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BYLAES

BYLAE A



DEPARTMENT DEPARTEMENT VAN BYLAE A HEALTH GESONDHEID

(012) 354 1560

Fax/Faks:

(012) 354 1831

Ref/Verw:

Ethics Committee

Enquiries/Navrae:

Date:

Dr R Sommers

Ward 4 Room 19

18/08/2000

Number

S93/2000

Title

Research protocol for a model for an enrichment program in nursing.

Investigator:

Mev A.E. Pullen; Department of Nursing Science;

Pretoria Academic Hospital; Pretoria.

This Protocol and Informed Consent has been considered by the Ethics Committee, Faculty of Medicine, Univ.of Pretoria and Pretoria Academic Hospitals on 16/08/2000 and found to be acceptable.

Dr J.E.Davel (female) MBChB:Hospital Superintendent BA; DiplTheo; BA (Hons); MA; DPhil: Philosopher Prof A.P.du Toit Prof C.I. Falkson (female)MBChB;M.Med(Int);MD;Med. Oncologist

CHAIRPERSON; MBChB;M.Med(Int);MD;OSG: Medical Oncologist Prof G. Falkson (female)BA(FineArts);Architectural Draughting (Boston House College Pta) Mrs C Gerber

(female)BSc(Hons);MSc; DSc :Deputy Dean Prof S.V. Grey Mrs R Jooste (female) Dip. Pharm; M Pharm; Pharmacist.

Dr.V.O.L. Karusseit MBChB;MFGP(SA);M.Med(Chir); FCS (SA): Surgeon Dr S.Khan (female)MB.BCh.; Med.Adviser (Gauteng Dept.of Health).

Ms B.C.F.Magardie (female) BCur:Matron/Senior Nursing-Sister

Miss B Mullins (female) BscHons; Teachers Diploma;

Dr P.Z Njongwe (female)MBChB; D.P.H; DTMtH; DOH; F.F.C.H(CM)

S.A.Chief Med.Super of Pretoria Academic Hospital.

(female) BCur(Et.Al)Senior Nursing-Sister Snr Sr J. Phatoli Prof H.W. Pretorius Prof P. Rheeder MBChB;M.Med (Psych) MD: Psychiatrist

MBChB;MMed(Int);LKI(SA);MSc (KLIN.EPI): Specialist Physician

Prof M.M.S.Smuts (female) BVSc; DVSc

Prof J.R. Snyman MBChB,M.Pharm.Med: MD:Pharmacologist Prof De K.Sommers BChB; HDD; MBChB; MD: Pharmacologist

Dr R Sommers SECRETARIAT (female)MBChB; M.med (Int);MPhar.Med;

Prof FFW van Oosten BA; LLB; LLD; LLD; Head of Department of Public Law and Prof in Criminal Law and Medical Law

Student Ethics Sub-Committee

(female)B.Cur; Mrs E Ahrens

(female)BSc(Hons);MSc ;DSc :Deputy Dean Prof S.V. Grev

Rheeder MBChB;MMed(Int);LKI(SA);MSc (KLIN.EPI): Specialist Physician SECRETARIAT (female)MBChB; M.med (Int); MPharMed;

n der Westhuizen (female) D.Cur; M.Ed.

edical Oncologist

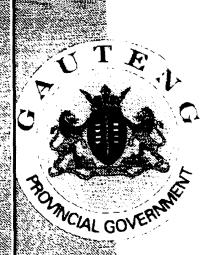
pmmittee at Pretoria Academic Hospital;

PROF P RHEEDER;

BChB;MMed(Int);LKI(SA);MSc (KLIN.EPI):Specialist Physician CHAIRPERSON of the Student Ethics Committee at P.A. H

Pretoria Academic Hospital Private Bag X169 Pretoria 0001 • Pretoria Akademiese Hospitaal Privaatsak X169 Pretoria 0001

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DEPARTMENT OF HEALTH

Chief Director: Hospital Services

Enquiries: Dr. L Rispel Tel. No.: (011) 355-3848 Fax No.: (011) 355-3537 E-Mail : laetitia@gpg.gov.za

University of Pretoria Private Bag X396 PRETORIA 0001

Fax (012) 373 9031

Attention: AE Pullen

RE: Permission to conduct a research project: Model for an enrichment programme for nurses in a hospital context at Kalafong Hospital

Your letter dated 5/1/2000 has reference.

Permission has been granted for you to continue with your research project. You are kindly requested to forward the protocols for the research project to Dr A Valli at tel no 355 3871 for review

Kind Regards

Dr/L Rippel

Chief Director: Hospital Services

Manager



DEPARTMENT

DEPARTEMENT VAN

OF HEALTH

GESONDHEID

KALAFONG HOSPITAL

PRIVATE BAG X396

PRETORIA

0001

ENQUIRIES

: M. G. MOTLOUNG

TEL. NUMBER: (012) 318 6622

FAX. NUMBER: (012) 373 4710

Mrs A. E. Pullen Senior Research Officer Klinikala Building Room 1.22 **PRETORIA** 0001

Dear Madam

RE - PERMISSION TO CONDUCT A RESEARCH PROJECT

- 1. Your letter dated 05 January 2000 refers.
- 2. Permission has been granted to you to conduct a research project at Kalafong Hospital.
- 3. I wish you a success in this research.

Yours faithfully

M. G. MOTLOUNG

DEPUTY DIRECTOR: NURSING

INFORMED CONSENT
TITLE: MODEL FOR AN ENRICHMENT PROGAMME AT KALAFONG
HOSPITAL
RESEARCHER: AE DE VILLIERS (AE PULLEN)
SUPERVISOR: PROF. NC VAN WYK
University of Pretoria in agreement with Kalafong Hospital.
1 THE CTUDY
1. THE STUDY I, ————————————————————————————————————
which has been explained to me by the interviewer.
which has been explained to me by the interviewer.
2. PURPOSE OF THE STUDY
The purpose of the study has been explained to me. The aim is to develop an
enrichment model for nursing personnel at Kalafong Hospital.
3. RISKS
There are no risks. Confidentiality will be maintained.
4. BENEFITS
The nurses will benefits in personal and professional growth. The hospital
will benefit by the knowledge gained. The model will benefit patients by when
patient care is improved.
Production of Particular Production of Particu
5. WAY FORWARD
Focus groups and individual interviews will be held where information will
be generated and validated.
6. CONFIDENTIALITY
Ethical norms and standards will be maintained as laid down by the
University of Pretoria (S93/2000) and the SANC. No raw data will be provided to other persons than the researcher and external moderator.
provided to other persons than the researcher and external moderator.
7. COMPENSATION
No compensation will be given to any person participating in the project.
8. CONTACT PERSON
It was explained to me whom to contact for this study.
A T ALL D ADDICED ATTING WATER DOOR AND
9. I AM PARTICIPATING WILLINGLY. I UNDERSTAND THAT THERE IS
NO PENALTY SHOULD I WISH TO DISCONTINUE.

