### 4.3.4.10 Special circumstances C10\_1 to C10\_5; D10\_1 to D10\_5

This question will be analysed in three separate parts because the actions are related to each other, and to simplify the figures.

Part 1 provides the results and analysis of performance of four skills pertaining to special circumstances: normal delivery, breach presentation, prolapsed cord and shoulder presentation.

Figures 4.73 and 4.74 reflects the skills visually by indicating the mean score for each variable.

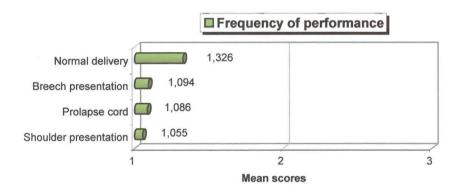


Figure 4.73 - Special circumstances (Part 1)

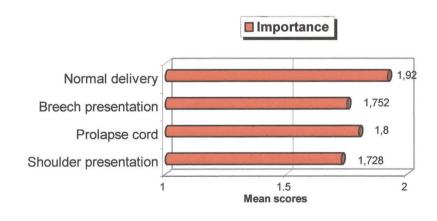


Figure 4.74 - Special circumstances (Part 1)



Table 4.27 reflects the *frequency of performance* of advanced life-support skills pertaining to special circumstances. Note that the majority of the respondents indicated that they perform the skills seldom/never.

Table 4.28 reflects the *importance* of these skills to be included in the curriculum and the majority of the respondents indicated that they agree that these skills are important and should be included in the curriculum.

Part 2 provides the results and analysis of performance of four skills pertaining to special circumstances: multiple pregnancy, placenta abruptio, placenta previa and premature labour.

Figures 4.75 and 4.76 illustrate the skills visually by indicating the mean score for each variable.

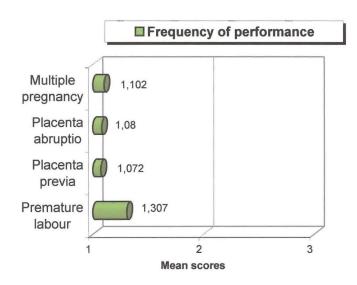


Figure 4.75 - Special cirucumstances (Part 2)

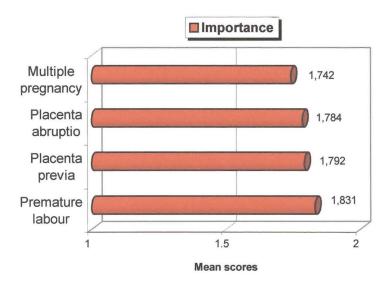


Figure 4.76 - Special circumstances (Part 2)

Table 4.27 reflects the *frequency of performance* of advanced life-support skills pertaining to special circumstances. Note that the majority of the respondents indicated that they perform the skills seldom/never.

Table 4.28 reflects the *importance* of these skills to be included in the curriculum and the majority of the respondents indicated that they agree that these skills are important and should be included in the curriculum.

## c) Part 3 C10\_2 to C10\_5; D10\_2 to D10\_5

Part 3 provides the results and analysis of performance of four skills pertaining to special circumstances: supporting the rape victim, collecting forensic evidence from the rape victim, neonatal stress management and selecting an appropriate transport mode for the critically ill or injured patient.

Figures 4.77 and 4.78 illustrate the skills visually by indicating the mean score for each variable.

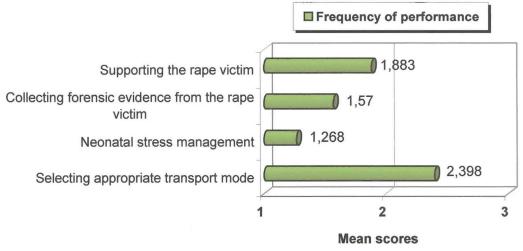


Figure 4.77 - Special circumstances (Part 3)



Figure 4.78 - Special circumstances (Part 3)

The majority of the respondents were either a midwife or an accoucheur (84,7%). It is not a prerequisite for all A&E nurse programmes in South Africa to be registered as a midwife or an accoucheur. The skills pertaining to supportive management for obstetric emergencies are, however, included in the curriculum of programmes for midwives and accoucheurs. These nurses have previously learnt these skills and should therefore be included in the curriculum.

