Respondent 107 reports that midwifery practice is action packed where unpredictable cases occur daily in practice.

R107. *"Its action packed. Exciting, unpredictable cases occur daily."*

Respondent 115 states that midwifery practice is hands-on which is why she enjoyed working in a low-risk area.

R115. *"I really enjoyed working in low-risk midwifery. It's very hands-on."*

Some of the respondents indicated that they loved and enjoyed midwifery and planned to specialise in the field. For instance, respondent 69 enjoyed the practical experience gained during the practical placement.

R69. *"Enjoyed the experience and new things learnt."*

Respondent 162 enjoyed the practical experience so much that she plans to further her career in the midwifery field.

R162. *"I enjoyed working in midwifery and plan on studying advanced midwifery."*

Another respondent (18) enjoyed the midwifery training programme and felt confident in the practical experience gained during their midwifery training programme. She reported the experience gained was adequate.

R18. *"I truly found midwifery something I truly enjoy. I have had over enough experience in it to have been able to confidently say I love midwifery."*

Respondent 37 indicates her passion for midwifery after completing the midwifery training programme.

R37. *"I have develop[ed] a passion for midwifery."*

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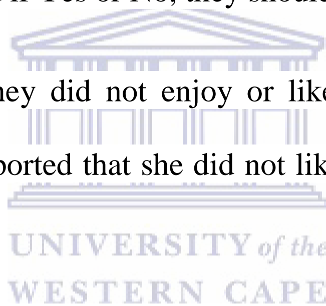
Similarly, respondent 126 loves to take care of babies and has a passion for midwifery, especially during the antenatal, intra- and postpartum placement.

R126. *"I have a passion for midwifery and love to take care of baby antepartum, intra and post ..."*

4.6.1.2 Negative views

<u>Difficulties experienced during the training programme</u>

The undergraduate 4th year learner nurses also had some negative responses regarding their midwifery clinical placement. The researcher asked whether they would work in a midwifery practice area after graduation, and if Yes or No, they should motivate their responses.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The respondents reported that they did not enjoy or like midwifery as it is has a lot of complications. Respondent 34 reported that she did not like midwifery due to the amount of complications that can occur.

R34. *"I just don't like midwifery; [it] could come with a lot of complications."*

Respondent 177 thought that she would not make a good midwife.

R177. *"I did not enjoy it. I don't think I can be a good midwife."*

Respondent 87 found midwifery practice to be difficult.

R87. *"I found midwifery to be difficult."*

Respondent 35 mentioned that she is a sensitive person and that the experience was traumatising to her.

R35. *"Found it so traumatising to see a woman in labour; in a way I am very sensitive."*

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4.6.1.3 Competences in midwifery practice area

Length of training programme

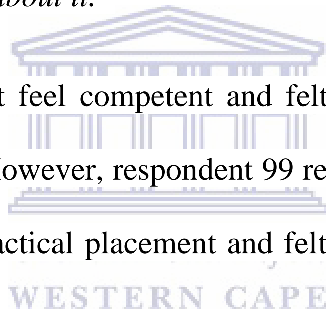
Competences play a massive role after graduation. Some respondents believe that they are not competent and need more time during their practical placement.

Respondent 4 states that she thinks she needs more practise in midwifery to be competent, however, she loves working there.

R4. *"I love midwifery and I think with more practise I can be more competent."*

Respondent 67 mentions that she does not feel competent about midwifery.

R67. *"I don't feel too competent about it."*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Some of the respondents did not feel competent and felt that they needed more exposure during the training programme. However, respondent 99 reported not being competent due to the minimal time spent in the practical placement and felt she needed more exposure in the field first.

R99. *"Midwifery days was [sic] limited working in the ward ...feel not competent [and] need more exposure."*

Respondent 121 notes that the responsibility associated with midwifery is greater than in the case of general nursing care. Furthermore, she thinks that she needs more time to gain enough experience in the midwifery field.

R121. *"I think that I need more experience before working in [a] midwifery setting. The responsibility in the midwifery setting is more than in general."*

Additionally respondent 22 reported that she did not get time to fall in love with midwifery as the training programme was cramped with not a lot of time to work back practical hours.

