



**Exploring the impact of the shortage of resources in the midwifery units of the
Capricorn district, Limpopo Province**

By

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A Dissertation submitted in fulfilment of the requirement for the degree

Master's in Nursing Science

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AUGUST 2025

DECLARATION

I, Mukwevho Fhedzisani Glacia (21016986) declare that the dissertation titled “Impact of shortage of resources in the midwifery units of Capricorn district, Limpopo Province”; submitted by me, has not been submitted previously for a degree at this or any other university, that it is my own work in design and in execution, and that all reference material contained therein has been duly acknowledged.

Signature:  Date: 2025.08.13

DEDICATION

This dissertation is dedicated to my family, for their support that motivated me throughout my studies. I personally dedicate this study to my daughters Uhone and Uatshila, my pastor Rev M.M Maiwashe for being attentive when I needed someone to talk to. I also dedicate this dissertation to my mother Thinavhuyo Mukwevho. A special dedication to my friend Ndivhudzanyi Tshivhase who encouraged me to enroll. Lastly a dedication to my supervisor Prof Simane-Netshisaulu KG.

ACKNOWLEDGEMENTS

- I would like to acknowledge everyone who has supported me throughout this journey; I am very grateful.
- I am sincerely appreciative of my supervisor, Prof Simane-Netshisaulu KG; and co-supervisor, Prof Mulondo SA for their guidance, motivation and patience. I value their insightful feedback and expertise that were pivotal in shaping this dissertation.
- I am grateful to the University of Venda for allowing me the opportunity to enrol at their institution. Specific gratitude goes to the University of Venda Higher Degrees Committee (UVHDC) and University of Venda Research Ethics Committee (UVREC), for granting me permission to conduct the study.
- The Limpopo Provincial Department of Health, for allowing me to conduct the study in selected primary healthcare facilities.
- The Local Area manager and Operational Managers at selected PHC facilities of the Capricorn district, Limpopo Province for their support and cooperation during the course of the study.
- I am thankful to my family for affording me their understanding and support throughout my journey.
- I also acknowledge everyone who played part in this dissertation, may it be directly or indirectly; this includes participants, and advisors.
- Thank you all for the much-needed support.

LIST OF ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
BP	Blood Pressure
DHIS	District Health Information System
MU	Midwifery Unit
PHC	Primary Health Care
PN	Professional Nurse
SA	South Africa
SANC	South African Nursing Council
SSA	Sub-Saharan Africa
WHO	World Health Organization

ABSTRACT

Background: Healthcare facilities in many countries worldwide face a shortage of resources in midwifery units those in South African district healthcare facilities.

Purpose: This study aimed to determine the impact of the shortage of resources in the midwifery units of the Blouberg local municipality in the Capricorn district, Limpopo province.

Methodology: The study was conducted in the Blouberg local municipality of the Capricorn district, Limpopo province, and follows a qualitative research approach. A purposive sampling technique was used to recruit a total of 16 midwives, each with a minimum of 2 years' experience working in the midwifery units. Additionally, two community health centers and two clinics with high delivery rates were purposefully selected as study sites. Data were collected through semi-structured interviews using an interview guide and recorded using an audio recorder. Data analysis was done thematically to identify key terms and patterns.

Findings: The study resulted in five themes. These were (1) the impact of the shortage of staff on midwives' performance, (2) midwives' emotional well-being negatively affected, (3) patients' dissatisfaction caused by lack of human and material resources, (4) the value of adequate staff members in the midwifery units and (5) availability of material resources is vital in the midwifery units.

Conclusion: The shortage of resources has a negative impact on the provision of adequate healthcare in the midwifery units of the Capricorn District. Better workforce planning, improved working conditions, and strategies to retain experienced midwives while supporting skill development for newer staff in the midwifery units should be considered.

Recommendations: It was recommended that the Department of Health in the Limpopo province should be accountable and provide all PHC facilities in the Capricorn District with adequate human and material resources.

Keywords: Midwifery unit, primary healthcare facilities, midwives, resources, shortage.

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Midwifery services are vital for improving maternal and neonatal health outcomes both globally and in South Africa (Nove et al., 2021). Skilled midwives are crucial for delivering quality, evidence-based care during pregnancy, childbirth, and the postnatal period (Moller et al., 2022). Globally, access to competent midwifery care has been shown to significantly reduce maternal and newborn mortality, prevent complications, and promote respectful, culturally sensitive care (World Health Organization, 2024). In South Africa, where maternal and neonatal health challenges remain, strengthening midwifery services is essential for achieving Sustainable Development Goal 3, which aims to ensure healthy lives and promote well-being for all (Singh et al., 2025). Investing in midwifery not only saves lives but also supports more equitable and resilient health systems (World Health Organization, 2024). In addition, healthcare resources are all materials, personnel, facilities, funds, and anything else that can be utilised to provide healthcare services. These resources are essential; however, they have been limited as there is always a constant demand since everyone needs healthcare (Supady et al., 2021).

The South African healthcare system is comprised of the public sector used by majority of the citizens; and the private sector that can be afforded by a minority group or a lesser number compared to the ones using the public sector (Morris et al., 2021; Govender et al., 2021). The public health facilities are therefore faced with a number of challenges, including shortage of staff, poor infrastructure, shortage of material resources, and high loads of patients that need attention daily (Muthelo et al., 2021; Abrahams et al., 2022). There are several pressures on the public health system, which also include maternal and child health issues (Sahoo et al., 2021). These challenges impact the health outcomes, burnout, and compromises the quality of care provided in public healthcare systems (Quan et al., 2024).

The shortage of human and material resources is a crucial challenge within the healthcare systems globally (Boniol et al, 2022). Without adequate staff, skilled professionals, midwives and doctors compromise the quality of care provided to patients ((Boakye, 2022). Material resources such as medication and equipment are also essential in the healthcare systems; as they determine how long it takes for patients to receive care, is the care given adequate? and the safety of patients in terms of diagnosis as inadequate resources can lead to litigations

(Barck et al., 2023). Moreover, the lack of funds limits solutions to these challenges as money is needed to procure equipment, medication, build infrastructure and hire more staff (Tshilombo, 2021). The shortage of resources hinders the healthcare system's ability to respond effectively to patient needs, reduce litigations, and achieve positive health outcomes, especially for the public health sector (Ugwu et al., 2025). The World Health Organization (WHO) shows a global shortage of more than seven million nurses, which could rise to nearly thirteen million by 2035 (WHO, 2021). The shortage of midwives is particularly alarming because they play a vital role in providing crucial sexual, reproductive, maternal, and newborn health services. Around the world, there is a shortage of health workers, which has increased the global health crisis and excessively affects maternal and neonatal health outcomes (WHO, 2021). In South Africa, this shortage is increasingly affecting the public healthcare sector, where midwives are the pillars of maternal healthcare services, especially in rural and peri-urban areas (Lunda, Minnie, and Lubbe, 2024). The decrease and shortage of healthcare workers result in poor healthcare services, causing low immunizations for children and high infant mortality worldwide (WHO, 2020). South Africa faces similar challenges; the shortage of skilled midwives has resulted in overburdened facilities, longer waiting times, and compromised quality of care. These constraints often lead to poor health outcomes, including high infant and maternal mortality rates, especially in under-resourced provinces (Hastings-Tolsma et al., 2021). The shortage of healthcare workers, primarily nurses and midwives, has negatively impacted the healthcare system in the United States of America (USA), by severely disrupting services across hospitals, maternal wards, and home-based care organizations that were already understaffed. This has disturbed several organisations and institutions, such as home-based care and hospitals, that were already previously understaffed (Corgi, 2022). However, there is an uneven distribution of healthcare professionals, especially midwives. An example of this is a study by Mendes and Bertella (2019) which revealed that health worker density has been increasing steadily since 2000 in countries such as Botswana; however, they have not risen significantly since 2004 in Sudan, Mali, and Uganda. These countries continue to experience high shortages, particularly in primary healthcare (PHC) facilities, where midwives are often the first and only point of care for many women. The lack of midwives in these settings not only reduces access to quality maternal healthcare but also undermines efforts to reduce preventable maternal and neonatal deaths (Nove et al., 2021).

In sub-Saharan Africa, 47 countries have a critical shortage of healthcare professionals, and midwives are one of the most affected. A study by Mendes and Bertella (2019) revealed that Uganda's scarcity of human resources (healthcare workers) is more significant

in PHC settings than at higher levels, and in these facilities, midwives are the only ones responsible for providing maternal and neonatal care; this therefore severely impacts the midwifery units of these areas (Adatara et al., 2021). In Mali, for example, PHC are usually managed and has midwives as staff, which highlights the important role of midwives in the provision of healthcare (Sedibe, 2024). A study by Bervell and Al-Samarraie (2019) indicated a lack of funds for healthcare facilities in this region of Africa; which impacts the positive healthcare outcomes in the midwifery units (Ismaila, Bayes and Geraghty, 2024). Overall, healthcare in sub-Saharan Africa is characterised by a shortage of resources, and the midwifery units also faces these shortages (Candotti, Tagny-Tayou & Laperche, 2021).

Medicines are essential in providing healthcare services, as they are a prime factor in managing diseases. However, there have been shortages of drugs in several parts of South African healthcare facilities (Zuma, 2022); medicines such as oxytocin, magnesium sulfate, antibiotics, and iron supplements are essential for different stages of maternal care, like during pregnancy and after child birth (Astete and Lacassie, 2024). Shortage of drugs is caused by factors such as raw material shortage, regulatory influence, manufacturing difficulties, and financial implications (Goold & Stanley, 2021). This medicinal shortage has resulted in patients not being provided with prescribed medicines paramount to their treatments when visiting healthcare facilities (Zuma, 2022); pregnant women also find themselves in situations where they are not receiving medicines to assist them with their pregnancy (Mortazavi and Ghardashi, 2021); there are also instances where there are shortages of medication and complication such as infections cannot be attended to (Darty et al., 2022). The coronavirus 2019 (COVID-19) pandemic exacerbated this problem related to supply-side challenges and increased demand for medications for critically ill patients. Drug shortage can also lead to an increase in risks of medication errors and adverse patient outcomes (Miller et al., 2021). Moreover, the shortage of medicines and their provision thereafter is negatively impacted by inadequate appointment of pharmacists and collapsing manual medicine stock management systems. This negative impact (inability to provide medicine) is more evident in facilities that are situated in rural areas (Zuma, 2022). These challenges significantly impact maternal and neonatal health outcomes and increase the burden on already overstretched midwifery services. The South African Nursing Council (SANC) considers a midwife a primary registered practitioner whose duty is to provide care and support to the baby and mother to achieve and maintain good health during pregnancy and labour (Malwela & Maputle, 2022). Furthermore, according to the SANC, the ratio of midwives to patients in many facilities falls short of international standards, as some facilities have nurses responsible for multiple laboring women simultaneously (Nwanamidwa, 2024). Midwives use the Basic Antenatal Care (BANC) guidelines to identify the pre-existing chronic conditions that can result in complications during

pregnancy (Ngxongo, 2018). The shortage of staff (Lumadi and Matlala, 2019), dilapidated old infrastructure (Ngwenya et al., 2025), a lack of midwifery specialists (Thopola and Lekhuleni, 2015), and a lack of resources and material supply (Mathebula et al., 2024) characterize midwifery units in South Africa, particularly midwifery units of facilities located in rural areas (Wibbelink, James and Thomson, 2022). For instance, in the Limpopo province, midwives are faced with a growth of preterm birth occurrences and morbidity of children and mothers. For these rates to be reduced, midwives must provide promotive and preventive care during antenatal care (ANC). However, they face limited resources to adequately carry out their expected duties (Malwela & Maputle, 2022). Medicine stock-out has also been reported to be a challenge in the Vhembe district in the Thulamela municipality of Limpopo province. Furthermore, clinics in this area experience more medicine stock-out than community health centres. These stock-outs happen for an extended period, resulting in worsening patient conditions and the unavailability of medicines needed for chronic conditions such as Diabetes, Hypertension, and child health (Olubumni, Maria & Jabu, 2019). Simane-Netshisaulu et al., 2023 revealed that the shortage of staff and heavy workloads harm the ability of experienced midwives to provide support to newly qualified midwives and this impairs training and the quality of healthcare provided. It was also alluded by Manji et al., that the shortage of staff in South Africa is also caused by the migration of nurses into the private sector; this is due to high workloads and burnout that they usually face in the public sector (Mashamba and Ramavhoya, 2021), and therefore, migrate for better working conditions. Ngwenya et al., (2025) highlighted that in addition to shortage of resources, midwives are faced with practice challenges such as poor infrastructure, and incompetence amongst midwives which negatively impacts the quality of care they provide to expectant mothers. Furthermore, the study by Ngwenya et al., (2025) indicated that the biggest challenge faced by midwives in South Africa is poor leadership, which is seen through lack of support from the leadership. The lack of advancement in midwife skills was also a challenge, since there is a shortage of advanced midwives in the midwifery units of South Africa (Hastings-Tolsma et al., 2021). These challenges faced by midwives hinder a provision of adequate healthcare.

1.1.1 Theoretical Framework

This study used the Holistic theory as a theoretical framework. Jan Christian Smuts, a South African in the 1920s, proposed this theory (Morton & Thurman, 2023). Smuts proposed the theory as a philosophical term to describe the complex philosophy regarding the organisation of nature. The holistic theory indicates that parts of any whole cannot exist and be understood except in their relation to the entire (Morton & Thurman, 2023). In other words, the shortfalls in midwifery units cannot be fully understood unless the factors that caused them are examined and their impacts are well highlighted. For this study, it was holistic to understand

the midwifery units and their state. Human and material resources in healthcare are the key components of healthcare services.

The background of the holistic approach was concerned with the restoration and promotion of health, the prevention of diseases and the support necessary to help patients gain a subjective sense of peace and harmony after visiting the healthcare facility (Morton & Thurman, 2023). Should there be a clear understanding of the holistic theory in healthcare, situations such as a shortage of resources would not be challenging since providing resources would be a priority. This was because its impacts (primarily negative) on services rendered would be clearly understood. Midwives need to be supported to carry out their duties adequately, including providing resources that enable them to do so.

Holistic nursing involves providing quality care to patients, focusing on the social environment and psychological, physical, cultural, and religious beliefs (Morton & Thurman, 2023).

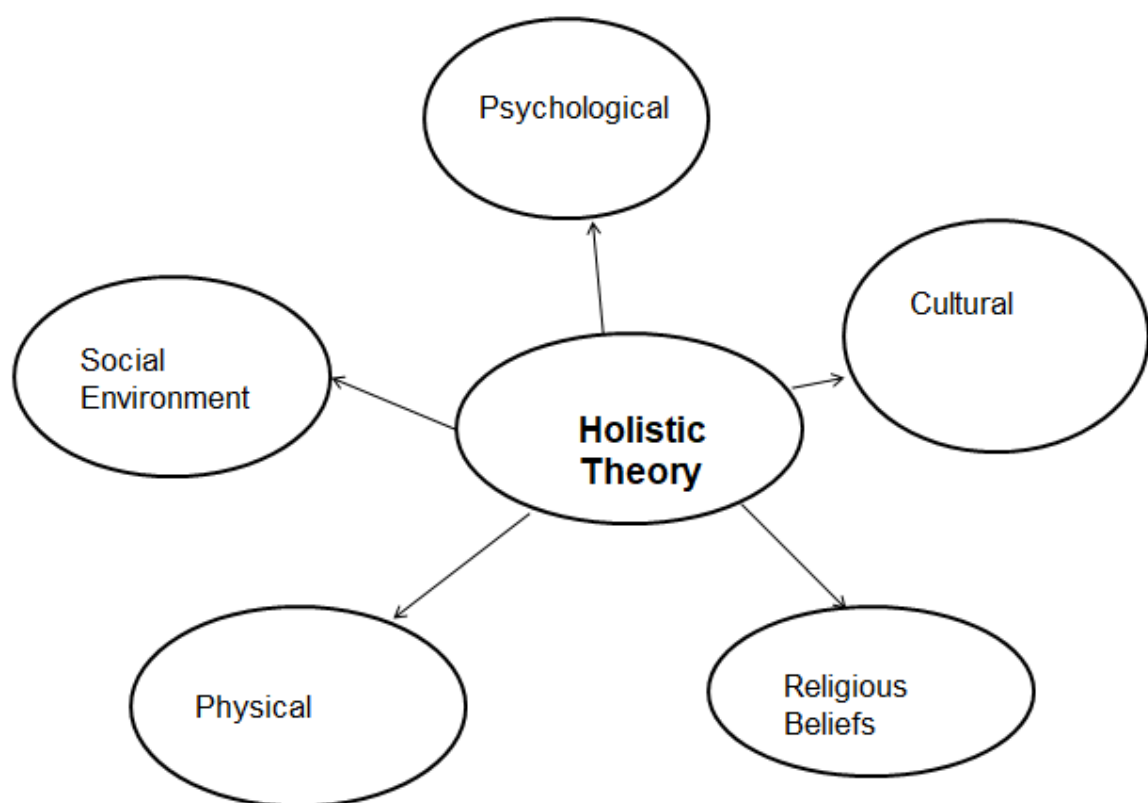


Figure 1: Aspects of holistic care based on Holistic Theory

A good nurse-patient ratio cannot be implemented because midwives are unable to spend more time with patients or interact with them, so their needs cannot be identified (Elmdni, 2025). There would be a delay in identifying social problems such as stress, resulting in a delay in referring patients to another multi-disciplinary team, such as a social worker (Zalamar, 2024). **Psychological**

Adequate labour, delivery, and puerperium care are the primary responsibilities of nurses in the midwifery units (Subramaniyan, 2022). However, the lack of enough skilled midwives to supervise and monitor labour and delivery could lead to complications. Therefore, an overload of work on midwives would contribute to low morale, stress and burnout, resulting in providing sub-standard care (Yao et al., 2024).

Cultural

Cultural health beliefs influence the way people perceive how their health issues should be dealt with; including when and from whom they seek healthcare. In South Africa, midwives are faced with the challenge of convincing pregnant women to use medications from the PHCs because there is a strong influence of traditional medicine use (Thipanyane et al., 2022). Moreover, it includes their response to recommendations given in terms of treatment and lifestyle change. It is, therefore, difficult for midwives to advocate for medication and its effectiveness when there is a shortage of that medicine (Boakye, 2022). This would lead to a mistrust of modern medical ways of healing instead of traditional ways to treat ailments. Midwives may also not be able to justify birthing methods such as Caesarean birth if there is no equipment to perform this operation (Vayo, 2025). Some patients even consider using traditional birth methods as fear of dealing with cases where there are no beds or medication in the PHCs and these may lead to complications (Morobe, Ramavhoya and Bopape, 2024). Therefore, and midwives cannot promote healthcare services and Western medicines due to the shortage of resources.

Religious beliefs

Midwives need to consider religious beliefs when providing services; However, due to a shortage of resources, they ignore these beliefs (Boakye, 2022). Therefore, this leads to midwives not adhering to the requirements to provide adequate care. The lack of training for healthcare professionals would prohibit them from dealing with a case centred on religious beliefs (Aziato et al., 2021). For example, a nurse in the midwifery units would not be able to

perform an abortion on a patient who was against it; this was in a case where the other's life would be in danger if they continued with a pregnancy.

Physical

Shortage of medical equipment in midwifery units leads to negligence and malpractice, resulting in legal action against the healthcare facility (Ogueji et al., 2024). A holistic nursing approach would be applied if enough functional, serviced medical equipment, such as an electronic scale, was available (Morton and Thurman, 2023). However, if equipment is unavailable or not provided, midwives cannot diagnose, plan, implement, and refer patients to a higher level of care and cannot meet patients' physical needs (Hastings-Tolsma et al., 2021). Therefore, providing medical equipment enables midwives to meet patients' physical needs on time, preventing medical complications.

Therefore, this theoretical framework highlights that there is an emphasis of whole person care that needs to be adhered to in the midwifery units. However, the shortage of material and physical resources serves as a limitation for midwives' to deliver proper care to women in the midwifery units (Boakye, 2022). Based on the aspects of the holistic approach (psychological, cultural, religious beliefs and physical), the shortage of resources impacts the relationship of midwives and patients since they advocate for western medicine or proper care but they cannot provide the very services they are advocating for (Morton and Thurman, 2023). This is to say, the shortage of resources weakens midwives' ability to convince women to trust PHCs for provision of maternal services. Therefore, adequate resources are needed for fulfilling holistic provision of care in the midwifery units and the shortage completely disables the functionality of holistic approaches to midwifery care (Boakye, 2022); (section 2.8) clearly explains the concept of the holistic theory and its importance to midwifery care.

1.2 PROBLEM STATEMENT

The midwifery units in a health care facility provide services such as admitting pregnant women in labour at the maternity units and helping mothers during the labour process until delivery. For the unit to function well and provide adequate maternal services, the midwifery units are expected to have enough material and human resources (Mogakwe, Ally and Magobe, 2020). The national and provincial Departments of health are putting effort into improving maternal and neonatal healthcare in South Africa, however, the midwifery units still face challenges such as shortages of human, material and financial resources. Malwela, Maputla and Netshisaulu, (2022) support this statement as they described challenges of the midwifery units to be the lack of skilled healthcare professionals, materials, supplies and inadequate infrastructure. Some of the reported contributing factors included problems

brought about by logistical issues and a lack of administrative support (Mothiba, Skaal & Berggren, 2019). As a result, the quality of midwifery services provided to patients was compromised.

The researcher observed a shortage of human and material resources in the midwifery units of Limpopo province as a serious concern. For this reason, the main problem that this study focuses on is the impact of the shortage of resources on the provision of good quality midwifery care, in the Capricorn district of the Limpopo province. This is because these shortages severely impact the midwifery units in terms of heavy workloads due to shortage of staff, decreased quality of midwifery care, delayed interventions during labour, a risk of complications, and the midwives get demoralized and are experiencing burn out.

Several studies have indicated and acknowledged the challenges caused by the shortage of resources, more especially in rural areas such as the Limpopo province (Matlala et al., 2021; Mahada, Tshitangano, and Mudau, 2023). However, the specific and midwives lived impact of the shortage of resources within the midwifery units of the Capricorn District is still underexplored. There have been studies such as those that focus of the improvement of the midwifery care in Limpopo, such as the study by Mahada, Tshitangano and Mudau, (2023) where the explored the ways to improve quality of care in the midwifery units.

There is however a need for a study that covers the experiences of midwives as a result of being impacted by the shortage of resources in the Capricorn district. Therefore, this study explores how the shortage of resources impacts midwifery care provision, and the well-being of midwives' and the patients they serve. Moreover, the study seeks to contribute in depth insights that can inform targeted interventions, policy adjustments, and strategies to strengthen maternal healthcare services in rural areas.

1.3 RATIONALE OF THE STUDY

Rukudo (2018) described the rationale of a study as a set of reasons or logical basis that explains why a research question or study was needed to contribute to the relevant field of study.

A study by Mohseni et al. (2023) reported a critical shortage of healthcare workers in PHC facilities in Botswana; they further reported that the shortage was due to an increased need for healthcare services. Moyo et al. (2022) conducted a study in a district hospital in the

Mpumalanga province, wherein nurses' experiences of the critical shortage of medical equipment were reported. Moreover, a study by Lumadi and Matlala (2019) conducted at a tertiary hospital in the Tshwane district in Gauteng Province focused on the perception of midwives on the shortage of resources. An additional study by Masemola (2021) reported the experiences of the nurses working in rural PHC facilities of the Letaba local municipality in the Mopani district. These studies show the shortage of resources, the experiences of nurses on the scarcity of resources and the perceptions of midwives on the shortage of resources. They, however, did not focus on the impact of the shortage of resources. This study, therefore, filled the gap in describing the effects of the scarcity of resources. This study is important as it provided new insights into the shortage of resources by highlighting the impact that the scarcity of resources had on the midwifery units.

1.4. SIGNIFICANCE OF THE STUDY

According to Skinner (2020), the significance of the study is a written statement that explains why research is needed. It highlights aspects that validate the importance of a study and its contribution to society thereof.

