

CHAPTER 6

OVERVIEW OF RESEARCH FINDINGS, RECOMMENDATIONS IMPLICATIONS, LIMITATIONS AND CONCLUSIONS

6.1 INTRODUCTION

Having explored the development and description of a model for incorporating “indigenous” postnatal care practices into midwifery healthcare, the aim of this chapter is to provide an overview of research findings, draw conclusions, list the limitations and outline implications for further research.

6.2 OVERVIEW AND SUMMARY OF FINDINGS

6.2.1 Phase One – Concept analysis

The purpose of **Phase One** was to analyse the concept ‘incorporation’, which helped the researcher understand the meaning of incorporating “indigenous” postnatal care practices into a midwifery healthcare system. To achieve this objective, concept analysis was carried out, following the process of Walker and Avant (2005:49), during which the following findings emerged: theoretical definition, antecedents and consequences of the concept ‘incorporation’.

Based on the identified uses, defining attributes and model cases of the concept, the theoretical definition of the concept might be the process of integrating, including, unifying, mixing, embracing, coalescing, assimilating, amalgamating combining and introducing the “indigenous” postnatal care practices into midwifery healthcare systems, with the aim of improving the standard of care during the postnatal period.

According to Chinn and Kramer (2008:195) and Walker and Avant (2005:73), antecedents are those events or incidents that should occur prior to the occurrence of the concept. In this study, before incorporation of “indigenous” postnatal care practices into the midwifery healthcare system, the following events

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should occur: awareness campaigns, acceptance of each other, attitudinal changes and support follow up postnatal care visits by registered midwives.

Consequences were described by Chinn and Kramer (2008:95) and Walker and Avant (2005:73) as those events or incidents that occur as a result of the concept. In this study the following events were perceived as the possible consequences of incorporation: empowerment, new knowledge and skills, teamwork, confidence, improved standard of care (provision of culturally congruent care), reduced workload, reduced legal costs and improved job satisfaction.

6.2.2 Phase Two – Empirical perspective

The purpose of **Phase Two** was to explore and describe the perceptions and experiences of postnatal patients, family members, traditional birth attendants registered midwives, Midwifery lecturers and the maternal and child healthcare coordinators regarding the incorporation of “indigenous” postnatal care practices into the midwifery healthcare system.

A qualitative, exploratory, descriptive and contextual approach was used to achieve this objective. Eleven themes were identified from different population groups, with categories and sub-categories identified to substantiate each theme and be compared to relevant literature.

Postnatal patients reported the challenges they experienced during the postnatal period as follows: lack of openness and transparency between the registered midwives, family members, traditional birth attendants, and a lack of postnatal supervision.

Family members and traditional birth attendants reported struggling alone during the provision of postnatal care, without support from the registered midwives. They also experienced lack of respect and mutual or trusting relationships with the postnatal patients. Sometimes they witnessed maternal deaths in the home.

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The registered midwives confirmed that they did not have adequate knowledge of the “indigenous” postnatal care practices employed by the family members and traditional birth attendants during the postnatal period. Inadequate knowledge results in display of negative attitude towards family members and traditional birth attendants. They expressed concern about the increasing maternal mortality rates and identified the following incorporation strategies: awareness campaigns and training of registered midwives and the traditional birth attendants. Empowerment with cultural competency knowledge and skills, teamwork and improved job satisfaction were identified as possible outcomes of incorporation.

The midwifery lecturers reported a lack of information regarding “indigenous” postnatal care practices into the midwifery healthcare system, resulting from training of midwives within the Western healthcare point of view only, and leading to lack of knowledge amongst midwives regarding culturally congruent care. The following incorporation strategies were also identified during the discussions: involvement of relevant stakeholders and recognition of traditional birth attendants.

The maternal and child healthcare coordinators reported sub-standard postnatal care due to ineffective referral system and inadequate resources, leading to increasing maternal and child mortality rates. Team building was identified as an effective incorporation strategy. The following benefits emerged during data analysis: improved standard of postnatal care, reduced maternal and child mortality rates, achievement of the Millennium Development Goals 4 and 5, and reduced legal costs.

6.2.3 Phase three – Model development

The purpose of this **Phase Three** was to develop and describe a model for incorporating “indigenous” postnatal care practices into Midwifery health system. Model development was based on the findings for Phase One, concept analysis in Chapter Three, Phase Two, empirical perspective in Chapter Four and Phase

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Three conceptual framework by Dickoff et al (1968:422) in Chapter Five. The following questions were used as a guide during the process of model development:

- Who or what performs the activity?
- Who or what is the recipient of the activity?
- In what context is the activity performed?
- What is the endpoint of the activity?
- What is the guiding procedure, technique or protocol of the activity?
- What is the energy source for the activity?

6.3 MODEL DESCRIPTION

6.3.1 Purpose of the model

During model description the purpose was to incorporate “indigenous” postnatal care practices into midwifery healthcare system.