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R22. *"I feel like UWC midwifery course was cramped in a short time period, with many hours, this made me lose interest as I didn't get time to fall 'in love' with it."*

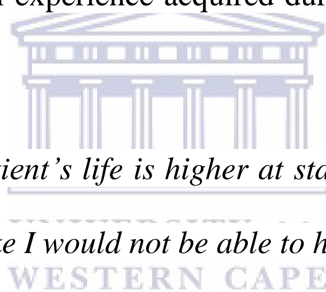
The respondents also mentioned that midwifery is a risky field to practise in.

R83. *"It's too risky."*

Respondent 163 said she did not enjoy working in a high-risk area which is mostly found in tertiary hospitals.

R163. *"I just don't enjoy the work; it's also a high-risk area."*

Respondent 157 feels the six months of practical experience are not enough. She believes the stakes are high since the minimal experience acquired during the practical placement puts a patient's life at risk.



R157. *"The level of risking a patient's life is higher at stake and for someone that only had six months of experience, I feel like I would not be able to handle it."*

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Others prefer to practise in low-risk areas, labour wards and antenatal clinics.

Respondent 168 mentions that she would prefer to practise in a maternity obstetric unit (MOU), which she considers to be low risk.

R168. *"But only in low-risk institutions'MOU."*

Respondent 70 states she was more competent in the labour and antenatal wards.

R70. *"I was most competent in labour ward and antenatal …"*

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4.7 Section D: Perceived competence and willingness levels of the respondents

The dependent variables used in the Likert Scale were identified as very low competence, low competence, some competence, high competence, and very high competence. However, the researcher recoded the dependent variables to slightly competent, working towards competence, and competent.

The findings in Table 4.8 presents the learner nurses' perceived levels of competence in key procedures in the following categories: Slightly competent, working towards competence, and competent. Furthermore, the researcher will also present the median and standard deviation in Table 4.8 below.

Table 4.8 Perceived competence

PERCEIVED COMPETENCE PROCEDURES	SLIGHTLY COMPETENT n (%)	WORKING TOWARDS COMPETENCE n (%)	COMPETENT n (%)	M	SD
Pelvic assessment	18 (10)	112 (60)	55 (30)	2.20	.60
Vaginal examination	1 (0.5)	66 (36)	118 (64)	2.63	.50
Starting an intravenous infusion	2 (1)	51 (28)	128 (70)	2.70	.49
Cardiotocograph (CTG) Monitoring	1 (0.6)	37 (20)	143 (79)	2.78	.43
CTG Interpretation	8 (4)	99 (54)	75 (41)	2.37	.57
Performing an episiotomy	21 (11)	119 (65)	43 (24)	2.12	.58
Suturing the perineum	6 (3)	75 (41)	103 (56)	2.53	.58
Performing a delivery	2 (1)	15 (8)	166 (91)	2.90	.34
Delivering a breech	76 (42)	97 (53)	10 (6)	1.64	.59
Delivering shoulder dystocia	67 (38)	94 (54)	14 (8)	1.70	.61
Management of PPH	3 (2)	69 (38)	109 (60)	2.59	.53

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Management of pre-eclampsia	1 (0.5)	73 (40)	110 (60)	2.59	.50
Neonatal resuscitation	18 (10)	118 (65)	45 (25)	2.15	.57
Counselling of HIV-positive mother on treatment for PMTCT	1 (0.5)	49 (27)	135 (73)	2.72	.46

4.7.1 Perceived competence procedures

4.7.1.1 Procedure: vaginal examination, pelvic assessment and starting intravenous infusion

According to the findings, the majority of the respondents, n=112 (60%), indicate that they are working towards competence with regard to performing a pelvic assessment, with only n=18 (10%) reporting that they are slightly competent in performing a pelvic assessment on a pregnant woman. The mean for this procedure is 2.63 (SD=.60) with a sample size of n=185.

The findings report that the majority of respondents, n=118 (64%), perceive themselves to be competent in performing a vaginal examination and only n=1 (0.5 %) of the respondents report to being slightly competent to perform this procedure. The mean for this procedure is 2.63 (SD=.50).

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The findings suggest that the majority of the respondents, n=128 (70%), perceive themselves as competent when starting an intravenous infusion, while only n=2 (1%) report to be slightly competent. The mean for this procedure is 2.70 (SD= .49) with a sample size of n=181.

