CHAPTER 2

RESEARCH METHODOLOGY

2.1 INTRODUCTION

This chapter describes in detail the research strategies for model development, the population, sample, sampling methods, sampling size, the inclusion criteria, the pilot study, the setting, gaining access to the setting, data collection methods, data analysis and measures taken to ensure trustworthiness.

2.2 RESEARCH DESIGN AND METHOD

A qualitative, exploratory, descriptive and contextual research design for theory generation has been followed in this study, conducted within a midwifery context. The study aims at developing a model for incorporation of “indigenous” postnatal care practices into the midwifery health system. A description of the research strategy follows:

2.3. PHASE ONE: CONCEPT ANALYSIS

Concept analysis was selected as a suitable method to be followed during model development, defined by Walker and Avant (2005:63) as “the process of examining the basic elements, structure and functions of a concept”. It rendered precise theoretical as well as operational definitions for use in model development, description and research, and enabled the researcher to clarify those terms in nursing that have become catchphrases and lost their meaning.The following steps were used during concept analysis: Selection of a concept; determining the aims or purposes of analysis; identifying all uses of the concept; determining the defining attributes; identifying model contrary and boundary cases; identifying antecedents and consequences; and defining empirical referents (Walker & Avant

2005:74). The process of concept analysis is described in more detail in Chapter Three.

2.4 PHASE TWO: 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 MIDWIFERY HEALTHCARE SYSTEM (EMPIRICAL PERSPECTIVE)

The study was qualitative, defined by Polit and Beck (2008:762) as: "the investigation of phenomena, typically in an in-depth and holistic fashion, through the collection of rich narrative materials using a flexible research design".Qualitative research methods were used to explore and describe the perceptions and experiences of stakeholders in a midwifery healthcare system (Burns & Grove 2009:22; De Vos, Strydom, Fouche & Delport 2007: 271 and Creswell 1998:2)

Exploratory research is described by Brink (2006:120) as research that is conducted aimed at exploring the in-depth knowledge and understanding, of experiences and perceptions of a selected population groups through asking of questions and probing again and again until data saturation occurs. Brown (2006: 51) states that "exploratory research provides insights into and comprehension of an issue or situation". In this study, the researcher conducted focus group and in-depth individual interviews to explore and describe the perceptions and experiences of the different groups regarding the incorporation of "indigenous" postnatal care practices into a midwifery healthcare system (Powel, Trisha, Reginah, Shann, Tolivet, Cooper & Schindler 2001: 67; Mouton 1996:102).

Descriptive research has been defined as research that "has its main objective the accurate portrayal of the characteristics of persons, situations, or groups, and/or the frequency with which certain phenomena occur" (Polit & Beck

2008:752).Shields and Hassan (2006:313) write that descriptive research collects"data and characteristics about the population or phenomenon being studied". In this study, the researcher explored and described the perceptions and experiences of the six population groups regarding the incorporation of "indigenous" postnatal care practices into a midwifery healthcare system.

According to Farlex (2008:30), contextual research means "relating to, depended on, or using context relating to or determined by or in context based on a particular phenomenon", whilst Bogdan and Biklen (2003:4) write that the researcher goes to the particular setting out of concern for the context. They further indicate that the phenomena can be better understood if observed in the setting in which it occurred (Bogdan & Biklen 2003:4; Lincoln & Guba1985:189). In this study, the researcher conducted research within the context of midwifery.

2.4.1 Population and sampling

Burns and Grove (2009:343) defined the population as "the particular type of individual or element, such as women who have just delivered in maternity ward and clinics, who were the focus of the research".

The population comprised of six groups of people. The first population group for this study comprised of postnatal patients, as they are the people who required culturally congruent care. The second population group comprised of family members, as they are responsible for taking care of postnatal patients. The third population group comprised of the traditional birth attendants, as they are responsible for conducting home deliveries and taking care of postnatal patients. The fourth population group comprised of registered midwives, as they are taking care of postnatal patients. The fifth population group comprised of midwifery lectures, because they are involved in the training of student midwives and they possessed knowledge regarding midwifery curriculum. The sixth population group comprised of maternal and child healthcare coordinators, because they are responsible for the management of maternal and child healthcare services.

Sampling method is defined by Burns and Grove (2009:349) as "the process of selecting a group of people, events, behaviours or other elements that represent the population being studied". The purposive sampling technique was considered suitable for this study because it focused on those involved in the planning, provision, receipt, monitoring and management of postnatal care (Polit & Beck 2008:343). According to Burns and Grove (2009:361), the sampling size should be large enough to identify relationships among variables or determine differences between groups. In this study the focus groups and in-depth individual interviews were used during data collection. According to Brink (2006:152), focus group interviews should consist of 5 (five) to 15 (fifteen) participants whose opinions and experiences are requested at the same time. However, the size of the population has been determined by the data saturation, described by Streubert and Carpenter (1999:22) as "the repetition of discovered information and confirmation of previously collected data".

Burns and Grove (2009:345) describe the inclusion sampling criteria as "those characteristics that a subject or element must be possess to be part of the largest population". Because data was collected from different population groups, each population had its own inclusion criteria.

- Postnatal patients included in the sample were gravid two and more, just delivered, all age groups, from any cultural group and were still in the maternity ward awaiting discharge. The reason for selection gravid two or more is because they had already experienced the postnatal period during the previous deliveries.
- Family members to be included in the study were grandmothers who were involved and responsible for home deliveries and taking care of postnatal patients.
- Traditional birth attendants to be included in the study, they should be known by the Chief as people responsible for the care of women during pregnancy, labour and postnatal care. The Chiefs of the selected villages assisted the researcher to identify the traditional birth attendants..

- Registered midwives must have five years or more of working experience in the clinic and/or maternity ward.
- Midwifery lecturers involved nurses who had registered with the South African Nursing Council as midwives and a nurse educator with knowledge regarding midwifery curriculum and who had been teaching midwifery at the selected Nursing College.
- Maternal and Child Healthcare coordinators who had knowledge of the planning and management of care for postnatal patients.