Participant signature

Interviewer

Date

BYLAE E

VERSLAG: Oorsig van deurloop deur Hospitaal.

NAVORSER: AE de Villiers

Die doel van die deurloop "walk through" deur die hospitaal was om 'n oorsig te verkry van die fasiliteite, omgewing, eenhede, hulpbronne, pasïentsorg,

verpleegpersoneel en die bestuur van die hospitaal en verpleegeenhede.

Uit die deurloop blyk dit dat daar probleme bestaan ten opsigte van struktuur

en sisteme, prosesse en uitkomste. Die probleme rondom strukture en

sisteme sluit ondermeer in die ondoeltreffende infrastruktuur, 'n onhigiëniese

omgewing, en onvoldoende en ontoereikende voorraad en toerusting.

Probleme bestaan rondom wetlike en etiese verantwoordelikhede van

verpleegpersoneel. Onvoldoende standaarde, beleide, prosedures en

protokolle bestaan. Dit veroorsaak dat daar geen gemeenskaplike standaard

van verpleegsorg is. Daar is 'n ontbreking in 'n gemeenskaplike visie, misie,

doelwitte van die hospitaal en verpleegeenhede. Professionalisme blyk verder

'n probleem te wees. Dit blyk dat verpleegpersoneel onprofessionele gedrag

openbaar wat insluit die wyse waarop hulle hul uniforms dra, die gebrek aan

die dra van kentekens of naamplaatjies,/ identifikasie, die versuim om

verpleging te rekordeer, en onprofessionel gedrag teenoor pasiënte.

Daar is ook leemtes in die bestuursprosesses op beide materieële en

menslike hulpbronne op institusionele en verpleeegeenheidsvlak.. Sommige

van die probleme geïdentifiseer hou verband met die vermoëns (kennis en

vaardighede) van die verpleegkundige. Die uitkoms hiervan is ernstige

leemtes in die standaard van pasiëntsorg, 'n lae werkstrots, 'n lae moraal,

ondergeskiktheid en 'n lae-selfbeeld by verpleegpersoneel.

Т	ypology: Ward round
	Basic nursing care
	Hygiene of patients and ward
	Ward round
	Treatment/management of patients
	Documentation / recording
a	Education role
	Active participation
	Infection control
0	Attitudes
	Scope of practice
۵	Distinguishing devices- nametags- professional image
	Neglect of patients
	Unit management
	Resources
0	Multi-disciplinary team
	Relationships
	Role of the nurse
	Scientific approach to nursing
	Safe environment
	Medico - legal risks
	Continuos development
	No calling system
	Responsibility and accountability
	Team management Caring ethos
	Interpersonal skills
	Knowledge and skills
	Multi- cultural environment
	Therapeutic environment
	Patient rights
	1 duone righto

Lys van konsepte: Deurloop deur hospitaal

Struktuur	Standaarde, Beleide, Prosedures en Protokolle									
	Visie, missie en doelwitte									
	Wetlik-etiese aspekte									
	Voorraad en toerusting									
	Professioneel, eties en wetlike aspekte									
	Demotiverende omgewing									
	Hulpbronne(menslike en materieële)									
	Infrastruktuur									
	Bestuurs-sisteme									
Prosesse	Personeel motivering									
	Personeelontwikkeling									
	Emosionele en psigiese ondersteuning									
	Bestuursvaardigheid en vermoëns									
	Eenheidsbestuur									
	Interpersoonlike vaardighede									
	Kommunikasievaardighede									
Uitkomste	Moraal									
	Kwalitiet pasientsorg									
	Werkstrots									
	Vermoëns (kennis en vaardighede, houdings)									
	Instaatstelling/ bemagtiging									

Focus group interview with _____ team.

Date:

Interviewer: AE de Villiers

Comments **Transcription** Coding R: ...it is a hospital policy thing... you see the other **Unit Policy** hospitals have that ...it is ideal to have a nursing file and records ... to keep your patient doctor notes Record keeping separate ...and that the instructions are written on the nursing file ...and that is where all the instructions are kept ... every thing is kept in this big file in the ward and frequently you can't even find where you wrote your instructions...lit just got lost.l. Professional-Iso in the morning you come and you throw your toys Legal and Ethical out of the cot ...it is gone some one has lost it ... it is framework a big problem ...some hospitals I have worked at had separate nursing and patient notes.. Interpersonal relationships I: This is one problem that has been identified .. is Communication there any other problems...? R: Everything more than minimum patient care is a problem... it is to the point that if a patient needs more than minimum care at night ... you want them Standard of in the ICU ... everything more than minimum ... patient care fluids and midnight BP or whatever the case might be ... obviously we can't do that.... we have a large Accountability turnover of operation cases .. diabetic man who needs to be monitored a little bit more closely after Professionalism his simple prostatectomy .. you are going to ask for high care to look after him...