6.3.2 Scope of the model

The model is made up of three phases, namely:

- Phase one: concept analysis
- Phase two: Empirical perspective
- Phase three: conceptual framework.

6.3.4 Components of the model

The components of the model are as follows.

- **Infrastructures which regulates midwifery education**

The infrastructures responsible for regulating midwifery education and training in South Africa are the South African Nursing Council (SANC) as the regulatory body which controls midwifery training and practice to ensure the promotion of health

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standards of the Republic; the Nursing Education Association (NEA), which is responsible for empowering nurses with knowledge and skills needed to improve the standards of care during service delivery; the Department of Health (DoH), which is responsible for formulation of policies and guidelines used during the provision of care by midwives; education institutions responsible for education and training of nurses including midwives; and community leaders and women, who are key stakeholders responsible for providing assistance, moral support and encouragement of family members and traditional birth attendants during the provision of postnatal care .

- **Context**

The context is where the activity should take place, in this study the incorporation of “indigenous” postnatal care practice into midwifery healthcare within the following midwifery contexts: i) the family members and traditional birth attendants will operate within the community context; ii) registered midwives within the midwifery clinical practice context; iii) midwifery lecturers within the midwifery education and training context; and iv) the maternal and child healthcare coordinators within the midwifery management context.

- **Agents**

The agents who provide care to the recipients in this study are the family members responsible for provision of care during the postnatal period, together with the family members and traditional birth attendants registered midwives are responsible for taking care of women during pregnancy, labour, delivery and puerperium. Midwifery lecturers are responsible for education and training of midwives whilst maternal and child healthcare coordinators are responsible for management, monitoring and evaluation of postnatal care.

- **Recipients**

The recipients should receive care from the agents. In this study the postnatal patients are the recipients of care from the registered midwives, family members and traditional birth attendants.

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- **Procedure**

The procedures are the techniques or protocols to be followed during the incorporation of “indigenous” postnatal care practices into midwifery healthcare system. They involve stakeholders in the first step in the process of incorporation, and recognition of family members and traditional birth attendants should follow in order to initiate training, team building and regular meetings.

- **Dynamics**

The dynamics are the power bases needed for successful incorporation of “indigenous” postnatal care practices, namely: recognition, praise and reward of registered midwives, family members and traditional birth attendants’ strength, knowledge and skills, attitudinal changes, orientation and mutual acceptance.

- **Terminus or endpoint**

The terminus or endpoints are the consequences or the outcomes of incorporation of the model. They were outlined as empowerment with new knowledge and skills, teamwork, reduced workload, improved job satisfaction, improved standard of care, reduced maternal mortality, reduced legal costs and achievement of the Millennium Development Goals 4 and 5.

6.4 RECOMMENDATIONS

Based on the purpose of the developed model, the incorporation of “indigenous” postnatal care practices into midwifery healthcare system, the following actions were recommended:

- The South African Nursing Council (SANC) should assist in implementation of the model to improve the standard of postnatal care. It should also recognise the importance of culture in the provision of healthcare and compile rules and regulations to guide and inform policies regarding the incorporation of “indigenous” practices into Western healthcare. It should work in collaboration with the Nursing Education Association to facilitate

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incorporation of “indigenous” postnatal care practices into midwifery curriculum to ensure production of culturally competent midwives.

- The Nursing Education Association, in collaboration with relevant stakeholders should orientate nurses and midwives on community-based and multidisciplinary team approaches from the first year of training.
- The Department of Health Nursing Education Association and relevant stakeholders should initiate training of family members and traditional birth attendants taking care of postnatal patients as part of re-engineering the primary healthcare services. They should also initiate in-service training for registered midwives regarding cultural competency.
- The Department of Health should develop the second phase following the promulgation of the Traditional Health Practitioners Act no 22 of 2007, because this is regarded as an initial step in incorporating “indigenous” practices into the Western healthcare system. It should also strengthen referral systems between district hospitals and referral hospitals to ensure prompt management of obstetric emergencies, and prevent unnecessary deaths caused by delays between hospitals to clinics and the community. It should initiate the use of doulas, who are responsible for providing physical and emotional support during pregnancy, labour and puerperium (Wray et al 2010: 71).
- Registered midwives should conduct follow-up postnatal care visits to provide support to family members and traditional birth attendants and to ensure continuity of care to women and infants during the postnatal period (Wray et al 2010: 71).

6.5 RECOMMENDATIONS FOR FURTHER RESEARCH

Based on the abovementioned recommendations, research should be conducted into the following areas:

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- Development of guidelines for implementation of the Traditional Health Practitioners Act 22 of 2007.
- Development of guidelines for training of traditional birth attendants and family members regarding provision of postnatal care.
- Validation and implementation of the model for incorporation of “indigenous” postnatal care practices into the midwifery healthcare system.
- Discovery of other strategies for incorporating “indigenous” postnatal care practices into midwifery healthcare systems.