2.4.2 Setting

The study was conducted at Limpopo Province, located in the northern part of South Africa and made up of five districts: Capricorn, Mopani, Sekhukhune, Vhembe and Waterberg. Greater Giyani sub-district in the Mopani District was selected; because, it was the nearest and easy for me to attend evening appointments during data collection. Mopani district is made up of five sub-districts: Ba-Phalaborwa, Greater Giyani, Greater Letaba, Maruleng and Greater Tzaneen sub-district. Greater Giyani sub-district is made up of rural areas with a population of different cultures. Sotho, Venda and Tsonga speaking people are the dominant groups. The setting for data collection was determined by the type of population group. A conducive/quiet environment was selected for the in-depth individual and the focus group interviews. For example, for the postnatal patients and registered midwives, the interviews were conducted in a maternity ward, counselling room at the selected hospital. For the family members and traditional birth attendants the community hall of the selected village were used as suitable environments.For the midwifery lecturers, data was collected at the council chamber at a selected nursing college. For the maternal and child healthcare coordinators data was collected at the auditorium in the Department of Health and Social Development Limpopo Province, Mopani District.

Creswell (1998:112) describes access and rapport as gaining permission from individuals and obtaining access to information from people who have experienced the phenomenon. In this study the researcher received permission letters from the Research Ethics Committees of the University of Pretoria, Department of Health and Social Development, Limpopo Province, the Chief Executive Officer of the selected hospital, the Executive Director of Mopani District Primary Healthcare services, the unit manager of maternity ward, the clinic managers, the chiefs of the selected villages and the individual participants.

The participants were invited by written letters with an information leaflet and informed consent attached. The information on the nature, purpose and procedures of the study was provided. Thorough explanations were given the participants prior the commencement of the study. The researcher ensured that the participants fully understood what was involved in the research study before they agreed to participate in it.

All the participants who did agree to take part were contacted individually, the aim being to initiate a mutual and trusting relationship through regular contacts using telephone calls and emails. The regular contacts with the participants prior to data collection assisted the researcher, who verified the telephone numbers provided during the time of consent. The researcher made appointments followed up by repeated calls to remind them about the date and time of interviews (Burns & Grove 2009:514). Travelling allowances were provided for those who travelled a certain distance to the research setting, and refreshments were provided during the interview meetings (Burns & Grove 2009:514). The participants were made aware that all information obtained during the interviews would be kept confidential.

2.4.3 Data collection methods

Data collection involves selection of participants and gathering data from them (Brink, 2006:153; Burns & Grove 2009:393).Focus group interviews were selected

as a suitable method for data collection for the postnatal patients, family members, traditional birth attendants. Focus groups are described by Burns and Grove (2009:513) and Polit and Beck (2008:395) as carefully planned data collection methods designed to access rich information regarding the participants' perceptions in a focused area and setting that is non-threatening. The group dynamics helped them to express and clarify their views in ways that were less likely to occur in in-depth individual interviews (Burns & Grove 2009:513). They also helped the researcher identify and describe the perceptions and experiences of the participants regarding the incorporation of "indigenous" postnatal care practices into midwifery healthcare system (De Vos, et al. 2007:419). Based on the purpose of this study, each focus group interview consisted of five to fifteen people (Brink 2006:185; Burns & Grove 2009:513) .In-depth individual interviews were conducted with the registered midwives, midwifery lecturers and the maternal and child healthcare coordinators. Burns & Grove (2009:154) describes in-depth individual interviews as the tool that involves one to one conversation between the researcher and the participants and can be used to obtain good qualitative information which contains deep insight into the perceptions and experiences of the participants. A semi-structured interview guide was used during interviews, with specific questions written down.

2.4.4 Pilot study

The pilot focus group interview was conducted with the registered midwives, midwifery lecturers and the maternal and child healthcare coordinators, the purpose being early detection and management of problems that could have arisen during the actual data collection process (De Vos et al 2007:211). Based on the findings for the focus group interviews pilot study, the researcher identified that the use of focus group interviews for the three groups would not be feasible as they were short staffed in their working environments, resulting in tight schedules. Hence, the researcher planned to conduct in-depth individual interviews with them. In-depth individual interviews were conducted with registered midwives, midwifery

lecturers and the maternal and child healthcare coordinators, because they were not part of the population samples.

At this stage the researcher addressed the goals and objectives, resources, research populations, procedures of data collection, the data collection itself, and possible errors that might occur. The preliminary exploratory studies assisted the researcher in the planning of the research project regarding transport, finance and time factors. This informed the researcher about the unforeseen problems that occurred during the study (De Vos et al 2007:213).

- **Study of the literature**

In order to be fully conversant with existing knowledge regarding the topic the researcher read the latest relevant books and journals (De Vos et al 2007:212), and searched for an overview of the actual, practical situation in which the proposed study was being conducted and population groups would be interviewed.

2.4.5 The interview process

On arrival at the setting for different population groups for focus groups and in-depth individual interviews, the researcher greeted the participants with a smile, demonstrating a warm welcome to build a mutual and trusting relationship. The researcher introduced herself to the different population groups and encouraged the members of each to introduce themselves and get to know each other. The explanations regarding the title, nature and purpose of the study were also introduced to the participants. They were assured about anonymity and confidentiality during and after the study, encouraging them to become more comfortable and express different opinions and perceptions of the phenomenon being studied.

Permission to use an audiotape and take field notes was also obtained from the participants. On commencement of the focus groups and in-depth individual interviews the researcher made sure that the environments were free from noise

and interruptions and switched on the audiotape. The following questions were used as a guide during the interviews:

- What are your perceptions and experiences regarding the incorporation of "indigenous" postnatal care practices into midwifery healthcare systems?
- How can we incorporate "indigenous" postnatal care practices into midwifery healthcare systems?

The role of the researcher during the interviews was to facilitate the process in a permissive and non-threatening environment. The researcher also ensured that all the participants were actively involved and participating during the study (Kasturirangan & Krishnan, 2004:147). Dominant behaviour was avoided during the interviews. The researcher probed deeper to encourage the participants to express their experiences and perceptions, and took field notes to back up the audiotape recordings.

The number of focus group interviews for each population group was determined by data saturation. For the postnatal patients, family members' data saturation was reached during the second focus group interview, for the traditional birth attendants it was also reached during the second focus group interviews. During focus group interviews the researcher encouraged the participants to interact with each other, formulate ideas and talk about the incorporation of "indigenous" postnatal care practices into a midwifery healthcare system (Burns & Grove 2009:515).

In order to encourage active participation and involvement during interviews the researcher explained to participants that she was there to learn from the group members and not as an expert. The researcher also avoided over-dominance (Burns & Grove 2009:515) and displayed good communication and listening skills, mutual respect, neutrality and a non-judgmental person. The assistant moderator and moderator were included in the interviews (Burns & Grove 2009:515).

Towards the end of the interviews the researcher ensured that the participants were not left with unfinished stories, by asking questions such as "could you

explain a bit more?" The researcher also stressed that the information would be kept confidential and they would receive fair and equal treatment throughout the interview process. Data was collected until data saturation was reached (Burns & Grove 2009:353). At the end of the focus group and in-depth individual interviews the researcher thanked the participants for being actively involved and participating during the study and for the information they provided. After giving a vote of thanks the researcher switched off the audiotape.