	T	<u> </u>
R	Supervisor not presenting information to the top	Dissatisfaction
R	Status of the nurse not recognized	
R	 Comparison to clerks They have better career opportunities They are better recognized 	
R	Nurses remain in a horizontal career position	
R	Most nurses on the same rank even if responsibilities differ	Aggression
R	Even if you have a qualification it is not recognized	
R	 Problem with security Wards are not secure 	All members show aggression
R	Security guards have a baton only	
R	Feel unsafe	
R	High rate of violence and crime	
R	Counseling - some nurses refuse it	
R	Lack of material resources	
R	Lack of recognition	Despondent
R	 Need money 	
R	 Problem with the crèche Crèche closes at 16H00 Nurses go home at 19H00 What to do with children May not take them to ward Can not lock them up at home 	
R	No crèche for night duty nurses	Aggressive

Filed notes: Observation
Ward round: ____
Date: ___
Researcher: AE de Villiers

The following was observed during the ward round:

- Basic nursing care a problem
- Doctor does not inform nurses that they are there for a ward roundrelationships
- Hygiene of patients and ward a problem
- All the nursing staff attend ward round in labor ward- see it as a learning experience-in the post natal ward a staff nurse accompanies doctors on round
- Sisters involved in discussion in labor ward
- Documentation / recording a problem
- Consultants education role well done
- Infection control a problem
- Scope of practice not effectively implemented
- Sister has no distinguishing devices- any nametags
- Neglect of patients- urine bags are hanging on the floor- patients poorly dressed
- General ward management a problem in ward
- Resources are limited or not available
- Ward round is done in English
- The consultant recognizes the patient and informs them about decisions
- More than 200 deliveries done in previous week
- Overflow of post natal ward and high care patients accommodated in labor ward
- Linen a problem-limited
- Caring ethos needs attention
- Interpersonal skills in the team can be enhanced
- Nurses knowledge and skills in labor ward needs continuos development
- Environment is multi- cultural
- Therapeutic environment lacking
- Patient rights not effectively adhered to
- In the post natal ward attention needs to be given to IV therapy
- Scientific approach to nursing needs attention
- No calling system for patients

TABEL 3.2: OPSOMMING VAN DATA-INSAMELING VAN FASE 1

Sleutel vir afkortings:

FO = Fokusgroeponderhoude

OF = Opvolg fokusgroeponderhoude

T = Transkripsie

z zranskih																			,	
FO en	FO	OF	FO	OF	FO	OF	FO	OF	FO	OF	FO	OF	FO	OF	FO	OF	FO	OF	FO	
OF	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
]												
Nommer	L1	t.2	t.3	t.4	t.5	L 6	t.7	t.8	L 9	L10	£11	t.12	£13	t.14	£15	£16	£17	t.18	£19	
Getal	11	10	19	8	4	7	8	3	3	9	13	13	8	17	12	7	14	6	3	
deelnemers																				
(\mathfrak{n})																				
FO en	OF	FO	OF	FO											-					
	20	21	22	23																
OF	20	21	22	23																
vervolg																				
																				FO=12
Nommer	t.20	L21	t.22	t.23		 					!			 						en
Nonlinei	1.20	121	122	1.23																OF=11 D
																				Totaal:
		ļ	<u> </u>										ļ							n=(23)
Getal	13	6	5	5																
deelnemers (n)																				(n=204)
	1				1		1													

TABEL 3.1: OPSOMMING VAN DATA-INSAMELING VAN FASE 1

Sleutel vir afkortings:

IO = Fokusgroeponderhoude

PO = Pasiëntonderhoude

T = Transkripsie

IO	IO	IO	IO	IO	IO	IO	IO	IO	IO	IO	IO	IO	IO	IO	IO	IO	IO	IO	IO	IO20	IO (n)=20
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
Nommer	t.24	t.25	L26	L27	L28	£29	t.30	t.31	£32	t.33	L34	£35	t.36	t.37	t.38	L39	L40	L41	L42	t.43	
Getal deelnemer (n)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		(n)=20
PO	1	2	3	4	5	6	7	8													PO (n)=8
Nommer	L44	L45	t.46	t.47	£48	£49	L 50	t.51											The state of the s		
Getal	1	1	1	1	1	1	1	1			_						<u> </u>		ļ		(n)=8
deelnemers																					
(n)																					

Sleutel vir a	fkortings:													
AO = Aanva			essies											
DO = Deelne	emende obs	ervasie												
V = Veldne	otas												_	
AO	AO	AO	AO	AO	AO				• 1					(n)=5
	1	2	3	4	5									
Nommer	v.1	v.2	v.3	v.4	v.5									_
Getal	12	13	18	31	10			-						(n)=84
deelnemers														
(n)														
DO	v.51	v.52	v.53	v.54	v.55									(n)= 16
Getal														
Totale getal	deelnemer													(n)=316
10itte gerns	ивсинсты,	•												1.7 -2.0
						 	 			 	 			(u)=51
Totale getal	onderhoud	le												(n)=51

BYLAE H

KONTROLE LYS VIR	ONDERHOUD
DATUM:	
LOKAAL:	
SPAN/GROEP:	

ITEMS	AFGEHANDEL	KOMMENTAAR
1. Uitnodiging		
2. Lokaal bespreek	***************************************	
Bandopname toerusting en Oudiobande		
4. Verlengingskoorde		
5. Verversings6. Water en glase		
7. Stilte asb. borde		
8. Toestemmingsvorms		
9. Skryfbehoeftes		
10. Assistent moderator		

BYLAE

MODEL FOR AN ENRICHMENT PROGRAM FOR EXCELLENCE IN NURSING TYPOLOGY OF CONCEPTS UNIVERSITY OF PRETORIA KALAFONG ACADEMIC HOSPITAL

D C 2. Focus Groups	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Concepts:	24/11	19/1	17/11	17/2	10/11	2/2	7/12	29/2	3/3	7/12	16/1	24/1	21/1	16/2
> Relationships														1
□ Open/Transparent	1	1	1	1	1	1			1		1			
□ Trust			1	1	1	1	1	1				1	1	
□ Honest	1	1									1			
□ Humor														
□ Attitudes	1	1				1	1	1		1	1	1	1	
□ Submissiveness/ self assertive	1	1	1	1	1	1	1	1				1		1
□ Socialize	1	1									1			
□ Communication/Dialogue	1	1	✓	1	1	1	1	1	1	1	✓	✓	✓	✓
□ Reliable							✓						✓	
□ Understanding						1								
□ Respect	✓	1	✓	✓	✓	1	✓	✓	✓	1	1			
□ Freedom of expression														
□ Self image						1								
 Positive mindedness/Open minded 					1	1					1			
□ Friendly								1						
□ Genuine														
 Personal attributes/Characteristics 	1	1	1	1		1			1					
□ Professional Jealousy									1				1	
□ Relaxed												1		
п Нарру							T							
□ Enthusiasm								T				1		