The overall significance of this study is its focus to provide an understanding of how the shortage of resources impact the midwifery units of the Capricorn district, Limpopo province. The study explores the lived experiences of midwives' who are impacted by these shortages; and therefore, provide information on the consequences of shortage of staff, medication, equipment, and poor infrastructure. The gathered insights will assist the government and policy makers to develop strategize that will help improve the care provided in midwifery units of the Capricorn district; and also assist in the provision of adequate resources in the midwifery units across the country.

In addition, this study is significant in various fields of healthcare settings, namely nursing, patients and community members, and nursing education.

1.4.1 Nursing care

The researcher believed this study would help improve the care brought by midwives in the midwifery units. Therefore, to improve services in midwifery units, the impact of a shortage of resources in these units needed to be explored. When the impacts are highlighted, it is clear which areas need improvement, which will, in turn, improve the care given to patients (Gile, Buljac-Samardzic & Van De Klundert, 2018).

1.4.2 Patients and Community members

Patient satisfaction may increase, and the midwifery services offered may be of good quality.

1.4.3 Nursing Education

The study would improve resource provision in the midwifery units of the selected PHC facilities. Midwifery students are placed in PHC facilities with good working equipment. This would enable students to be exposed to vast midwifery services, in turn increasing the midwifery skills they gain.

1.4.4 Government

This study would be significant to policy developers in the Department of Health in the Limpopo province. This is so that the study would inform them of adequate resources required in midwifery units. Providing these resources would increase patient's utilisation of the PHC facilities. Therefore, this would reduce lawsuits against the government.

1.4.5 Body of Knowledge

The study would contribute to the body of knowledge. Providing current data on the state in which the midwifery units of PHC facilities in the Capricorn district were.

1.5 PURPOSE AND OBJECTIVES OF THE STUDY

The purpose of a study is a general statement of intent with very little precision that the researcher plans to achieve when the whole research is completed (Ishtiaq, 2019).

1.5.1 Purpose of the study

This study aimed to determine the impact of a shortage of resources in the midwifery units of the Blouberg local municipality in Capricorn district, Limpopo province.

1.5.2 Objectives of the study

The objectives of the study were to:

- Explore and describe the midwives' perspectives on the effects of resource scarcity in the midwifery units of the Capricorn area in the province of Limpopo.
- Explore and describe the midwives' viewpoints on the impact of having adequate resources in the midwifery units.

1.5.3 Research questions

The researcher formulated the following research questions to seek answers from the participants who had experienced a shortage of resources in the units.

- What were the midwives' perspectives on the effects of resource scarcity in the midwifery units of the Capricorn area in the province of Limpopo?
- What were the midwives' viewpoints on the impact of adequate resources in midwifery?

1.6 DEFINITION OF TERMS

1.6.1 Midwifery units

According to Mathe, Downing, and Kearns (2021), midwifery units are specialised units within healthcare facilities that provide services for pregnant women for delivery and to improve maternal reproductive health and neonatal child health. For this study, midwifery units are units where pregnant women were admitted to provide maternal health services.

1.6.2 Primary healthcare (PHC) facilities

Primary healthcare (PHC) facilities provide various PHC services, including clinics and community health centres (KwaZulu-Natal Department of Health, 2024). PHC facilities were facilities that provided midwifery services for this study.

1.6.3 Professional nurse

A professional nurse was defined by the SANC (2019) as a person with four-year nursing training and was registered in section 31 of ACT No 33 of 2005. This study considered a professional nurse with general and midwifery qualifications who assisted pregnant women throughout pregnancy, childbirth and postnatal care.

1.6.4 Resources

Resources are materials or human needs obtained from the provider that can be used to satisfy the organisation's needs for it to function effectively (Tapus & Monolache, 2019). This study referred to resources such as medical equipment, supplies and midwives that were important and needed to be used for ensuring that midwifery services/care were rendered effectively.

1.6.5 Shortage

The National Academies of Sciences, Engineering, and Medicine (2018) defined shortage as something or anything in a situation whereby materials or human resources needed could not be obtained and were of insufficient amount. This study considered shortage as the lack of midwives, equipment and supplies that were important for providing midwifery services.

1.7 Methodology

This study employed a qualitative research design to explore the impact of resource shortages in the midwifery units of the Capricorn district, Limpopo Province. The target population was midwives, each with a minimum of 2 years' experience working in the midwifery units. The study further used a purposive sampling method to recruit 16 midwives included as participants in the study. Additionally, two community health centres and two clinics with high delivery rates were purposefully selected as study sites. Semi-structured interviews were used to collect data following an interview guide to obtain insights of the perception and experience of midwives regarding the impact of the shortage of resources in the midwifery units, and the conducted interviews were recorded with an audio recorder. The collected data was thematically analysed using the ATLAS.ti software, which identified recurring patterns and key themes expressed by the participants. The ethical clearance approval was obtained from the University of Venda's Human and Clinical Trials Ethics Research Committee (HCTREC); with the clearance approval no: FHS/ 23/PDC/07/3011. Permission to conduct research was also obtained from the Limpopo Province's Department of Health with reference number: LP_2024-01-009. Informed consent was obtained from the participants before conducting the interviews, which ensured voluntary participation, anonymity, and confidentiality, amongst other ethical considerations. The methodology approach employed for this study was appropriate as it allowed the exploration of in-depth perceptions and experiences of midwives' regarding the impact of the shortage of resources in the midwifery units of the Capricorn District, Limpopo Province.

1.8 Summary of chapter 1

Chapter 1 included the introduction, which highlighted the background of the study and the theoretical framework (Holistic theory), problem statement, study rationale, significance of the study purpose, objectives, research question and definition of terms. The study aimed to determine the impact of the shortage of resources in the midwifery units of the Blouberg local municipality in Capricorn district, Limpopo province.

The next chapters include chapter 2 which is the literature review that provided a literature based understanding of the concepts relating to the study. Chapter 3 is the methodology of the chapter, which highlighted the research design, sampling methods, data collection procedure, data analysis and ethical considerations. Chapter 4 presented the findings of the study, and chapter 5 discussed those findings. The dissertation also included chapter 5 that provided the summary, limitations and recommendations; and conclusion

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The previous sections introduced the topic of the study, the background, the problem statement and the justifications. It included the study's aim, objectives, questions, and methodology. This section provides the literature review on which the previous statements were based. Based on the literature, the chapter provides a base for understanding the impact of the shortage of resources in the midwifery units.

A literature review details previous research on a topic through a comprehensive summary. The sources of a literature review may include books, scholarly articles, internet and surveys. The literature review provides a theoretical base for the current research and highlights the nature of the research (Lim, Kumar & Ali, 2022). A literature review may, in other cases, direct the current study; therefore, it encompasses the structure of the current research. This review is a systematic way of collecting and synthesising previous research. It creates a firm foundation for advancing knowledge and facilitating theory development relating to a topic. Moreover, a literature review synthesises research findings, which serve as evidence of a matter at hand and highlight areas in which more research is needed. This is to say that a literature review can help justify the need to conduct the current research by showcasing gaps in areas relating to the topic. It helps build theoretical frameworks and concepts of a study (Snyder, 2019). The following are concepts relating to the impact of the shortage of resources in midwifery units of PHC facilities.

2.2 AN OVERVIEW OF MIDWIFERY SERVICES

This section provides an overview of midwifery care, particularly in the context of South Africa, and narrows it to the Limpopo Province. Midwifery care in rural areas such as the Limpopo province is highly influenced and dependent on the availability of adequate resources, since they are needed for safe delivery and proper maternal and neonatal care (Malwela and Maputle, 2022). The shortage of resources such as skilled midwives', adequate medication, good and functional equipment, and proper infrastructure have an impact on the quality of midwifery care provided (Maleta, 2023). This is because the shortage results in heavy workloads, which then contribute to poor health outcomes. These are challenges faced by midwives' in the Limpopo province, and has been seen to impact the functionality of midwifery units as it is difficult to manage obstetric emergencies, and provide proper antenatal and

postnatal care (Sekwati, 2021). There is a serious need to therefore address resource shortages to improve maternal healthcare outcomes.

2.3 PRIMARY HEALTH CARE SYSTEMS

Primary healthcare systems form part of the healthcare system. They offer a cost-effective route to achieving universal health coverage (UHC). PHC is widely recognised as a cost-effective strategy for delivering essential health interventions such as reducing maternal and child mortality (Gyawali et al., 2020). However, PHC systems are meant to provide comprehensive, people-centred and integrated care. A PHC system is responsible for maintaining essential healthcare systems. PHC addresses the main health problems in communities; it provides promotive, preventive, curative and rehabilitation services. Furthermore, PHC policies and interventions are meant to enhance equity and support disadvantaged groups with little coverage of essential services. A strong PHC system improves population health outcomes, reduces all-cause mortality, and effectively achieves UHC. The PHC system is specifically intended to provide the spectrum of care required to meet most of a population's health needs, provide services for communities locally, and address evolving needs. This adaptive ability contributes to the responsiveness and resilience of health systems, particularly in times of crisis (Langlois et al, 2020).

According to Mokoena (2017), the healthcare system is a set of goals and elements that interact to achieve a specific goal. This definition is coupled with three elements of the health care system. These include a) input, which is resources; b) throughput, which involves using resources; and c) output, which results from using available resources in healthcare. Additionally, PHC systems have core principles, which include community engagement and empowerment and strengthening of local health systems. The PHC systems constitute three pillars: primary care and essential public health functions as the core of integrated health services, empowering people and communities, and multisectoral policies and actions (Langlois et al., 2019).

The PHC system is centred on the individual, the family, and the community. The ideal health service should be accessible, affordable, acceptable, available, equal, effective, efficient, continuous, caring, comprehensive, comfortable, considerate, scientifically advanced and careful with patient safety (Mokoena, 2017).

2.4 THE STATE OF RESOURCES IN PRIMARY HEALTHCARE FACILITIES

Globally, a study by Li et al. (2020) indicates that in China, there is a challenge with PHC facilities which stems from inadequate training of midwives. In Australia, nurses indicate that they are short-staffed and lack sufficient equipment to adequately perform their tasks

(Halcomb et al., 2020). In Brazil, there is a limitation of accessibility to PHC facilities; those who access may give up due to prolonged waiting time (Garnelo et al., 2020). Langlois et al. (2020) conducted a study in 20 low and middle-income countries; these countries included Bangladesh, Cameroon, Colombia, Ethiopia, Georgia, Ghana, Indonesia, Kenya, Lebanon, Mexico, Mongolia, Nigeria, Pakistan, Peru, Rwanda, South Africa, Sri Lanka, Thailand, Uganda and the United Republic of Tanzania. From these countries, it was found that PHC facilities lacked funds for preventative services despite the growth of diseases; PHC professionals lacked training and support and were under-resourced. Additionally, it was found that there is no equity in the health system between private and public health care; the PHC facilities are also faced with corruption. The PHC is unregulated, and services are poor. In Pennsylvania, the shortage of resources ranges from the lack of crash carts stocked and ready, shortage of medication, shortage of patients' code sheets, and healthcare practitioners' inability to access patients' code statuses (Advisory, 2017). In most countries, the PHC systems are not adequately designed to cater for the elderly. Older people have different health needs, such as reduced physiological reserves and complex and chronic multi-system problems; they need attention on their biopsychosocial aspects of health. This remains a challenge since PHC facilities have a shortage of healthcare workers with training in geriatric issues. In Greece, the PHC system has also experienced several challenges. These include the management of PHC institutions made up of personnel without managerial qualifications, a lack of planning and coordination, unequal and inefficient allocation of human and economic resources, an absence of a referral system and effective gatekeeping mechanisms, and inequalities in access to services (Economou et al., 2015). A central component of global efforts to reduce maternal mortality is to ensure that all women have access to skilled care before, during, and after childbirth. However, even when services are available, care may be compromised by mistreatment during childbirth, including abusive, neglectful, or disrespectful care. For women who have access to care from a provider who is skilled in managing complications, there has been an evident refusal to seek care by these women due to previous experiences of disrespectful care (Shakibazadeh et al., 2018).

In Sub-Saharan Africa, there is a shortage of midwives, nurses and doctors for maternal health and health services. Additionally, there is an equitable distribution of maternal health professionals between geographic areas and health facilities. In Uganda, women who seek maternity services at PHC facilities described the environment as having a lack of skilled staff; they complained about abuse, neglect and poor treatment. On the other hand, the healthcare workers described these women as ignorant and that they were unwilling to deliver in healthcare facilities (Girardi et al., 2016). The shortage of professional staff in the midwifery units also reduces the number of facilities equipped to offer emergency obstetric care 24 hours

a day. It is significantly related to quality of care and maternal mortality rates. The loss of health professionals in this region is also due to emigration, the movement from public to private health facilities and HIV-related illnesses (Fauk et al.2022). In Tanzania, maternal mortality has remained unacceptably high despite ongoing improvements in healthcare facilities, including the upgrading of health centres to provide comprehensive obstetric services (Moselle et al., 2021).

In South Africa, the shortage of equipment has resulted in PHC facilities borrowing equipment from other clinical service areas and hospitals, delays in theatre cases and imagery appointments, patients being referred to other public hospitals and private hospitals, and emergency purchases through procurement exemptions (Mukwena & Manyisa, 2022). Kelly, Mrengqwa and Geffen (2019) reported that there have been media and community complaints about the services rendered by public health institutions. These reports indicate that public health institutions fail to meet basic care standards and patient expectations. The public in South Africa has now lost trust in the public health institutions. Maphumulo and Bhengu (2019) indicate that the health care in South Africa is ruined and in serious need of repair. In general, South African healthcare facilities are reported to be characterised by prolonged waiting time caused by a shortage of healthcare workers, adverse events, poor hygiene and poor measures of infection control, increased litigation caused by avoidable errors, the shortage of medicine and equipment, and poor record keeping. Malakoane et al. (2020) add to these characteristics, indicating that the facilities are unclean, the staff has a negative attitude, and there is compromised safety and security of both the staff and patients. In the Free State province, public health programmes and outcomes remain poor, increasing the burden of diseases. This happens even when the government has developed strategies to strengthen public health performance. Malakoane et al. (2020) further report that these challenges in the Free State started around 2012. Although there is a strong emphasis by the South African elder care policy on taking care of the ageing community, the PHC system in Cape Town is not equipped to address the health needs of older people living in community settings (Kelly, Mrengqwa & Geffen, 2019). Notable problems that patients in South African healthcare institutions highlight include the lack of cleanliness, safety, and security of staff and patients, long waiting times, staff attitudes, infection control, and medication stock-outs (Mokoena, 2017). A study by Daviaud and Chopra (2008) indicated a drastic shortage of doctors in PHC facilities. This is because the poor management and monitoring of skills in PHC systems results in a struggle to retain skilled healthcare workers.

In the Limpopo Province, nurses working in the Makhado region reported that PHC's most encountered challenges at consultation in the midwifery units were staff shortages, an inadequate supply of vaccines, a work overload and lack of equipment. In addition, the

unavailability of scales, or scales not in good working condition, contributed to inadequate care (Masuwa, 2022). There is evidence of a scarcity of material resources in the maternity units of public hospitals in Limpopo province. Midwives in the learning stage find themselves in an environment where they cannot properly learn practical aspects of midwifery. They have experienced a lack of gloves, urine catheters and urine dipsticks. Based on limited material resources, learner midwives and midwifery practitioners improvised, putting the lives of pregnant mothers and fetuses in danger (Thopola & Lekhuleni, 2019). The unfavourable working conditions in the labour ward, administrative roles, negative collegial relationships and disrespect displayed by experienced midwives negatively affected graduates' midwifery performance in the Limpopo province (Simane-Netshisaulu, 2022). Malwela, Maputle and Netshisaulu (2022) also alluded to the shortage of resources in Limpopo province, the lack of emotional and psychological support and poor communication as barriers to preventing preterm births.

2.5 THE IMPACT OF ESSENTIAL RESOURCES ON THE FUNCTIONALITY OF THE HEALTHCARE FACILITIES

Resources are a requirement for PHC systems to be successful and provide adequate patient care; among these resources is the human resource. Daviaud and Chopra (2008) illustrate that human resources are central to improving the health sector. This is done through planning, training, staff retention, scope of practice for the staff and human resource management. The Primary Healthcare Core Package for South Africa defines clinics, satellites, and mobile clinics as being nurse-based, with occasional sessions by doctors, and community health centres as referral centres requiring doctors on site (Daviaud & Chopra, 2008). Mokoena (2017) adds that resources also include equipment and medication.

A lack of resources in healthcare systems has adverse consequences regarding the quality of care provided to patients and the nature of the working environment for healthcare practitioners. An adequately running healthcare facility is expected to have schedules to check the dosage, expiration dates and amount of medication (Maphumulo & Bhengu, 2019). This should include intubation and intravenous supplies, which should be fully stocked. Resources in a healthcare facility include sterile gloves, drapes, electrocardiogram (ECG) electrodes, suction supplies, sutures, a Salem pump, a cricothyroidotomy kit, and a lumbar puncture kit, among others. The lack of a proper communication system within a facility and with heads of departments and clinic managers is also classified as a shortage of resources (Prullage et al., 2022).

Equipment comprises a large portion of a health service's budget. Sufficient equipment of high quality provides quality care; it allows health professionals to meet patients' needs adequately

and improves their productivity. Availability and maintenance of equipment are regarded as requirements for good quality patient care. Therefore, for the sustainability of equipment, equipment must be used for the intended purpose. Additionally, the health services manager must ensure that training to use equipment properly is done, and the equipment must be kept clean; this is essential for rendering safe care. When necessary, equipment should undergo special cleaning methods, which require a specific department specialising in cleaning equipment after use (Mokoena, 2017).

2.6 FACTORS CONTRIBUTING TO THE SHORTAGE OF RESOURCES IN THE MIDWIFERY UNITS

Some factors have been indicated in a study conducted by Nkomazana (2017), which cause the shortage of resources in the midwifery units. These factors include the inequitable distribution of healthcare workers, migration of healthcare workers caused by dissatisfaction with their salaries, and inadequate incentives for rural and remote area services. The allocated budget is also a cause of the shortage of resources in the midwifery units. An inadequate documentation system follows this in the healthcare system (Scott et al., 2019). In most cases, the shortage of medical equipment in PHC facilities occurs due to the unavailability of equipment, low-quality equipment, and poor to non-maintenance due to the limited equipment availability. Therefore, there have been negative impacts of the shortage of equipment, such as incorrect diagnosis and prescriptions and, in other cases, leading to death. The lack of ambulances has been reported to delay referrals of patients requiring further healthcare (Pouramin et al., 2020).

When nurses or midwives in the midwifery unit do not have sufficient knowledge, experience, and training regarding aspects of their profession, it negatively affects their actions and manner when performing their duties in the unit (Stone et al., 2011). An example of this is the fear and stigma that was highlighted by Ndikom and Onibokun (2007) on nurses and midwives when they were treating patients who were living with Human Immunodeficiency Virus (HIV). This lack of resources results in poor monitoring of the road to health chart (RTHC). The RTHC is a patient-held record chart that combines essential health information on child growth monitoring, immunisation, vitamin A supplementation, deworming medicine and other illnesses (George, 2021).

The shortage of health professionals results in increased workloads and job dissatisfaction experienced by the existing workforce, and they may have to undertake tasks for which they are not trained (Doleman, De Leo and Bloxsome, 2023). Furthermore, a principal nursing officer in the study by Hastings-Tolsman et al., (2021) indicated that:

“Many basic health facilities do not even have a midwife, so patients all come to the (tertiary) hospital, and the workload has increased in the past years. You see the midwives sweating away; they cannot even have a cup of tea.”

The shortage of health professionals in the midwifery units leads to patients' dissatisfaction since the midwives cannot provide adequate care. Expected examinations that need to be done during a consultation are not done since the health professional is aiming to attend to everyone as there are long queues. The inability of health professionals to satisfy clients' health needs leads to their frustrations (Mani, 2020). The lack of job satisfaction in the long term disrupts the organisation and causes rebellion, absenteeism, and reduced sense of responsibility and commitment of nurses. Moreover, this dissatisfaction results in medical and nursing errors and other undesirable functioning (Mousazadeh et al., 2019). A midwife in a study conducted by Gerein, Green and Pearson (2006) reiterated that:

“At the workplace, there are always staff shortages. This hospital is very busy. We have about 80 deliveries in 24 hours. So, you can imagine how I manage with my skeleton staff. It has not been very easy. You cannot satisfy your clients. Because if there are long queues, you are trying to fight to finish the long queue, and you don't have time to talk to your client to counsel her ... So, you don't satisfy the client, and you don't satisfy yourself. You are also frustrated. The queue is too long”.

This is a view of the struggles put on nursing care due to the shortage of resources. There usually is an imbalance in working shifts, so midwives work overtime. Midwives are also left working at specific wards and across the ANC unit, postnatal unit, and labour ward. This is due to the shortage of midwives, which leads to midwives being unable to attend to all patients (Lumadi & Matlala, 2019). Midwives are short-staffed, leading to burnout; they lose confidence in their work and may want to retire earlier. These are all work-related stressors caused by being understaffed (Cull et al., 2020). Bakhamis et al. (2019) reported that PHC facilities with more than 2000 patients per professional nurse working full-time cannot provide adequate patient care. Like many other countries, South Africa is challenged by a shortage of midwives. The poor care provided in midwifery units is reported to be a direct result of the shortage of midwives. Midwives indicate that they are overworked, have low morale, and suffer burnout (Lumadi & Matlala, 2019; Cull et al., 2020). During the peak of the COVID-19 pandemic, healthcare workers struggled with working in environments that made them vulnerable. Jain (2020) averted that providing care when the healthcare worker does not have appropriate personal protective equipment (PPE) should not be a condition of employment for any provider.

Patients and community members are negatively affected by the shortage of midwives in PHC facilities. This shortage has led to poor quality of services rendered, which led to a threat to patients' lives. A study by Tuoma (2021) indicated that in some other countries, one nurse is allocated to monitor 70 to 80 patients on her duty. This leads to the professional nurse's inability to perform all expected duties. This then leads to medical errors. Furthermore, the challenge of skill development and lack of training in specialised units on health professionals have negative impacts. There have been cases where patients have to be attended by healthcare workers with poor experience of care, were exposed to environments that increase the risk of infection, had to be readmitted, and had complications due to critical incidents resulting from undetected physiological deterioration (Maphumulo & Bhengu, 2019). Netshisaulu, Malelelo-Ndou and Ramathuba (2019) reported that the shortage of skilled healthcare workers compromises patients' lives. Due to the lack of healthcare workers' training for older people, there is an impact on the interactions between patients and healthcare workers. This leads to a struggle in identifying frailty and dementia, for example. Services in PHC facilities tend to be clinic-based, and elders with specific needs levels do not receive the required care (Kelly, Mrengqwa & Geffen, 2019).

The nursing assistants sometimes face challenges, such as the inability to make referrals even when needed because of referral regulations. Additionally, the lack of availability of ambulances plays a role in limiting access to PHC facilities by patients. These challenges lead to an ineffective referral system from PHC facilities to hospitals (Moselle et al., 2021). A few challenges were also indicated in a study by Afaya et al. (2021) in a study conducted in Ghana; these included overcrowding in the midwifery units. A professional nurse voiced out that midwives sometimes care for patients on wheelchairs and stretchers because of the lack of maternity wards, which resulted in the performance of some nursing procedures being practically impossible. The Ghanaian study further indicated that having to manoeuvre through defective stretchers, wheelchairs, and benches in the midwifery units threatens the nurse and the patient. Inadequate managerial support is also a challenge in the midwifery units. There is a lack of managerial support in the unit, which causes nurses to provide poor-quality care. The nurses feel that their grievances are not taken seriously; hence, there is no improvement in the midwifery units to help them adequately perform their duties (Atakro et al., 2018).

Maternal mortality can also be attributed to a poor supply of resources, which leads to poor adherence to protocols by midwives. The increased workload is also a factor which causes complications since the overcrowding in midwifery units results in poor management. Midwives also indicate that pregnant women are sometimes the problem since they may lack adherence to protocols and cooperation, resulting in avoidable complications (Mothapo, 2019). The shortage of resources results in PHC facilities being unable to deal with severe

complications that women in labour may face. Therefore, this leads to hospital referrals and an overburden at hospitals (Girardi et al., 2016). The shortage of health professionals causes a reduction in the number of facilities equipped to offer emergency obstetric care 24 hours a day. Moreover, shortages are significantly related to quality of care and maternal mortality rates (Ramadhani and Rukaiyah, 2025).