4.7.1.2 Procedure: monitoring and interpreting of CTG

The results show that the majority of respondents, n=143 (79%), perceive themselves as competent in monitoring CTG and only n=1 (0.6%) report being slightly competent when they have to monitor the CTG. The mean for the procedure is 2.78 (SD= .43) with a sample size of n=181.

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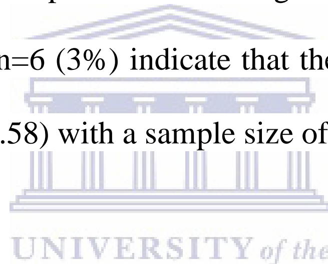
However, when the respondents were asked about the interpretation of the CTG, n= 99 (54%) indicated that they were working towards competence and n=8 (4%) were slightly competent. The mean for this procedure is 2.37 (SD= .57) with a sample size of n=182.

4.7.1.3 Procedure: performing an episiotomy and suturing the perineum

The results of performing and episiotomy indicate that the majority of the respondents, n=119 (65%), are working towards competence and n=21 (11%) indicate that they are slightly competent in performing an episiotomy. The mean for this procedure is 2.12 (SD= .58) with a sample size of n=183.

When looking at the respondents' responses on suturing the perineum, n=103 (56%) perceive themselves to be competent and n=6 (3%) indicate that they are slightly competent. For this procedure the mean is 2.90 (SD= .58) with a sample size of n=184.



4.7.1.4 Procedure: performing a delivery, delivering a breech and shoulder dystocia

When the respondents were asked to state their perceived levels of competence in delivering a baby, n=166 (91%) indicated that they are competent and a mere n=2 (1%) reported that they are slightly competent. The mean for this procedure is 2.90 (SD= .34) with a sample size of n=183.

However, when asked to state their perceived competence levels for delivering a breech presentation, the majority of the respondents n=97 (53%) indicated that they are working towards competence and only n=10 (6%) perceive themselves as competent. For this procedure the mean is 1.64 (SD=.59) with a sample size of n=183.

In respect of their perceived levels of competence for delivering a shoulder dystocia presentation, the majority of the respondents, n= 94 (54%), indicated that they are working

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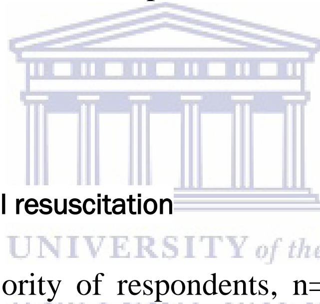
towards competence and only n=14 (8%) indicated that they are competent. The mean for this procedure is 1.70 (SD= .61) with a sample size of n=175.

4.7.1.5 Procedure: management of PPH and pre-eclampsia

The findings revealed that the majority of respondents, n=109 (60%), perceive themselves as being competent in managing a patient with PPH and n=3 (2%) report to being slightly competent. The mean for this procedure is 2.59 (SD= .53) with a sample size of n=181.

The findings note that the majority of respondents, n=110 (60%), perceive themselves as being competent in managing a patients with pre-eclampsia, with n=1 (0.5%) perceiving themselves as slightly competent. For this procedure the mean is 2.59 (SD= .50) with a sample size of n=184.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4.7.1.6 Procedure: neonatal resuscitation

The results showed that the majority of respondents, n=118 (65%), are working towards competence in resuscitating a new-born and n=18 (10%) are slightly competent. For this procedure the mean is 2.15 (SD= .57) with a sample size of n=181.

4.7.1.7 Procedure: counselling HIV-positive mothers

According to the results, n=135 (73%) of all the respondents perceive themselves to be competent in counselling an HIV-positive mother regarding mother to child transmission, with a mere n=1 (0.5%) indicating to be slightly competent. The mean for this procedure is 2.72 (SD= .46) with a sample size of n= 185.

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The following findings present the respondents' perceived levels of willingness to perform key procedures by way of the categories: somewhat willing, willing, and very willing. This is presented in Table 4.9 below, which also includes the median and standard deviation.