D	C 2. Focus	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Gr	oups	24/11	19/1	17/11	17/2	10/11	2/2	7/12	29/2	3/3	7/12	16/1	24/1	21/1	16/2
A	Multi- disciplinary team														
0 0	Teamwork/ Team management Team spirit		1	1	1			1	1		1	1	1	1	
	Relationships	✓	1	√	1		√			√	√		✓		/
	Accountable and Responsible	1	•	1	•	1	1	1	/	1	•	1	1		/
	Leadership	1	✓							√					√
	Active participation			•	•					1			1		
	Participative decision-making			1	1					1					
	Partnerships			1	1					√					
	Shared vision, mission, objectives									1					
	Role model	√	1				1				1				
	Quality care			1	1					√			√		✓
	Perceptions	✓	✓							✓	✓		✓		
	Work ethics									✓			/		/
	Morale	√	✓	/	1					√	1				
	Motivation			✓	✓										1
	Shared value system														
	Professional behavior	✓	1	1	1					1	1				1
	Knowledge, skills, attributes			1	1					1			1		
	Therapeutic milieu	√	1	✓	√										

D C 2. Focus Groups

	p -
>	Environm
	Historical
	Political
	Economic
	Social
	Understan
	Disadvanta
О	Oppressed
0	Sensitivity
0	Personal s
o	Language
o	Multi- cultu
П	Religious
П	Therapeuti
0	Positive/
	motivating
	Diversity
A	Scientific
	approach
	applied to
	Nursing
0	Education
0	Manageme
0	Research
0	Projects

□ Publish
□ Exposure

D C 2. Focus Groups	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	24/11	19/1	17/11	17/2	10/11	2/2	7/12	29/2	3/3	7/12	16/1	24/1	21/1	16/2
> Nurse														
□ Professionalism	1	✓	✓	✓					√	✓		1	√	—
□ Therapeutic use of self						1								_
□ Creative					1	1								
□ Initiative													✓	
□ Reflective										1				
□ Prioritize													✓	
Knowledge, skills, values and			✓	✓	1	✓			1		✓	✓	✓	
attitudes												<u> </u>		
□ Sharing of expertise						✓								
□ Clinical specialist						✓								
□ Self empowerment/			✓	✓		1			✓					
Development														
□ Practical skills/implementation						1			1		✓	 		✓
□ Professional image/status		√	✓	/	✓	1			1					
□ Leadership	✓	1			✓	1						√	/	
□ Unit management		/								/		1		
□ Role in the team					/	✓			/			1		
□ Role model					1	√			✓			√		
 Legal ethical frame work 	1 1	✓	✓	√	1	√					1	1		/
□ Back to basics	✓	✓									1			
□ New generation/age gap											1			

D C 2. Focus Groups	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	24/11	19/1	17/11	17/2	10/11	2/2	7/12	29/2	3/3	7/12	16/1	24/1	21/1	16/2
> Nurse														
□ Professionalism	1	1	1	✓					1	1		1	√	1
□ Therapeutic use of self						1								
□ Creative					1	1								
□ Initiative													1	
□ Reflective										1				
□ Prioritize													✓	
 Knowledge, skills, values and attitudes 			1	1	1	1			1		1	1	1	
□ Sharing of expertise						1								
□ Clinical specialist						1								
Self empowerment/Development			1	1		1			1					
□ Practical skills/implementation						1			1	***************************************	1	1		1
□ Professional image/status	1	1	1	1	1	1			1					
□ Leadership	1	1			1	1						1	1	
 Unit management 	1	1								1		1		
Role in the team					1	1			1			1		
□ Role model					1	1			1			1		
□ Legal ethical frame work		1	1	1	1	1					1	1		1
□ Back to basics	✓	1									1			
□ New generation/age gap											1			

	C 2. Focus	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Gr	oups	24/11	19/1	17/11	17/2	10/11	2/2	7/12	29/2	3/3	7/12	16/1	24/1	21/1	16/2
>	Environment			1			1				1				
a	Historical							1	1	1			1		
0	Political											1			
0	Economic											1			
0	Social											1			
0	Understanding			1	1	1	1			1		✓	1		
	Disadvantaged											1			
0	Oppressed														
a	Sensitivity										✓	1			
	Personal space										1				
0	Language	1	✓	1	1	1	1					1	1		
0	Multi- cultural	✓	1	1	1	1	1	1	7			1	1	1	
0	Religious														
	Therapeutic	✓	1	✓	√										
0	Positive/										1				
	motivating														
	Diversity							✓	1		√	✓	1	1	
>	Scientific														
	approach														
	applied to														
	Nursing	1	1												1
	Education	1	1		1						1	1	1	✓	
	Management	✓	1		1										
	Research												1		
	Projects						1					1			
	Publish						1								
	Exposure														

D C 2. Focus	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Groups	24/11	19/1	17/11	17/2	10/11	2/2	7/12	29/2	3/3	7/12	16/1	24/1	21/1	16/2
> Support	✓	1	1	1	1	1	1	1	1					1
□ Holistic														
 Spiritual-staff and patients 	′													
Counseling			✓	✓	1	1	✓	1						
Sense of belonging									1					
D C 2. Focus	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Groups	24/11	19/1	17/11	17/2	10/11	2/2	7/12	29/2	3/3	7/12	16/1	24/1	21/1	16/2
Partnerships									1					
Multi- disciplinary team			1	1					V					
Community	✓	1								1				1
Multi- sectoral														
Volunteers														
Funding														
 Agreements 														
Referral system		1												

D C 2. Focus Groups	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	24/11	19/1	17/11	17/2	10/11	2/2	7/12	29/2	3/3	7/12	16/1	24/1	21/1	16/2
Labour relations														
□ Discipline	1	1	1	1	1	1	1	1	✓	1	1	1		√
□ Occupational health	1	1		1	1	1								
□ Job satisfaction	1	1			1	1			1					
□ Racism	1	1			1	1			1	1				
 Responsible and accountable 	1	1	1	1	1	1	1	1	1	1	1	1		1
□ Motivation	✓ ✓	✓	1	1	1	/	✓	1	1	1				/
Victimization, favoritism, intimidation	1	1	1	1	1	1	1	✓	1	1				/
☐ Moonlighting						/	/	1						
☐ Power/ (control) struggle	/	1					1	1	1	1				
□ Non nursing duties			1	1			1	1		1		1		
□ Absenteeism	/	J	1	1		1	1	1	√		1	1	1	1
☐ Unionism							/	-				1		
□ Communication	—	1	1	1	1	1			1	1		1		/
□ Language	1	1	1	1	1	1				1	1	I		
□ Trust relationship	/	1	1	1					1					
 Labour relation officer 	/	/												
Environment	/	1	✓	1	/	√	1	1		1		✓	/	
Safe /conducive/Secure	1	1	1	1		1	1	1						
Morale/ happy/ enjoyment	✓	1	1	1	1	√	1	/	1	1			/	
☐ Energy														
 Stress/Burnout/ Post traumatic stress 			1	1		1	1	1	1					
☐ Remuneration	/	1	/	1	1	1				1				
□ Recognition	1	1	1	1		1			1					
☐ Incentives	1	1			1	✓		<u> </u>		1		1		
□ Challenging	 	1											✓	
Compensation	/	I				1								
□ Allowances	/	1												1
□ Job enrichment	/	1				1								
□ Fatalism													√	
Equal opportunities / equality	1	1								1				
☐ Job description	1	1				1			1			1	1	
Performance management	1	1			1	1	1	1	1	1		1		
□ Code of conduct	1	1			1	1			1					1
 Occupational health 	1	1						T						
☐ Job satisfaction/	1	1				1			1					
☐ Individual needs		<u> </u>			1				1					