The majority of the respondents were either a midwife or an accoucheur (84,7%). It is not a prerequisite for all A&E nurse programmes in South Africa to be registered as a midwife or an accoucheur. The skills pertaining to supportive management for obstetric emergencies are, however, included in the curriculum of programmes for midwives and accoucheurs. These nurses have previously learnt these skills and should therefore be included in the curriculum.

The reality is that these emergencies have to be dealt with in the emergency care environment within the SA context. To enable the researcher to determine whether the skills pertaining to supportive management for obstetric emergencies are considered to be of critical importance for the A&E nurse with pre-existing knoledge regarding these skills, and registered as midwife or accoucheur, it was essential to look at the perceptions of this group individually. See figure 4.79.

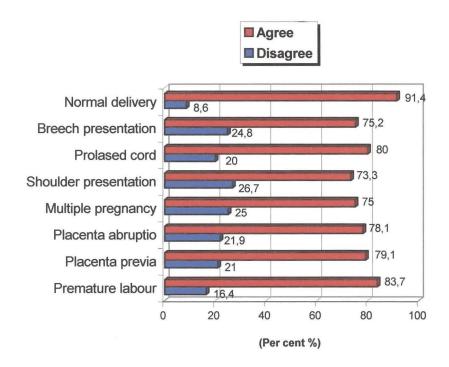


Figure 4.79 - Importance: Midwives and accoucheurs



It is evident from the above figure that the majority of midwives and accoucheurs perceive the skills pertaining to supportive management for obstetric emergencies important to include in the curriculum.

Table 4.27 reflects the *frequency of performance* of advanced life-support skills pertaining to special circumstances. Note that the mojarity of the respondents indicated that they frequently perform the skills. Supporting the rape victim and collecting forensic evidence from the rape victim were shown to be frequently performed by respondents.

Table 4.28 reflects the *importance* of these skills to be included in the curriculum and the majority of the respondents indicated that they agree that these skills are important and should be included in the curriculum.

The degree of relationship between the frequency of performance and importance of the skills to be included in the curriculum as indicated by the Spearman correlation (see Annexure D – Spearman correlation between the variables in Section C and Section D) illustrated the following:

- Normal delivery indicated a significant Spearman correlation coefficient (r<sub>s</sub> 0,227)
- Collecting forensic evidence from the rape victim indicated a significant
   Spearman correlation coefficient (r<sub>s</sub> 0,224)



Table 4.27 – Frequency of performance of advanced life-support skills ( % ) C10\_1 to C\_5

			State	hospita	ls			F	rivate	hospit	als				T	otal				
SKILLS	Seldom / Never		Periodically		Frequently		Seldom / Never		Periodically		Frequently		Seldom / Never		Frequently		Frequently		X²	df <sup>†</sup>
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
Special circums	tance	8					1 1									• ,				
Part 1										-	· · · · · · · · · · · · · · · · · · ·				<del></del>					
Supportive man	agem	ent of c	bstet	ric eme	rgenc	les	**************************************						-			<del> </del>				
Normal delivery	17	51,5	8	24,2	8	24,2	78	84,8	11	12,0	3	3,3	95	76,0	19	15,2	11	8,8	18,099**	2
Breach presentation	28	87,5	1	3,1	3	9,4	88	96,7	1	1,1	2	2,2	116	94,3	2	1,6	5	4,1	3,810	2
Prolapsed cord	28	84,9	3	9,1	2	6,1	89	97,8	0	0,0	2	2,2	117	94,4	3	2,4	4	3,2	9,824	2
Shoulder presentation	30	93,8	1	3,1	1	3,1	89	97,8	0	0,0	2	2,2	119	96,8	1	8,0	3	2,4	2,967	2
Part 2									,								h			
Multiple pregnancy	27	81,8	3	9,1	3	9,1	89	97,8	0	0,0	2	2,2	116	93,6	3	2,4	5	4,0	11,788	2
Placenta abruptio	27	90,0	1	3,3	2	6,7	88	96,7	1	1,1	2	2,2	115	95,0	2	1,7	4	3,3	2,151	2
Placenta previa	27	90,0	1	3,3	2	6,7	89	97,8	0	0,0	2	2,2	116	95,9	1	0,8	4	3,3	4,540	2
Premature labour	19	57,6	7	21,2	7	21,2	79	87,8	4	4,4	7	7,8	98	79,7	11	8,9	14	11,4	14,184	2