2.4.6 Data analysis

Qualitative data analysis is defined by Polit and Beck (2008:508) as:

> the process of fitting data together, of making the invisible obvious, of linking and attributing consequences to antecedents, it was a process of conjecture and verification, of correction and modification, of suggestion and defence.

In qualitative research, data analysis was not a separate phase but occurred simultaneously with data collection. Qualitative data analysis examines words rather than numbers (Babbie & Mouton 2001:359; Brink 2006:184; Polit & Beck, 2008:508). In this phase, only data which was collected during the interviews plus focus group on the perceptions and experiences of different stake holders in midwifery care regarding the incorporation of "indigenous" postnatal care practices into Midwifery Healthcare system was analysed. Data analysis was conducted following the three steps of data analysis listed by Polit and Beck (2008:508), as follows:

- **Transcribing Qualitative Data**

The researcher transcribed data from the audiotapes and field notes, ensuring that the transcriptions were accurate, reflected the totality of the interview plus focus group experience, and facilitated analysis. To ensure the reliability of data coding, the researcher had a co-coder who confirmed the data from the audiotape (Brink 2006:185). To facilitate analysis during the transcription process the researcher

indicated who was speaking in the written text, for example “R” for the researcher and “P” for participants (Polit & Beck 2008: 509). The researcher also indicated overlaps in speaking turns; time elapsed between utterances such as sighs, sobs and laughter, and emphasis of words. To ensure confidence quality and accuracy of the transcribed data, the researcher transcribed the data on her own (Polit & Beck 2008:509). This would also bring the researcher closer to and more familiar with the data.

- **Developing a category scheme**

After transcribing the data, the researcher read and organised it carefully, identifying underlying concepts and clusters of concepts. These assisted in forming a strategy for classifying and indexing the data, and developing a high quality category scheme. The researcher converted the data into smaller and more manageable units that could be reviewed and retrieved.The category scheme has been developed based on the scrutiny of the actual data (Polit & Beck 2008:510).

- **Coding qualitative data**

After developing a category scheme, the researcher read the data in its entirety and coded it for correspondence to the categories. In order to fully comprehend the underlying meaning of some aspect of the data, the researcher read the categories three to four times. The researcher and other members of the research team coded the entire data set and achieved the highest possible coding consistency across the interviews (Polit & Beck 2008:511).

The data was grouped according to the findings from six different population groups. Challenges experienced by postnatal patients emerged as the main theme during analysis and interpretation of data from postnatal patients. One theme with two categories emerged during the analysis of data from family members and traditional birth attendants (challenges experienced by family members and traditional birth attendants during postnatal care). The results of the

study have been described in detail in Chapter Four during the discussion and interpretation of results.

2.4.7 Measures to ensure trustworthiness

Trustworthiness was described by Lincoln and Guba (1985:300) as rigour in qualitative research without sacrificing relevance. According to Polit and Beck (2009:511), a method of measuring trustworthiness includes five aspects namely: credibility, dependability, confirmability, transferability and authenticity.

- **Credibility**

Credibility referred to confidence in the truth of the data and how well the data processes, analysis and interpretations address the intended focus of the study (Lincoln & Guba 1985:301; Polit & Beck 2008:539). To increase the probability that credible findings were produced the following activities were conducted: prolonged engagement, persistent observation, and triangulation, peer debriefing, member checking (Creswell 1998:201; Lincoln & Guba 1985:301).

- **Prolonged engagement**

Prolonged engagement refers to the investment of sufficient time with the participants to achieve certain purposes, learning the culture, testing for misinformation introduced by distortions in either the self or the participants, and building trust.The purpose of prolonged engagement is to render the inquirer open to the multiple influences, mutual shapers and contextual factors that impinge upon the phenomenon being studied. In this study, the researcher spent sufficient time with the participants by visiting them a day before the scheduled interview, to become orientated, get to know the culture and establish rapport and a trusting relationship with them. The researcher also visited the different research settings before the commencement of the interviews and identified issues that might have been a challenge during the interviews. In order to obtain rich and meaningful data with thick description, the researcher explained to the participants that the

information provided during the interviews would be kept confidential and not used against them (Lincoln & Guba1985:301).

- **Persistent observation**

Persistent observation involves identification of those characteristics and elements in the situation that is most relevant to the research problem or issue being pursued and focused on them in detail. It provides depth to the research study. In this study, the researcher wrote down field notes, observed, identified and assessed those salient factors and crucial, typical happenings that were relevant to the incorporation of “indigenous” postnatal care practices in the midwifery healthcare system, and focused on them (Creswell 1998:201; Lincoln & Guba 1985:304).The researcher asked probing questions and received rich and in-depth data from the participants. This encouraged them to generate more ideas, viewpoints, opinions, perceptions and experiences of the phenomenon (De Vos, et al. 2007:351).

- **Triangulation**

Triangulation was used to improve the probability that findings and interpretations would be credible. According to Lincoln and Guba (1985:305), triangulation refers to the use of multiple and different sources, methods, investigators and theories. In this study, the researcher invited two experienced researchers to act as peer reviewers during the interviews and data analysis (Creswell 1998:202; Neumann, 2003:138). They assisted the researcher by guiding the interviews, with one as moderator and the other as assistant moderator.

- **Peer debriefing**

Peer debriefing refers to “the process of exposing oneself to a disinterested peer in a manner paralleling an analytic session and for the purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer’s mind” (Lincoln & Guba1985:308). In this study, the researcher presented the collected data to other experienced researches in order to ensure honesty (Creswell 1998:202; Lincoln & Guba 1985:308).

- **Member checking**

Member checking requires the researcher to return to the participants who participated during the study and discuss the interpretation of the collected data (Creswell, 1998:202; Lincoln & Guba, 1985:314). One of the purposes for conducting member checking was to give the participants the opportunity to correct errors and challenge interpretations. The researcher made appointments with family members and traditional birth attendants, where they were requested to listen to the tape recorder, in order to verify the overall interpretation and meaning towards the final conclusion of the study. Member checks also provided an opportunity to summarise the collected data, regarded as the first step towards data analysis (Lincoln & Guba 1985:314). In this study, after the interviews, the researcher discussed the interpretation of research findings with the participants to find out whether they were accurate and give them an opportunity to volunteer additional information. They also helped the participants recall additional points they had not made during the interviews (Lincoln & Guba 1985:315).