Table 4.9 Perceived willingness

PERCEIVED WILLINGNESS PROCEDURES	SOMEWHAT WILLING n (%)	WILLING n (%)	VERY WILLING n (%)	M	SD
Pelvic assessment	23 (13)	58 (34)	91 (53)	2.40	.71
Vaginal examination	10 (6)	42 (24)	120 (70)	2.64	.60
Starting an intravenous infusion	9 (5)	19 (11)	145 (84)	2.79	.52
Cardiotocograph (CTG) Monitoring	10 (6)	31 (18)	130 (76)	2.70	.57
CTG interpretation	9 (5)	30 (18)	129 (77)	2.71	.56
Performing an episiotomy	23 (13)	46 (27)	103 (60)	2.47	.72
Suturing the perineum	17 (10)	37 (22)	117 (68)	2.58	.67
Performing a delivery	11 (7)	18 (11)	141 (83)	2.75	.56
Delivering a breech	22 (13)	42 (24)	109 (63)	2.50	.71
Delivering shoulder dystocia	27 (16)	38 (22)	106 (62)	2.46	.75
Management of PPH	12 (7)	32 (18)	130 (75)	2.68	.60
Management of pre-eclampsia	8 (5)	41 (24)	124 (72)	2.67	.56
Neonatal resuscitation	17 (10)	39 (22)	118 (68)	2.58	.66
Counselling of HIV-positive mother on treatment for PMTCT	10 (6)	29 (17)	132 (77)	2.71	.57

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4.7.2 Perceived willingness procedures

4.7.2.1 Procedure: vaginal examination, pelvic assessment and starting intravenous infusion

The results show that the majority of the respondents perceive themselves to be very willing to perform a pelvic assessment, n=91 (53%), and n=23 (13%) of all respondents report to be

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somewhat willing to perform a pelvic assessment. The mean for this procedure is 2.40 (SD= .71) with a sample of n=172.

When respondents were asked how willing they perceive themselves to perform a vaginal examination, n=120 (70%) were very willing to perform a vaginal examination and n=10 (6%) were somewhat willing to perform a vaginal examination after graduation. The mean for this procedure is 2.64 (SD= .60) with a sample size of n=172.

According to the results, most of the respondents perceive themselves as very willing to start an intravenous infusion, with n=145 (84%), while n=9(5%) of the respondents report to be somewhat willing. The mean for this procedure is 2.79 (SD= .52) with a sample size of n=173.

4.7.2.2 Procedure: monitoring and interpreting of CTG

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The results show that the majority of the respondents perceive themselves as very willing to monitor a CTG report, n=130 (76%), whereas and n=10 (6%) of all respondents are somewhat willing to monitor a CTG report. The mean for this procedure is 2.70 (SD= .57) with a sample size of n=171.

With regard to interpreting a CTG report, the majority of the respondents perceive themselves as very willing, with n=129 (77%), and n=9 (5%) perceive themselves as somewhat willing to interpret a CTG report. The mean for this procedure is 2.71 (SD= .56) with a sample size of n=168.

4.7.2.3 Procedure: performing an episiotomy and suturing the perineum

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The findings for performing an episiotomy revealed that n=103 (60%) of the respondents perceive themselves as being willing and n=23 (13%) of the respondents perceive themselves as somewhat willing to perform an episiotomy. The mean for this procedure is 2.47 (SD= .72) with a sample size of n=172.

In response to their perceived willingness to suture a perineum, the majority of the respondents indicate that they are willing to suture a perineum, with n=117 (68%), however, n=17 (10%) report to be somewhat willing. The mean for this procedure is 2.58 (SD= .67) with a sample size of n=171.

4.7.2.4 Procedure: performing a delivery, delivering a breech and shoulder dystocia

According to the findings, the majority of the respondents perceive themselves as being very willing to perform a delivery, with n=141 (83%), while n=11 (7%) are somewhat willing. The mean for this procedure is 2.75 (SD= .56) with a sample size of n=170.

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For the delivery of a breech presentation, the majority of the respondents perceive themselves as very willing, with n=109 (63%), whereas n=22 (13%) perceive themselves as somewhat willing to deliver a breech presentation. The mean for this procedure is 2.50 (SD= .71) with a sample size of n=173.