A study by Afaya et al. (2021) cited the shortage of medicine as interfering with how care is provided. It was further revealed that when there is a shortage of medicine, an alternative is selected, which, in most cases, this alternative presents safety concerns. Health professionals may then be faced with complaints from patients. The shortage of medication negatively affects patients' health. *"This effect may be in the form of adverse events to patients or medication errors"* (Afaya et al., 2021). The shortage of medication leads to patients having to buy medication with their own money; this is a huge disadvantage for patients who are poor. Therefore, medication shortage has economic, humanistic and clinical outcomes for patients (Phuong et al., 2019). Patients buying their own medication results in medication errors, adverse events, mortality, more complaints and litigations. Medication shortages also are reported to lead to patient readmission.

Patient care has also been negatively impacted by equipment failure, the unavailability of equipment, and long durations of equipment maintenance. This equipment failure has been reported to inconvenience patient care, leading to inefficiency. Equipment failure has resulted in cancellations of operations and imaging services, which has resulted in negative clinical incidents. This all leads to inconvenience and inefficiency in patient care.

The shortage of resources may also lead to non-adherence to the health principle. An example is a study by Moyo et al. (2022), where a nursing manager indicated that they had to repeat linen due to a shortage during COVID-19 infection peaks.

"We don't have enough linen in the hospital, and the one we keep in the wards is very old. We often rely on laundry because they assist in washing it, but it was very difficult during the lockdown because laundry staff were not there, so there was no one to assist us with clean linen. Patients had to use dirty linen and reuse the same sheets and blankets. It was a very big challenge for infection control."

2.7 MIDWIVES' OPINIONS CONCERNING THE SIGNIFICANCE OF THE AVAILABILITY OF SUFFICIENT RESOURCES IN THE MIDWIFERY UNITS

The availability of nurses or midwives with knowledge in the midwifery units is paramount. A study by Ndikom and Onibokun (2007) indicated that when it comes to mother-child

transmission of HIV, the nurse or midwives' knowledge of HIV is of the essence since it is the basis on which positive changes in behaviour occur. This is through the provision of awareness, which leads to action. Midwives need knowledge, training, and experience regarding aspects of their profession. The midwifery units need midwives and nurses who have acquired knowledge related to maternal services. This knowledge then directs their actions when conducting their duties in the midwifery units (Meilani, Setiyawati & Barasa, 2019). Prullage et al. (2022) indicate that better-educated nurses provide safer, higher-quality care.

Health professionals need to be satisfied by working in the midwifery units. Increasing job satisfaction causes higher efficiency and a feeling of satisfaction among health professionals. This satisfaction then results in the retention of health professionals in midwifery units (Mousazadeh et al., 2019).

When patients can access maternal and newborn care on time, there is a decrease in maternal and perinatal deaths occurring in low- and middle-income countries. A well-functioning referral system that allows for continuity of care across different tiers of healthcare is required to increase access to maternal and child health services. This is all supported by sufficient staffing in the midwifery units (Moselle et al., 2021). Moselle et al. (2021) further indicated that an efficient and effective referral system is critical to respond to complications that necessitate transferring a woman and/or newborn with complications to the next level health facility.

2.8 THE HOLISTIC THEORY

2.8.1 The integration of the holistic theory to the study

The holistic nursing theory was integrated into this study provide an understanding of the impact of the shortage of resources in the midwifery units. For this study, this theory was guided by the principle that nursing care midwifery care should address the psychological, cultural, religious beliefs and physical needs of the patients. Therefore, the theory informed the conceptualization of the objectives of the study, which were to explore and describe the midwives' perspectives on the effects of resource scarcity in the midwifery units of the Capricorn area in the province of Limpopo; and to explore and describe the midwives' viewpoints on the impact of having adequate resources in the midwifery units. This theory allowed for the impacts of resources to be explored through different aspects, such as the impact on the midwives' well-being, the dignity and comfort of mothers receiving the maternal services, and whether the midwives were able to render healthcare services that were also culturally sensitive. The study also considered a holistic approach when formulating the semi-

structured interview guide, the questions asked were aimed at holistically understanding the impact of the shortage of resources in the provision of good quality midwifery services. Thematic analysis allowed for the identification of themes which reflected different aspects of holistic care (psychological, cultural, religious beliefs and physical) and how they are impacted by the shortage of resources in the midwifery units. The integration of the holistic theory on the study ensured that the study was conducted in alignment with the holistic nursing principles, allowing for in-depth understanding of the challenges faced by the midwives of the Capricorn District, Limpopo province. Below is a thorough understanding based on literature of the holistic theory; it involves an overview of the theory, and its core values.

2.8.2 An overview of the Holistic theory

Holistic describes “whole person care”, often acknowledging body–mind–spirit. Holistic nursing defines a disciplinary practice specialty. The holistic approach to nursing is associated with alternative and complementary modalities (Frisch & Rabinowitsch, 2019); and is founded on the values of integrality and the awareness of whole-people and whole-system interconnectedness (Rosa et al., 2019). It involves employing evidence-based care to promote health equity while considering social, environmental, economic, and physiological determinants of health (Beck et al., 2018). Furthermore, holistic theory in nursing involves embodying nursing’s ethical tenets with a focus on respect for human dignity, human rights, and cultural diversity; which aligns with the Sustainable Development Goal (SDG) 3, denoting good health and well-being. It is well-positioned to advance the importance of addressing multiple health domains concurrently while maintaining presence, compassion, and a deeper psychosocial spiritual understanding of health and well-being (Rosa, 2018). For midwifery care, the holistic approach ensures that the holistic needs of a patient are met when receiving care in the midwifery units; and this study then focuses on how the resource shortages impact the rendering of a holistic treatment to patients.

2.8.3 The five core values of the holistic theory

The American Nurses Association’s Holistic Nursing: Scope and Standards of Practice (2019) highlights five core values of holistic theory in nursing. These core values are as follows:

Core value 1: Holistic Philosophies, Theories, and Ethics

This core value guides nurses to blend the art and science of holistic nursing and to translate holistic and human caring philosophies, theories, and ethics into purposeful action. This is to say, there is an expanded awareness that everything we do affects health and healing everywhere toward healthy individuals, communities, and nations—the domains of our global

village. In the context of this study, the shortage of resources restricts the ability of midwives to achieve core value 1. Resource shortages may compel midwives to prioritize urgent maternal services needs and therefore fail to offer emotional and cultural support to the patients (Boakye, 2022). The challenges faced by midwives due to the shortage of resources indicate the impact of this shortage directly or indirectly influences the provision of holistic health care in the midwifery units.

Core value 2: Holistic Nurse Self-reflection, Self-Development, and Self-Care

This core value addresses self-reflection, self-development, and self-care necessary to care for others fully. This is a lifelong journey of seeking harmony and balance in one's life, family, community, and global relations. Through deep reflection, holistic theory in nursing allows nurses to easily shift into being present when needed. This is a state of being consciously and compassionately in the present moment with another, believing in the inherent wholeness of self and others. This core value ensures that even in busy shifts in the midwifery units, midwives who have good well-being are able to support patients in those kind of conditions. However, with the shortage of resources, midwives are overworked, overburdened, and experience burnout (Fedele, 2017), which inhibits them from pouring that wholeness to the patients and in turn putting the integrity of midwifery in jeopardy.

Core value 3: Holistic Nursing Process

This core value assists nurses in sharing the depth of their professional knowledge, expertise, critical-thinking capacities, and skills. To promote health and balance, they can blend new strategies to co-create care plans with individuals and communities. They further assist individuals with activities and preventive measures to facilitate growth, promote health, increase well-being, and actualize the human potential of people, families, communities, and society. This value shows in the way midwives work hand-in-hand with mothers and their families to support healthy pregnancies, respectful and culturally sensitive births, and well-informed care after delivery. However, the shortage of resources disables the midwives from achieving this core value. The shortage of resources impacts the ability of midwives to provide full health education, carry out preventive care, or stay actively involved with the community (Dawson, Nkowane and Whelan, 2015).

Core value 4: Holistic Communication, Therapeutic Relationships, Healing Environments, and Cultural Care

This core value guides nurses in cultivating open communication, healing relationships, and the heart-to-heart connection between themselves as colleagues and patients. Holistic theory

in nursing enables nurses to recognise healing environments as those where all living systems participate and interact, including the physical body and its physical habitat, along with the cultural, psychological, social, and historical influences. Nurses who participate in the holistic theory recognise that this includes the external physical space and the person's internal physical, mental, emotional, social, and spiritual experience. The nurses are guided to engage in culturally inclusive practices with individuals and communities to honour and respect their cultural rituals, values, customs, and decisions about health. The shortage of resources limits the personal heart to heart interactions between midwives and patients, as they deal with long queues and need to maximize their time (Boakye, 2022).

Core value 5: Holistic Education and Research

This core value guides nurses in holistic education and research and how to better understand health's social and environmental determinants. The social determinants of health are the conditions under which individuals live that affect their health; disease and illness are often a result of detrimental social, economic, and political forces. Environmental determinants of health are any external agent (biological, chemical, physical, social, or cultural) that can be linked to a change in health status. Holistic theory in nursing challenges nurses to gather stories about how individuals and communities are achieving the SDGs and to conduct research that considers both qualitative and quantitative evidence. This will assist in learning and applying findings at broader and more profound levels related to achieving the SDGs. This core value expects midwives to understand how issues such as poverty, education level, household situation, and access to healthcare can impact pregnancy outcomes and the wellbeing of the family. Moreover, midwives are expected to adhere to SDGs such as reducing maternal and infant mortality and improving health equity. However, this may be difficult when resources are not sufficient because midwives do not get time to understand the patient's living conditions, and the shortage of equipment for example, may lead to complications and the death of mother or child in the midwifery units (Thopola and Lekhuleni, 2015).

The practice of holistic theory at the PHC level should consider broader population-based opportunities for service. Regarding education and research, midwives must be prepared to link clinically based educational competencies with evolving literacies. Moreover, nursing schools and midwifery training must consider integrating the SDGs throughout curricula to contextualize the agenda to existing learning goals (Rosa, Horton-Deutsch & Watson, 2019).

2.9 CHAPTER 2 SUMMARY

Chapter 2 provided a literature review of existing literature relating to the impact of shortage of resources in PHC facilities and the midwifery units within these facilities. The chapter reviewed literature on concepts including: midwifery services, PHC systems, and the state of PHC facilities. It further included the impact of resource shortages on the functionality of midwifery units, factors contributing to the shortages of resources in the midwifery units, and explored literature regarding the midwives' perspectives on the significance of having sufficient resources in the midwifery units. Lastly, it explored the holistic theory and explained how it integrates to the study and its role in formulating the objectives of the study and the semi-structured interview guide. Therefore, this literature review highlights the need to have studies particularly focused on the shortage of resources in the midwifery units, since most of the studies focus on the general or overall PHC facilities.

CHAPTER 3

METHODOLOGY

3.1 INTRODUCTION

This chapter outlines the study approach, design, study setting, study population and sampling, and the inclusion and exclusion criteria. It further outlines the measurement instruments used in the study and the plan for data collection and data analysis. Measures of trustworthiness are also outlined in this chapter, as well as the ethical considerations followed in the study. Lastly, the delimitation of the study is included in the study.

3.2 STUDY APPROACH

A study approach is a researcher's plan to address the research problem. The research objective, questions, and methods to answer them align with the study approach. Three study approaches are known: qualitative, quantitative, and mixed methods (Creswell & Creswell, 2018). This study followed a qualitative approach. A qualitative research approach refers to research conducted using various methods, which use qualifying words and descriptions to record and investigate aspects of reality. This type of research involves collecting and analysing non-numerical data such as text, video or audio to understand concepts, opinions or experiences (Liamputtong, 2020). The researcher focused on the qualitative research method to have an in-depth understanding of the impact of a shortage of resources in the midwifery units of Capricorn district, Limpopo province. The research design used in this study was explorative in nature.

3.3 STUDY PARADIGMS

This study followed the interpretivist paradigm which acknowledges that there a subjective nature of looking at reality and individual experiences and social contexts can shape that reality (Creswell and Poth, 2018). Therefore, this study was grounded by the interpretivist paradigm in exploring the lived experiences and perceptions of midwives' regarding the impact of the shortage of resources in the midwifery units of the Capricorn district, Limpopo province. Based on this paradigm, the study assumed that the impact of this shortage of resources is subjective, and the perceptions may vary amongst different midwives.

3.3 STUDY DESIGN

Study design constitutes steps followed by the researcher when conducting a study, from sampling, collection of data, and the method used to analyse data. It is the strategy that the

researcher uses to gain insights into the research problem (Dannels, 2018). This study employed an exploratory study design.

3.3.1 Exploratory Design

Exploratory research design is conducted for a research problem when the researcher has no past data or only a few studies for reference (Roestenburg, Strydom & Fouché, 2021). This design is flexible, uses open-ended questions, is highly interactive and has no preferred structure (Roestenburg, Strydom & Fouché, 2021). Therefore, the design enabled the researcher to explore and describe the midwives' perspectives on the effects of resource scarcity in the midwifery units. The researcher also explored and described the midwives' viewpoints on the importance of having adequate resources in the midwifery units of Capricorn district, Limpopo province.

3.4 STUDY SETTING

A study setting refers to where the study is conducted, be it physical, social, or experimental. The study was conducted at clinics in the Capricorn district of Limpopo province. The Capricorn district is one of the five districts in Limpopo province of South Africa. The district gets its name from the Tropic of Capricorn since it starts from the area where the Tropic of Capricorn passes. The total population of the Capricorn district was estimated to be over 1 150 000. The dominant language in this area is Northern Sotho, also referred to as Sepedi, with over 80% of the population considering it as their home language. Black Africans make up over 95% of the population, while over 50% of the population are females. Concerning the education level of people over 20 years and older, 12.4% have no schooling, 29.9% attained matric, and 11.4% have a tertiary education.

Capricorn district is situated between Gauteng and the Northwestern areas of Limpopo province. It forms the gateway to Botswana on the West and Northwest side and Mozambique on the East side. The district comprises four local municipalities: Blouberg, Lepelle-Nkumpi, Molemole and Polokwane. There are 96 clinics, 6 district hospitals, 0 regional hospitals and 2 tertiary hospitals, which are Mankweng and Provincial hospitals in the Polokwane local municipality. The study was conducted in selected PHC facilities in Blouberg's local municipality. This local municipality was selected because it has facilities that provide maternity services for 24 hours. The top three causes of death in this district among children under the age of five years are lower respiratory infections (22.3%), diarrhoea (21.2%), and pre-term birth complications (8.9%). At least 53% of the population are women, and the median age is 22, with 51% of the population being between the ages of 18 and 64 years. The

main drivers of the economy in Capricorn are agriculture, manufacturing, mining, and community services (Vukani, 2020).

3.5 STUDY POPULATION AND SAMPLING

Population refers to the entire group of individuals meeting the criteria the researcher wishes to examine (Raqib, 2019). For this study, all midwives working in the Blouberg local municipality were considered an entire population. The study focused on the target population and accessible population.

3.5.1 Target Population

Brink, Van der Walt and Van Rensburg (2018) define a target population as the entire set of participants the researcher would like to generalise. This study focused on midwives working in the midwifery units of PHC facilities of the Blouberg local municipality in the Capricorn district in Limpopo province.

3.5.2 Accessible Population

Olive-Gadea et al. (2021) define an accessible population as one the researcher can access, considering that the entire population may not be accessed. The accessible population for this study consisted of midwives working in the midwifery units of selected primary healthcare facilities within the Blouberg local municipality, with a focus on those who have at least two years of experience.

3.5.3 Sample and Sampling

Non-probability sampling, wherein individuals are selected based on non-random criteria, and not every individual has a chance of being included, was used in this study (Stratton, 2021).

3.5.3.1 Sampling of Participants

Non-probability purposive sampling involves the researcher's expertise in selecting a sample that is most useful for the purposes of the research (Walker, 2020). This was because the study specifically focused on the midwifery units, and better insights were gathered from participants who had personally experienced working in the midwifery units and were likely to be impacted by the shortages of resources in these units. The actual study sample was determined by the data saturation.

3.5.3.2 Sampling of facilities

Non-probability purposive sampling method was used to sample four PHC facilities, of which two were community health centres and two clinics with high delivery rates. The Capricorn District Health Information System (DHIS) was used to confirm the delivery rates.

3.5.4 Inclusion and exclusion criteria

3.5.4.1 Inclusion criteria

Brink, Van der Walt and Van Rensburg, (2018) indicate that the researcher uses inclusion criteria to classify individuals as qualifying to be members of a population. Midwives (male and female) with 2 years of experience working in the midwifery units were included.

3.5.4.2 Exclusion Criteria

Furthermore, Brink, Van der Walt and Van Rensburg (2018) indicate that the researcher uses exclusion criteria when excluding individuals from being members of the population. In this study, midwives who did not work in the midwifery units and midwives with less than two (2) years of experience working in the midwifery unit were excluded from the study.

3.6 MEASUREMENT INSTRUMENT

A measurement instrument is used in data collection (Brink, Van der Walt & Van Rensburg, 2018). A semi-structured interview guide was used for this study. This semi-structured interview guide was a sequence of questions developed based on the literature review and aligned with the study's objectives.

3.7 PRE-TEST

A pre-test study is a small study conducted before the larger research to determine whether the methodology, sampling, instruments, and analysis are adequate and appropriate (Alam, 2019). The semi-structured interview guide was pre-tested. The researcher used three midwives with at least two years of experience working in the midwifery units from facilities not included in the study. These midwives were not part of the study. The researcher explained their study to these midwives. When the midwives indicated understanding, informed consent forms were given to them before commencing with the pre-test. The researcher did this to test the clarity, feasibility, and participants' understanding and the duration of the interviews. It also aided in the question arrangements; this was done to avoid an influence on the participant's responses. Where flaws were identified, the researcher made corrections to the interview

guide used in the pre-test; this included rephrasing questions and including or excluding some of the questions.

3.8 PLAN FOR DATA COLLECTION

Data collection methods refer to the procedures that outline the techniques, measurement tools, and activities used to carry out a study, (Skinner, 2020). Prior to data collection, ethical clearance approval was obtained from the University of Venda's Human and Clinical Trials Ethics Research Committee (HCTREC); with the clearance approval no: FHS/23/PDC/07/3011. Permission to conduct research was also obtained from the Limpopo Province's Department of Health with reference number: LP_2024-01-009. Data was gathered from the chosen primary healthcare facilities within the Blouberg local municipality of the Capricorn district. The researcher started by clearly explaining the aims and objectives of the study; thereafter, informed consent was obtained as a signature by the participants before starting with the interviews. The researcher also informed the participants that the interviews would be recorded before letting them sign the consent form. The researcher collected data from midwives during lunchtime to avoid service destruction. A quiet and private room in the healthcare facility was used to conduct the interviews to ensure that the privacy and comfort of the participants were maintained. The duration of the interviews was between 30 to 45 minutes. Recordings of the interviews were done using an audio recorder; this was because the researcher could not note everything down, and the researcher aimed to collect the responses from participants without omitting information. The researcher used the semi-structured interview guide when conducting the face-to-face interviews. Since the participants of this study were midwives, English was used during these interviews. The questions were clear; the researcher probed responses by asking follow-up questions based on the participants' responses. The researcher captured nonverbal cues that they noticed from the participants. Field notes were taken to enrich the data collected. The researcher stopped conducting interviews when the data saturation was reached.

3.9 PLAN FOR DATA ANALYSIS

Data analysis is a systematic process of searching and arranging the interview transcripts, field notes and other data collection methods (Ravindran, 2019). The researcher applied the four steps Green and Thorogood (2018) described to analyse data.

3.9.1 Familiarising with data

Green and Thorogood (2018) indicate that familiarising with data involves actively reading the data and searching for meanings and patterns. The researcher repeatedly read the data as transcripts, actively searching for meanings and patterns.

3.9.2 Coding the data

Coding is organising the data by text or image segment and writing a word representing a category in the margins (Green & Thorogood, 2018). The researcher organised the data by text and coded and wrote words representing a category in the margins.

3.9.3 Identification of Themes

The identification of themes is a phase that involves sorting and collating all the potentially relevant coded data extracted into themes (Green & Thorogood, 2018). The researcher sorted and collated all potentially relevant coded extracts into themes.

3.9.4 Data arrangement

Data arrangement summarises and rearranges data according to codes and themes (Green & Thorogood, 2018). The researcher summarised and rearranged data according to codes and themes.

3.10 TRUSTWORTHINESS

Trustworthiness is ensuring the quality of data, which accurately captures the participant's views, perceptions and knowledge (Creswell and Poth, 2018). Four methods were used to establish trustworthiness described by Creswell and Poth, (2018): credibility, dependability, conformability, and transferability.

3.10.1 Credibility

Credibility deals with data reflecting the truth and being interpreted properly (Brink, Van der Walt & Van Rensburg, 2018). There were measures used to ensure credibility, and they included:

3.10.1.1 Prolonged engagement

Brink, Van der Walt and Van Rensburg (2018) indicate that this measure involves the researcher staying in the field until data saturation. Firstly, the researcher went to the selected PHC facilities to introduce themselves to the PHC manager. The researcher set up appointments for their next visits. The researcher went on the scheduled dates to set up their data collection environment; this included setting up a room where these interviews took place. Lastly, the researcher started with their interviews. The frequent visits by the researcher to the selected PHC facilities ensured that the researcher gained the participants' trust.

3.10.1.2 Persistent observation

This involves consistent observation by the researcher to a point where they can assess common patterns (Brink, Van der Walt & Van Rensburg, 2018). In this study, the researcher observed non-verbal cues, such as nodding the head or crying when the participant responded to the questions asked by the researcher. Persistent observation by the researcher enabled the researcher to gain an in-depth understanding of the responses given by the participants.

3.10.1.3 Triangulation

This involves the use of different sources to get a better understanding of a concept (Brink et al., 2018). In this study, the researcher asked several questions they deemed important through interviews; the data collected in interviews was supported through observations made by the researcher. The researcher compared the findings of their study to those of other studies during interpretation. This provided an in-depth understanding of the concepts of the study.

3.10.1.4 Referral adequacy

This includes determining all materials to document the findings (Brink et al., 2018). In this study, the researcher made sure that the semi-structured interview guide was available during data collection, an audio recorder was present, and there were provisions where notes would be recorded when observations were conducted.

3.10.1.5 Member checks

This step involves the accuracy of the results through participant validation (Brink et al., 2018). The researcher followed up with the participants and probed for additional information about the phenomenon. The researcher read out the study's findings to the participants and obtained feedback regarding their accuracy.

3.10.2 Dependability

Dependability is a component of trustworthiness that assists and provides procedures across participants over time through various data collection methods (Brink et al., 2018; White et al., 2012). The researcher used semi-structured interviews as an interview guide. In this study, the midwives included were asked the same questions in the same order to ensure dependability. The application of ethics clearance by the researcher ensured that external parties, aside from the researcher, approved the research methodology. The researcher adjusted the data collection methods to suit the narrative the researcher sought. Similar data collection methods were used in all the healthcare facilities considered in the study.

3.10.3 Conformability

Creswell and Poth, (2018); Brink et al. (2018) describe conformability as reasonable freedom from researcher bias. This study employed transparency in all the study processes. The data collected was kept safe and would be available if the study article is published. During observations, the researcher ensured that enough space and freedom was provided so that the participants' behaviour was not affected by the researcher's presence. The researcher made no modifications during the analysis; the researcher transcribed the audio recordings as the researcher heard them.

3.10.4 Transferability

Creswell and Poth, (2018) state that transferability refers to the ability to apply the findings in other contexts or to other participants. In this study, the researcher gave a clear layout of the methodology included in the study. The methodology included the study design, sampling of participants and facilities, measures employed in ensuring trustworthiness, measurement instruments used, data collection and analysis, and ethical considerations included in the study. This way, this study will be repeated in other study settings and with different participants.