Degrees of freedom p < 0.05 p < 0.01



Table 4.27 – (continued)

SKILLS			State h	ospita	s			F	rivate	hospita	als				To	otal				
	Seldom / Never		Periodically		Frequently		Seldom / Never		Periodically		Frequently		Seldom / Never		Periodically		Frequently		X <sup>2</sup>	df <sup>†</sup>
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
Part 3	***************************************																		<del></del>	
Supporting the rape victim	11	33,3	8	24,2	14	42,4	50	55,0	9	9,9	32	35,2	61	49,2	17	13,7	46	37,1	6,282*	2
Collecting forensic evidence from the rape victim	26	78,8	2	6,1	5	15,2	60	65,9	3	3,3	28	30,8	86	69,4	5	4,0	33	26,6	3,255	2
Neonatal stress management	20	62,5	7	21,9	5	15,6	79	86,8	7	7,7	5	5,5	99	80,5	14	11,4	10	8,1	8,911	2
Selecting an appropriate transport mode for the critically ill or	11	33,3	5	15,2	17	51,5	14	15,4	20	22,0	57	62,6	25	20,2	25	20,2	74	59,7	4,932	2
injured patient																				

Degrees of freedom p < 0.05 p < 0.01



Table 4.28 – Importance of advanced life-support skills (%) D10\_1 to D\_5

	State hospitals					Private	hospital	ls		Т	x²			
Skills	Disagree		Agree		Disagree		Agree		Disagree			Agree		df <sup>†</sup>
	N	%	N	%	N	%	N	%	N	%	N	%	-	
Special circumstances	<del>de</del>			<del></del>		<del></del>			<del></del>				J	
Pini				- 100 mg - 1	<del> </del>					<del> </del>				
Supportive management for o	bstetric	emergen	cies	<u> </u>		<u> </u>	the section of a policy of the	Verterininense en en en	·	45	and the second s	<u> </u>		***************************************
Normal delivery	4	13,3	26	86,7	6	6,6	85	93,4	10	8,3	111	91,7	1,352	1
Breech presentation	7	23,3	23	76,7	21	23,1	70	76,9	28	23,1	93	76,9	0,001	1
Prolapsed cord	6	20,0	24	80,0	17	18,7	74	81,3	23	19,0	98	81,0	0,026	1
Shoulder presentation	8	26,7	22	73,3	23	25,3	68	74,7	31	25,6	90	74,4	0,023	1
Part 2	1													
Multiple pregnancy	8	27,6	21	72,4	21	23,1	70	76,9	29	24,2	91	75,8	0,244	1
Placenta abruptio	6	20,0	24	80,0	20	22,0	71	78,0	26	21,5	95	78,5	0,052	1
Placenta previa	6	20,0	24	80,0	19	20,9	72	79,1	25	20,7	96	79,3	0,011	1
Premature labour	5	17,2	24	82,8	15	16,5	76	83,5	20	16,7	100	83,3	0,009	1

Degrees of freedom p < 0.05

*p* < 0,01



Table 4.28 – (continued)