In response to how willing they perceive themselves to deliver a shoulder dystocia presentation, the majority of the respondents indicate that they are very willing, with n=106 (62%), and n=27 (16%) are somewhat willing to deliver a shoulder dystocia presentation. For this procedure the mean is 2.46 (SD= .75) with a sample size of n=171.

4.7.2.5 Procedure: management of PPH and pre-eclampsia

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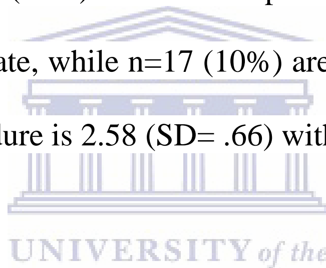
The results show that the majority of the respondents, n=130 (75%), perceive themselves as being very willing to manage PPH and n=12 (7%) are somewhat willing. The mean for this procedure is 2.68 (SD= .60) with a sample size of n=174.

When respondents were asked about the management of pre-eclampsia, n=124 (72%) of the respondents perceive themselves as being willing and only n=8 (5%) perceive themselves as being somewhat willing. The mean for this procedure is 2.67 (SD= .56) with a sample size of n=173.

4.7.2.6 Procedure: neonatal resuscitation

According to the findings, n=118 (68%) of all the respondents perceive themselves as being very willing to resuscitate a neonate, while n=17 (10%) are somewhat willing to resuscitate a neonate. The mean for this procedure is 2.58 (SD= .66) with a sample size of n=174.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4.7.2.7 Procedure: counselling HIV-positive mothers

The results indicate that the majority of the respondents perceive themselves as being very willing to counsel a mother that is HIV positive regarding PMTCT, with n=132 (77%), and n=10(6%) are somewhat willing. The mean for this procedure is 2.71 (SD= .57) with a sample size of n=171.

Table 4.10 Overall competence and willingness

Overall perceived competence and willingness levels (n=153)		
Variable	**M**	**SD**
Total perceived competence	47.5	7.2
Total perceived willingness	55.9	13.7

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With a sample size of n=153, the total mean for all the perceived competence procedures is 47.5 (SD= 7.2), while the overall mean for perceived willingness procedures is 55.9 (SD=13.7).

4.8 Section E: Whether or not the respondents perceive themselves as ready to work in certain practical wards after graduating as midwives

In Table 4.11 the researcher looks at whether respondents are ready to practise in certain wards after they graduate as midwives, or whether they need more time in certain practical areas during the midwifery training programme.

Table 4.11 Readiness to work in maternity practice areas

Maternity practice areas	I am ready n (%)	Need more time n (%)	M	SD
Antenatal ward	143 (79)	37 (21)	1.21	.41
Postnatal ward	161 (89)	19 (11)	1.11	.31
Theatre	40 (22)	139 (78)	1.78	.42
Labour ward	137 (77)	41 (23)	1.23	.42
Nursery	112 (64)	64 (36)	1.36	.48
Antenatal clinic	152 (84)	29 (16)	1.16	.37
Postnatal clinic	155 (86)	25 (14)	1.14	.35
Maternity obstetric unit (MOU)	155 (86)	25 (14)	1.14	.35
High-risk hospital (tertiary)	54 (30)	124 (70)	1.70	.46
Low-risk hospital (secondary)	132 (74)	47 (26)	1.26	.44

4.8.1 Antenatal and postnatal ward and theatre

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For the postnatal ward, n=161 (89%) of the respondents are ready and n=19 (11%) need more time. The mean for this procedure is 1.11 (SD= .31) with a sample size of n=180.

According to the findings, n=143 (79%) are ready to practise in an antenatal ward after graduation and n=37 (21%) need more time during the midwifery training programme. The mean for this procedure is 1.21 (SD= .41) with a sample size of n=180.

However, as far as the theatre is concerned, n=139 (78%) of the respondents indicate that more time needs to be spend in theatre during the midwifery training programme and only n=40 (22%) are ready to practise in theatre as registered midwives. The mean for this procedure is 1.78 (SD= .42) with a sample size of n=179.

4.8.2 Labour ward and nursery

With regard to a labour ward, n=137 (77%) of all the respondents report that they are ready and n=41 (23%) need more time in a labour ward as a student. The mean for this procedure is 1.23 (.42) with a sample size of n=178.