- **Dependability**

Dependability refers to the stability (reliability) of data over time, over conditions and over occasions (Polit & Beck 2008:539). To achieve dependability the researcher submits the collected data to two different researchers to examine it officially and then they compared the results to confirm it is correct (Stommel & Celia 2004:288). It was one of the criteria used to establish trustworthiness by performing an audit of the study by peer researchers (Brink 2006:125). In this study, the official examination of the collected data was made by the researcher, peer researchers, the participants, the promoter and the co-promoter.

- **Confirmability**

Confirmability refers to objectivity, which has the potential for congruence between two or more independent people about the data's accuracy, relevance, and how to interpret it (De Vos et al 2007:352; Polit & Beck 2008:539; Stommel & Celia 2004:288). To achieve confirmability the researcher used audit trails in which the

approaches to data collection, decisions about data to collect and about the interpretations of data were carefully documented so that another knowledgeable researcher could have arrived at the same conclusions about data as the primary researcher (Stommel & Celia 2004:288).The researcher ensured that the findings reflected the participants' voices and the condition of inquiry, not the biases, motivations or perspectives of the researcher (Polit & Beck 2008:539).The researcher also ensured that there had been an internal agreement between the researcher's interpretation and the actual evidence (Brink 2006:125). There was consensus between the researcher, the participants, the promoter, the co-promoter and the co-coder.

- **Transferability**

Transferability refers to the generalisability or the extent to which the findings can be transferred or have applicability to other settings and target populations (De Vos et al 2007:352; Stommel & Celia 2004:289). In order to achieve transferability the researcher has provided a thick description of the nature of the study participants, their reported experiences, and the researcher's observation during the study (Stommel & Celia 2004:289).The researcher has identified and described sufficient data and compiled the report such that it became easier for the consumers to evaluate the applicability of the data to other settings/contexts (Polit & Beck 2008:539).

- **Authenticity**

Authenticity refers to the extent to which the researcher has given a fair, faithful, honest and balanced account of social life from the viewpoint of someone who lives it every day, showing a range of different realities (Polit & Beck 2008:540). Authenticity emerged in a report when it conveyed the experiences and perceptions of participants regarding the incorporation of "indigenous" postnatal care practices into a midwifery healthcare system (Neumann 2003:185). In this study the researcher has provided a true report that invites readers to share

experiences regarding the incorporation of "indigenous" postnatal care practices in a midwifery healthcare system (Polit & Beck 2008:540).

2.5 PHASE THREE: MODEL DEVELOPMENT AND DESCRIPTION

Model development, and description was based on the findings of Phase One (concept analysis) and Two (exploration and description of the perceptions and experiences of postnatal patients, family members, traditional birth attendants, registered midwives, midwifery lecturers and the maternal and child healthcare coordinators. Conceptualisation of the concepts identified during phase one and two was conducted following the conceptual framework by Dickoff, et al. (1968: 423). This method consists of six aspects: *Agency: Who or what performs the activity?; Patience or recipiency: Who or what is the recipient of the activity? Framework: In what context is the activity performed?, Terminus what is the end point/purpose of the activity? Procedure: What was the guiding procedure, technique, or protocol of the activity? Dynamics: What was the energy source for the activity, whether chemical, physical, biological, mechanical or psychological, etcetera?.* A detailed description of model developmentis provided in Chapter Five.

2.6 SUMMARY

Chapter two has provided a detailed description of how the study was conducted, in order to achieve the research objectives. The research design for this study was qualitative, exploratory, descriptive and contextual approach for model development.The in-depth description of research strategies for model development has been provided. Phase one aimed at determining the meaning of incorporating "indigenous" postnatal care practices into midwifery healthcare system through concept analysis. Phase two aimed at exploring, identifying and describing the perceptions and experiences of different stake holders in midwifery care (Empirical perspective). Phase three aimed at development and description

of a model for incorporating "indigenous" postnatal care practices into midwifery healthcare system. To conceptualise the concepts, they were identified in phases one and two according to the conceptual framework of Dickoff, et al (1968:423).

Chapter Three deals with concept analysis and describes the meaning of incorporating "indigenous" postnatal care practices into a midwifery healthcare system.

CHAPTER 3

CONCEPT ANALYSIS

3.1 INTRODUCTION

Chapter Two described the research methods that were followed during the study. The purpose of this chapter is to analyse the concept "incorporation" that would enable the researcher, the participants and the readers to understand the meaning of incorporating "indigenous" postnatal care practices into a midwifery healthcare system. The theoretical meaning of the concept 'incorporation' was analysed following the process of concept analysis by Chinn and Kramer (2008:192) and Walker and Avant (2005:74). The empirical aspect of the concept is analysed in Chapter Four from the perceptions and experiences of the postnatal patients, family members, traditional birth attendants, registered midwives, midwifery lectures, and the maternal and child healthcare coordinators. The researcher outlines the process that was followed during concept analysis, followed by detailed analysis of the steps of concept analysis of Chinn and Kramer (2008:192) and Walker and Avant (2005:74).

3.2 OBJECTIVES

The objectives of this chapter are:

- To analyse the concept 'incorporation' following the process of concept analysis by Chinn and Kramer (2008:192) and Walker and Avant (2005:74).
- To describe the meaning of the concept 'incorporation'.
- To guide the process of data collection, data analysis and interpretation in chapter 4.

3.3 CONCEPT ANALYSIS PROCESS

Concept analysis was selected as a suitable method during analysis of the concept 'incorporation'. According to Walker and Avant (2005:63), concept analysis is "the process of examining the basic elements, structure and functions of a concept", whilst for Beckwith, Dickinson and Kendal (2008:1833) it is "a branch of empirical linguistics, as it contains the assumption that a definition of a term may be found which pertains to its representation in a natural language". The reasons for choosing concept analysis during model development were that it rendered very precise theoretical as well as operational definitions for use in model development and research Walker and Avant (2005:74). It also enabled the researcher to clarify concepts that are similar (model case) to it (Rodgers & Knafl 2000:78). Lastly, concept analysis has been useful in model development and nursing language development (Walker & Avant 2005:74). The theoretical perspective of the meaning of the concept was described following the process of concept analysis by Rodger and Knafl (2000:78), Chinn and Kramer (2008:192) and Walker & Avant (2005:65).It may be broken down into eight steps:

- Selection of a concept
- Determining the aims or purpose of analysis
- Identification of all uses of the concept that the researcher has discovered.
- Determining the defining attributes
- Identification of a model case.
- Identification of antecedents and consequences
- Defining empirical referents

3.3.1 SELECTION OF A CONCEPT

The researcher selected a concept that was important, useful, interesting and reflected the topic. In this study the researcher analysed the concept 'incorporation" as manageable. The selection of primitive terms that could be defined only by giving examples was avoided. The researcher also avoided the

selection of 'umbrella' terms as they would be too broad and cause confusion (Chinn & Kramer 2008:192; Walker & Avant 2005:66).