D C 2. Focus Groups	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	24/11	19/1	17/11	17/2	10/11	2/2	7/12	29/2	3/3	7/12	16/1	24/1	21/1	16/2
Legal ethical Framework														
□ Scope of practice	√	1	1	1			V	1	1		1	✓		1
□ Advocacy	1	1							✓			1		
Ethical issues/ Behavior	1	1	1	1	1	1	V	1		1		1		1
 Ethical decision-making 														
□ Fraud	1	1					✓	1					1	
□ Negligence	1	✓					1	✓		1	1		1	1
□ Abuse	✓	✓					1	√			1		√	1
Patient rights	1	✓	✓	1	✓	1	1	1		1	1	1	1	1
 Confidentiality 														
- Informed														
- Consent														
- Privacy														
- Respect														
 Communication 														
- Dignity														
- Quality of life														
 Rights of Health care professionals 	1	1				1			1					
□ Code of conduct	1	1	1	1			1	1	1				1	
□ Etiquette														
 Medico – legal risks 	1	1	1	1	1		1	1		✓	1	√	/	1
 Execution of medical and nursing regime 	1	1								1		✓	1	
 Standards/ norms/quality 	1	1	1	1			1	1	1	1	1	1	1	1
□ Role model	1	1												
□ Ethics/etiquette	1	1					1	1				1		1
 Documentation/ recording 	1	1					1	1		1		1	1	
□ Basic nursing care	1	1								1		1		

D C 2. Focus Groups	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	24/11	19/1	17/11	17/2	10/11	2/2	7/12	29/2	3/3	7/12	16/1	24/1	21/1	16/2
Caring ethos	1	1			1	1								
□ Patients care/outcomes	1	1			1	1					1			
□ Commitment	1	1	1	1	1		1	1	1			1	1	
□ Dedication	1	1	1	1									1	
 Image of the profession and hospital 	1	1			1	1	1	1	1	1		1		
☐ Caring/ compassion	1	1				1						1		
□ Spirit of care									1				1	
 Health illness continuum 														

D C 2. Focus Groups	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	24/11	19/1	17/11	17/2	10/11	2/2	7/12	29/2	3/3	7/12	16/1	24/1	21/1	16/2
Development	1	1												
☐ Personal and Professional						1			1			1		1
□ Career path development	1	1										1		
 Responsibility of self and management 	1	1	1	1	1	1			1					
□ Induction/ Orientation							1	1						
□ Academic excellence	1	1									1	1		
 Identifying potential and development 									1			. 1		
 In-service – practice related 	1	1	1	1	1	1	1	1	1	1		1		1
□ Resources	1	1	1	1	1	1								1

D	C 2. Focus Groups	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	·	24/11	19/1	17/11	17/2	10/11	2/2	7/12	29/2	3/3	7/12	16/1	24/1	21/1	16/2
>	Managers/Management						<u> </u>								
	Open/transparent	1	1	1	1	1	1			1					
	Relationship		1					<u> </u>		1			1		
	Consequent	1		1			1		T	1					
	Management skills/style	1	1	1	1		1	1	1	1	1			1	
0	Misuse of authority		1												
	Conductive environment	1	1				1			1					
	Positive/ motivating environment														
	Communication	1	✓	1	1	1	✓			1	✓		1		√
	Information management									<u> </u>					
	Infra – structure	✓	/	✓	1	√	✓					✓	√		/
	Hospital Structure	✓	✓	✓	1	✓	1				1	✓			/
	Management of human and	✓	✓	✓	✓	✓	✓	1	1	✓	1		1	√	1
	material resources													ļ <u>.</u>	
	Plan, organize, lead control	√	✓				✓			/				1	
	Management of complains	1	✓							✓		<u> </u>		/	
	Crisis management							√	1						
	Emergency system						1				1		1		
	Staff allocation	1	1				1	1	1	1	1		1	1	
	Restructuring														
	Risk management	1	1										1		
0	Impact of depleted resources		1	V	1	1	1		1		1		1		1
0	Transparent		1							1					
	Leadership		1			1	1		1						
0	Misuse of authority		√												
	Delegation	1													
	Favoritism	1	√												
0	Equality	√	1	1	1		✓		1						
0	Delegation	1													
	Consequent	√								1					
	Change management		1												
0	Policies									✓					
	Insubordination	✓	1												
0	Management of grapevine	\	1							1					
0		1	1	1	√	✓	√	1	✓	1					
	making/management														
	Government's responsibility	✓	✓												
	Move away from traditional														
L	leadership styles		<u></u>	L						<u> </u>					

	Administration			1	1		1	1		1	1		✓
-	System	1	1			•	✓	✓		1	1		1
-	Infrastructure	1	1				1	✓		1	1		1
	Feelings of people	1	1	1	1				1			1	
0	Non discrimination		1				1		1				
	Admission criteria		1				1		1				
ū	Change management		1										

MODEL FOR AN ENRICHMENT PROGRAM FOR EXCELLENCE IN NURSING TYPOLOGY OF CONCEPTS UNIVERSITY OF PRETORIA KALAFONG ACADEMIC HOSPITAL AE PULLEN 1999/2000