3.11 ETHICAL CONSIDERATIONS

Hasan et al. (2021) indicate that ethics are guidelines or standards for moral conduct in research; ethical codes prescribe principles for upholding science's values and resolving conflicts between scientific ideals and societal values. To ensure the authenticity, the researcher applied for an ethical certificate at the University of Venda's Research Ethics Committee. The researcher further applied to the Limpopo and Capricorn district Department of Health and managers of the selected PHC facilities to be granted permission to collect data in their facilities.

3.11.1 Informed consent

Informed consent is a critical concept in ethical consideration. Creswell and Creswell (2018) define informed consent as a norm in which subjects base their voluntary participation in research projects on fully understanding the possible risks involved. In this study, the researcher ensured that potential participants had a clear understanding of the study's purpose by explaining the study's context to the participants. The explanation included the aim and objectives of the study. The researcher indicated the purpose which was to describe experiences regarding the provision of midwifery services where there was a shortage of resources and to explore the midwives' views concerning the significance of the availability of sufficient resources. The participants were informed about how the data collected would be

used. The participants were provided a clear explanation of what was required when participating in the study. The researcher also explained that participation in the study was voluntary. Furthermore, the participants were informed about their right to withdraw from the study without any penalties. When the participants indicated an interest and willingness to participate, they were given an informed consent form to sign.

3.11.2 Privacy

According to Haddad and Geiger (2018), the right to privacy is the individual's right to decide when, where, to whom and to what extent their attitudes, beliefs, and behaviour will be revealed. The researcher ensured that collected data was kept locked and inaccessible by anyone, and the storage forbade unauthorised access. Confidentiality was maintained by coding the participants instead of using their names. The collected data was kept safe; the digital data was stored in a laptop and protected by a password only the researcher knew. The physical data, such as notes, were safely kept in a location only the researcher knew.

3.11.3 Autonomy

Kumar (2018) describes autonomy as the ability to decide for oneself, free from the control of others, and with a sufficient level of understanding to arrive at a meaningful choice. The researcher ensured that the participants understood all the processes done during the interviews. This included recording the responses that the participants provided. Furthermore, the participants were made to understand that they were free to choose whether to participate or not. They were informed that this was their choice and there would not be any negative implications caused by a refusal to participate.

3.11.4 Beneficence

Beneficence implies that we 'do well' for others and contribute towards their wellbeing (Kumar, 2018). In this study, the interviews were conducted in the facility where the midwives were working. This was to ensure convenience for these participants during data collection.

3.11.5 Confidentiality

Confidentiality means not disclosing information gained from research in other settings, such as through informal conversations (Green & Thorogood, 2018). Participant's identities were kept confidential; numbers were used when referring to participants. The researcher did not address the participants by name; thus, the participants were referred to using numbers. For example, the first participant was referred to as #01. The information gathered from the participants was not published for any other use other than the purpose of the study.

3.11.6 No harm to participants

According to Green and Thorogood (2018), the potential to cause physical harm to participants in qualitative research does not arise in the same way as it might with scientific research. The researcher ensured that the participants were not psychologically harmed during data collection. The questions used in the study were non-invasive. If the participant indicated discomfort in responding to a question, the researcher respected the participant's wishes.

3.11.7 Anonymity

According to Roostenburg, Strydom, and Fouché (2021), anonymity is a process where the participants will be kept anonymous. The characteristics of the participants were obtained by collecting categorical demographic data of the participants and not including their names. For this study, the researcher used pseudonyms to identify participants. Therefore, participants were identified through numbers; for example, #01 was used as a way of coding to identify the first participant.

3.12 DELIMITATION OF THE STUDY

Study delimitations are considered to ensure a study's success and clear understanding (Creswell & Creswell, 2018). Delimitation of the study was that when data was being collected, participants were made to understand the context of the study clearly. In that way, they could participate knowingly and understand the intentions of the study. Additionally, midwives working in the midwifery units were included, ensuring informed insights were collected.

CHAPTER 4

PRESENTATION OF THE FINDINGS

4.1 INTRODUCTION

The findings from the interviews conducted in the midwifery units of health facilities in the Capricorn district of Limpopo are reported in this chapter. These findings are presented following the participant's demographic characteristics, themes and subthemes derived from data analysis.

4.1.1 The demographic characteristics of participants

These demographic characteristics were obtained from the interviews conducted with the participants. This study included 16 midwives working in the midwifery units in the Capricorn district, Limpopo province. The facilities included two community health centres (CHCs) and two clinics. The participants were aged between 25 and 57 years, of which three were males and thirteen were females. All the participants had a Bachelor of Nursing Science degree (B Cur), including a midwifery qualification; however, none had an advanced midwifery qualification. Table 1 which follows indicates the demographic characteristics of participants. Pseudonyms were used to maintain the anonymity of participants and facilities. These demographic characteristics include the participants' identity (ID), facility, age, and gender.

The researcher could not reach other potential participants due to annual and sick leave, refused to be interviewed, was busy with patients and had no one to relieve them due to staff shortage. Two potential participants were on leave from Facility A and C; two from Facility A were off duty; two from Facility A were working the night shift; five refused, stating different reasons, such as being busy with district reports. One possible participant indicated they were not ready; the other reason was being busy with patients (Facility A, B and D). The last potential participant could not be interviewed because they were on sick leave (Facility D). Therefore, these reasons left out twelve (12) potential participants the researcher could not interview. However, the sample size was justified because data saturation was reached as the participants provided no new information. There was homogeneity in the participants' responses as they indicated similar issues regarding the impact of a shortage of resources in the midwifery units of the Capricorn district, Limpopo province. A study by Fusch and Ness (2015) concluded that a sample size of 15-20 participants is sufficient to achieve saturation and ensure no new themes emerge, particularly in homogeneous groups. In the case of this study, the participants were homogeneous because they held the same role of being midwives working in the midwifery units.

TABLE 1: DEMOGRAPHIC CHARACTERISTICS OF INTERVIEWED MIDWIVES WORKING IN THE MIDWIFERY UNITS OF CAPRICORN DISTRICT, LIMPOPO PROVINCE.

Characteristics			
Participant ID	Facility	Gender	Age
Participant 1	A	Male	49
Participant 2	A	Female	25
Participant 3	B	Female	38
Participant 4	C	Female	32
Participant 5	C	Female	45
Participant 6	C	Female	57
Participant 7	D	Female	50
Participant 8	D	Female	42
Participant 9	D	Female	40
Participant 10	D	Male	36
Participant 11	D	Female	52
Participant 12	A	Male	41
Participant 13	A	Female	54
Participant 14	B	Female	46
Participant 15	A	Female	30
Participant 16	B	Female	55

Two questions were asked during the interviews, and probing was done to deepen participants' responses. The questions were based on the following objectives of the study:

- Explore and describe midwives' views regarding the impact of a shortage of resources in the midwifery units of Capricorn district in Limpopo province.
- Explore and describe the midwives' opinions concerning the impact of the availability of sufficient resources in the midwifery units.

4.2 PRESENTATION OF THE FINDINGS

This study highlighted themes that portray the impact of a shortage of human and material resources in the midwifery units. One of the key findings is the impact of staff shortages on the performance of midwives, revealing how limited human resources hinder their ability to deliver quality midwifery care. Furthermore, the emotional well-being of midwives was shown to be adversely affected, with increased stress and burnout becoming common consequences of an overwhelming workload. Patients' dissatisfaction also emerged as a recurring concern, driven by the lack of human and material resources, compromising the standard of care

provided. Conversely, the findings emphasise the value of adequate staffing levels in midwifery units to enhance nurses' performance and ensure patient satisfaction. Additionally, sufficient material resources were identified as essential for the effective functioning of midwifery units.

TABLE 2: THEMES AND SUB-THEMES EXTRACTED FROM MIDWIVES' RESPONSES

Themes	Sub-themes
1. Impact of Staff Shortage on Nurses' Performance	1.1 Challenges of Solo Shifts 1.2 Litigations resulting from shortage of staff 1.3 Impact of Equipment Shortages on Midwifery Care
2. Negative Impact on Nurses' Emotional Well-being	2.1. Strain on nurses from Patient Complaints 2.2. Nurses Demoralised by Affected Emotional Well-being 2.3 Reliance on Experience Due to Equipment Shortages
3. Patient Dissatisfaction from Resource Shortages.	3.1 Limited Access Causing Unnecessary Referrals 3.2 Impact of Space Shortages on Patient Care
4. Adequate staffing Enhances Individualized Midwifery Care	4.1 Value of adequate staffing in midwifery units. 4.2 Reduced burnout through balanced nurse workload
5. Material resources are vital in midwifery units	5.1 Functional equipment prevents complications in mothers and newborns.

The impact of a shortage of resources (human and materials) in the midwifery units

The shortage of resources had different impacts on the midwifery units. Five themes and eleven sub-themes emerged from the interviews relating to the impact of a shortage of resources in the midwifery units. The emerging themes were namely the impact of the

shortage of staff on midwives' performance, midwives' emotional well-being negatively affected, patients' dissatisfaction caused by lack of human and material resources, the value of adequate staff members in the midwifery units; and availability of material resources is vital in the midwifery units.

4.2.1 Theme 1. Impact of Staff Shortage on Nurses' Performance

Participants reported that staff shortages had a negative impact on midwives' performance, as described in the following sub-themes: challenges of working alone in a shift, litigations resulting from staff shortages, and the impact of equipment shortages on the delivery of midwifery care.

4.2.1.1 Sub-theme 1.1. Challenges of Solo Shifts

The service rendered by midwives was affected by the shortage of staff in the midwifery unit. When midwives are alone, they rely entirely on themselves and their judgment when diagnosing and treating the patient. The midwives indicated they need a second opinion when assisting patients because that helps confirm what they have seen in the patient. Therefore, working alone is challenging because they cannot get a second opinion. These quotes support the poor quality of care caused by the staff shortage.

"Because there are some cases where one midwife may need a second opinion from another midwife, especially in complex situations where additional expertise and experience could provide valuable insight, ensuring the best possible care for both mother and baby". Participant 8 from PHC Facility D.

"I told the ANC that for now, I have to stop with the services this side while I am attending to the one in labour since my priority is to ensure the safety and well-being of the mother in labour. I assure the other patients that I will resume once the situation stabilises, and I will provide any necessary follow-up care as soon as possible." Participant 6 from PHC Facility C.

"When you have a woman in labour, you are just striving for that baby to come out. You do not even follow guidelines strictly because you are alone, and at that moment, your primary focus is on the safety of the mother and baby. The situation's urgency often leads you to rely on your instincts and experience, knowing that the immediate goal is a safe delivery, even if it means adapting to circumstances as they happen." Participant 12 from PHC Facility A.

The shortage of staff in the midwifery units often leads to overwhelming situations where a single midwife is forced to handle multiple critical responsibilities, such as having to manage delivery, emergencies that may arise, and further manage both acute and chronic patients.

These are challenges faced by midwives working alone in the midwifery units. Working alone in a shift compromises the ability of midwives to follow procedures and further compromises the midwifery care provided; this is supported by the quote below:

“Due to the staff shortage, you will find that only one midwife on duty must attend to a delivery, then an emergency comes, and the same midwife must now attend to both the delivery and emergency. The nurse also must attend to acute and chronic patients. So, it means that when there is a woman in labour, you are just striving for the baby to come out, not even following procedure because you are alone. You are rushing to see other patients so you won’t give quality care.” Participant 5 from PHC Facility C.

Midwifery is a dynamic field; hence, midwives cannot be certain that they know everything about midwifery. The shortage of staff hinders collaboration and accessing second opinions from colleagues. Midwives indicated they fail to get second opinions because they mostly work alone. This is supported by the quote below:

“Midwifery on its own when we were taught about midwifery, it’s not a closed book; nobody knows everything. So, it’s necessary for the unit to have adequate staff for that day. So that when you find something on the patient, the other professional nurse can give you a second opinion. If maybe you are more than two, or more than three, it becomes very useful, because there are a lot of ideas there. You are not just on your own; you can communicate with someone to say come and help here, come and confirm here. Then, the service to the patient will be very good and of good quality.” Participant 4 from PHC Facility C.

The midwifery units are responsible for maternal health care needed by patients, and when a midwife was alone, this became strenuous and, in turn, affected midwifery care.

4.2.1.2 Sub-theme 1.2. Litigations resulting from shortage of staff

The midwives were expected to handle high-risk midwifery situations with limited staff in the midwifery units. The staff shortage was described as having negative impacts, including the possibility of making mistakes while providing midwifery care. The mistakes likely lead to litigations against the Department of Health, and midwives must account for and take responsibility for the litigations. This was supported by the quote below:

“Other patients progress themselves at home when they come here, you find that it is a high-risk patient, you are alone, and there is a staff shortage. You must conduct that delivery with an assistant nurse so you can see that with quality care, we cannot find it, and such incidents

lead to the issue of litigations. Because there is no way you are not going to make mistakes; being alone, you will make many mistakes.” Participant 1 from PHC Facility A.

The risk of litigations was reported as a reality in the midwifery units. The shortage of staff resulted in limited staff working under pressure while tired. Their working environment facilitated making errors. The following quote supports this statement:

“The staff shortage in midwifery units increases the risk of litigations since midwives are mostly overworked and under pressure. These are the things that lead midwives to make errors.” Participant 7 from PHC Facility D.

The staff shortage was reported as a concerning issue in the midwifery units. The influx of patients in the midwifery units with less staff compromised the midwives' attention level. The midwives indicated that there was pressure that they would feel due to the fear of making mistakes while providing midwifery care in short-staffed midwifery units. The mistakes made by the midwives resulted in litigation against the Department of Health. They further indicated that should complications involve a patient in their facility, the manager and the professional nurse had to account for that and answer the Minister of Health in the Limpopo province.

4.2.1.3. Sub-theme 1.3: Impact of Equipment Shortages on Midwifery Care

The participants reported a shortage of equipment, and each facility had different types of equipment that they did not have; however, there were common ones. The unavailable equipment ranged from ambulances to when a facility did not have an ambulance stationed explicitly to them. They now needed to call an ambulance from another facility, which may delay and, in some cases, result in the death of the patient. In some cases, the equipment was in the facility, but it was either not working or was not in good condition. There was also the challenge of scrapping manuals or equipment that used batteries and replacing them with electrical equipment. In a country like South Africa, where load shedding was a problem, the midwifery units could not operate the equipment since it required electricity. The following quote supported this:

“To operate the machine, we need electricity, so without it, you can’t operate the suction machine after delivery; it becomes a problem.” Participant 12 from PHC Facility A.

Incubators were also indicated as equipment that was unavailable in these healthcare facilities. The shortage of incubators poses many challenges to nursing care, as well as to the patients and midwives. This was because most of the facilities selected for this study are in rural communities. There were factors that a rural community had; these included the distance from the clinic to the hospital. Other clinics were about 50-70 km away from the hospital. So, should there be a preterm baby born at the facility without an incubator, the newborn is in

danger. When a preterm baby was born, midwives did not have anywhere to put that baby. They were now compelled to improvise and devise ways that mimic the conditions the child would have had should they have been in an incubator. This quote supported this:

“I remember there was one case where I had a preterm; it was a baby of 30 weeks, gestational age. I had to take those abdominal swaps. I had to use them because we didn’t have those things to use, the cotton, we didn’t have them. I had to use the abdominal swaps; from there, I had to take a heater, place a heater next to the baby so that the baby can at least get some warmth.” Participant 11 from PHC Facility D.

Some facilities had somewhat more staff than the patients they receive daily. However, the working space was too small for them to work. They worked in cubicles, so those cubicles only allowed one professional nurse with a patient instead of two. This cubicle space contributes to the shortage of staff needed to assist a patient in the midwifery units. A scenario such as this strengthened the linkage of resources (human and equipment) in the midwifery units. One cannot function well without the other. Should there be any emergency, it got attended to in that cubicle, and all other patients would not be assisted for that period. The following quote supported this:

“If we have emergencies, since the obstetrician has to be in the ward, the other patients won’t get help since the materials are being used in the emergency.” Participant 9 from PHC Facility D.

Midwives further indicated a shortage of saturation monitors, blood pressure (BP) machines, incubators, baby warmers for the babies, and cot beds. Therefore, many midwifery guidelines were disregarded because there were no resources in the midwifery units. Should the patient be referred to the hospital, the doctor assumed that the nurses at the clinic were not good at their jobs, whereas it was because they did not have the equipment to help them properly perform their duties as midwives. The participants highlighted that they had adapted to the situation, and their experiences taught them to find other ways to assist patients. This adaptation added to their strain because the midwifery duties were already straining.

4.2.2 Theme 2: Negative Impact on Nurses’ Emotional Well-being

Participants reported that the shortage of resources negatively impacted the midwives’ emotional well-being. This was described in the following sub-themes: the strain on midwives caused by patient complaints, the midwives demoralised due to the impacted emotional well-being, and the reliance on professional experience due to equipment shortages.

4.2.2.1 Sub-theme 2.1. Strain on nurses from Patient Complaints

The participants said patients would complain when they came to the healthcare facilities. The frequent complaints by patients at PHC facilities are indicated to contribute to the emotional and professional strain experienced by midwives. Patient complaints impacted the working environment of midwives as they now must address other challenges in addition to providing healthcare services. The following quote supported this:

“The patients will tell you that we came here early in the morning; you advised us to come in the morning to get the best service and everything. But we are here, and you are still attending to others, making it difficult to manage.” Participant 8 from PHC Facility D.

The midwives indicated that patients would usually feel ignored and might resort to insults, so they have adopted communication with the patients for cases such as having to go to lunch. They felt that transparency assisted in making patients understand that they needed to do something else. The midwives feared the actions of patients and verbal hostility due to their dissatisfaction with the midwifery care provided. The following quote supported this:

“When I have to go to lunch, I have to tell the client each and every movement that I am doing so that they may be patient; should I not report to the patient, they might be some vulgar words from the patient.” Participant 2 from PHC Facility A.

Amid the service being rendered by an inadequate staff, the patients only see poor service and do not understand the reason behind it. The patients blamed the midwives who were trying to balance things and were fatigued. The dissatisfaction of the patients was vocalised to the midwives. The midwives indicated that they see a disconnect between the patients' perceptions and the staff shortage experienced by midwives.

4.2.2.2 Sub-theme 2.2. Nurses Demoralised by Affected Emotional Well-being

Midwives battle feelings of not having to care anymore because their passion was not carried out properly due to a staff shortage. The midwives felt disappointed as they studied with high expectations only to face the harsh realities of working in healthcare, especially the harsh work environments of the midwifery units. Moreover, they were discouraged by older and more experienced colleagues who advised them that the working conditions in the midwifery units would never change. Realising this reality, midwives felt frustrated and helpless. The following quote supported this.

“I was very young, very innocent, thinking of changing the world, but when you come here, they will even tell you those who have been here for a long time. They will tell you that there is nothing you can change; you see.” Participant 15 from PHC Facility A.

A report of demoralisation stemmed from realising that problems arising from the staff shortage were blamed on the midwives. The midwives, therefore, became discouraged because they did everything in their power to provide adequate midwifery care with limited resources. The following quote supported this.

“We are demoralised because if we encounter a problem, it is going to be your problem, meaning you are going to fail the client, whereas it is not you who failed the client; the failure is due to the shortage of resources.” Participant 4 from PHC Facility C.

There was an expression of feeling unsupported by the Department of Health when there was a staff shortage in the midwifery units. The staff shortage negatively impacted the working environment and demoralised the midwives. The midwives indicated that the work environment became toxic, and they lacked motivation to work in the midwifery units.

“We have a lot of work due to the staff shortage, and that makes us demoralised. We do not have a good working environment, resulting in most midwives not coming to work.” Participant 13 from PHC Facility A.

Moreover, midwives were demoralised by the pressure that comes with the shortage of staff and making mistakes. They work in fear of making a mistake and must answer for it alone. This fear made them not want to work or put themselves in situations that could get them into trouble with the Department of Health.

4.2.2.3 Sub-theme 2.3: Reliance on Experience Due to Equipment Shortages

The healthcare institution was now seen as one that provided modern or Western medical care. However, due to the shortage of equipment, the midwives found themselves having to use their experience in a situation where equipment was not working or unavailable. The following quote supported this:

“We just use the experience; you will just resuscitate rubbing vigorously and just blowing the air on the baby, trying to put a bit of oxygen on the side, then laying the baby on the side so that the secretions will come out.” Participant 6 from PHC Facility C.

Due to the shortage of equipment, such as resuscitation equipment, midwives were forced to rely solely on their skills to stabilise newborns in life-threatening situations. However, the absence of proper equipment hindered them from providing the midwifery care needed for vulnerable infants. This quote supported this.

“We don’t really have resuscitation equipment; we just try our level best to keep the baby awake, and I will say it’s bad.” Participant 2 from PHC Facility A.

The participants expressed how they had to be resilient and resourceful when faced with equipment shortages. Due to the unavailability of equipment, midwives often relied on their experience, knowledge, and intuition to provide the best midwifery care possible under challenging circumstances. The quote below supported this.

"In some instances, the equipment we need is unavailable, so we have to rely on our experience to ensure the patient gets the care they need. It's not ideal, but as midwives, we learn to adapt and do our best with what we have." Participant 9 from PHC Facility D.

The midwives indicated that the shortage of equipment forced them to use the experience they had obtained through their years of working in the midwifery units. They further explained that this brought a lot of pressure on them since they were doing whatever they could to save a patient's life. This would not be the case without adequate equipment in the midwifery units.

4.2.3 Theme 3: Patient Dissatisfaction from Resource Shortages

Participants reported that patients were dissatisfied due to a lack of human and material resources. The sub-themes that supported this were limited healthcare accessibility, which led to unnecessary referrals, and the impact of space shortages on patient comfort and care.

4.2.3.1 Sub-theme 3.1. Limited Access Causing Unnecessary Referrals

Patients were referred to higher care institutions, such as hospitals, because of a staff shortage. The midwives indicated they could not attend to all patients in the queue; they referred to others. Therefore, patients were mainly dissatisfied with these referrals because they were costly. The staff shortage had consequences faced by patients; they expressed dissatisfaction with the referrals, which restricted equitable healthcare access since those without money struggled. The following quote supported this:

"The effects are a lot because here in the maternity if we are short-staffed, we are conducting ANC and postnatal care and dealing with the deliveries and admissions. Sometimes, you might be one in a ward so that you might have another client and a booking in the evening. if you are one or are two and then you encounter problems during your patient care, it causes a delay to other clients in the waiting area", said participant 6 from PHC facility C.

The midwives expressed that being short-staffed causes delays in attending patients, so patients have longer waiting times before they see a nurse. These delays upset patients, and the professional nurse refers other patients because they struggle to serve everyone and cannot adequately meet their needs.

4.2.3.2 Sub-theme 3.2: Impact of Space Shortages on Patient Care

The healthcare system was also overburdened due to the shortage of equipment. The participants indicated that expectant mothers would have to sit on chairs while in labour. This situation not only compromises the quality of midwifery care but also puts lives at risk, as the lack of timely attention during pregnancy can lead to avoidable complications and tragic outcomes. In midwifery care, every moment matters, and with the shortage of equipment, patients had to wait for their turn. This quote supported this:

“We don’t have the ANC room; we only have the delivery and the postnatal one. So, meaning that you must admit two, the other one should wait for those others to deliver.” Participant 6 from PHC Facility C.

The shortage of equipment was described as a factor that left women in labour uncomfortable. The women in labour found themselves in cramped spaces with small labour wards. They would be sitting on chairs while fully dilated because of the shortage of delivery beds.

“With the shortage of space, women in labour, find themselves uncomfortable. It breaks my heart to see them cramped in small rooms, sitting on chairs when they should be resting in a proper bed.” Participant 1 from PHC Facility A.

The midwives expressed concern about the space in the healthcare facilities. These concerns were of small spaces in the midwifery units. In a case where a facility had patients that were more than the carrying capacity, the woman who was fully dilated took the delivery bed. At the same time, the others waited for her to deliver. This was a very uncomfortable situation for a woman in labour, and it caused panic, resulting in their labour being unpleasant. If the one on the bench was delivered before the one already in bed, it caused a problem because the other was also fully dilated. Such a situation would have been avoided by having enough delivery beds in the facility.