3.3.2 Determination of the aims or purposes of analysis

After concept selection the researcher determined the aims or purposes of analysis, as follows:

- To clarify and describe the meaning of incorporation of "indigenous" postnatal care practices into a midwifery healthcare system.
- To develop a theoretical definition of the concept 'incorporate' that have directed the data collection process and the development and description of a model for incorporation of "indigenous" postnatal care practices into a midwifery healthcare system.
- To discuss and interpret the results for concept analysis that would assist in developing and describing the model for incorporating "indigenous" postnatal care practices into a midwifery healthcare system.
- The meaning of the concept clarified the basic elements, structure and functions of the concept 'incorporation' (Chinn & Kramer 2008:192; Walker & Avant 2005: 66).

3.3.3 IDENTIFICATION OF USES OF THE CONCEPT

After determining the aims or purposes of analysis, the researcher identified the uses of the concept 'incorporation'. The researcher used dictionaries, thesauruses, colleagues and available literature and identified as many uses as practical. A literature review assisted the researcher to support and validate the ultimate choices of the defining attributes (Chinn & Kramer 2008:193; Walker & Avant 2005:67). The table below illustrate the approach used to conduct literature review:

Table 3.1 Illustrate the approach used to conduct literature review:

Author/year/country	Type of article	Search terms	Inclusion criteria
Makhubele & Qalinga (2009) South Africa	”Integrating” Socio-cultural knowledge in life skills education for the prevention of health and social pathologies	Incorporate, include, integrate, take into, combine, embrace, unite, amalgamate, mix.	All research studies which deals with issues of integration including or o add as part of something else.

The figure 3.1 below illustrates the conceptual framework showing the sources of information used during concept analysis:

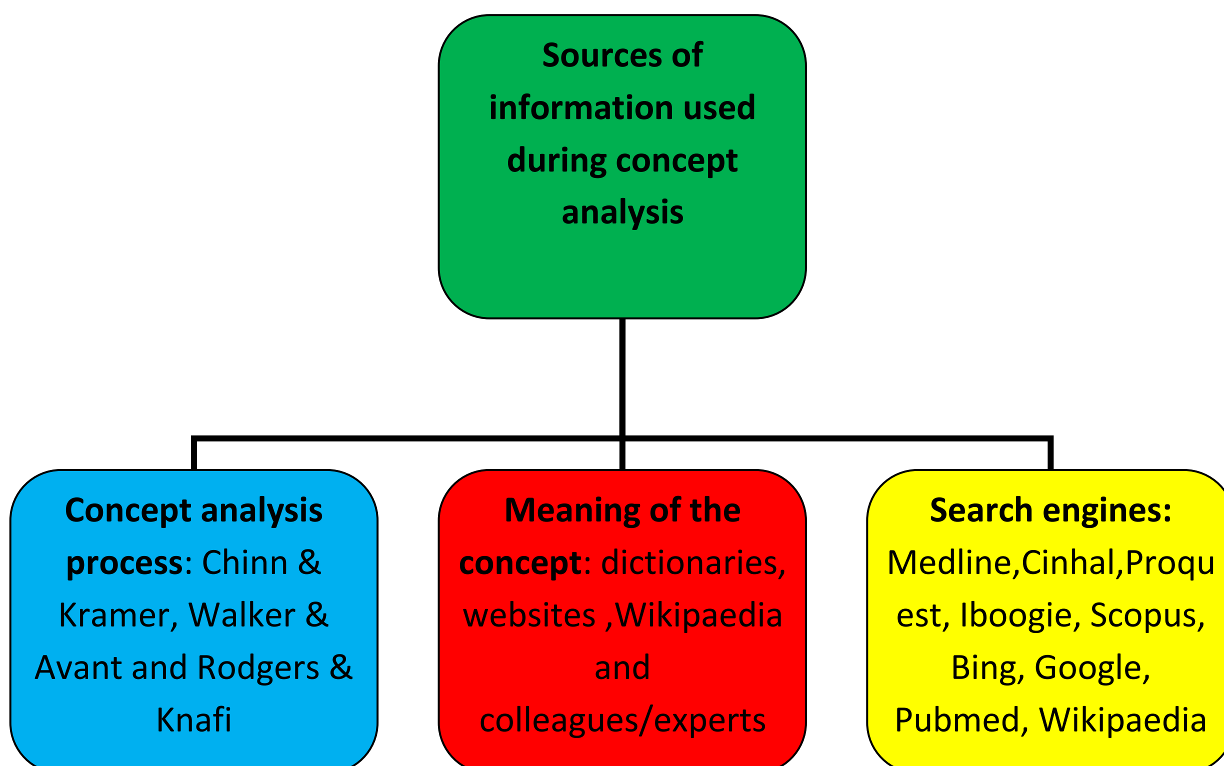

Figure 3.1: Illustrates the conceptual framework for the sources of information used during concept analysis.:

According to Concise *Oxford Dictionary* (2009:584), uses of the concept 'incorporate' include:

> To constitute into legal connection.To put or introduce into a body or mass as an integral part, for an example to incorporate revisions into a text. To take into or include into one body or uniform or a mass, for an example his book incorporates his early essay.To form or combine into the body or uniform substance, as ingredients. To embody, for an example, his book incorporates all his thinking on the subject. To form into a society or organization.

In this study, the concept can be used to introduce, put or take into, embody and combine the "indigenous" postnatal care practices, so that they form a legal connection into a midwifery healthcare system.

Livingstone (2008:343) describes the concept as "to consolidate two or more things into one body, learning of values and attitudes that is incorporated within a person", and "to unite or merge with something that is already in existence, making it into a whole or include it as part of a whole". In this study, the "indigenous" postnatal care practices and the Western healthcare practices in midwifery can be consolidated, united and merged into one system.

Buckinghamshire (1991:215) writes that the concept has been described in different ways using similar concepts, such as: "embody, include, combine, comprise, embrace, integrate, consolidate, unite, amalgamate, assimilate, coalesce, emerge, mix and blend".

The *Harper Collins English Dictionary* (2009:2) described the concept as the "act of uniting several persons into one fiction called a corporation, in order that they may no longer be responsible for their own actions only, but collaborate and interact with each other as a team".