DC 3. Individual Interviews	1	2	3	4	5	6	7	8	9	10	111	12	13	14
	20/2									<u> </u>		14/2	3/2	25/2
Concepts:	28/2	29/11	3/12	10/1	7/1	7/1	11/1	17/1	28/1	10/2	18/2			•
Relationships	<u> </u>			<u> </u>					<u> </u>	1		✓	✓	✓
□ Open/Transparent			1	✓										
□ Trust			/	✓		/								
□ Honest				✓		✓								
□ Humor			/											
□ Attitudes		1		1	✓	✓	1			1	✓	✓	✓	
 Submissiveness/ self assertive 						1			1				✓	
□ Socialize														
Communication/Dialogue		1	✓	1		1	1			1			1	
□ Reliable						1								
 Understanding 														
□ Respect			1	1	✓		1					1		
□ Freedom of expression				1	1		1							
□ Self image						1			1	1				
 Positive mindedness/Open 					1									
minded						į	1							
□ Friendly		1												
□ Genuine														
□ Personal				1						1		1		
attributes/Characteristics														
 Professional Jealousy 											✓			
□ Relaxed														
🗆 Нарру														
□ Enthusiasm														

DC	3. Individual	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Int	erviews	28/2	29/11	3/12	10/1	7/1	7/1	11/1	17/1	28/1	10/2	18/2	14/2	3/2	25/2
A	Multi- disciplinary team														
0 0	Teamwork/ Team management Team spirit	V	1	V	V	•		V		V	1				
0	Relationships Accountable and		1		1		1	1			1	The state of the s			
00	Responsible Leadership Active participation				1		1	1		1	1				
0	Participative decision-making	/													
0	Partnerships Shared vision, mission, objectives			V											
	Role model Quality care			1		1		1		1	1				
0 0 0	Perceptions Work ethics				1						1	1			
0	Morale Motivation														
	Shared value system														
	Professional behavior														
<u> </u>	Knowledge, skills, attributes Therapeutic					1	1								
0	milieu														

DC	3. Individual Interviews	1	2	3	4	5	6	7	8	9	10	11	12	13	14
		28/2	29/11	3/12	10/1	7/1	7/1	11/1	17/1	28/1	10/2	18/2	14/2	3/2	25/2
>	Nurse														
	Professionalism					1									
	Therapeutic use of self														
	Creative				1		1								
	Initiative		1				1								
	Reflective														
	Prioritize														
۵	Knowledge, skills, values and attitudes		1			1	1						1		
	Sharing of expertise	1						1							1
	Clinical specialist	1						1							
	Self empowerment/														
	Development	_													
	Practical skills/implementation						1						1		
	Professional image/status						1	1					1		
	Leadership	/			1		1	1				1	1		
	Unit management		1			1	1	1				1	1		
	Role in the team					1							✓		
	Role model	/					1								
	Legal ethical frame work						1						1		
	Back to basics														
	New generation/age gap														

DC 3. Individual	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Interviews	28/2	29/11	3/12	10/1	7/1	7/1	11/1	17/1	28/1	10/2	18/2	14/2	3/2	25/2
> Environment														
□ Historical				1	1	1			1	1		1		
□ Political														
□ Economic														
□ Social														
Understanding									✓		✓			
Disadvantaged				1										
□ Oppressed														
Sensitivity														
Personal space														
Language														
Multi- cultural		1	✓			✓			✓		√		1	
□ Religious														
□ Therapeutic														
□ Positive/														
motivating														
Diversity				1		1								
> Scientific			-											
approach								***************************************						
applied to														
Nursing						1				1			1	
□ Education	1					1								
□ Management						1								
□ Research	1					1					1			
□ Projects						√	√							
□ Publish														
Exposure	1													

	3. Individual	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Inte	erviews	28/2	29/11	3/12	10/1	7/1	7/1	11/1	17/1	28/1	10/2	18/2	14/2	3/2	25/2
>	Support		1	1	1		1							1	1
0	Holistic				1										
0	Spiritual-staff and patients			1			1							1	
0	Counseling	1		1			1						1		
0	Sense of belonging				1										
DC		1	2	3	4	5	6	7	8	9	10	11	12	13	14
	lividual erviews	28/2	29/11	3/12	10/1	7/1	7/1	11/1	17/1	28/1	10/2	18/2	14/2	3/2	25/2
>	Partner- ships	✓		1											
0	Multi- disciplinary team												1		
0	Community			1	1		1								
	Multi- sectoral														
ū	Volunteers						1								
0	Funding						1	1							
0	Agreements														
	Referral system												1		

DC	3. Individual Interviews	1	2	3	4	5	6	7	8	9	10	11	12	13	14
_		28/2	29/11	3/12	10/1	7/1	7/1	11/1	17/1	28/1	10/2	18/2	14/2	3/2	25/2
>	Labour relations														
	Discipline		1		1		1						1	1	1
	Occupational health														
	Job satisfaction														
	Racism														
	Responsible and		1												
	accountable														
	Motivation				1		1	1							
	Victimization, favoritism,											1	1	√	1
1	intimidation														
	Moonlighting		1												
	Power/ (control) struggle														
	Non nursing duties					1	1						1		
	Absenteeism														
	Unionism				1										
	Communication					1									
	Language		1	1	√	_				1					
	Trust relationship						1								
	Labour relation officer					1									
	Environment		1		1								1		
-	Safe /conducive/		1												
l	Secure														
	Morale/ happy/ enjoyment									1					
	Energy						1								
	Stress/Burnout/		1				1			1					
	Post traumatic stress														
	Remuneration			√	1										
	Recognition	1	√					1							
	Incentives				1		1								
	Challenging					1									
	Compensation														
	Allowances														
	Job enrichment														
	Fatalism														
	Equal opportunities /						1								
	equality														
	Job description	1											1		
	Performance management														
Q	Code of conduct						1	1					✓	1	
	Occupational health														
	Job satisfaction/														
	Individual needs														

DC 3. Individual Interviews	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	28/2	29/11	3/12	10/1	7/1	7/1	11/1	17/1	28/1	10/2	18/2	14/2	3/2	25/2
Legal ethical Framework														
□ Scope of practice		√				1						I	1	
□ Advocacy														
□ Ethical issues/			1			✓							1	
Behavior														
 Ethical decision-making 														
□ Fraud						✓								
□ Negligence												1	1	
□ Abuse						1						1	√	
Patient rights	✓			✓		1							1	
 Confidentiality 														
 Informed 														
- Consent										_				
- Privacy														
- Respect					***									
- Communication														
- Dignity														
- Quality of life														
 Rights of Health care 														
professionals														
□ Code of conduct		1												
□ Etiquette														
□ Medico – legal risks						1						1	1	
Execution of medical and		✓				✓								
nursing regime														
□ Standards/ norms/quality		1		1		✓				1		/	✓	
□ Role model							✓							
□ Ethics/etiquette														
 Documentation/ recording 		✓				✓								
 Basic nursing care 												1		

