INTERVIEW TRANSCRIPT

Research Topic: The experience of student midwives regarding the application of Ubuntu principles during the provision of midwifery service

Date: 28 February 2023
Venue: Univen/ Donald Frazer
Time: 11h40
Duration: 40 minutes
Participant Code: 03
Age: 23 years
Gender: Female

Question 1: What is your understanding of the concept of Ubuntu principles?

Researcher: What is your understanding of the concept of Ubuntu principles?

Participant: Ubuntu Principles is all about humanity which include love, respect, values and care.

Question 2: How would you describe your role in this hospital?

Researcher: How would you describe your role in this hospital?

Participant: As a student midwife, it is to take care of the patient with respect irrespective of their culture, likes and dislikes; call the patient by their names instead of calling them by their diagnosis; and treat them with respect and dignity including the young pregnancy teenagers irrespective of their age.

Question 3: What are your experiences regarding Ubuntu principles in providing health care services?

Researcher: What are your experiences regarding Ubuntu principles in providing health care services?

Participant: During antenatal, I experienced the important of team spirit while allocated in the antenatal ward which was very full and short staffed and there we work very well and stick together as a team.

During labour, I experienced that professional nurse behaviour is not good. As a student asked one of the professional nurses for help and refused and she refer me to another professional nurse stating that that one is gifted, I don't have enough information that I can share. I realised that team spirit is not there. Professional nurses' attitude toward the patient was not good as they have forced the patient to push the baby very hard, though at the end she delivered a breathing living baby. The patient preferred to be checked by the student as they are afraid of professional nurses who are rude.

Question 4: What do you think are some of the challenges that midwifery students face in their work context?

Researcher: What do you think are some of the challenges that midwifery students face in their work context?

Participant: I have encountered shortage of staff during admission and preparation for C/S where everything was done as trial-and-error learning due to lack of supervision.

Question 5: How would you describe your relationship with patients?

Researcher: How would you describe your relationship with patients?

Participant: I think the relationship is good and the student was smiling. I am always called for provision of support unlike the professional nurses who are rude.

Question 6: What do you think can be done to ensure that Ubuntu Principles is inculcated among the midwifery students?

Researcher: What do you think can be done to ensure that Ubuntu Principles is inculcated among the midwifery students?

Participant: The Ubuntu Principles programmes should be included in the curriculum of student midwives after every three months. In the ward environment education of Ubuntu should be given two days per week so that everybody should always bear in mind the principles of Ubuntu during health care service delivery.

Question 7: What do you think can be done to improve midwifery service delivery in the Hospital?

Researcher: What do you think can be done to improve midwifery service delivery in the Hospital?

Participant: The department there is enough resources and staffing in the ward to ensure good service delivery. The patient should be given opportunity to express their feelings about service delivery during postnatal through questionnaire or interview.

APPENDIX K: EDITOR'S LETTER

TO WHOM IT MAY CONCERN

I, the undersigned, hereby confirm my involvement in the language and academic editing, technical compliance, text redaction and data analysis and coding for the dissertation manuscript of **Mrs Nthuseni Tiny Netangaheni** (Student Number: 11523009) submitted to me in respect of her fulfillment of the requirement for the **Master's in Nursing** degree registered with the University of Venda (UNIVEN), and entitled:

Experiences of student midwives regarding application of Ubuntu principles during provision of midwifery services in Vhembe District, Limpopo Province

As an independent academic editor, I attest that all possible means have been expended to ensure the final draft of **Mrs N.T. Netangaheni's** manuscript reflects both acceptable research methodology practices and language control standards expected of postgraduate research studies at her academic level.

In compliance with conventional ethical requirements in research, I have further undertaken to keep all aspects of **Mrs N.T. Netangaheni's** study confidential, and as her own individual initiative.

Yours Sincerely,

T.J. Mkhonto

BA Ed: North-West University, Mahikeng (1985)

MEd: School Administration; University of Massachusetts-at-Boston, USA, Harbor Campus (1987)

DTech: Higher Education Curriculum Policy Reform, Design & Management; University of Johannesburg (2007)

All enquiries:

E-mail: mkhonto9039@gmail.com

Cell: +27(0)60 401 8279

Signed: 

Dr T.J. Mkhonto

Independent Academic Editor

Date: 06 June 2023
dd/mm/yyyy



Themba J Mkhonto
Associate Member

Membership number: MKH001
Membership year: February 2023 to March 2024

060 401 8279
mkhonto9039@gmail.com

www.editors.org.za