Based on the above-mentioned uses of the concept the model for incorporating "indigenous" postnatal care practices into midwifery healthcare system might assist in ensuring that the "indigenous" postnatal care practices would be included, emerged, combined, mixed and unified within a midwifery healthcare system.

3.3.4 Determine the defining attributes

According to Chinn and Kramer (2008:194) and Walker and Avant (2005:68), determining the defining attributes has been at the heart of concept analysis. The aim was to show the cluster of attributes that were most frequently associated with the concept and that allowed the researcher the broadest insight into it. During definition of the attributes the researcher made notes of the characteristics of the concept that appeared repeatedly. It enabled the researcher to name the occurrence of a specific phenomenon as differentiated from another similar or related one (Chinn& Kramer 2008:194; Walker & Avant 2005:68).

The following were the characteristics of the concepts that were appearing repeatedly: include, unite, combine, integrate blend (mix) and merge. The characteristics of these concepts helped the researcher to differentiate them from other similar or related concepts, such as assimilate and amalgamate.

- Blend: to "mix" (Buckinghamshire 1991:215). According to (Anderson, et al. 1994:215) a blended family formed when children from previous marriages are incorporated into the new marriage. The use in this study is of a blended healthcare system that can be formed when the "indigenous" postnatal care practices are incorporated into a midwifery healthcare system.
- Integrate: "to make or to be made into a whole, incorporate or be incorporated, to mix, to amalgamate" (*Oxford English Dictionary* 1992) .According to *Concise Oxford Dictionary (2009:599)*: combine or to be combined to form a whole. Bring or come into equal participation in an institution or body".

- Include: "to add as part of something else, to put into as part of a set, group or category, to contain as a secondary or minor ingredients or element, to be made up of or contain" (*Oxford English Dictionary* 1992).
- Combine: "to join together, to unite or cause to unite" (*Oxford English Dictionary*" 1992).
- Embrace: to "comprise or include as an integral part, to take up to or to adopt" (*Oxford English Dictionary* 1992).
- Unite: to "make or to become an integrated whole or a unity, to join unify or to be unified in purpose, action, beliefs, etc., to enter or cause to enter into an association or alliance, to adhere or cause to adhere, fuse, to possess in combination or at the same time" (*Oxford English Dictionary* 1992).
- Amalgamate: to "combine or cause to combine, unite" (*Oxford English Dictionary*1992).
- Assimilate: "to make alike, for an example incorporating new experiences into person's patterns of consciousness" (Anderson, Anderson & Glanze, 1994:134).
- Unify: "to make or become one, unite "South African Concise Oxford Dictionary (2009:1284).
- Coalesce: "to grow together, to unite or become together in one body or mass, merge, fuse, blend" (*Oxford English Dictionary*1992).
- Mix: to "combine or blend ingredients, liquids, objects, etc. together into one mass, to become combined, joined, to go together, to come or to cause to come into association socially, to compliment, to cross breed" (*Oxford English Dictionary*:1992).

3.3.5 Identification of a model case.

A model case has been defined by Walker and Avant (2005:69) as "an example of the use of the concept that demonstrates all the defining attributes of the concept". In support of the above-mentioned definition, Rossouw (2003:96) has indicated that a model case should contain all the important connotations or characteristics

of the concept.The boundary cases usually contain some of the characteristics of the concept but not all, whilst the contrary cases do not have essential characteristics of the concept (Rossouw 2003:96). Based on the identified, uses and the defining attributes cases of the concept, the theoretical definition of the concept 'incorporate' *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."*

In this study the researcher has identified model (pure) case of the concept, the paradigmatic example based on the uses, the defined attributes and the theoretical definition of the concept (Chinn & Kramer 2008:195; Walker & Avant 2005:69). The following model case was identified from literature:

> A 68 years old granny arrive at the hospital (maternity unit), at 10h00 visiting hour. The purpose for her visit was to collect a postnatal woman and her new-born infant.. On arrival she asked if the woman and her infant are ready for discharge, a midwife indicated that they are ready but, she have to wait, because she is still giving her some health advises. Instead of involving the granny (person responsible for providing home-base postnatal care), during the health education, she only talked to the postnatal woman. One her health advice was to warn the postnatal woman not to take any advice from the grannies or traditional birth attendants, because the traditional practices are harmful to the woman and her new-born infant.
>
> . Registered midwives in clinic and hospitals, struggle to absorb, include, subsum,, assimilate, integrate or swallow up "indigenous" practices during the provision of nursing care because they were trained within the western healthcare point of view only. They still believe that they are the only healthcare professionals that are able to

provide quality patient care because they received midwifery training. Therefore they regard “indigenous” practices as non-religious and of low status, they can’t work as a team with the traditional birth attendants.

According to Hewson, Javu and Holtman (2009:5). Makhubele and Qalinga (2009:55) and Ngunyulu and Mulaudzi (2009:56), “indigenous” knowledge should be included into midwifery curriculum to ensure that midwives learn “indigenous**”** practices and improve the quality of maternal and child healthcare through the provision of culturally congruent care.

Fraser, Cooper and Nolte (2010:20) included some information on cultural awareness, cultural differences and cultural stereotyping, but the researcher felt that the information is insufficient to empower midwives with culturally competent knowledge and skills. Cultural competence is defined by Purnell and Paulanka (1998) in Giger and Davidhizar (1999:8) as “ the act whereby a healthcare professional develops an awareness of one’s existence, sensations, thoughts, and environment without letting these factors have an undue effect on those for whom care is provided’.

Similarly, Leininger (1995: 5) in her “Sunrise model” of transcultural nursing suggested long ago in the 1960,s that culture should be integrated into nursing care to empower nurses with appropriate knowledge and skills to understand the cultural expresses and specific symbols.

Kruske, Kildea and Barclay (2006:75) reiterated that in order for midwives to be able to meet the cultural needs of diverse patients, the should receive training which is a combination of western and “indigenous” healthcare worldviews.

On the other hand, Tuck et al. (202:409) suggested that western healthcare practices should be incorporated into “indigenous” practices through training of the indigenous healthcare practitioners regarding postnatal care.

The pressure to combine the western healthcare practices with the “indigenous” practices became high when patients from different cultural groups realised that they now has the right to receive both “indigenous” and western healthcare practices (Parucha, 2005:1).

In contrary to the above statements, Ngomane and Mulaudzi (2010:35) indicated that during the provision of antenatal, labour, delivery and postnatal care, current midwives are either willingly or unwillingly rejecting the “indigenous” practices because they were trained in western paradigm.