4.2.4 Theme 4: Adequate staffing Enhances Individualized Midwifery Care

Participants articulated the value of adequate staff members in the midwifery units, culminating in the following sub-themes: adequate staffing enhances midwifery care by enabling individualised attention to patients and reducing burnout since the workload is evenly distributed among midwives.

4.2.4.1 Sub-theme 4.1: Value of adequate staffing in midwifery units

Adequate staffing is essential in midwifery care as it allows nurses to provide individualised attention and midwifery care to each mother and baby. Adequate staff in the midwifery units enables midwives to provide personalised midwifery care; they would be able to respond quickly to emergencies and offer emotional support crucial during childbirth. Therefore, the midwifery care provided is thoughtful, skilled, and compassionate, which fosters a positive experience for both the patient and the midwives. The quote which follows supports this:

"Adequate staffing allows us to provide quality midwifery care, ensuring that every mother and baby receives the attention, expertise, and compassion they deserve." Participant 2 from PHC Facility A.

For midwifery care to be considered of good quality, midwives need to be able to give their full attention to each patient, which can only be possible when there is adequate staffing in the midwifery units. Due to adequate staffing, midwives can provide midwifery care while expressing compassion to the patients. The quote below supports this:

"For patients to receive the best midwifery care, that is compassionate and personalised, there has to be adequate staffing the midwifery units." Participant 13 from PHC Facility A.

There were a lot of challenges presented by having a professional nurse work alone; this was because when midwives work alone, they become overworked and are somehow bound to make mistakes. The mistakes made due to working alone were a cause of litigation faced by the Department of Health. Having adequate staff also helped obtain a second opinion from a colleague and confirm what a particular professional nurse had deduced. The second opinion and confirmation aided in reducing the number of misdiagnoses and unnecessary referrals of the patients because the professional nurse referred a patient so that another professional nurse could see them. According to the guidelines, a professional nurse could not book a pregnant woman alone; they needed another midwife for confirmation. Furthermore, the midwifery units dealt not only with the delivery room but also with ANC and immunisation of babies. So, adequate staff was needed for the midwifery units to run smoothly.

4.2.4.2 Sub-theme 4.2: Reduced burnout through balanced nurse workload

The midwives reported that having adequate staff would make sure that the workload is evenly distributed amongst midwives. This was because the midwives might work manageable shifts due to the adequacy of staff in the midwifery units. The following quote supported this:

"Having enough staff will ensure that work is easier and lighter for midwives." Participant 10 from PHC Facility D.

The midwives indicated that the sick leaves taken would be reduced because the midwives would have obtained enough rest due to having adequate staff in the midwifery units. The following quote supported this:

“Adequate staff will ensure that midwives reduce taking sick leaves because they are fatigued”, Participant 12 from PHC Facility A.

The even distribution of the workload in the midwifery units resulting from having adequate staff emphasises the direct impact of adequate staff on the efficiency and well-being of midwives.

4.2.5 Theme 5: Material resources are vital in midwifery units

Participants reported that the availability of material resources was vital in the midwifery units as described in the following sub-theme: adequate functional equipment prevents maternal and neonatal deaths.

4.2.5.1 Sub-theme 5.1: Functional equipment prevents complications in mothers and newborns

The participants reported that adequate equipment that is functional in midwifery units was crucial as it would allow midwives to quickly identify and treat complications that, without adequate equipment, would have led to maternal and neonatal deaths. For example, functioning equipment, such as monitors, resuscitation equipment, and diagnostic machines, enable midwives to provide timely interventions and save the lives of the mother and baby. This was supported by the quote below

“Yes, it is important to have adequate equipment because it can help in preventing maternal death and stillbirths in the facility.” Participant 15 from PHC Facility A.

Having adequate equipment was classified as essential in cases where resuscitating babies in critical situations was needed, such as when there was an umbilical cord wrapped around the baby's neck. Without adequate equipment, midwives were unable to act quickly and effectively, which sometimes led to stillbirths. However, adequate equipment allows midwives to manage complications, which decreases maternal and neonatal deaths. This was supported by the quote which follows.

“It is very important because, with working equipment, a lot of babies will be resuscitated successfully because there are complications that we come across, such as the cord being wrapped around the baby's neck, and we can't help due to shortage of equipment. So, it's very

good to have working equipment because I think our nurses will be successful, and we will have live babies instead of fresh stillbirths.” Participant 3 from PHC Facility B.

The midwives alluded that maternal and neonatal deaths can be drastically reduced or eliminated should midwifery units have adequate equipment that is functional.

4.3 Chapter 4 Summary

This chapter included the results revealed in the study. Five themes and eleven subthemes were presented. The extracted themes were namely: Impact of Staff Shortage on Nurses’ Performance, Negative Impact on Nurses’ Emotional Well-being, Patient Dissatisfaction from Resource Shortages, Adequate staffing Enhances Individualized Midwifery Care; and Material resources are vital in midwifery units.

CHAPTER 5

DISCUSSION

5.1 INTRODUCTION

The results of this study on the impact of a shortage of resources in the midwifery units of the Capricorn district, Limpopo province, are discussed in this chapter. The discussion layout is aligned with the themes and sub-themes described in Chapter 3. Five themes and eleven sub-themes were extracted from the interviews. These themes are as follows:

Theme 1: Impact of Staff Shortage on Nurses' Performance. This theme was supported by three subthemes: (1.1) Challenges of Solo Shifts, (1.2) Litigations resulting from shortage of staff, and (1.3) Impact of Equipment Shortages on Midwifery Care.

Theme 2: Negative Impact on Nurses' Emotional Well-being, which was supported by three sub-themes. (2.1) Strain on nurses from Patient Complaints, (2.2) Nurses Demoralised by Affected Emotional Well-being, and (2.3) Reliance on Experience Due to Equipment Shortages.

Theme 3: Patient Dissatisfaction from Resource Shortages with two sub-themes: (3.1) Patient Dissatisfaction from Resource Shortages, and (3.2) Impact of Space Shortages on Patient Care.

Theme 4: Adequate staffing Enhances Individualized Midwifery Care with the following sub-themes: (4.1) Value of adequate staffing in midwifery units; and (4.2) Reduced burnout through balanced nurse workload.

Theme 5: Material resources are vital in midwifery units, with (5.1) Functional equipment prevents complications in mothers and newborns as a sub-theme.

5.2 THEME 1: IMPACT OF STAFF SHORTAGE ON NURSES' PERFORMANCE

The impact of a staff shortage on midwives' performance was characterised by the challenges of working alone in a shift, litigations resulting from a staff shortage, and the impact of shortages on the delivery of midwifery care.

5.2.1 Sub-theme 1.1: Challenges of Solo Shifts

Participants indicated that the staff shortage led them to work alone in a shift, and they had to provide all the services in the midwifery units. These included the ANC, intrapartum care,

postnatal services, and reproductive health in some facilities. The participants further indicated that they would not provide good quality midwifery care to the patients since they were alone. A study by Ismaila et al. (2024) revealed that the overburdening of midwives resulted in them struggling to provide personalised care, which affects the quality of interactions and the support they need to provide a pregnant woman during labour. The participants indicated they just wanted to push the long queues of patients waiting to consult with them. Midwives were pressured to attend to patients on time, negatively impacting their thoroughness and attention to detail. The professional nurse indicated that working alone in shifts presents the stress of making decisions alone; they indicated that they do not have second opinions, which affects their performance in the midwifery units. Should there be complications in the midwifery units, midwives may delay interventions since they would have other responsibilities to take care of. A study by Sandall et al. (2016) indicated that the absence of immediate colleagues could lead to feelings of isolation among midwives, reducing opportunities for collaborative decision-making and peer support.

5.2.2 Sub-theme 1.2: Litigations Due to Staff Shortage

The shortage of staff described above led to midwives working alone in a working shift. Some implications resulted from midwives having to work understaffed. Inadequate supervision of less experienced midwives in the midwifery unit was also one of the implications of the staff shortage. It was revealed in a book by Boyle (2024) that less experienced midwives might be left to work alone in the midwifery units, which led to complications, misdiagnoses and missed signs of treatment needed by patients. A study by Manthata (2016) indicated that less experienced midwives struggled with limited mentoring while attaining clinical skills in selected hospitals in Limpopo Province, namely, Dilokong Hospital, Jane Furse Memorial Hospital, Mokopane Hospital, Philadelphia Hospital, Siloam Hospital and St Rita's Hospital. The shortage of staff also led to complications because there would be delays in care, and therefore, pregnant women were not monitored or attended to on time. The participants also indicated that they feared litigations relating to the midwifery unit compared to the other units. They further indicated that the Minister of Health in Limpopo province paid more attention to litigations concerned with the midwifery unit. As a result, they would prioritise pregnant women more than other patients who need their assistance.

5.2.3 Subtheme 1.3: Impact of Equipment Shortages on Midwifery Care

Participants reported that a vast range of equipment was unavailable in the healthcare facilities. This unavailability was either because the equipment was not entirely in the facility or not in good working condition. The participants indicated the unavailability of ambulances,

incubators, sufficient working space, saturation monitors, BP machines, aspirations, new lights, cot beds, and baby warmers. The participants indicated that the unavailability of the equipment led to poor nursing care delivered to patients. This is because the unavailability of equipment restricts and delays care. Bill et al. (2016) indicated that the unavailability of equipment to monitor, diagnose or treat ailments would lead to delayed or inadequate care. Mahwasane (2018) revealed that mothers and newborns faced increased health risks without the necessary equipment. Furthermore, McHugh et al. (2011) reported that the unavailability of equipment would stress and frustrate nurses, impacting their ability to deliver optimal care.

5.3 THEME 2: NEGATIVE IMPACT ON NURSES' EMOTIONAL WELL-BEING

The professional nurse's emotional well-being was negatively affected due to the shortage of resources. This negative impact was described as the strain on midwives caused by patients' complaints; the midwives were demoralised due to the impacted emotional well-being and the reliance on professional experience due to equipment shortages.

5.3.1 Sub-theme 2.1: Strain on nurses from Patient Complaints

The participants were overburdened to the point where patients would complain about the waiting time at the facilities. A study by Bohren et al. (2015) indicated that delays in receiving care frustrated patients, especially during labour. Patients were also frustrated by midwives who would disappear and not communicate. Therefore, the participants indicated that they would sometimes communicate with the patients that they were going for lunch to avoid threats from the patients. Lumadi and Buch (2011) alluded that with a lack of communication, patients become frustrated as they are not adequately informed about care plans. Due to time constraints, midwives rush the care provision, making patients feel neglected. Patients were also reported to be unimpressed because their expectations were not met. Lumadi and Buch (2011) noted discrepancies between patient expectations for birth experiences and the actual outcomes that led to dissatisfaction.

5.3.2 Sub-theme 2.2: Nurses Demoralised by Affected Emotional Well-being

The participants indicated that the shortage of staff led them to provide patient care that was not satisfactory based on their own personal judgement. They indicated that they would have preferred to do more for patients, but that was no longer the case, and this discouraged them from following their passion. The nurses noted how they did their jobs by improvising and ensuring they finished consulting patients who, in turn, were eagerly waiting. Therefore, midwives had to deal with moral distress and compromised care. The moral distress was

supported by Foster et al. (2022), who indicated that midwives faced situations where they could not provide the best care because of systemic limitations. The moral distress was due to ethical conflicts and, therefore, reduced their will to work. The midwives' passion for the job was also eroded by the pressure to compromise on care due to time and resource constraints (Hills et al., 2021).

5.3.3 Sub-theme 2.3: Reliance on Experience Due to Equipment Shortages

Although midwifery practice has evolved with modern ways of working, the shortage of equipment hindered midwives from using modern methods in healthcare. The participants indicated that due to the unavailability of equipment, they had to use their experience in health situations where needed equipment was unavailable. The participants highlighted that they were pressured because they would do whatever was necessary to save a patient's life. Various studies support that the shortage of equipment puts a strain on midwives. A study by Mazwi (2020) reported that midwives would have to rely on manual methods when there is a shortage of equipment, such as the foetal monitor. This was to say, a midwife would have to use a Doppler or fetoscope to assess foetal heart rates manually. Additionally, Oluoch et al. (2015) indicated that when diagnostic tools such as ultrasound machines were unavailable, midwives relied on their clinical experience in making decisions about the health of the mother and baby. There was strain reported to be added by this responsibility.

5.4 THEME 3: PATIENT DISSATISFACTION FROM RESOURCE SHORTAGES

Patients were reported to be dissatisfied with the care they received from the midwives. These were due to the shortage of staff in the midwifery units. The participants further indicated that they had a supermarket approach in their facilities, which led them to deal with a vast spectrum of illnesses, even those that do not belong in the midwifery units, due to the staff shortage. This supermarket approach relies on standardised care rather than individualised care of patients (Winkler et al., 2023). This meant that because the midwives were overburdened, they would rather treat patients efficiently, leading to seeing more patients in a short period rather than effectively providing personalised care. The holistic approach is at the core of the midwifery units, wherein the patients' physical, emotional and psychological needs must be attended to (Morton & Thurman, 2023). Therefore, midwives miss the opportunity to educate and give emotional support to women who come to the midwifery units. The emphasis on efficiency can lead to missed opportunities to provide the emotional support and education many women need during labour and postpartum. Due to the shortage of staff in the midwifery units, continuity of care can be hindered. As a result, pregnant women would not receive consistent care from the same midwife, which affected their satisfaction and confidence in the

healthcare system (Perriman et al., 2018). Patient dissatisfaction was described as limited healthcare accessibility, leading to unnecessary referrals and the impact of space shortages on patient comfort and care.

5.4.1 Sub-theme 3.1: Limited Access Causing Unnecessary Referrals

The unnecessary referrals were another issue resulting from the shortage of staff. The participants indicated that when they saw that they could not manage the patients, they would refer them to higher care institutions. The participants also indicated that they would refer patients for a second opinion when they were alone in the shift. There would sometimes be a lack of confidence in decision-making among midwives; therefore, midwives may refer to obstetricians even in cases that would be safely managed within their scope (Kloester et al., 2022). When the participants were tired, they would refer patients in fear of making mistakes. This was supported by a study by Lumadi and Matlala (2019), who revealed that midwives avoided potential legal issues or complications by referring patients to hospitals.

5.4.2 Sub-theme 3.2: Impact of Space Shortages on Patient Care

The shortage of equipment caused discomfort for pregnant women during labour. The participants indicated that the midwifery units were small, and pregnant women in labour would find themselves cramped up in a small space. There was no privacy during labour, and this increased the discomfort. Moreover, due to the shortage of beds, pregnant women would find themselves sitting on benches while in labour, which was described as unpleasant. Thopola and Lekhuleni (2015) reported that pregnant women in labour would have to wait to use the delivery beds while they sat on benches.

5.5 THEME 4: VALUE OF ADEQUATE STAFFING IN MIDWIFERY UNITS

The value of adequate staff members in the midwifery units was described as adequate staffing enhancing midwifery care by enabling individualised attention to patients and reducing burnout since the workload is evenly distributed amongst midwives.

5.5.1 Sub-theme 4.1: Adequate Staffing Enhances Individualized Midwifery Care

Adequate staffing allowed midwives to provide personalised and attentive care to each mother and baby, reducing the risk of complications during pregnancy, labour, and postpartum, leading to better health outcomes (Kokab et al., 2022). The participants indicated that should there be adequate staff, misdiagnoses and unnecessary referrals would also be reduced. This was supported by Boyle (2024), who stated that the midwifery units with adequate staff ensured that emergency situations such as prolonged labour, postpartum haemorrhage, and

foetal distress were identified and managed. Adequate staff members allowed faster responses, minimising risks and improving survival rates. Individualised care is facilitated by the fact that each professional nurse would have fewer patients to attend to per shift. This gives the nurses more time to attend to patients' emotional concerns; the nurses can advise the new mother by providing educational support and managing labour effectively. Aiken et al. (2017) also concluded that adequate staff allows midwives more time to care for patients, improving midwifery care.

5.5.2 Sub-theme 4.2: Reduced burnout through balanced nurse workload

Bradley et al. (2015) argue that adequate staff ensures that the workload is evenly distributed. This means midwives would not be overworked and stressed, reducing the chances of burnout. Bradley et al. (2015) further stated that a well-rested and supported workforce was more effective, attentive, and able to deliver high-quality care. Should there be adequate staff, they could get a second opinion from their colleagues. Adequate staffing promotes job satisfaction and collaboration among midwives. When the workload is evenly distributed, midwives are well-rested and work regulated shifts. This rest then helps in improving patient outcomes. Turner, Griffiths and Kitson-Reynolds (2021) noted that there is evidence that adequate staffing has an association with improved outcomes.

5.6 THEME 5: Material resources are vital in midwifery units

The availability of adequate and functional material resources in midwifery is vital to prevent maternal and neonatal complications.

5.6.1 Sub-theme 5.1: Functional equipment prevents complications in mothers and newborns

Adequate equipment was also reported as essential in the midwifery units. The smooth running of midwifery units needed a balance between adequate staff and equipment. The unavailability of equipment limited the midwives' ability to provide care. The participants indicated that they also relied on equipment such as the BP machine to obtain information about the patients; this would provide them with direction on the treatment needed by the patient. Boyle (2024) reported that adequate equipment ensured midwives safely managed deliveries. Therefore, midwives should have equipment such as electric foetal monitors to help assess the baby's health during labour and allow for early detection of complications. In health cases with complications, adequate equipment allows the midwives to perform life-saving interventions quickly, reducing the risk of maternal or infant mortality (Kokab et al., 2022). The participants indicated that they had a shortage of resuscitation tables; therefore, the availability

of resuscitation tables, oxygen supplies, suction devices and neonatal resuscitation masks ensured that neonatal resuscitation was successful (Hanranhan, 2021). Referrals to hospitals are also reduced when there is adequate equipment, as this improves patient outcomes (Adu-Bonsaffoh et al., 2022). Manual tasks resulting from the unavailability of resources caused burnout in midwives, so adequate equipment ensured midwives effectively performed their tasks, reducing physical strain and mental stress. All this sufficiency from having adequate equipment reduces maternal and neonatal complications in the midwifery units (Buchmann, Stones & Thomas, 2016).

5.7 Chapter 5 Summary

This section discussed the results found in the study regarding the impact of a shortage of resources in the midwifery units.

CHAPTER 6

SUMMARY, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

6.1 INTRODUCTION

In this study, Chapter 4 presented results extracted from the interviews conducted; the results were then discussed in Chapter 5. This chapter presents the study's summary, limitations, recommendations and conclusion. This study aimed to determine the impact of a shortage of resources in the midwifery units of the Blouberg local municipality in Capricorn district, Limpopo province.

6.2 ACHIEVEMENT OF THE OBJECTIVES

In this study, Chapter 1 outlined the objectives, and the study's results achieved the objectives. The objectives of the study were to explore and describe the midwives' perspectives on the effects of resource scarcity in the midwifery units of the Capricorn area in the province of Limpopo and to explore and describe the midwives' viewpoints on the importance of having adequate resources in the midwifery units. The midwives described the impact of the shortage of resources in the midwifery units. They described resources as material and human and indicated that either shortage negatively impacted the midwifery units. The impact on midwives' performance, emotional well-being, patient dissatisfaction, and the importance of adequate resources in the midwifery units was also reported.

6.3 SUMMARY

This study's aim was to determine the impact of the shortage of resources in the midwifery units of the Blouberg local municipality in Capricorn district, Limpopo province. The study was conducted in the Blouberg local municipality of the Capricorn district, Limpopo Province. A total of 16 midwives with a minimum of 2 years experience working in the midwifery units were included in the study. Additionally, two community health centres and two clinics with high delivery rates were selected. Data was collected through interviews using a semi-structured interview guide, and an audio recorder captured responses from participants. Data was analysed thematically. The shortage of resources in the midwifery units was reported to be challenging and impacted the provision of midwifery care. The availability of adequate equipment was found to be important in the provision of midwifery care and positively impacts the effectiveness of midwives. This study highlighted that the shortage of resources negatively impacted the midwifery units.

TABLE 3: A BRIEF SUMMARY OF THE CHAPTERS

Chapters	Description
Chapter 1	This chapter included the introduction, which highlighted the background of the study and the theoretical framework (Holistic theory), problem statement, study rationale, significance of the study purpose, objectives, research question and definition of terms. The study aimed to determine the impact of the shortage of resources in the midwifery units of the Blouberg local municipality in Capricorn district, Limpopo province.
Chapter 2	This section was the literature review for the study. It comprised concepts that relate to the topic and objectives of the study. These concepts included a description of the PHC system, an overview of the status of resources in PHC facilities, what resources were in the context of health care, and the causes of resource shortages in midwifery units. Moreover, this section included the perceived impacts of the shortage of resources on midwives, PHC facilities nursing care, patients and community members and the midwifery units.
Chapter 3	This study's aim was to describe the impact of a shortage of resources in the midwifery units of Blouberg's local municipality in Capricorn district, Limpopo province. The study was conducted in the Blouberg local municipality and included two community health care centres and two clinics from this local municipality. The actual sample size was determined by the data saturation. The study objectives were to explore the midwives' perspectives on the effects of

resource scarcity in the midwifery units of the Capricorn area in the province of Limpopo and to explore and describe the midwives' viewpoints on the importance of having adequate resources in the midwifery units. A semi-structured interview guide was used to guide the interview conducted in English when collecting data. The interviews were recorded using an audio recorder.

Chapter 4

This chapter included the results revealed in the study. Five themes and eleven subthemes were presented. The extracted themes were namely: the impact of the shortage of staff on midwives' performance, midwives' emotions being negatively affected, patients' dissatisfaction caused by lack of human and material resources, the value of adequate staff members in the midwifery units; and availability of material resources is vital in the midwifery units.

Chapter 5

This section discussed the results found in the study regarding the impact of a shortage of resources in the midwifery units.

6.4 LIMITATIONS OF THE STUDY

This study was only conducted in selected PHC facilities in the Capricorn district, Limpopo Province. Therefore, the results extracted from this study may not be relevant nor applicable to other facilities in the district or other regions. The expected sample size was not met since other potential participants were not interviewed because they were on annual leave, refused to be interviewed, attended to patients, worked night shifts, and compiled district reports during the data collection period.

6.5 RECOMMENDATIONS

It was recommended that the Department of Health in the Capricorn District Municipality should be accountable and provide all facilities with adequate human and material resources. The recommendations were then provided in alignment with each of the five themes.

6.5.1 The improvement of midwives' performance

A facility should not be made to work 24 hours if it does not meet the requirements, the Department of Health in Limpopo should attend to this matter and make sure that facilities are equipped enough to work those hours. When there is a staff shortage, midwives cannot work day and night shifts without any rest. It was recommended that the ideal concept needed to be scrapped by the Department of Health in the Limpopo province because the ideal was not efficient. The ideal would come to the facility and only look at the equipment and not test if it's working or not. If the ideal concept had been effective or done correctly, healthcare facilities would not have faced the challenges of a shortage of resources. The ideal just said a facility was meeting the standard compliance, whereas it was not; this led to many unresolved problems because the truth was not being said or reported. The truth was that healthcare facilities were experiencing a shortage of resources, which negatively impacted the quality of nursing care rendered. Moreover, facilities that were visited by the ideal should not borrow equipment from other facilities to pose as a functional institution. This led to the facilities having statuses they did not qualify for when there was no functionality. The midwives further indicated that this pretense causes problems because if a complication happens due to the shortage of equipment recorded as available while it was not, the institution has to account for the misrepresentation. For facilities that did not qualify to work 24 hours, the midwives recommended the facilitation office of the Department of Health in Limpopo moves them to other facilities such as hospitals. Midwifery units should promote midwives' performance by providing a working environment with adequate resources.

6.5.2 The improvement of midwives' emotional well-being

For midwives' emotional well-being, it was recommended that the workplace should encourage collaboration, respect and effective communication among staff and leadership. Therefore, facility managers should ensure that midwives are well taken of, and their emotional needs are being met. Midwives indicated that they would like to receive emotional support through programmes such as counselling. The working shifts should be practical and flexible, allowing midwives to balance work and personal life.

6.5.3 Ways to ensure patients satisfaction in the midwifery units

It was agreed that to ensure patient satisfaction in the midwifery units, midwives should be encouraged to communicate with patients clearly, show empathy and provide detailed explanations about the procedures and treatment. It was further recommended that midwives should strive to provide individualized care, respect patients' cultures when possible and reduce waiting times, training should be organized so that midwives know how to handle pressure and treat patients well.