	State hospitals					Private	hospita	ils		Т				
Skills	Disagree		Agree		Disagree		i i i i i i i i i i i i i i i i i i i	Agree		Disagree		Agree		df <sup>†</sup>
	N	%	N	%	N	%	N	%	N	%	N	%		
Part 3			<del></del>					<del></del>	<del>,                                    </del>	<del></del>		لم		
Supporting the rape victim	3	10,0	27	90,0	3	3,3	88	96,7	6	5,0	115	95,0	2,151	1
Collecting forensic evidence from the rape victim	6	20,0	24	80,0	16	17,6	75	82,4	22	18,2	99	81,8	0,087	1
Neonatal stress management	5	16,7	25	83,3	12	13,2	79	86,8	17	14,1	104	86,0	0,226	1
Selecting an appropriate transport mode for the critically ill or injured patient	3	10,0	27	90,0	1	1,1	89	98,9	4	3,3	116	96,7	5,517	1

Degrees of freedom p < 0.05 p < 0.01

## 4.3.4.11 Do you have any remarks – C11

The following remarks were included:

- Due to the stressful situation A&E nurses work in, they need counselling at least once every three months.
- A&E nurses need to be credited for their dedication and perseverance.
- A&E nurses take more responsibility than they are credited for.
- Nobody really knows what we do and therefore we do not get the respect we deserve.
- There is a great need to have the A&E nurse's scope of practice clarified and defined.
- A great need exists to formulate an A&E nursing programme which is relevant to the South African context.

#### 4.3.5 Section E

The aim of this section was to determine the attitudes and values of the A&E nurse as perceived by A&E nurses. The data is presented in Table 4.29

# Table 4.29 – Attitudes and values of the A&E nurse (%) E1.1\_1 to E1.1\_14

Strongly disagree (SD)

Disagree (D)

Agree (A)

Strongly agree (SA)

Number of respondents (N)

A practising A&E nurse should:	S	D		9		A	SA		
	N	%	N	%	N	%	N	%	
have self-respect (N = 126)	0	0,0	0	0,0	5	4,0	121	96,0	
respect others (N = 126)	0	0,0	1	0,8	5	4,0	120	95,2	
<ul> <li>respect the professions of others (N = 126)</li> </ul>	0	0,0	0	0,0	11	8,7	115	91,3	



Table 4.29 (continued)

	A practising A&E nurse should:		)D		<b>.</b>		A	53.	
			%	N	1%	N	%	N	%
•	respect the values of others (N = 125)	0	0,0	1	0,8	10	8,0	114	91,2
•	respect the views of others (N = 126)	0	0,0	1	0,8	14	11,1	111	88,1
•	respect the religious beliefs of others (N = 126)	1	0,8	1	0,8	16	12,7	108	85,7
•	be aware of the need for the clinical specialist to have applicable knowledge, skills, attitudes and values (N = 126)	0	0,0	0	0,0	10	7,9	116	92,1
•	accept accountability for his/her decisions (N = 126)	0	0,0	0	0,0	5	4,0	121	96,0
•	accept accountability for his/her activities (N = 126)	0	0,0	0	0,0	6	4,8	120	95,2
•	acknowledge his/her own limitations (N = 126)	0	0,0	0	0,0	7	5,6	119	94,4
•	acknowledge the importance of applying knowledge correctly (N = 127)	0	0,0	0	0,0	6	4,7	121	95,3
•	acknowledge the importance of applying skills correctly (N = 127)	0	0,0	0	0,0	6	4,7	121	95,3
•	acknowledge the importance of applying attitudes correctly (N = 127)	0	0,0	0	0,0	12	9,6	115	90,6
•	acknowledge the importance of applying values correctly (N = 127)	0	0,0	0	0,0	14	11,0	113	89,0

It is evident from Table 4.29 that the majority of A&E nurses strongly agreed with these values obtained from the experts during the FGI.

Other attitudes and values that were added included:

- Dedication and commitment
- o Be reliable

#### 4.3.6 Conclusion

Chapter 4 provided the research results and analysis. These findings will be discussed, conclusions will be made and recommendations formulated in Chapter 5.