C 3. Individual Interviews	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	28/2	29/11	3/12	10/1	7/1	7/1	11/1	17/1	28/1	10/2	18/2	14/2	3/2	25/2
Caring ethos								1		1		1		
Patients care/outcomes			1											
□ Commitment						1			1					
Dedication														
Image of the profession and hospital				1		1	1		1				1	
☐ Caring/ compassion				1		1							1	
☐ Spirit of care						1						1		
☐ Health illness continuum							1							

DC 3. Individual Interviews	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	28/2	29/11	3/12	10/1	7/1	7/1	11/1	17/1	28/1	10/2	18/2	14/2	3/2	25/2
Development														
☐ Personal and Professional		1	1			1	1					1	1	
□ Career path development														
 Responsibility of self and 														
management								•						
Induction/ Orientation		1	1											
□ Academic excellence														
Identifying potential and							1							
development														
□ In-service – practice related		1	1		1	1					1	1		
□ Resources												✓		

DC	3. Individual Interviews	1	2	3	4	T 5	6	7	8	9	10	11	12	13	14
		28/2	29/11	3/12	10/1	7/1	7/1	11/1	17/1	28/1	10/2	18/2	14/2	3/2	25/2
>	Managers/Management		1 271.11	1	10/1	+''-	+"-	-	+		1	1			
	Open/transparent		†	 	 	 	 				 			1	
盲	Relationship		ł	 	1/	-	-	1	_				 		+
<u> </u>	Consequent		╂┈┈┈	<u> </u>	+ • • • • • • • • • • • • • • • • • • •	_		+	-		 		1		
<u></u>	Management skills/style	f	-	1	1	1			1	1	 				1
ā	Misuse of authority			<u> </u>	<u> </u>	 			1				 		
1	Conductive environment					17						-	-		
	Positive/ motivating environment														
	Communication		1		1		******		1						1
	Information management		ľ												
	Infra – structure						1	1	1						
	Hospital Structure			i	1		1	1						1	
	Management of human and		1		1		1	1		1			1	1	
	material resources			I											
	Plan, organize, lead control														
	Management of complains														
	Crisis management								1						
	Emergency system														
	Staff allocation	1	1												
	Restructuring														
	Risk management														
	Impact of depleted resources													1	
	Transparent														
	Leadership														
	Misuse of authority														
a	Delegation		✓				1								
a	Favoritism														
	Equality														
	Consequent														
	Change management														
	Policies														
	Insubordination														
0	Management of grapevine														
	Participative decision				1	1	✓								
	making/management														
	Government's responsibility					1								_	
	Move away from traditional			I	1										1
	leadership styles					 	_	1		-			-		
	Administration		<u>/</u>				<u> </u>	/	<u> </u>		ļ	-	 	1	
-	System		1			<u> </u>	/	1	-			-	J	1	
-	Infrastructure		1			ļ	√	1	<u> </u>		<u> </u>				
<u> </u>	Feelings of people				ļ				-		J		1		_
<u> </u>	Non discrimination			ļ	_	ļ			4			-		-	
	Admission criteria				_	ļ							ļ	-	
a	Change management		<u> </u>	<u> </u>										1	1



DEPARTMENT DEPARTEMENT OF VAN HEALTH GESONDHEID

KALAFONG HOSPITAL

PRIVATE BAG X396

PRETORIA

1000

ENQUIRIES : M. G. MOTLOUNG TEL. NUMBER : (012) 318 6622 FAX. NUMBER : (012) 373 4710

TO: ALL NURSING PERSONNEL



The under-mentioned staff members are invited to needs determination briefing sessions.

Unit Managers

Date : 26.10.1999 Time : 10:30

Venue: Recreation Hall

Senior Professional and Professional Nurses

Date : 27.10.1999 Time : 10:30

Venue: T. V. Room

Enrolled and Assistant Nurses

Date: 28.10.1999 Time: 10:30 Venue: T. V. Room

N.B: Each ward to be represented by one or two representatives.

Yours faithfully

M. G. MOTLOUNG

P.S. lontact person is Mrs Sono: EXT 6853

BYLAE J

	No.	Time	Starting	End
Unit 1		Mondays	10h30	12h00
Unit 2		Tuesdays	14h00	16h00
Unit 3		Wednesdays	10h00	12h00
Unit 4		Thursdays	13h30	15h30
Unit 5		Fridays	14h00	16h00

IMPLEMENTERING BYLAE K



BYLAE K

Poems from:

FONN, S & XABA, M 1995: Health Workers for Change. A Manual to improve quality of care. Johannesburg: Women's health Project.

Joal

At the first call to prayer I climb over my husband And go straight to the sea Greeting the morning dew and wind. Keccax, yeet and tambaje Have liberated me. Have transformed my world... Their putrid odour is now for me The smell of life. I no longer need to wait for man. To give me money. I am independent And can take care of my family. When I finish my work on the beach I go to this shed Which once was used to store dried fish And today has become our temple to knowledge. Our school Symbolizing the rebirth Of our national languages.

The children are sucking My breasts and my sweat. The school waters my mind And becomes as a mother From whom I suck knowledge Until I am drunk.

I am in my ngemb
Wrestling with our era
Which pins me down, yes,
But which I am sometimes able to pin down too.
Yet I know for certain that now
When I meet my husband's gaze
I will no longer lower my eyes.
If I have a problem
I can solve it myself
And don't need to wait for his judgment.

And so at this first call to prayer I go to the sea
To breathe in my myrrh and my incense...
Keccax, yeet and tambaje.

Husband, don't lay out your shame

Dear wife, please lay out my noontime lunch, My dinner, my breakfast. Let the children eat couscous with leaf sauce. As for me, children, liver and lamb.
At lunch I prefer the fish's head, middle and tail.
The children don't need meat and vegetables.
Sauces and rice are my dear friends.
Don't save food for the children
When they're not on time.
Dear wife if I'm late for lunch, be sure to save me
At least half of the bowl.