3.3.6 Identification of antecedents and consequences

After identifying the model, case, the researcher also identified Antecedents and Consequences. The antecedents and consequences were identified from literature, colleagues who are experts in m field of midwifery, including the uses, the defined attributes, theoretical definition, the model case and the researcher’s experience within midwifery context.

ANTECEDENTS

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. Antecedents assisted the researcher to identify underlying assumptions about the concept ‘incorporation’. In this study, the researcher identified the following antecedents:

- **Awareness campaigns**

Awareness campaigns are described as the useful tools in marketing, advertising, introducing and communicating a new or an unknown issue to a large number of participants (Wong, Huhman, Heltzier, Asbury, Bretthauer-Mueller, McCarthy & Londe 2004:2). Prior to incorporation of “indigenous” postnatal care practices into midwifery healthcare system there should be awareness campaigns to create

awareness between the registered midwives about the "indigenous" practices that are employed by the family members and traditional birth attendants during the postnatal period. On the other hand, the campaigns will also create awareness in the family members and traditional birth attendants about the postnatal care practices employed by the registered midwives during the care of postnatal patients.

Furthermore the registered midwives, family members and traditional birth attendants *should have an opportunity of marketing and advertising their practices, assist in establishment of rapport, initiation of mutual and trusting relationship enabling the participants to gain recognition from each other's healthcare practices* Haynes, Weiser and Berry (2009:3). Here should be *truth and reconciliation sessions* between the two groups.

Gonzalez-Torre, Adenso-Diaz & Artiba 2004:102) reiterated that *the awareness campaigns can be regarded as the traditional strategy of partner notification, community education as well as locating information.* During the awareness campaigns the registered midwives had to present the Western care practices for the family members and traditional birth attendants to become aware of how the registered midwives were taking care of postnatal patients. The family members and traditional birth attendants should also present the "indigenous" postnatal care practices for the registered midwives to become aware of how the family members and traditional birth attendants are taking care of postnatal patients.

After the presentations each group should have a chance to give comments, offer suggestions and make recommendations. After the comments they come to an agreement on the way forward. This has been supported by Goske, Kimberly, Applegate, Boylan, Butler, Callahan, Coley, Farley, Frush, Hermans-Shulman, Jaramillo, Johnson, Kaste, Morrison, Keith, Strauss and Tuggle (2008:1), who confirmed that the participants might be influenced and encouraged by the awareness campaigns to work together as a team which could bring change in the nursing practice. Hence it might be of utmost importance to conduct awareness

campaigns prior to the incorporation of "indigenous" postnatal care practices into a midwifery healthcare system.

- **Acceptance of each other**

'Acceptance' is defined by the *Oxford South African School Dictionary* (2006:4) as "taking something that somebody offers you or ask you to have". In order to incorporate "indigenous" postnatal care practices into a midwifery healthcare system successfully, the registered midwives, family members and the traditional birth attendants should first accept each other. Once they become aware about how each group is working during the postnatal care the two groups will begin to accept each other as core workers, rather than regarding others as non-religious, illiterate or practicing witchcraft.

The registered midwives, family members and traditional birth attendants should be ready to accept each other's norms, values, beliefs and practices in preparation for the incorporation of "indigenous" postnatal care practices into midwifery healthcare system. According to Guzzo and Dickson (1996:310), cohesiveness and effective performance are consequences of acceptance of each other in a team. It is evident that currently the registered midwives, family members and traditional birth attendants are not accepting each other's norms, values, beliefs or practices; hence there is no cohesion, which results in poor performance. The registered midwives still view the family members and as witches, illiterate, non-religious and anomalies.

There is a clear line of demarcation between the registered midwives, family members and traditional birth attendants; because some registered midwives are not aware of the" indigenous" practices that are employed by the latter when taking care of postnatal patients. On the other hand, neither family members, traditional birth attendants, nor traditional health practitioners are aware of the western healthcare practices that are employed by the registered midwives when taking care of postnatal patients. For successful incorporation of "indigenous" postnatal care practices into a midwifery healthcare system the two groups should be ready to accept each other as co-workers.

- **Attitudinal changes**

An attitude is a "fixed way of thinking, a point of view, an outlook, belief, stand point, a frame of mind, position, a perspective, stance, a thought or an ideas which might be positive or negative" (Livingstone, 2008:42). Attitudinal change: as a prerequisite to incorporation of "indigenous" postnatal care into a midwifery healthcare system, there should be changes in attitudes between the registered midwives, family members and traditional birth attendants.

The results for concept analysis revealed that currently some registered midwives are displaying negative attitude towards the patients, family members, traditional birth attendants and the "indigenous" practices. Similarly, Bowler (1993:158) in the study titled "They are not the same as us: midwives, stereotypes of South Asian descent maternity patients", revealed that midwives displayed negative attitude towards Asian women, which resulted in communication difficulties and labelling of them as "unresponsive, rude and unintelligent". The negative attitude was attributed to the Asian women being immigrants to Britain and having language difficulties (Bowler 1993:160).

Literature confirmed that nurses, including midwives, are failing to provide culturally congruent care to patients of diverse cultures, evidenced by "ethnocentric practices, victim blaming approaches and poor cultural competence" (Wray, Weavers, Beake Rose and Bick 2010:73)), and that for the attitudinal change there should be continuous and on-going training of midwives regarding cultural competence. In New Zealand, cultural safety standards in nursing education were introduced in 1992, based on a belief that the Western trained healthcare professionals had negative attitudes that places the health of patients at risk and resulted in sub-standard care (Papps & Ramsden1996:493).

Meanwhile, in South Africa, research findings confirmed that midwives in different provinces were abusing patients in the form of "scolding's, shouting, general rudeness, lack of respect to patients in general and their autonomy, in particular and that many experience arbitrary acts of unkindness, physical violence and neglect" (Hewson et al.2009:10).

In contrast to the above, Wray, et al (2010:70) indicated that 80% of nurses in Australia, which is also a multicultural country, had positive attitude towards patients of diverse cultures, resulting in the provision of culturally congruent care. He further found that only 20% of nurses had negative attitude towards patients of diverse cultures, as evidenced by lack of nurse-patient relationships (Wray, et al. 2010:70)

In this study, the registered midwives were not ready to work hand-in-hand with the family members and traditional birth attendants, who are responsible for the care of postnatal patients. On the other hand, the family members and traditional birth attendants were not comfortable with the treatment they received from the registered midwives, and feel undermined because they were not receiving the respect they expected from them. There was an underlying conflict between the registered midwives and the family members and traditional birth attendants, who n turn felt disrespected by the postnatal patients because they no longer followed their instructions during the postnatal period, preferring to follow only the instructions provided by the registered midwives on discharge from the hospital or clinics. In order to incorporate the "indigenous" postnatal care practices successfully into a midwifery healthcare system, all the groups should change the attitude, accept and respect each other by going back to the spirit of "ubuntu" as outlined by Motshekga (2012:2).