6.6 IMPLICATIONS

“Indigenous” postnatal care practices are currently not incorporated into the midwifery curriculum, resulting in training of midwives from a Western healthcare point of view only, and midwives having inadequate culturally competent knowledge and skills. Culturally insensitive midwives are failing to provide culturally congruent postnatal care, resulting in substandard care, complications and/or even deaths. It is also evident that the postnatal patients are directly under the care of unskilled family members and traditional birth attendants without supervision, guidance or support from the registered midwives, putting the health of postnatal patients at risk of delayed recognition of complications and seeking of medical assistance, resulting in deaths and/or disabilities. There is a need for teamwork between the registered midwives, family members and traditional birth attendants to improve the standard of postnatal care. The research findings have implications for the following groups.

For the South African Nursing Council

South African Nursing Council rules and regulations should emphasise the importance of culture in nursing to create awareness of socio-cultural factors and to ensure that the cultural needs of the patients are met. They should facilitate the incorporation of “indigenous” practices in healthcare to promote the standard of education, training and practice.

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For Nursing Education

The Midwifery curriculum should incorporate the “indigenous” practices to empower midwives with culturally competent knowledge and skills. It should also emphasise the importance of multidisciplinary team approach in healthcare to orientate student midwives during training and make it easy for them to work with family members and traditional birth attendants in future. The Nursing Education Association, in collaboration with the Department of Health, should initiate the training of family members and traditional birth attendants responsible for taking care of women and infants during the postnatal period, and so improve the standard of postnatal care.

For the Department of Health

The health policies should accommodate the “indigenous” practices to ensure the provision of culturally congruent care to multicultural South Africans. Following the *Guidelines for Maternity Care in South Africa (2007:42)*, which states that women should be discharged six hours after delivery, the Department of Health should recognise, praise and reward the family members and traditional birth attendants for their work during the provision of postnatal care. It should also allocate adequate staff (midwives) to maternity wards and clinics to ensure the provision of quality care and enable the midwives to conduct follow-up visits during the postnatal period.

6.7 CONTRIBUTION TO THE BODY OF KNOWLEDGE

A model for incorporating “indigenous” postnatal care practices into the midwifery healthcare system might contribute to the body of knowledge in nursing, specifically in midwifery, because it might add the “indigenous” practices within the Midwifery curriculum. Midwifery training might be carried out from both “indigenous” and Western points of view, and as a result registered midwives might be empowered with culturally competent knowledge and skills, leading to improvement of midwifery practice through provision of culturally congruent care.

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6.8 LIMITATIONS

According to Marshall and Rossman (1999:42), limitations are those trades-offs that remind a researcher what the study was and was not, and how its boundaries and results may and may not contribute to understanding. The following were the limitations in this study.

Potential limitations might occur during the process of incorporation because it requires the active involvement and participation of different stakeholders. The most serious limitation is that some. Registered midwives might be reluctant to recognise the importance of culture in the provision of nursing care. In order to overcome this limitation the researcher should study and become more knowledgeable regarding culturally congruent care, in order to allow for sensitivity with the participants during the evaluation and implementation of the model for incorporating indigenous postnatal care practices into midwifery healthcare system.

The focus of overcoming identified limitations should be on the strategies to incorporate “indigenous” practices into midwifery healthcare system, because, despite having suggestions and recommendations from previous researchers who indicated the value of incorporating “indigenous” practices into western healthcare, reaching the milestones is slow. In conclusion, the above findings support the argument that without culturally competent knowledge and skills it is difficult for nurses, including midwives, to provide culturally congruent care.

6.9 FINAL CONCLUSIONS

The purpose of this study was to develop a model for incorporating “indigenous” postnatal care practices into midwifery healthcare system. The attainment of this purpose was guided three phases, and the meaning of the concept ‘incorporation’ was described following the process of concept analysis by Walker and Avant (2005:29). The theoretical and operational definitions, antecedents and consequences were identified. The findings for concept analysis guided the

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researcher during the exploration and description of the participant's perceptions and experiences regarding the incorporation of "indigenous" postnatal care practices into midwifery healthcare system. The findings for Phases One and Two were used to develop and describe a model following the conceptual framework by Dickoff et al (1968:422). The findings of the three phases assisted the researcher to answer the research questions and to attain the research objectives.

The model might be regarded as one of the milestones towards implementation of the Traditional Health Practitioners Act, 22 of 2007 in South Africa. The developed model might be significant to nursing and midwifery, including transcultural nursing, because there is high priority of increasing nurses' knowledge and skills through research. The model would assist in training midwives, through addition of cultural congruent care information in the current midwifery curriculum and production of culturally competent midwives. The provision of culturally congruent care might reduce health disparities because cultural safety will be enhanced and maintained, leading to reduction of maternal and child mortality rates. The Department of Health and Social Development in Limpopo Province might utilise the model to enhance a mutual working relationship between the family members and traditional birth attendants and registered midwives, thus ensuring a multidisciplinary team approach to postnatal care.

Validation and implementation of the model will be carried out during postdoctoral studies.