6.5.4 Acknowledgement of the value of adequate staff members in the midwifery units

Regarding burnout of midwives in the midwifery units, it was recommended that there should be an improvement in organizational support, adequate staffing, the provision of mental health resources, and the promotion of work-life balance for midwives. It was also recommended that some issues be addressed to motivate midwives. The issues were providing adequate staff, offering emotional and psychological support for managing stress and trauma, recognising midwives' contributions, supporting work-life balance through better scheduling practices, promoting professional development and giving midwives more autonomy in their roles. To address the poor nursing care that causes the unavailability of equipment, better resource management and inventory management are required from the procurement division of the Department of Health in Limpopo.

6.5.5 The importance of the availability of material resources in the midwifery units

The availability of material resources in midwifery units is crucial for providing high-quality, safe, and effective maternal and newborn care. Therefore, equipment availability should always be ensured by the procurement division of the Limpopo Department of Health as it ensures the effective running of the midwifery units. The availability of equipment, such as monitoring devices, improves the quality of midwifery care. The possible material resources should always be in sufficient stock to increase emergency preparedness. It was also recommended that there should be equality in the provision of material resources across units in the facility and facilities to promote equity in the care provided. Inventory management systems should be implemented to track resource levels and prevent shortages or wastage.

6.5.6 Recommendations for future research

This study was conducted in the Capricorn district, which is a rural region. Therefore, it is recommended that a study be conducted that compares the impact of a shortage of resources in the midwifery units in PHC facilities with those in urban areas. Additionally, a study can investigate the influence of hospital leadership and government policies in resource allocation

and the midwifery units. Lastly, it was recommended that a study specifically focus on the patient outcomes resulting from the shortage of resources in the midwifery units.

6.6 Plan for dissemination and implementation of results

The results of this study were appropriately written in a master's dissertation submitted to the University of Venda. The researcher also presented the study's findings to the Faculty of Health at the university. The findings were shared with facilities that participated in the study. The researcher hopes to publish their work in a recognized journal; that way, the study will be reached in many places and not limited to Limpopo province.

6.7 CONCLUSION

The findings from this study highlighted that the shortage of resources negatively impacted the midwifery units. The staff shortage was found to impact the midwives' performance and negatively affect the midwives' emotional well-being. The lack of human and material resources caused patient dissatisfaction, while adequate staff members have a vital role in the midwifery units, and the availability of material resources is vital in the midwifery units. It was concluded that better workforce planning, improved working conditions, and strategies to retain experienced midwives while supporting skill development for newer staff in the midwifery units. The shortage of equipment in the midwifery units contributes to complications and patient dissatisfaction and results in the delivery of poor-quality midwifery care. Adequate equipment in midwifery units ensures safe, efficient, and high-quality maternal and neonatal care. It enables midwives to provide timely interventions, enhances patient monitoring, reduces infections, improves the overall childbirth experience, and saves lives. Investing in proper equipment benefits patients and supports midwives in their vital role, contributing to a healthier, more effective healthcare system. The shortage of medical equipment not only compromises the quality of midwifery care but also places a heavier workload on midwives physically and mentally. Supporting midwives with proper equipment and resources is essential for effective and safe maternal healthcare. Adequate staffing in midwifery units ensures safe, efficient, and compassionate maternal and neonatal care. It reduces the risks of complications, improves the patient experience, and helps prevent staff burnout, all critical for a well-functioning healthcare system. Therefore, the shortage of resources hindered the holistic approach to nursing care in the midwifery units.

REFERENCES

- Abrahams, G.L., Thani, X.C. and Kahn, S.B., 2022. South African public primary healthcare services and challenges. *Administratio Publica*, 30(2), pp.63-85.
- Adatara, P., Amooba, P.A., Afaya, A., Salia, S.M., Avane, M.A., Kuug, A., Maalman, R.S.E., Atakro, C.A., Attachie, I.T. and Atachie, C., 2021. Challenges experienced by midwives working in rural communities in the Upper East Region of Ghana: a qualitative study. *BMC Pregnancy and Childbirth*, 21(1), p.287.
- Advisory, P.P.S., 2017. Clinical emergency: Are you ready in any setting.
- Afaya, A., Bam, V., Azongo, T.B., Afaya, R.A., Yakong, V.N., Kpodo, G.K., Kaba, R.A., Zinle, D.A.N., Tayuu, D.K., Asantewaa, S. and Adatara, P., 2021. "We are left with nothing to work with"; challenges of nurses working in the emergency unit at a secondary referral hospital: A descriptive qualitative study. *Plos one*, 16(2), p.e0247062.
- Aiken, L.H., Sloane, D.M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R., Diomidous, M., Kinnunen, J., Kózka, M., Lesaffre, E. and McHugh, M.D., 2014. Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *The lancet*, 383(9931), pp.1824-1830.
- Alam, T.G.M.R., 2019. Comparative analysis between pre-test/post-test model and post-test-only model in achieving the learning outcomes. *Pakistan Journal of Ophthalmology*, 35(1).
- Alatawi, M., Aljuhani, E., Alsufiany, F., Aleid, K., Rawah, R., Aljanabi, S. and Banakhar, M., 2020. Barriers of implementing evidence-based practice in nursing profession: A literature review. *American Journal of Nursing Science*, 9(1), pp.35-42.
- Aluko, J.O., Anthea, R. and Marie Modeste, R.R., 2019. Manpower capacity and reasons for staff shortage in primary health care maternity centres in Nigeria: a mixed-methods study. *BMC health services research*, 19(1), pp.1-15.
- American Nurses Association and American Holistic Nurses' Association eds., 2019. *Holistic nursing: Scope and standards of practice*. American Nurses Association.
- Ashuntantang, G., Miljeteig, I. and Luyckx, V.A., 2022. Bedside rationing and moral distress in nephrologists in sub-Saharan Africa. *BMC nephrology*, 23(1), pp.1-14.
- Astete, M. and Lacassie, H.J., 2024. Uterotonics, magnesium sulphate and antibiotics during childbirth and peripartum: Important obstetric drugs for the anaesthesiologist. *Revista Española de Anestesiología y Reanimación (English Edition)*, 71(5), pp.412-420.
- Atakro, C.A., Gross, J., Sarpong, T., Armah, E. and Akuoko, C.P., 2018. Qualitative inquiry into Registered General Nurses' experiences in the emergency centre. *African Journal of Emergency Medicine*, 8(1), pp.16-20.
- Aziato, L., Pwavra, J.B., Paarima, Y. and Konlan, K.D., 2021. The nurse or midwife at the crossroads of caring for patients with suicidal and rigid religious ideations in Africa. *Frontiers in psychology*, 12, p.549766.
- Bakhamis, L., Paul III, D.P., Smith, H. and Coustasse, A., 2019. Still an epidemic: the burnout syndrome in hospital registered nurses. *The health care manager*, 38(1), pp.3-10.

- Ball, J.R., Miller, B.T. and Balogh, E.P. eds., 2016. Improving diagnosis in health care.
- Beck, D.M., Dossey, B.M. and Rosa, W., 2018. Florence Nightingale and the UN's 17 Sustainable Development Goals: Her keen relevance for our times. *Beginnings*, 38(2), pp.18-23.
- Bervell, B. and Al-Samarraie, H., 2019. A comparative review of mobile health and electronic health utilization in sub-Saharan African countries. *Social Science & Medicine*, 232, pp.1-16.
- Boakye, P.N., 2022. 'No other alternative than to compromise': Experiences of midwives/nurses providing care in the context of scarce resources. *Nursing inquiry*, 29(4), p.e12496.
- Bohren, M.A., Vogel, J.P., Hunter, E.C., Lutsiv, O., Makh, S.K., Souza, J.P., Aguiar, C., Coneglian, F.S., Diniz, A.L.A., Tunçalp, Ö. and Javadi, D., 2015. The mistreatment of women during childbirth in health facilities globally: a mixed-methods systematic review. *PLoS medicine*, 12(6), p.e1001847.
- Bolt, S.R., van der Steen, J.T., Mujezinović, I., Janssen, D.J., Schols, J.M., Zwakhalen, S.M., Khemai, C., Knapen, E.P., Dijkstra, L. and Meijers, J.M., 2021. Practical nursing recommendations for palliative care for people with dementia living in long-term care facilities during the COVID-19 pandemic: A rapid scoping review. *International Journal of Nursing Studies*, 113, p.103781.
- Boniol, M., Kunjumen, T., Nair, T.S., Siyam, A., Campbell, J. and Diallo, K., 2022. The global health workforce stock and distribution in 2020 and 2030: a threat to equity and 'universal' health coverage?. *BMJ global health*, 7(6).
- Boyle, M. ed., 2024. *Emergencies around childbirth: a handbook for midwives*. Taylor & Francis.
- Bradley, S., Kamwendo, F., Chipeta, E., Chinwaza, W., de Pinho, H. and McAuliffe, E., 2015. Too few staff, too many patients: a qualitative study of the impact on obstetric care providers and on quality of care in Malawi. *BMC pregnancy and childbirth*, 15, pp.1-10.
- Brink, H., Van der Walt, C. and Van Rensburg, G., 2018. *Fundamentals of research methodology for health care professionals*. (4th Edition).
- Buchmann, E.J., Stones, W. and Thomas, N., 2016. Preventing deaths from complications of labour and delivery. *Best practice & research Clinical obstetrics & gynaecology*, 36, pp.103-115.
- Burack, O., Mak, W., Howard, M., Isaacs, T. and Reinhardt, J., 2023. The Importance of Adequate Resources and Equipment to Staff Engagement in a Healthcare System. *Innovation in Aging*, 7(Supplement_1), pp.1136-1136.
- Candotti, D., Tagny-Tayou, C. and Laperche, S., 2021. Challenges in transfusion-transmitted infection screening in Sub-Saharan Africa. *Transfusion Clinique et Biologique*, 28(2), pp.163-170.
- Carvajal, B., Hancock, A., Lewney, K., Hagan, K., Jamieson, S. and Cooke, A., 2024. A global overview of midwives' working conditions: A rapid review of literature on positive practice environment. *Women and Birth*, 37(1), pp.15-50.

Cerf, M.E., 2021. Health worker resourcing to meet universal health coverage in Africa. *International Journal of Healthcare Management*, 14(3), pp.789-796.

Creswell, J.W. and Creswell, J.D., 2018. Research Design: Qualitative, Qualitative and Mixed Methods Approaches. (5th Ed). London. *SAGE Publication Inc.*

Creswell, J.W. and Poth, C.N., 2018. Qualitative inquiry and research design: Choosing among five approaches. 4th ed. Sage Publications.

Dartey, A.F., Dzansi, G., Lotse, C.W., Obuobisa, R., Afua Bosu, C.E. and Afaya, A., 2022. Midwives experiences of managing clients with eclampsia in a low resource setting: a qualitative descriptive study. *SAGE Open Nursing*, 8, p.23779608221094542.

Daviaud, E. and Chopra, M., 2008. How much is not enough? Human resources requirements for primary health care: a case study from South Africa. *Bulletin of the World Health Organization*, 86(1), pp.46-51.

Dawson, A.J., Nkowane, A.M. and Whelan, A., 2015. Approaches to improving the contribution of the nursing and midwifery workforce to increasing universal access to primary health care for vulnerable populations: a systematic review. *Human resources for health*, 13(1), p.97.

Doleman, G., De Leo, A. and Bloxsome, D., 2023. The impact of pandemics on healthcare providers' workloads: A scoping review. *Journal of Advanced Nursing*, 79(12), pp.4434-4454.

Dong, E., Liu, S., Chen, M., Wang, H., Chen, L.W., Xu, T., Wang, T. and Zhang, L., 2020. Differences in regional distribution and inequality in health-resource allocation at hospital and primary health centre levels: a longitudinal study in Shanghai, China. *BMJ open*, 10(7), p.e035635.

Duda, S., Warburton, C. and Black, N., 2020. Contextual research. In International Conference on Human-Computer Interaction Interaction, pp. 33-49. Springer, Cham.

Elmdni, A.A.E., 2025. The Impact of Nurse–Patient Ratios on Patient Outcomes in Intensive Care Units. *Nursing in critical care*, 30(3), p.e70054.

Fauk, N.K., Gesesew, H.A., Seran, A.L., Raymond, C., Tahir, R. and Ward, P.R., 2022. Barriers to accessing HIV care services in host low and middle income countries: views and experiences of Indonesian male ex-migrant workers living with HIV. *International Journal of Environmental Research and Public Health*, 19(21), p.14377.

Fedele, R., 2017. The rise of burnout: An emerging challenge facing nurses and midwives. *Australian Nursing and Midwifery Journal*, 25(5), pp.18-23.

Foster, W., McKellar, L., Fleet, J. and Sweet, L., 2022. Moral distress in midwifery practice: A concept analysis. *Nursing ethics*, 29(2), pp.364-383.

Garnelo, L., Parente, R.C.P., Puchiarelli, M.L.R., Correia, P.C., Torres, M.V. and Herkrath, F.J., 2020. Barriers to access and organization of primary health care services for rural riverside populations in the Amazon. *International Journal for Equity in Health*, 19, pp.1-14.

George, L.M., 2021. *A community-based survey in a low-income area of the City of Cape Town of the information contained in the Road-to-Health booklet of children under 5 and their actual health status* (Doctoral dissertation, Stellenbosch: Stellenbosch University).

Gile, P.P., Buljac-Samardzic, M. and Klundert, J.V.D., 2018. The effect of human resource management on performance in hospitals in Sub-Saharan Africa: a systematic literature review. *Human resources for health*, 16(1), pp.1-21.

Girardi, S.N., Stralen, A.C.D.S.V., Cella, J.N., Wan Der Maas, L., Carvalho, C.L. and Faria, E.D.O., 2016. Impact of the Mais Médicos (More Doctors) Program in reducing physician shortage in Brazilian primary healthcare. *Ciencia & saude coletiva*, 21, pp.2675-2684.

Govender, K., Girdwood, S., Letswalo, D., Long, L., Meyer-Rath, G. and Miot, J., 2021. Primary healthcare seeking behaviour of low-income patients across the public and private health sectors in South Africa. *BMC Public Health*, 21(1), p.1649.

Green, J. and Thorogood, N., 2018. *Qualitative methods for health research*. Sage.
Gyawali, B., Khanal, P., Mishra, S.R., van Teijlingen, E. and Wolf Meyrowitsch, D., 2020. Building strong primary health care to tackle the growing burden of non-communicable diseases in Nepal. *Global Health Action*, 13(1), p.1788262.

Halcomb, E., McInnes, S., Williams, A., Ashley, C., James, S., Fernandez, R., Stephen, C. and Calma, K., 2020. The experiences of primary healthcare nurses during the COVID-19 pandemic in Australia. *Journal of Nursing Scholarship*, 52(5), pp.553-563.

Hanranhan, B.A., 2021. An intervention programme to enhance respectful maternity care in labour by midwives in the public midwives' obstetric units in a district in Gauteng (Doctoral dissertation).

Hasan, N., Rana, R.U., Chowdhury, S., Dola, A.J. and Rony, M.K.K., 2021. Ethical consideration in research. *Journal of Nursing Research, Patient Safety and Practice (JNRPS)* 2799-1210, 21 (01), pp.1-4.

Hastings-Tolsma, M., Temane, A., Tagutanazvo, O.B., Lukhele, S. and Nolte, A.G., 2021. Experience of midwives in providing care to labouring women in varied healthcare settings: A qualitative study. *Health SA Gesondheid*, 26(1).

Hills, S., Crawford, K., Lam, L. and Hills, D., 2021. The way we do things around here. A qualitative study of the workplace aggression experiences of Victorian nurses, midwives and care personnel. *Collegian*, 28(1), pp.18-26.

Ishtiaq, M., 2019. Book Review Creswell, J.W., 2014. *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. Thousand Oaks, CA: Sage. *English Language Teaching*, 12(5), p.40.

Ismaila, Y., Bayes, S. and Geraghty, S., 2024. Midwives' experiences of the consequences of navigating barriers to maternity care. *Health Care for Women International*, 45(10), pp.1102-1122.

Jain, U., 2020. Risk of COVID-19 due to shortage of personal protective equipment. *Cureus*, 12(6).

Jeniawaty, S. and Mairo, Q.K.N., 2018. The Analysis of Midwife Workload as an Effort to Improve Performance and Service Quality. *Aloha International Journal of Health Advancement (AIJHA)*, 1(5), pp.105-112.

Kelly, G., Mrengqwa, L. and Geffen, L., 2019. "They don't care about us": older people's experiences of primary healthcare in Cape Town, South Africa. *BMC geriatrics*, 19(1), pp.1-14.

Kloester, J., Willey, S., Hall, H. and Brand, G., 2022. Midwives' experiences of facilitating informed decision-making—a narrative literature review. *Midwifery*, 109, p.103322.

Kokab, F., Jones, E., Goodwin, L., Taylor, B. and Kenyon, S., 2022. Community midwives' views of postnatal care in the UK: a descriptive qualitative study. *Midwifery*, 104, p.103183.
Kumar. R. 2018. Research Methodology: Step by Step Guide for Beginners. (3rd Ed). Londo: SAGE Publishers.

Lahmami, H., 2020. Methodology of social science research, the case of the sociology of action in relation to values. *Revista electrónica interuniversitaria de formación del profesorado*, 23(1).

Langlois, E.V., Barkley, S., Kelley, E. and Ghaffar, A., 2019. Advancing the science and practice of primary health care as a foundation for universal health coverage: a call for papers. *Bulletin of the World Health Organization*, 97(8), p.515.

Langlois, E.V., McKenzie, A., Schneider, H. and Mecaskey, J.W., 2020. Measures to strengthen primary health-care systems in low-and middle-income countries. *Bulletin of the World Health Organization*, 98(11), p.781.

Li, X., Krumholz, H.M., Yip, W., Cheng, K.K., De Maeseneer, J., Meng, Q., Mossialos, E., Li, C., Lu, J., Su, M. and Zhang, Q., 2020. Quality of primary health care in China: challenges and recommendations. *The Lancet*, 395(10239), pp.1802-1812.

Liamputtong, P., 2020. *Qualitative research methods*.

Lim, W.M., Kumar, S. and Ali, F., 2022. Advancing knowledge through literature reviews: 'what', 'why', and 'how to contribute'. *The Service Industries Journal*, 42(7-8), pp.481-513.

Louw, H., 2016. *Factors causing maternal deaths at level one hospital and midwife obstetric units in the Western Cape* (Doctoral dissertation, Stellenbosch: Stellenbosch University).

Lumadi, T.G. and Buch, E., 2011. Patients' satisfaction with midwifery services in a regional hospital and its referring clinics in the Limpopo Province of South Africa. *Africa Journal of Nursing and Midwifery*, 13(2), pp.14-28.

Lumadi, T.G. and Matlala, M.S., 2019. Perceptions of midwives on shortage and retention of staff at a public hospital in Tshwane District. *Curationis*, 42(1), pp.1-10.

Lunda, P., Minnie, C.S. and Lubbe, W., 2024. Perspectives of midwives on respectful maternity care. *BMC Pregnancy and Childbirth*, 24(1), p.721.

M Hegazy, A., M Ibrahim, M. and A Shokry, W., 2022. Nurses' perception of work environment factors and its relation with their work engagement. *Egyptian Journal of Health Care*, 13(1), pp.280-293.

Mahada, T., Tshitangano, T.G. and Mudau, A.G., 2023. Strategies to reduce maternal death rate and improve the provision of quality healthcare services in selected hospitals of Vhembe District Limpopo Province. *Nursing reports*, 13(3), pp.1251-1270.

Mahwasane, T., 2018. *Challenges Encountered by Midwives When Providing Care to Preterm Babies at Selected Hospitals in Mopani District of Limpopo Province, South Africa* (Doctoral dissertation).

Malakoane, B., Heunis, J.C., Chikobvu, P., Kigozi, N.G. and Kruger, W.H., 2020. Public health system challenges in the Free State, South Africa: a situation appraisal to inform health system strengthening. *BMC Health Services Research*, 20, pp.1-14.

Maleta, K.S., 2023. *Evaluation of midwifery practices among registered midwives at Witpoort and Lephalale Hospitals in Limpopo Province, South Africa* (Doctoral dissertation).

Malwela, T. and Maputle, M.S., 2022. The Preterm Birth Rate in a Resource-Stricken Rural Area of the Limpopo Province, South Africa. *Nursing: Research and Reviews*, 12, pp.67-75.

Malwela, T., Maputle, M.S. and Netshisaulu, K.G., 2022. Perceived barriers to the prevention of preterm births in obstetric units of the Limpopo Province, South Africa. *African Journal of Midwifery and Women's Health*, 16(2), pp.1-13.

Mani, T.A., 2020. *Factors contributing to long waiting time at Blouberg Health Centre, Capricorn District, Limpopo Province* (Doctoral dissertation).

Manji, K., Perera, S., Hanefeld, J., Vearey, J., Olivier, J., Gilson, L. and Walls, H., 2023. An analysis of migration and implications for health in government policy of South Africa. *International journal for equity in health*, 22(1), p.82.

Manthata, J.M., 2016. *Challenges Encountered by One-year Diploma student midwives in acquiring clinical skills at selected hospitals in Limpopo Province* (Doctoral dissertation, University of Limpopo).

Maphumulo, W.T. and Bhengu, B.R., 2019. Challenges of quality improvement in the healthcare of South Africa post-apartheid: A critical review. *Curationis*, 42(1), pp.1-9.

Marabele, P.M., Maputle, M.S., Ramathuba, D.U. and Netshikweta, L., 2020. Cultural factors contributing to maternal mortality rate in rural villages of Limpopo Province, South Africa. *International Journal of Women's Health*, 12, p.691.

Masemola, S.O., 2021. *Factors contributing to non-utilization of primary health care services by community in the Greater Tzaneen Municipality, Mopani District* (Doctoral dissertation).

Mashamba, E.K. and Ramavhoya, I.T., 2021. The stress of the midwife: Experiences of advanced midwives working in obstetric emergency units in Johannesburg, South Africa. *African Journal of Reproductive Health*, 25(5), pp.93-104.

Masuwa, R., 2022. *Lived experiences of nurses regarding shortage of medical equipment and supplies in primary healthcare facilities in Makhado Municipality* (Doctoral dissertation).

Mathe, T.L., Downing, C. and Kearns, I., 2021. South African student nurses' role-modelling of caring. *Journal of Professional Nursing*, 37(1), pp.5-11.

Mathebula, M.G., Bopape, M.A., Mutshatshi, T.E. and Ramavhoya, T.I., 2024. Challenges Faced by Midwives who Care for Neonates in Neonatal Intensive Care Units of Public Hospitals in Limpopo Province, South Africa. *The Open Public Health Journal*, 17(1).

Matlala, M.S., 2017. *Perceptions of midwives on the shortage and retention of staff at a public hospital in Tshwane district, Gauteng province* [online]

Matlala, N. T., Malema, R. N., Bopape, M. A., and Mphekgwana, P. M. (2021). The perceptions of midwives regarding factors affecting the provision of quality health care services at selected rural public clinics in the Capricorn district, Limpopo Province. *African Journal of Primary Health Care & Family Medicine*, 13(1), 2830.

Mazwi, R.R., 2020. *Knowledge and practises of midwives regarding the utilization of Cardiotocography in labour units at Mokopane and Voortrekker Hospitals, Waterberg District in Limpopo Province* (Doctoral dissertation).

Meilani, N., Setiyawati, N. and Barasa, S.O., 2019. Midwife's Role in the mother-to-Child Transmission Prevention Program in Primary Health Care in Yogyakarta. *Kesmas: Jurnal Kesehatan Masyarakat Nasional (National Public Health Journal)*, 14(2), pp.88-94.

Mendes, A.P.F. and Bertella, M.A., 2019. Crisis in Sub-Saharan Africa: stagnation and decline in the 1980s. *Modern Economy*, 10(11), pp.2232-2252.

Miller, F.A., Young, S.B., Dobrow, M. and Shojania, K.G., 2021. Vulnerability of the medical product supply chain: the wake-up call of COVID-19. *BMJ quality & safety*, 30(4), pp.331-335.