Your stomach is huge, while your own child Looks at you like a bird of prey.
Your child is pregnant with hunger
His stomach swelled out like a calabash.
Yet you are not ashamed,
You have become so fat that you can hardly walk.
Men, if you can't feed your families
Why do you seek three wives
And have twenty children
And tire them so and serve them up hunger?

You grow old and your children feed you, saying: "Father. I've killed a sheep for you, But your grandchildren Must share this food with you!"

Shame should unsettle your white hair, Regret is born...
But now is too late!

Get Married with Our Times

The young girl talks with her parents:

You think that marriage Is my one concern
My one hope, my one future
In this house of life.
I am here in the smoke of the kitchen
With the wood, with the fire.
You have made of me a servant,
You have told me that I am not male,
That I don't need to go to school,
That marriage is my destiny.

My mother, my father,
Our times are restless
And cannot sit in the same spot.
This are has legs and is walking.
You need to be walking with it,
For if you don't,
Regret is the only food
You will be serving to your family.

I am a female Yet knowledge is neither male nor female. It only need to be planted, then watered To flower bear fruit.

My mother, my father
The mind has spoken:
I am neither male nor female,
Why do you so discourage us,
Making of me a cow
That you raise in the enclosure of this kitchen?

Tomorrow my heart will be broken Because of this distinction That you insist on making Between the male -female.

KNOWLEDGE IS BISEXUAL! God gives it to whom he pleases Be it a man or be it a woman.

You, you do not realize that yesterday has died... We have placed it in a coffin, Buried it and sent it to the heavens!

Each era asks for it own meaning.
In our times, men prefer to be with women
Who can contribute to the well-being of the home.
In fact, our times have shown
That everything a man does
A woman can do as well
Or even better.

The mind, our shepherd
Told me I must study,
Look for work, and a project for the future
So that I may interpret tomorrow
And not be at the mercy of a man
Who wants to divorce me
Because the shadow of his ear is itching.

My mother, my father Good-bye, I am going to off to study. Out times have closed the kitchen door And thrown the key into the sea

OF OUR GENERATION

Unit Team

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Researcher: AE de Villiers

Attendance list:

- 1 Unit manager
- 4 Registered nurses
- 2 Nursing Students
- 1 Enrolled Nurse
- 1 Unit secretary
- 1 Auxiliary Nurses
- 1 General Assistants
- 1 Medical Doctor
- 2 Medical Students

Date	Time	Topic	Person
		Unit Orientation:	
01 /04/02 & 04/04/02	10H:30	Organogram	
		Job description	
		Vision, Mission, Objectives	
		Value Statement	
17/04/02 & 08/05/02	10H:30	Team approach	
01/04/02 & 03/04/02	7H:30	Unit routines	
		Standards, Policies, Procedures,	
14/05/02 & 28/05/02	10H:30	Protocols	
		Management of Patient Care:	
08/04/02 & 15/04/02	10H:30	Introduction to Spinal Cord	
		Injury Nursing Care	
		Admission	
05/04/02 & 15/04/02	10H:30	Acute Management	
25/04/02 & 15/05/02	10H:30	Rehabilitation Phase 1	
&		Phase 2: Home preparation and	
30/05/02		family rehabilitation	
		Legal and ethical issues	
11/04/02 & 16/05/02	10H:30	Ethical decision-making	
		Cultural issues	
		Patient rights	
		Support System	
23/04/02 & 14/05/02	7H:30	Labour relations	



Kalafong Hospital Labour Ward

Value Statement

The staff of the ward shares the following value system and work ethics:

- □ Through commitment and dedication provide family centered maternal and neonatal care.
- Recognize the worth and dignity of individuals and treat them according to the Charter of Patient Rights.
- Demonstrate effective interpersonal and communication skills during interaction with the team, mother, family and community.
- Manage the ward in a cost effective manner.
- Provide a friendly, safe and motivating environment.
- Practice accountably and responsibly.
- Wear uniform with pride and dignity.
- □ Take part in decisions to reach the goals and objectives of the ward and the hospital.
- Provide continuous teaching and learning for a competent and productive workforce.
- Provide visible leadership and support.

Our Style

- Courteous, smart and open.
- > Honest, ethical and creative.



Kalafong Hospital Labour Ward



Information Leaflet

Our Aim

Excellence towards a family centered service for a better life

Dear Mother/Family

Welcome to the Labour Ward of Kalafong Hospital. We hope that your stay with us will be as comfortable as possible.

General Information

You have the right to be informed about your progress and to make decisions according to the information provided to you.

You will be cared for during your stay in one of the following units after being assessed by a midwife and medical doctor:

- > **High care area** for mothers who need more frequent monitoring.
- High risk area: Doctors and midwifes will take care of you in the high risk/ high care area.
- Low risk area: This area is a midwife obstetric driven unit. Only midwifes will attend to you in this area. Doctors are available at all times should any problems arise.

It is the policy of the ward to practice Better Birth Initiative meaning that we encourage:

- Walking around before delivery particularly mothers in the low risk area.
- Enough food and drink unless otherwise indicated by the medical and nursing staff.
- Kangaroo mother care mother-to-infant skin-to-skin care of the newborn baby. Information will be provided to you.
- Bedding-in of the newborn with mother.
- Breast-feeding.

The family:

The partner and a family member are allowed and encouraged to support the mother during labour. Only two people are allowed to support the mother during the labour process.

- Should you have any requests that differ from the normal hospital practices please discuss this with the midwife appointed to take care of you. Requests will be evaluated and where possible attended to within the legal guidelines of the medical and nursing profession.
- The family is encouraged to bring clothes and toiletries for the mother and baby's comfort. We can only provide some necessities within our financial constraints.

We are working in a culturally diverse hospital; the staff of the hospital is highly skilled. We are also an academic training hospital in partnership with various medical and nursing schools. Our main training partner is the University of Pretoria.

The care that you can expect from the nursing and medical staff:

- We are committed and dedicated to promote the health of the mother and baby.
- Have a non-judgmental and caring attitude in providing quality care.
- Respond to the needs of the mother and baby.
- Provide safe care, this includes:
 - Monitoring of the mother and baby's condition.
 - Deliver the baby when the time is ready.
 - Provide adequate information.
 - Transfer the mother to ward 10 or 25 after delivery.

If you experience any problems please do not hesitate to talk to the nursing sister in charge of the unit.

Tel no (012) 318 6400/6477