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The findings further reveal that n=112 (64%) of all the respondents are ready to practise in nursery after graduation and n=64 (36%) need more time in nursery during their midwifery training programme. The mean for this procedure is 1.36 (SD=.48) with a sample size of n=176.

4.8.3 Postnatal clinic, MOU and antenatal clinic

In response to practising as a midwife in a postnatal clinic after graduation, the findings reveal that the majority of the respondents, n=155 (86%), are ready while n=25 (14%) need

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more time during their midwifery training programme. The mean for this procedure is 1.14 (SD= .35) with a sample size of n=180.

Similarly to the postnatal clinic, the results for the MOU practice area show that n=155 (86%) of the respondents perceive themselves as ready and n=25 (14%) indicate that they need more time in an MOU setting during their midwifery training programme. The mean for this procedure is 1.14 (SD= .35) with a sample size of n=180.

In respect of an antenatal clinic, the findings reveal that the majority of the respondents, n=152 (84%), are ready to work in an antenatal clinic after graduation and n=29 (16%) need more time. The mean for this procedure is 1.16 (SD= .37) with a sample size of n=181.

4.8.4 Secondary (low-risk) and tertiary (high-risk) hospital

When looking at the results, the findings reveal that n=132 (74%) of the respondents are ready to work in a secondary hospital after they graduate as midwives, while n=47 (26%) need more time. The mean for this procedure is 1.26 (SD= .44) with a sample size of n=179.

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However, the findings indicate that the majority of the respondents, n=127 (70%), need more time during their midwifery training programme to practise in a tertiary hospital setting, while only n=54 (30%) are ready to practise in a tertiary hospital once they are registered midwives. The mean for this procedure is 1.70 (SD= .46) with a sample size of n=178.

4.9 Limitations

The study was conducted at only one university in the Western Cape. The findings of the study cannot be generalised since the programmes differ from institution to institution. The size of the sample is also part of the limitation of the study conducted.

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4.10 Conclusion

In this chapter, the researcher covered the quantitative as well as the coding of open-ended question. The results were extracted from the questionnaires that the respondents had to complete. These results were presented in the form of a pie chart, tables and themes. Finally, the researcher commented on the limitations of the current study. In Chapter 5, the researcher will elaborate on the findings, make some recommendations, and conclude the current study.

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CHAPTER 5

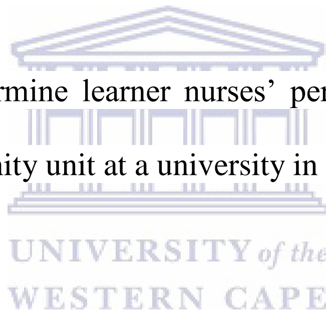
DISCUSSION OF FINDINGS, RECOMMEDATIONS AND CONCLUSION

5.1 Introduction

The research will present and discuss the findings in this chapter, which is in relation to the demographic data and the objectives of the study, as well as the relevant literature reported from different studies. Furthermore, in this chapter the research will also look at the limitations, recommendations and conclusions of the study.

5.2 Aim of the study

The aim of the study is to determine learner nurses' perceived levels of competence and willingness to practise in a maternity unit at a university in the Western Cape Province.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5.3 Objectives

1. To determine learner nurses' perceived levels of competence on key procedures in midwifery in the Western Cape Province.
2. To determine the perceived willingness of learner nurses to practise in midwifery units in the Western Cape Province.

5.4 Demographic data – Section A

5.4.1 Age

In the current study, the majority of the respondents were less than 25 years of age with a mean age of 24 years. The youngest respondent was 19 years old, which could suggest that

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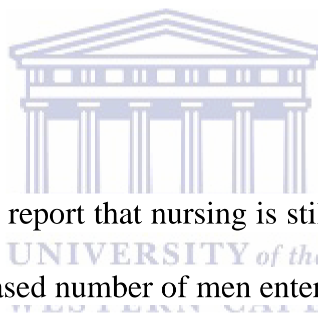
the respondent commenced the training programme at the age of 16 years, and the eldest respondent was 49 years old. The findings suggest that at graduation the majority of the respondents will be 26 years old, since midwifery is done in the third year of the training programme. The findings is similar to a study done by Auerbach, Buerhaus and Staiger (2011), which state that the number of newly registered nurses aged 23 to 26 who are entering the nursing profession is increasing. However, they questioned whether the interest to study nursing will continue to increase at this rate in the future. On the other hand, they indicated that the nursing profession might grow faster than initially thought given the amount of young, new registered nurses who are entering the profession (Auerbach, Buerhaus, & Staiger, 2011).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5.4.2 Gender