Mishra, V., Seyedzenouzi, G., Almohtadi, A., Chowdhury, T., Khashkhusha, A., Axiaq, A., Mogakwe, L., Ally, H. and Magobe, N.B., 2020. Facilitating compliance with quality standards at primary health care clinics through adequate health care resources. *Africa Journal of Nursing and Midwifery*, 22(1), pp. 17-pages.

Mohseni, M., Isfahani, H.M., Moosavi, A., Mohammadian, E.D., Mirmohammadi, F., Ghazanfari, F. and Ahmadi, S., 2023. Health system-related barriers to prenatal care management in low-and middle-income countries: a systematic review of the qualitative literature. *Primary Health Care Research & Development*, 24, p.e15.

Mokoena, M.J., 2017. *Perceptions of midwives on the impact of shortage of resources for quality patient care in a public hospital: Limpopo Province* (Doctoral dissertation).

Moller, A.B., Welsh, J., Ayebare, E., Chipeta, E., Gross, M.M., Hounkpatin, H., Kandeya, B., Mwilike, B., Nalwadda, G. and Petzold, M., 2022. Are midwives ready to provide quality evidence-based care after pre-service training? Curricula assessment in four countries—Benin, Malawi, Tanzania, and Uganda. *PLOS global public health*, 2(9), p.e0000605.

Morobe, R.V., Ramavhoya, T.I. and Bopape, M.A., 2024. Midwives' experiences regarding adverse events in obstetric units of the selected district of Gauteng province, South Africa. *African Journal of Reproductive Health*, 28(10), pp.17-27.

Morris, L.D., Grimmer, K.A., Twizeyemariya, A., Coetzee, M., Leibbrandt, D.C. and Louw, Q.A., 2021. Health system challenges affecting rehabilitation services in South Africa. *Disability and Rehabilitation*, 43(6), pp.877-883.

Mortazavi, F. and Ghardashi, F., 2021. The lived experiences of pregnant women during COVID-19 pandemic: a descriptive phenomenological study. *BMC pregnancy and childbirth*, 21(1), p.193.

Mothapo, K.E., 2019. *Enhancing Effective Implementation of Recommendations for the Saving Mothers Report in Maternity Units of Limpopo Province, South Africa* (Doctoral dissertation).

Mothiba, T.M., Skaal, L. and Berggren, V., 2019. Listen to the midwives in Limpopo Province South Africa: An exploratory study on maternal care. *The Open Public Health Journal*, 12(1).

Mousazadeh, S., Yektatalab, S., Momennasab, M. and Parvizi, S., 2019. Job satisfaction challenges of nurses in the intensive care unit: A qualitative study. *Risk Management and Healthcare Policy*, pp.233-242.

Moyo, I., Mgozeli, S.E., Risenga, P.R., Mboweni, S.H., Tshivhase, L., Mudau, T.S., Ndou, N.D. and Mavhandu-Mudzusi, A.H., 2022, January. Experiences of nurse managers during the COVID-19 outbreak in a selected district hospital in Limpopo province, South Africa. In *Healthcare* (Vol. 10, No. 1, p. 76). Multidisciplinary Digital Publishing Institute.

Mselle, L., Sirili, N., Anaali, A. and Massawe, S., 2021. Understanding barriers to implementing referral procedures in the rural and semi-urban district hospitals in Tanzania: Experiences of healthcare providers working in maternity units. *Plos one*, 16(8), p.e0255475.

Mukwena, N.V. and Manyisa, Z.M., 2022. Factors influencing the preparedness for the implementation of the national health insurance scheme at a selected hospital in Gauteng Province, South Africa. *BMC Health Services Research*, 22(1), p.1006.

Mulondo, S.A., 2020. Factors associated with underutilization of antenatal care services in Limpopo, South Africa. *British Journal of Midwifery*, 28(11), pp.788-795.

Muthelo, L., Moradi, F., Phukubye, T.A., Mbombi, M.O., Malema, R.N. and Mabila, L.N., 2021. Implementing the ideal clinic program at selected primary healthcare facilities in South Africa. *International Journal of Environmental Research and Public Health*, 18(15), p.7762.

National Academies of Sciences, Engineering, and Medicine, 2018. Factors that affect health-care utilization. In *Health-Care Utilization as a Proxy in Disability Determination*. National Academies Press (US).

Ndikom, C.M. and Onibokun, A., 2007. Knowledge and behaviour of nurse/midwives in the prevention of vertical transmission of HIV in Owerri, Imo State, Nigeria: a cross-sectional study. *BMC nursing*, 6, pp.1-9.

Netshisaulu, K.G., Malelelo-Ndou, H. and Ramathuba, D.U., 2019. Challenges experienced by health care professionals working in resource-poor intensive care settings in the Limpopo province of South Africa. *Curationis*, 42(1), pp.1-8.

Ngwenya, M.W., Muthelo, L., Rasweswe, M.M. and Mothiba, T.M., 2025. Midwives' Practice Challenges in Triaging Expectant Mothers: A Qualitative Study in Mpumalanga Maternity Units, South Africa. *Frontiers in Medicine*, 12, p.1610724.

Ngxongo, T.S.P., 2018. Basic antenatal care approach to antenatal care service provision. In *Selected Topics in Midwifery Care*. IntechOpen.

Nove, A., Friberg, I.K., De Bernis, L., McConville, F., Moran, A.C., Najjemba, M., Ten Hoop-Bender, P., Tracy, S. and Homer, C.S., 2021. Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths: a Lives Saved Tool modelling study. *The Lancet Global Health*, 9(1), pp.e24-e32.

Nwanamidwa, R.A., 2024. *Challenges midwives experience caring for mechanically ventilated women in a labour ward of a public tertiary hospital* (Doctoral dissertation, University of Pretoria).

- Ogueji, I.A., Motajo, O.O., Oduola, A.B. and Rodrigues, E.M., 2024. " Unequipped health facilities offering services": understanding the health system factors driving medical negligence among health care providers in Nigeria. *Current Psychology*, 43(41), pp.32188-32199.
- Oluoch, D.A., Mwangome, N., Kemp, B., Seale, A.C., Koech, A., Papageorgiou, A.T., Berkley, J.A., Kennedy, S.H. and Jones, C.O., 2015. "You cannot know if it's a baby or not a baby": uptake, provision and perceptions of antenatal care and routine antenatal ultrasound scanning in rural Kenya. *BMC pregnancy and childbirth*, 15(1), p.127.
- Perriman, N., Davis, D.L. and Ferguson, S., 2018. What women value in the midwifery continuity of care model: A systematic review with meta-synthesis. *Midwifery*, 62, pp.220-229.
- Phuong, J.M., Penm, J., Chaar, B., Oldfield, L.D. and Moles, R., 2019. The impacts of medication shortages on patient outcomes: a scoping review. *PLoS one*, 14(5), p.e0215837.
- Plemmons, A., Shakya, S., Cato, K., Sadarangani, T., Poghosyan, L. and Timmons, E., 2023. Exploring the relationship between nurse practitioner full practice authority, nurse practitioner workforce diversity, and disparate primary care access. *Policy, Politics, & Nursing Practice*, 24(1), pp.26-35.
- Prullage, G.S., Kenner, C., Uwingabire, F., Ndayambaje, A., Boykova, M. and Walker, K., 2022. Survey of neonatal nursing: Staffing, education, and equipment availability in Rwanda. *Journal of Neonatal Nursing*, 28(3), pp.192-199.
- Quan, C.E., Bustos Sanabria, G.J., Culumber, J., Hammond, R.W. and Sanchez-Gonzalez, M.A., 2024. Impact of provider burnout on the quality of healthcare services: A brief review. *Journal of Preventive and Complementary Medicine*, 3(2), pp.103-109.
- Rae, P.J., Pearce, S., Greaves, P.J., Dall'Ora, C., Griffiths, P. and Endacott, R., 2021. Outcomes sensitive to critical care nurse staffing levels: A systematic review. *Intensive and Critical Care Nursing*, 67, p.103110.
- Rahman, M.M., Tabash, M.I., Salamzadeh, A., Abduli, S. and Rahaman, M.S., 2022. Sampling techniques (probability) for quantitative social science researchers: a conceptual guidelines with examples. *Seeu Review*, 17(1), pp.42-51.
- Raqib, C., 2019. Embarking on research in the social sciences: Understanding the foundational concepts. *VNU Journal of Foreign Studies*, 35(1).
- Ramadhani, M. and Rukaiyah, R., 2025. Analysis of the Causes of High Maternal Mortality Rates in Hospitals: Contributing Factors and Solutions for Improvement. *International Journal on ObGyn and Health Sciences*, 3(2), pp.49-59.
- Rariden, C., SmithBattle, L., Yoo, J.H., Cibulka, N. and Loman, D., 2021. Screening for adverse childhood experiences: literature review and practice implications. *The Journal for Nurse Practitioners*, 17(1), pp.98-104.
- Ravindran, V., 2019. Data analysis in qualitative research. *Indian Journal of Continuing Nursing Education*, 20(1), p.40.
- Rifkin, S.B., 2018. Alma Ata after 40 years: Primary Health Care and Health for All—from consensus to complexity. *BMJ global health*, 3(Suppl 3), p.e001188.

Roostenburg, W.J.H., Strydom, H. and Fouché, C.B. eds., 2021. *Research at grass roots: For the social sciences and human services professions*. Van Schaik Publishers.

Rosa, W., 2018. Transcultural holism: A global literacy for health and well-being. *Beginnings*, 38(2), pp.12–15.

Rosa, W., Coach, C., Horton-Deutsch, S. and Watson, J. eds., 2018. *A handbook for caring science: Expanding the paradigm*. Springer Publishing Company.

Rosa, W.E., Dossey, B.M., Watson, J., Beck, D.M. and Upvall, M.J., 2019. The United Nations sustainable development goals: the ethic and ethos of holistic nursing. *Journal of Holistic Nursing*, 37(4), pp.381-393.

Russell, G., Thille, P., Hogg, W. and Lemelin, J., 2008. Beyond fighting fires and chasing tails? Chronic illness care plans in Ontario, Canada. *The Annals of Family Medicine*, 6(2), pp.146-153.

Sahoo, K.C., Negi, S., Patel, K., Mishra, B.K., Palo, S.K. and Pati, S., 2021, June. Challenges in maternal and child health services delivery and access during pandemics or public health disasters in low-and middle-income countries: a systematic review. In *Healthcare* (Vol. 9, No. 7, p. 828). MDPI.

Sandall, J., Soltani, H., Gates, S., Shennan, A. and Devane, D., 2016. Midwife-led continuity models versus other models of care for childbearing women. *Cochrane database of systematic reviews*, (4).

Scott, P.A., Harvey, C., Felzmann, H., Suhonen, R., Habermann, M., Halvorsen, K., Christiansen, K., Toffoli, L. and Papastavrou, E., 2019. Resource allocation and rationing in nursing care: A discussion paper. *Nursing ethics*, 26(5), pp.1528-1539.

Sekwati, Y.J., 2021. *Midwives' Views Regarding Birth Companionship During Childbirth in Designated Primary Healthcare Facilities In Limpopo Province* (Master's thesis, University of Pretoria (South Africa)).

Shakibazadeh, E., Namadian, M., Bohren, M.A., Vogel, J.P., Rashidian, A., Nogueira Pileggi, V., Madeira, S., Leathersich, S., Tunçalp, Ö., Oladapo, O.T. and Souza, J.P., 2018. Respectful care during childbirth in health facilities globally: a qualitative evidence synthesis. *BJOG: An International Journal of Obstetrics & Gynaecology*, 125(8), pp.932-942.

Shiviti, M.P., 2020. *Work Related Stress Amongst Nurse Managers in a Rural District Hospital in Limpopo Province* (master's thesis, University of Pretoria (South Africa)).

Sidibe, C.S., 2024. Midwifery and training in Mali:: How do changes in midwifery education programmes influence midwives' careers in maternal health?.

Simane-Netshisaulu, K. G., Maputle, M. S., Netshikweta, M. L., & Shilubane, H. (2023). Mentorship during the transition period: a challenge for newly qualified midwives in Limpopo Province. *BMC Nursing*.

Simane-Netshisaulu, K.G., 2022. Student to midwife transition: Newly qualified midwives' experiences in Limpopo province. *Health SA Gesondheid (Online)*, 27, pp.1-6.

Singh, R., Singh, H., Singh, A., Prashar, N. and Lachyan, A., 2025. Advancing maternal and child health: A comprehensive analysis of United Nations' sustainable development goals. *Majmaah Journal of Health Sciences*, 13(1), pp.88-88.

- Skinner, C., 2020. Quantitative research. In *Handbook for research students in the social sciences* (pp. 215-224). Routledge.
- Snyder, H., 2019. Literature review as a research methodology: An overview and guidelines. *Journal of business research*, 104, pp.333-339.
- Stone, K., Traynor, M., Gould, D. and Maben, J., 2011. The management of poor performance in nursing and midwifery: a case for concern. *Journal of nursing management*, 19(6), pp.803-809.
- Subramaniyan, G., 2022. Role of Nurses in Midwifery and Obstetrical Nursing. *Journal of Nursing Practices and Research*, 1(2), pp.14-17.
- Summerton, J.V., Mtileni, T.R. and Moshabela, M.E., 2021. Experiences and perceptions of birth companions supporting women in labour at a District Hospital in Limpopo, South Africa. *curationis*, 44(1), pp.1-7.
- Supady, A., Curtis, J.R., Abrams, D., Lorusso, R., Bein, T., Boldt, J., Brown, C.E., Duerschmied, D., Metaxa, V. and Brodie, D., 2021. Allocating scarce intensive care resources during the COVID-19 pandemic: practical challenges to theoretical frameworks. *The Lancet Respiratory Medicine*, 9(4), pp.430-434.
- Thipanyane, M.P., Nomatshila, S.C., Oladimeji, O. and Musarurwa, H., 2022. Perceptions of pregnant women on traditional health practices in a rural setting in South Africa. *International journal of environmental research and public health*, 19(7), p.4189.
- Thopola, M.K. and Lekhuleni, M.E., 2015. Challenges experienced by midwifery practitioners in the midwifery practice environment of Limpopo Province, South Africa: maternal and childcare. *African Journal for Physical Health Education, Recreation and Dance*, 21(sup-1), pp.498-513.
- Thopola, M.K. and Lekhuleni, M.E., 2019. Impediments of optimal midwifery experiential learning environments in maternity units of public hospitals. *of*, 5, p.2.
- Timans, R., Wouters, P. and Heilbron, J., 2019. Mixed methods research: what it is and what it could be. *Theory and Society*, 48, pp.193-216.
- Tshilombo, T.S., 2021. *Challenges and Solutions of Shortage of Essential Drugs, Supplies and Equipment at the Emergency Department of CHUK: A mixed method Study* (Doctoral dissertation, University of Rwanda).
- Tuoma, N., 2021. Evaluation of Quality of Nursing Care Services Provided to Children under Five Years Based on Integrated Management of Child Health at Primary Health Care Centers in Baquba City. *Iraqi National Journal of Nursing Specialties*, 34(1), pp.1-10.
- Turner, L., Griffiths, P. and Kitson-Reynolds, E., 2021. Midwifery and nurse staffing of inpatient maternity services—a systematic scoping review of associations with outcomes and quality of care. *Midwifery*, 103, p.103118.
- Twigg, D.E., Kutzer, Y., Jacob, E. and Seaman, K., 2019. A quantitative systematic review of the association between nurse skill mix and nursing-sensitive patient outcomes in the acute care setting. *Journal of advanced nursing*, 75(12), pp.3404-3423.
- Ugwu, C.N., Ugwu, O.P.C., Alum, E.U., Eze, V.H.U., Basajja, M., Ugwu, J.N., Ogenyi, F.C., Ejemot-Nwadiaro, R.I., Okon, M.B., Egba, S.I. and Uti, D.E., 2025. Sustainable development

goals (SDGs) and resilient healthcare systems: Addressing medicine and public health challenges in conflict zones. *Medicine*, 104(7), p.e41535.

Vayo, A.B., 2025. "Why Would I Go Back There?": Medical Mistrust and the Problem of Maternal Mortality. *Law & Policy*, 47(1), p.e12258.

Walker, K., 2020. Purposive sampling: complex or simple? Research case examples. *Journal of research in Nursing*, 25(8), pp.652-661.

Who.int. WHO, Key Concepts. [online]; 2020. Available from: https://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/. Accessed 22October 2020

Wibbelink, M., James, S. and Thomson, A.M., 2022. A qualitative study of women and midwives' reflections on midwifery practice in public maternity units in the Eastern Cape, South Africa. *African Journal of Midwifery and Women's Health*, 16(2), pp.1-14.

Winkler, L.L., Toft, U., Glümer, C., Bloch, P., Buch-Andersen, T. and Christensen, U., 2023. Involving supermarkets in health promotion interventions in the Danish Project SoL. A practice-oriented qualitative study on the engagement of supermarket staff and managers. *BMC Public Health*, 23(1), p.706.

Wong, W.Y.E. and Harky, A., 2021. Health inequalities during COVID-19 and their effects on morbidity and mortality. *Journal of healthcare leadership*, 13, p.19.

World Health Organization, 2024. *Transitioning the midwifery models of care: global position paper*. World Health Organization.

Yao, X., Shan, S.S., Li, Y.H., Ding, L.J., Wan, Y., Zhao, Y.Y. and Huang, R., 2024. Roles and challenges encountered by midwives in the management of postpartum haemorrhage following normal vaginal delivery: A scoping review. *Nursing open*, 11(6), p.e2221.

Yared, G., Madi, N., Barakat, H., El Hajjar, C., Al Hassan, J., Nakib, H. and Ghazal, K., 2024. Uterine sacrifice in obstetric emergencies case series: Complex cases of fetal distress, labor challenges, and life-saving interventions. *SAGE Open Medical Case Reports*, 12, p.2050313X241261487.

Zalamar, M., 2024. *The impact of nurse-to-patient ratio on patient outcomes and quality of care: a healthcare policy analysis and advocacy* (Doctoral dissertation, Jacksonville University).

Zuma, S.M., 2022. Assessment of medicine stock-outs challenges in public health services. *Africa's Public Service Delivery & Performance Review*, 10(1), p.6

APPENDIX A: ETHICAL CLEARANCE

ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms FG Mukwevho

STUDENT NO:
21016986

PROJECT TITLE: **Impact of shortage of resources in the midwifery units of Capricorn district, Limpopo Province.**

ETHICAL CLEARANCE NO: **FHS/23/PDC/07/3011**

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr KG Netshisaulu	UNIVEN, advanced nursing science	Supervisor
Dr SA Mulondo	UNIVEN, advanced nursing science	Co-Supervisor
Ms FG Mukwevho	UNIVEN, advanced nursing science	Investigator – Student

Type: **Masters Research**

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

Approval Period: **October 2023 – October 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 deviated 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: **October 2023**

Name of the HCTREC Chairperson of the Committee: **Prof MS Maputle**

Signature

MS Maputle



APPENDIX B: PERMISSION REQUISITION

Department of Health: Capricorn District

District Manager

P/Box

Polokwane

0700

Dear Sir/Madam

Request for permission to conduct the study at Primary health care facilities (PHC)

I, Mukwevho Fhedzisani Glacia, student number 21016986, Master in Nursing at the University of Venda, Department of Nursing Science, hereby request permission to conduct a study entitled: Impact of shortage of resources in the midwifery units of the selected Primary health care facilities of Blouberg Local municipality Capricorn District in Limpopo Province.

The purpose of this study is to get an in-depth understanding of the Impact of the shortage of resources in the midwifery units. This study is for academic purposes; no names of the participants will be published, and the participants will be anonymous, as indicated in the study consent form. However, this study will also help midwives to have new skills on how to help patients and other staff members when they have challenges that affect them emotionally because of work-related problems or experiences.

The study will be conducted in the health care facilities selected at Blouberg municipality, Capricorn district, Limpopo province. Midwives and midwives with 2 years of experience working in midwifery units working in the selected healthcare facilities will be participating in this study. Therefore, the researcher will only focus on 30 Midwives who will be selected for the interviews, and the interviews consist of four major subjects. If the participant feels withdrawn during the process, they can do so. Note that all information gathered in this study will be kept confidential, and privacy will also be ensured.

For more information, contact the researcher on this cell number. 072 853 6062

Yours sincerely

Mukwevho Fhedzisani Glacia

APPENDIX C: DEPARTMENTAL PERMISSION LETTER



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

Ref : LP_2024-01-009
Enquires : Legodi P
Tel : 015-293 6028/6410
Email : Malesela.Legodi@dhsd.limpopo.gov.za

MUKWEVHO FHEDZISANI GLACIA

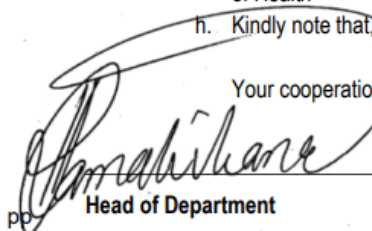
PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

Your Study Topic as indicated below;

**IMPACT OF SHORTAGE OF RESOURCES IN THE MIDWIFERY UNITS OF CAPRICORN DISTRICT,
LIMPOPO PROVINCE**

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
 - a. Present this letter of permission to the Office of District Executive Manager a week before the study is conducted.
 - b. This permission is **ONLY** for Blouberg CHC; De vrede Clinic; Kromhoek Clinic Ratshaatshaa CHC.
 - c. In the course of your study, there should be no action that disrupts the routine services or incur any cost on the Department.
 - d. After completion of study, it is mandastory that the findings should be submitted to the Department to serve as a resource.
 - e. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
 - f. **The approval is only valid for a 1-year period.**
 - g. If the proposal has been amended, a new approval should be sought from the Department of Health
 - h. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.


Head of Department

5/2/2024

Date

Private Bag X9302, Polokwane 0700
Fidel Castro Ruz House, 18 College Street, Polokwane 0700
Tel: 015 293 6000. Fax: 015 293 6211. Website: www.doh.limpopo.gov.za

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APPENDIX D: PROVINCIAL PERMISSION LETTER



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH CAPRICORN DISTRICT

REF : S.5/3/1/2
ENQ : Makgaloa M.O
TEL : 015 290 9252

FROM: DISTRICT EXECUTIVE MANAGER

TO : Ms. Fhedzisani Glacia Mukwevho- Student No: 21016986
University of Venda
Private Bag X 5050
Thohoyandou
0950

EMAIL: Glaciemukwevho@yahoo.com

SUBJECT: PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL
FACILITIES: YOURSELF

The above matter refers: -

1. Permission to conduct the above research is hereby granted.
2. Kindly be informed that:
 - In the course of your research there should be no action that disrupts the services.
 - Kindly note that the Department can withdraw the approval at any time.
 - The approval is only valid for a 1-year period.
3. Your cooperation will be highly appreciated.


DISTRICT EXECUTIVE MANAGER

12-03-2024
DATE

Private Bag x9530, Polokwane, 0700, 34 Hans Van Resenberg ST, Polokwane 0700
Tel: (015) 290 9000, Fax: (015) 291 3260/1568 Website: <http://www.limpopo.gov.za>

APPENDIX E: LETTER OF INFORMATION

LETTER OF INFORMATION

Title of the Research Study: Impact of shortage of resources in the midwifery units of Capricorn district in Limpopo province.

Principal Investigator/s/ researcher: Dr Netshisaulu KG

Co-Investigator/s/supervisor/s: Dr Mulondo S.A

Brief Introduction and Purpose of the Study: Background: Healthcare facilities in many countries worldwide are faced with a crisis of shortage of resources in midwifery units; this includes South Africa with its own district healthcare facilities.

Purpose: This study aims to describe the impact of a shortage of resources in the midwifery units of Blouberg local municipality in Capricorn district, Limpopo province.