CONSEQUENCES

Consequences: were those events or incidents that occurred as a result of the concept; these are the outcomes of the concept. Consequences assisted the researcher to determine often neglected ideas, variables or relationships that might yield fruitful new research directions (Chinn & Kramer 2008:195; Walker & Avant 2005:73). The following are the consequences of the concept incorporation of "indigenous" postnatal care practices into a midwifery healthcare system:

- **Empowerment**

Empowerment has been described in the Livingstone (2008:220) as to authorise, enable, allow, permit, license or qualify. Once the "indigenous" postnatal care practices are incorporated into a midwifery healthcare system, the traditional birth attendants and family members will gain new knowledge and skills on how to care for the patients during the postnatal period, as a result they will become confident to work together with the registered midwives. On the other hand the registered midwives will gain new knowledge on how to provide culturally congruent care to improve the standard of postnatal care.

Based on the training that was suggested as an effective strategy in incorporation of "indigenous" postnatal care practices into midwifery system, empowerment was regarded as the consequence or outcome (Weiss 2006:117).

The patients might receive culturally congruent care in a therapeutic environment, the family members and traditional birth attendants will be authorised, allowed, permitted and qualified to provide midwifery care and the registered midwives will experience job satisfaction resulting in the provision of culturally sensitive care (Funnel & Anderson 2004: 127).

- **Teamwork**

Teamwork has been described as a dynamic process and an action that involves two or more participants or healthcare professionals with complementary backgrounds and skills, sharing common health goals and exercising concerted physical and mental efforts in assessing, planning, implementing and evaluating patient care" (Stone & Bailey 2007:259).

The registered midwives, family members and traditional birth attendants will work as a team, having regular meetings to discuss achievements and challenges. The registered midwives' workload will be reduced because postnatal care will be rendered by family members and traditional birth attendants who are knowledgeable and skilful in early recognition of complications and referrals.

Once the “indigenous” postnatal care practices are incorporated in midwifery healthcare systems, the registered midwives, the family members and traditional birth attendants will work as a team, displaying teamwork skills which includes the ability to resolve team conflicts and give effective group performance (Stone & Bailey 2007:258)

According to Guzzo and Dickson(1996:308), team work results from a group of individuals who see themselves and who are seen by others as a social entity, who are interdepended because of the tasks they perform as members of a group, are embedded in one or more larger social system and who perform tasks that affect others.

It is also supported by Gaudes, Hamilton-Bogart, Marsh and Robinson (2007:84), who argue that “effective team members are able to work interdependently, supporting each other, displaying group cohesiveness and group reliance, respect and trusting relationship and sharing the responsibility for their outcomes”.

- **Improved standard of postnatal care**

Researchers revealed that nurses, including midwives, who have undergone training regarding cultural competency are able to create a therapeutic environment for their patients, by displaying a feeling of job satisfaction, evidenced by positive attitude towards patients of diverse cultures, enhancing mutual and trusting nurse-patient relationships and meeting the cultural needs of individual patients (Bowler 1993:168; Papps & Ramsden1996:495; Wray et al. 2010: 70;). Through provision of culturally congruent postnatal care. This will reduce complaints from the public regarding sub-standard care, reduce legal costs and improve job satisfaction amongst the registered midwives.

On the other hand, the family members/TBAs and the home-based care providers who have undergone midwifery training will be able to provide quality postnatal care because they should possess the necessary knowledge and skills that will permit them to assess, recognise early and refer of postnatal patients in case of complications (Bulterys et al 2002:5; de Vaate, Coleman, Manneh & Walraven,

2002:8; Jokhio et al 2005:2094; and Wilson, Gallos, Piana, Lassauer, Khan, Zamora, MacArthur & Coomaramasamy,2011:3; Sibley & Sipe 2007:476).

Table 3.2: Summary of the antecedents and consequences that emerged during concept analysis

ANTECEDENTS	CONSEQUENCES
Awareness campaigns	Teamwork
Acceptance of each other	Empowerment
Attitudinal changes	Improved standard of care (provision of culturally congruent care

3.3.7 Definition of empirical referents

After identifying antecedents and consequences, the researcher defined empirical referents. Walker and Avant regard defining of empirical referents as the final step in concept analysis.

Empirical referents were defined by Chinn and Kramer (2008:196) and Walker and Avant (2005: 73) as classes or categories of actual phenomena that by their existence demonstrate the occurrence of the concept itself; furthermore the empirical referents are the elements that are observable. In this study the empirical referents have been identified from 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 a midwifery healthcare system.

Identification and defining of empirical referents helped the researcher to develop a new model because they have been linked to the theoretical base of the

concept. As a result, it contributed to both content and construct validity of the model for incorporating "indigenous" postnatal care practices into a midwifery healthcare system (Chinn & Kramer 2008:196; Walker & Avant 2005:73). The details of the empirical referents are described in Chapter Four.

Based on the formulated theoretical definition and the identified empirical indicators of the concept, the following might be the operational definition of the concept 'incorporate':

In order to incorporate the "indigenous" postnatal care practices into midwifery healthcare system successfully, a person need *to observe and identify the basic things that should occur prior the occurrence of the concept, for an example, awareness campaigns, acceptance of each other, attitudinal changes and the benefits that might occur as a result of incorporation of "indigenous" postnatal care practices into midwifery healthcare system, for an example, improved standard of care (culturally congruent care).*

3.4 SUMMARY

Chapter Three has presented a theoretical and empirical analysis of the concept 'incorporate', following the process of concept analysis by'Chinn and Kramer (2008: 192) and Walker and Avant (2005: 213).The uses and the characteristics of the concept were determined.

The researcher also identified and described antecedents, and consequences of the concept. The empirical perspective was based on the perceptions and experiences of the postnatal patients, family members, traditional birth attendants, registered midwives, midwifery lecturers and maternal and child healthcare coordinators regarding the incorporation of "indigenous" postnatal care practices into midwifery healthcare system.

Chapter Four will deal with data analysis of the perceptions and experiences of postnatal patients, family members, traditional birth attendants, registered midwives, midwifery lecturers and maternal and child healthcare coordinators

regarding the incorporation of "indigenous" postnatal care practices into midwifery healthcare system, literature control and the discussion of field notes, observational, theoretical, methodological and personal notes as an addition to the interviews.