Outline of the Procedures :

This study will follow a qualitative research approach, which is exploratory, descriptive and contextual. The study will be conducted in the Blouberg local municipality of the Capricorn district, Limpopo Province. All midwives from the selected facilities will make up the population of this study. A non-probability purposive sampling method will be used to sample 30 midwives with a minimum of 2 years of experience working in the midwifery units; 10 will be from each community health centre and five from each clinic. A non-probability purposive sampling method will also be used to select four primary healthcare facilities; two community health centres, a community health centre and two clinics with high delivery rates will be selected. Statistics from the District Health Information System will serve as a confirmation of the delivery rates. An ethical clearance certificate will be obtained from the ethical research committee of the University of Venda. Permission to conduct the study will also be obtained from Limpopo, the facility managers, and the Capricorn District Department of Health. Trustworthiness measures will be ensured, including informed consent, privacy, confidentiality, autonomy, no participant harm, and beneficence. Pre-testing will be conducted to test the validity of the interview guide before the actual study is conducted. Semi-structured interview guides will be used in data collection, and an audio recorder will capture participants' responses. Observations will be used to capture nonverbal cues from the participants. Thematic analysis will be used in data analysis.

Risks or Discomforts to the Participant: This study follows a non-invasive procedure during data collection. Interviews will be used in data collection.

Benefits: The study intends to provide an in-depth understanding of the impact of a shortage of resources in the midwifery units of Capricorn district, Limpopo Province.

Reason/s why the participant may withdraw from the study: Participants may withdraw from this study when they indicate that they no longer want to be a participant.

Remuneration: No remuneration

Costs of the Study: The participants will not be expected to cover any costs

Confidentiality: Participant's identities will be kept confidential; numbers will be used when referring to participants. The researcher will not address the participants using their real names. Thus, the participants will be referred to using numbers. For example, the first participant will be referred to as #01. The information gathered from the participants will not be published for any other use besides the purpose of the study.

Research-related Injury: No research-related injuries are expected from this study.

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

(Please get in touch with the researcher (glaciemukwevho@yahoo.com), my supervisor (Khathu.Netshisaulu@univen.ac.za) or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director of 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, (Glacia Mukwevho), 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 the course of this research, which may relate to my participation will be made available to me.

Full Name of Participant

Date

Time

Signature

I.....

Glacia Mukwevho 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 using appropriate language (grade 10 level- use Flesch Reading Ease Scores on Microsoft Word), selecting 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 thumbprint 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 must be completed. The incomplete original document must 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 F: INTERVIEW GUIDE

Impact of shortage of resources in the midwifery units of Capricorn district, Limpopo Province

Section A: Demographic Information

Age _____

Gender _____

Facility name _____

Position _____

Work experience _____

Section B: The importance of importance of having adequate resources in the midwifery units

Facility management

- Does this facility have a manager?
- What is your perception of the facility's management of midwifery units?

Midwives working conditions

- What are your duties in this facility?
- How are your shifts structured?
- How many midwives work in the midwifery units per shift?
- When last did you attend training?
 - What was the training about?
- Is there a full-time administrative office in the facility?
 - If not, do you have to conduct admin work (ordering, equipment maintenance, paperwork on top of nursing work?)

Facility Resources

- What are the services offered in the midwifery units of this facility?
- How many beds do you have available for delivery?
- What is the number of deliveries per year?
- Do you have an ambulance in the facility for emergencies?
 - If not, how do you deal with a situation whereby a patient needs to be transported to a hospital, for instance?
- What kind of care is given to pregnant women on their first visit to this facility?
- What information do you share with pregnant women in the facility?
- Are there adequate resources for ANC, such as a BP machine, weighing scale, incubators and iron supplements?
- If not, how is the ANC conducted?
- Which of these healthcare workers are found in this facility (Matron, midwives-nurses, assistants, pharmacy personnel, Doctor)
- Does the facility have the full equipment needed for delivery?
 - What is the delivery equipment used in this facility?

Section C: Effects of resource scarcity midwives

- Are you mostly exhausted during shifts?
 - What is causing the exhaustion?
 - How do you handle the exhaustion?
- Have there been complaints from patients about the midwifery units?
 - If yes, what are the complaints about?
 - How have the complaints been dealt with?
- How would you rate your service provision on a scale of 1-10
 - If less than 5, what is the cause?
- Where do you report the shortage of resources?
- How has the response been from the facility manager and patients towards the shortage of resources-related issues?
- What do you do when you cannot assist a patient due to a shortage of resources?
- Have you sent a patient away due to a shortage of resources?
 - If yes, how often does this happen?

APPENDIX G: SAMPLE OF THE TRANSCRIPTS

Participant 1: Facility A

Introductions

Mukwevho F.G: Ndi matsheloni

#001: Ndi matsheloni a vhuḍi

Mukwevho F.G: Vho vuwa hani?

#001: Ro vuwa zwavhudi ri vhudzisa ngeyo

Mukwevho F.G: Sa zwe ra amba. Nne ndoda, ndi nne vho Mukwevho ndi shuma Tshilwavhusiku Health center sa local area manager. Ndi di vha na minwaha minzhi nyana hafha kha Nursing, since 1997. So, I am here at Facility A health centre to conduct my study through University of Venda. So, Facility A as one of the facilities dzine ndo dzi khetha to collect the study.

So, the topic of my study is **“Impact of shortage of resources in the midwifery unit of Capricorn district, Limpopo province”**. Facility A is under Capricorn district, so I am going to interview you; but I want to assure you that we will record this interview, and this interview is not going to be shared with anyone. It is going to be safe, and your name is not going to appear on the interview; it is anonymous.

So nda khou toda u vha sumbedzisa uri before we continue, vhone vha ntsainele consent form. Vha khou tendelana nazwo?

#001: Ee, ndi khou tendelana nazwo

Mukwevho F.G: Okay, ndi khou livhuwa, consent ndi ya u tou sumbedza uri nne thin go tou zwiita nga inwe ndila. Vhone ro tendelana, and all the information ndo vha talutshedza uri heyi procedure I khou do tou tshimbilisa hani.

#001: (hmmmmm, indicating agreement).

Mukwevho F.G: So, ndi na mbudziso dza four hafha fhethu, dzine nda khou humbela uri vhone vha do mphindula dzone.

#001: Okay

Mukwevho F.G: Ndi tshi khou tenda, ndi khou vhona uri ri fhethu hune ahuna na phosho na nthihi, ro dzula zwavhudi, ri na privacy yothe yo fhelelaho.

#001: Ee

Mukwevho F.G: So, the first question yo ima nga heyi ndila, uri:

What are the effects of shortage of staff in the midwifery unit of your facility?

#001: Mmmm, okay

The effect, how does the shortage of staff affect your daily activities?

Okay, hmmm, I understand uri as the department, they have a policy in terms of staffing and allocation of workload in the midwifery units. So, you will find uri there are lot of work that needs a certain number of professionals in that unit on that day. So, the moment we have shortage of staff, you will see that it can have an impact on someone physically. The professional needs to cover for others, those who are contributing on the shortage of staff.

And the second thing is that some of the decisions that you will make, you might make them look at the number of people you want to see in that unit. Maybe you just want the work to continue. You will find that some of the decisions you are making, in terms of diagnosing and everything, it needs someone to also ehmmmm, a second opinion. But you are on your own and you are looking at a patient and maybe if there was somebody else, they would have treated the patient better. That is where we will have unnecessary transfers. Yah, you will find uri some other patients would have been treated locally, there was no need for them to be transferred to a second level of care.

Mukwevho F.G: So, like today, you told me that you are only two on duty.

#001: Yes, yes

Mukwevho F.G: So, how does it affect you?

#001: It affects us badly a lot, because first of all, maternity sections need two midwives. Like daily, there has to be two midwives on duty for the day. Yah so, it's only the two of us. There is OPD and there is maternity. Then now, we are short. We short one in maternity, we short other one in the OPD section, so here in maternity, you will find uri you are overworked. There is women who are in labour, ANC, and women who came for Antenatal. And it is only about consulting the patient, there are some activities that you have to do in antenatal care. Like, they need health classes, so when you are alone, you have ten patients for ANC, you have one patient who is in

labour. You see uri the work won't go well for that day. The interruptions, some of the classes maybe you want to do an ANC class with a patient. You will just touch them, touch them, you will be in a hurry. So that you can come and monitor the patient this side, then you will find uri maybe you are alone. You will see uri no, I cannot take care of the patient who is in labour and those patients for ANC, and those that brought children for immunization.

Mukwevho F.G: The other one, you want to indicate to me that, in case of emergency, it is a difficult situation to attend.

#001: Yes, it is a difficult situation to attend, that can result to fatal of the patient or injury of the other patient. You might end up losing a patient, because you are alone, and you are facing a lot of responsibilities of that day. So, for one person it is too much, you would find uri for that day, you have worked too much and the following day you, wake up in the morning and you are not feeling well. Now it's a contribution to another absenteeism, it's now more shortage to more shortage.

Mukwevho F.G: Okay, I understand uri yes you have shortage of staff and its effects. So, another question is:

What are the effects of unavailability of equipment in the midwifery unit of your facility?

#001: Okay, ehyyy yah. first thing will be comfortable area for the patient, you will find that the beds we are using to deliver patients they are very much old. They can be broken at any time, when the woman she is in labour, it is hard for her to cooperate to the words that we are saying to her. You find that maybe the bed is old and those kinds of things. And then, the other thing is availability of obstetric ambulance you know we are in a remote area.

Mukwevho F.G: Yes

#001: This place is very far from the hospital that we refer to, so sometimes not having that obstetric ambulance like locally here, where it is only dealing with maternity only, is also a problem. Because you find that maybe there is a baby or premature baby, you to refer to the hospital. You need those incubators and everything. From here we wait for an ambulance from Polokwane, that is more than 150 km's away from here. Waiting for the ambulance to fetch the premature baby, that one is also impact us badly.

Mukwevho F.G: Okay, so, thank you very much for that respond in regard to unavailability of equipment. So, another question is that:

Do you think it's important to have adequate staff member in your midwifery unit? And give the reason.

#001: Yah, okay ehhhh midwifery on its own when we were being taught about midwifery it's a closed book, nobody knows everything. So, it's necessary in the unit to have adequate staff for that day. Uri when you find something on the patient, this one can give you a second opinion. If maybe you are more than two, more than three it will be very very much useful, because there is lots of ideas there. You are not just on your own, you are able to communicate with someone to say come and help here, come, and confirm here. Then the service to the patient will be very much good and quality.

Mukwevho F.G: Okay, in other words your reason is that for you to have adequate staff in the midwifery unit, you will help each other maybe by confirming each other.

#001: Yah

Mukwevho F.G: Uri what I see, is it what you see naa?

#001: Yah

Mukwevho F.G: And maybe it will improve the quality of service.

#001: Yes, it will improve the quality of service to the patient, yah.

Mukwevho F.G: Okay thank you, so another question is that:

Do you think it's good to have enough equipment that is in good enough order, in the midwifery unit? And please give me the reason why.

#001: Yah, so here is Facility A, I will go back again, so this health centre is in a remote area, in a village. This area is rural and disadvantaged, so if we have enough equipment which are in good working order, it will be good for the services to the patients. First of all, most of the people here, they don't work very well, they work in the farms and everything. So, in terms of finance, it will be good for them because we are not going to send them to hospital. Where they will have to come back with their own money.

Mukwevho F.G: Yes

#001: A lot of services, we will do them locally, and they will be sent home. When they come here for review, there is no need for them to go to hospital. It will also be good for the department of emergency ambulances. There will be no more, too much needed transportation of patients that

side. So, lots of things we will do them locally here. I think that will improve a lot in terms of service rendering and in terms of minimizing the use of ambulances.

Mukwevho F.G: In other words, you are trying to say, if you have enough equipment, and equipment that are in good condition; ehhhh as you are working in a remote area it will help the patient. Maybe because you are indicating that some of reason for transferring the patient is because the resources that you have, they are not in good condition. And sometimes, you don't even have those resources. So, what can you suggest on that?

#001: Ummm, I think first of all, there must be availability of skilled personnel locally.

Mukwevho F.G: Okay

#001: And then followed by the equipment that needs to be used by them locally. Which are in good conditions, then we can win this fight.

Mukwevho F.G: ***In terms of skills that the nurses are having at Facility A, do you think it's enough, enough nurses who are having skills like advanced midwifery, eh experience. Do you think it's enough?***

#001: No. no. no. in terms of personnel with adequate skills, in maternity, in midwifery it's not enough because we only have one advanced midwifery. For now, she is no longer come, her responsibility is to now supervise us. Even though she does come and help, but she is too much in the office now. She is no longer into the patient and everything, so even in the office. There is lot of work, you will find uri they are attending meetings far away from here and then you have a patient where you need an advanced midwifery to come and help you. So, in terms of skilled personnel, it's not enough, we still need skilful personnel here in Facility A and the equipment we still need them'

Mukwevho F.G: As you have indicated, uri she is no longer doing the nurses duties but with skills. And obvious if you are a manager, you don't work shifts. You only work office hours, where you find uri on weekends, 1 o'clock Friday she is not available. So how does this impact you in terms of midwifery, maybe you are attending an emergency that needs that skill. It means that you don't have someone with midwifery skills.

#001: Yah, for that time, no one. We will only be communicating with the Doctors in the hospital via phone call, so it might happen uri sometimes the Doctor who is on call. The phone maybe has a problem, there is a problem of network too much that side of (vanelvaal). So, you will find uri

you can't find that person, so the manager is not here, and the skilled person is also not here. You are just there with the patient on a phone call, so it's also stressful.

Mukwevho F.G: Thank you very much. I think through this interview or the study that we are conducting. It can change this situation of shortage of staff and resources.

#001: Yes

Mukwevho F.G: Thank you very much for your time that you gave me to conduct the study.

#001: You are welcome

Participant 4: Facility C

Mukwevho FG: Thobela

#004: Ahe

Mukwevho FG: Lekae?

#004: Re hona , le kae?

Mukwevho FG: Re hona, Ke nna Vho Mukwevho akere

#004: Okay

Mukwevho FG: Ke nna student wa mo University of Venda. I am doing my Masters with the University of Venda.

#004: Okay

Mukwevho FG: So, as I have already indicated to you that I will come and collect data from you guys. So, today ke tšatši la hona akere?

#004: Ee

Mukwevho FG: Which language do you prefer?

#004: English and Pedi

Mukwevho FG: Okay, we will be mixing akere? Okay, I am doing my research with the University of Venda. So, I am here to collect the data. Okay. The topic....my topic is impact of shortage of resources in the midwifery unit of Capricorn district, Limpopo Province.

#004: Okay

Mukwevho FG: And then one of my facilities where I am collecting the data is Kromhoek clinic

#004: Okay

Mukwevho FG: And then, that's why ke tlile mo today. So, I want to assure you gore, eh, this recording is going to be confidential

#004: Okay

Mukwevho FG: I am not going to share it with anyone, so re ka si boleli di taba tzha hao. We are not going to record your name; it will be anonymous to protect you akere?

#004: Yes

Mukwevho FG: The purpose of collecting this data is to research, so that the problems di be resolves tzhe ile hore le na le tzhona, akere?

#004: Okay

Mukwevho FG: So, you must feel free during this interview, and where you do not understand, you can ask me any question.

#004: Horyt

Mukwevho FG: Okay and then kena le question tzhe 4 which I am going to ask you; but before we can proceed as I have indicated that you will need to give me the consent. You will sign the consent.

#004: Okay, yes

Mukwevho FG: And then, eh, I have already indicated to you that my topic ke impact ya shortage ya resources in the midwifery unit. Akere clinic a lena ba a beleisha?

#004: Yes

Mukwevho FG: Hu ra hu re le yona I na le unit ya midwifery, where you deliver, you attend the ANC, whatever that is related to the maternity cases akere.

#004: Yes

Mukwevho FG: Okay, so as I have indicated that I won't ask you the name because I know you already, so that your name must not be on record; as long as I have obtained consent where your name is there.

#004: Yes

Mukwevho FG: Hmm, so, my first question ke hore:

What are the impacts of shortage of staff, the effect because re nyaka the nurse perspective on the effect of shortage of resources in the midwifery unit of the Capricorn district, Limpopo? So my first question ke hore **what are the effects of shortage of staff in the midwifery unit mo clinic ya lena?**

#004: The effect of the shortage of staff, Eish, eh at the moment we are only...I'd say midwives we are only three. And since we are only three, we are not counting the manager since she is doing paper work and everything. So, basically when we are busy with deliveries, at least we are two attending the patient but at the same time the space is small, since we are using one maternity ward. So, if we are using that cubicle, I won't say the staff is a shortage, it is just that the work space for us is not user friendly since we are having section, and the other ones is a very small cubicle also for the other sister to work there. And if we have emergencies, since the obstetrician has to be in the ward, it means that the other patients won't get help; since the materials are being used in the emergency. So, with the shortage I won't say it's bad, unless the other one decides to take leave or they are sick, that is when we will see the shortage.

Mukwevho FG: Okay, le bolela gore you are enough akere?

#004: For me, I'd say we are enough for this clinic, since it is very small. And it does not have enough space for us to be many

Mukwevho FG: Okay

#004: Mmm

Mukwevho FG: Okay,

#004: Did I answer correctly though?

Mukwevho FG: Yah isn't it that nna I was looking at the shortage of staff, if you have shortage of staff, you need to tell me what the effects are. Isn't that when you have shortage of staff there are some effects that might arise. So, if you do not have any shortage, there is no problem but we will continue with the interview akere.

#004: Okay

Mukwevho FG: Okay, the second question ire **what is the effect of unavailability or what is the effect regarding to the shortage or unavailability of equipment?** If you have shortage of equipment tzhile hore le bereka kha tzhona, **what is the effect of those shortages of equipment?**

#004: Yoh, the effects are very bad when it comes to resources, that we ae supposed to be using within the maternity area. We didn't really have the suction machine for the babies during delivery, such as aspiration and whatsoever. Then also we didn't have the saturation monitor or the vital ke the BP machine. We couldn't really the saturation of the baby, and we don't have what do you call it? It is not a cot bed, the warmer.

Mukwevho FG: The baby warmer

#004: We don't have the baby warmer, we don't have the suction machine, we don't have that saturation for the babies; and we also don't have new lights for the babies. Even though I am not advanced, I don't know about the others when it comes to advanced midwifery but still, when you call the doctor, they will advise uri why you don't put up a new light and whatsoever; since they have to be referred to other hospitals. So, those are major equipment that needs to be in the maternity cubicle, so, it results in FSB and also when we resuscitate babies and we can't keep warm the babies. Even though they say we use the skin to skin with the mother,

Mukwevho FG: Hmmm, kangaroo mother technique

#004: Yes, but at the same time, we still need those warmers. Yes, its bad, when it comes to equipment, it's bad. I can't say we have enough equipment.

Mukwevho FG: Okay, so in a case where you are attending a patient and you are in need of that emergency medical equipment, what do you do?

#004: We just use the experience that we have from our experiences, you will just resuscitate rubbing vigorously and just blowing the air on the baby, trying to put a bit of oxygen on the side. And then, laying the baby on the side, so that bare keng, the secretions will come out. We don't really have equipment for resuscitation; we just try our level best to keep the baby awake and stuff, but for nna , I will say it's bad. We had a case where the baby had a cord around the neck, after removing the baby from the mother, I couldn't suction the baby; because you can tell there are a lot of secretions coming out, but I can't really do it. Hmm, yah it's a challenge

Mukwevho FG: A very bad one, so thank you very much; going back to the previous question ya shortage of staff; according to you, you did not have any shortage of staff but hence you are conducting deliveries. So, do you have skilled people like an advanced midwife in your facility, where this person can assist you to manage the situation during an abnormal labour or delivering an abnormal labour?

#004: According to my understanding, I dint think we have an advanced midwife in the clinic, I know that they do have uhmm PHC but the advanced midwife, I don't think we have because also me, I am not even having that advanced qualification. But the shortage, I wouldn't say it's bad when it comes to delivery because we make sure that we are two. Since we are not doing really the keng that thing, ya gore the staff and ...usually, its Monday to Friday, where you will need backups.

Mukwevho FG: Oh, there is no off duty pattern

#004: Yah

Mukwevho FG: So it's helping you a lot?

#004: It does help us when we are working Monday to Friday, because there are always three sisters in the clinic. So, even if we have challenges, we will be three or two, so I don't think I'll say when it comes to maternity we have a challenge.

Mukwevho FG: The challenge is only equipment, the maternity equipment?

#004: Yes, I will say it is the equipment that we are having a challenge with; with the work space also being small. The building is very small. We don't have enough space.

Mukwevho FG: Okay, thank you very much for answering that question, I am moving to question number three. According to your view, do you think it is important to have adequate staff,

regardless of enough staff that you have. Do you think it's important to have adequate staff because you were mentioning about three, even if three is enough according to your view? **Do you think it's important to have more than three staff, adequate staff members in the midwifery unit?**

#004: Yes, it's very important even though I would say, it's a very small clinic, and we should be enough when it's three. We do come across challenges, sometimes they will even come late at night and say someone is delivering and stuff and stuff. I think having four to five midwives in a clinic is very important because, we do get challenges. People do herbal intoxications at home, because they are alone and ke gore eng, bat lo kreya koloi late at night. And they don't want to go somewhere else because they don't have enough petrol money and whatsoever. So, being four to five midwives will be a very good idea, to have enough staff at such numbers.

Mukwevho FG: So, according to your view, as you have accepted that ehh four to five staff might assist you there and there; how do you work, do you allocate one professional nurse in maternity, while you attend the midwifery services. Or you just get called attending the acute to say, there is a maternity case, then you go there to attend, then you come back and attend. Or how do you do it?

#004: We don't really allocate anyone, to say maybe this one will be attending ANC,

Mukwevho FG: But according to your view, how do you want the service to be, do you want a staff allocated for maternity only, then the other one for acute, then the other one for chronic? Or do you allocate yourselves being three like that?

#004: In most cases, I don't know how to answer it but we don't really allocate anyone, but I will say it would be a good idea to focus on one stream instead of being too many streams. Unless, if maybe with ANC you have a lot of bookings and follow ups will be many. That's where we are going to have a challenge, because someone cannot work the whole day only and having to attend first bookings maybe four or five of them in a day. Doing follow ups and having to deal with complications at the same time. So rotation will be important, but I will say rotating on these terms will be a good idea, if we are adequate enough for rotations. And I would advise also for maternity, not only one sister should be allocated, at least being two, it will be a great idea to have two sisters in maternity. Because maternity cases can be challenging even if it's not delivery but ANC, and follow ups; like someone would see...like o mongwe a ka bona ntho e ngwe ka tsila e ngwe akere, a re tswane re bathu.

Mukwevho FG: Confirmation

#004: Hmmm, hare assistener re fana di confirmations then dilo di tloba xap.

Mukwevho FG: Meaning that we are still going to the issue ya gore you are still running short of staff, if you want it to be like that.

#004: (Laughs), yah you can say that, but for me I don't see it as shortage of staff since we don't see a lot of patients. But I think if the capacity increases and the clinic being big then, we can have more staff.

Mukwevho FG: Thank you very much for answering that view of yours, so I am coming to the last question now. So, do you think.... according to your view, do you think it's enough to have adequate equipment that is in good working condition? Because sometimes you might find that you do have equipment but they are not serviced, they are not in good condition, they are not functioning well. **Do you think it's important to have enough equipment that is working in good condition? If yes, what is the reason?**

#004: I think it's very important because with working equipment, I think a lot of babies will be resuscitated successfully? Because there are complications that we come across, such as the cord being wrapped around the babies' neck and we can't help due to shortage of equipment. So it's very good to have equipment that is working, because I think our nurses will be successfully and we will have live babies instead of FSB's.

Mukwevho FG: Thank you very much; do you have any question before we wrap this up?

#004: I don't have any question

Mukwevho FG: The purpose of this interview was to assess the shortage of resources; maybe it can improve the situation regarding the shortage of resources. So, thank you very much for your views and your perspective, maybe one day through this study can help bring some change. So that the working environment maybe it will improve. Thank you very much.

#004: Okay, thank you

.....**End of Interview**.....

APPENDIX H: ENGLISH EDITOR CERTIFICATE

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By

Mukwevho Fhedzisani Glacia

The editor has carefully reviewed the thesis for grammar, punctuation, syntax, and overall clarity. They have also worked on improving the thesis flow.

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APPENDIX I: TURNITIN REPORT

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ORIGINALITY REPORT			
8%	4%	3%	7%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS
PRIMARY SOURCES			
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GRADEMARK REPORT

FINAL GRADE

GENERAL COMMENTS

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