Rispel (2015) and Masters (2005) report that nursing is still perceived as a female-dominated profession regardless of the increased number of men entering the profession. The findings of the current study are similar, and show that the majority of the respondents are females. This is quite common since nursing is traditionally seen as a profession for women. A study done by Rispel, Blaauw, Chirwa and de Wet (2014) about the factors influencing agency nursing and moonlighting among nurses in South Africa, reveal that the majority of respondents are females. When looking at the gender-based statistics in the Western Cape, the statistics shows that females dominate the nursing profession.

5.4.3 Marital status

The findings of the study report that the majority of the respondents were single, while the rest of the respondents were either divorced or in a stable relationship, or described their

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status as "complicated". Noting that the majority of the respondents are fairly young adults, approximately 24 years old, it is highly likely that the majority would be single.

5.4.4 Educational qualifications

The results show that the majority of the respondents did not have any tertiary qualifications prior to registering for the R425 degree training programme. Those respondents who had tertiary qualifications before registering for the R425 degree training programme were qualified in different fields, and only two respondents had former experience in the nursing field. With the respondents being young adults, it is likely that most of the respondents registered for the R425 programme after completing their secondary education (matric). The researcher did not compare the competence levels between the groups since most of the respondents did not have any prior educational qualifications.

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5.5 Intention to practise as a midwife

Clinical experience during training programmes plays an important role in learner nurses' professional development. How learner nurses perceive midwifery during their clinical placement will hugely influence their decision to specialise in a specific field of choice. The findings reveal that the majority of the respondents intend to practise as midwives once qualified.

Edward, Warelow, Hemingway, Hercelinskyi, Welch, McAndrews and Stephenson (2015) state that personal clinical experience is identified as one of the major motivational factors for undergraduate learner nurses to choose mental health nursing as a career or not. Furthermore, the findings of a study by Tseng et al., (2013) indicate that the experiences in clinical

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situations help support learner nurses to develop positive attitudes and professional values which lay the foundation for a specific career path in nursing.

5.6 Outstanding midwifery practical hours

According to the findings, most respondents owed practical hours. The UWC (Faculty of Community & Health Science) yearbook of 2016 states that learner nurses are allowed to register for the next level of training or should be admitted for examinations at any year level as long as the student complete 80% of the specified practical hours. The findings reveal that the majority of the respondents have less than 100 hours outstanding. Some of the respondents also indicated that they were not sure about the amount of hours they have outstanding. The amount of hours owed by learner nurses could have been less, but the nationwide student protest which took place in 2016 disrupted many learner nurses' academic and practical training. Since most of the learner nurses had less than 100 outstanding practical hours, their overall competence levels was not affected. However, this could be the reason why students rated lower their perceived level of competence in high risk practical areas.

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5.7 Perceived competence and willingness procedures

The current study is focusing on the perceived levels of competence and willingness of undergraduate learner nurses to practise in a maternity unit after graduation. The study looked at some of the core competences of the midwifery training programme as the main goal of nursing and midwifery councils is to have competent and prepared graduates who are able to practise independently (World Health Organization, 2009). Competence is seen as an important aspect of the nursing profession globally. Successful completion of the training programme does not imply that new registered nurses or midwives are prepared and competent for practice Dlamini et al., (2014). However, Turkmani et al. (2013) suggest that

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midwives do feel competent in certain areas of practice such as performing basic obstetric procedure.

5.7.1 Procedure: vaginal examination and pelvic assessment

A vaginal examination is important in midwifery practice as it is performed on a routine basis when women are in labour. It is needed to monitor the progress of labour and therefore it is important for midwives to be competent in performing this procedure (Muliira, Seshan, & Ramasubramaniam, 2013).

The findings of the study concluded that the respondents perceive themselves as competent in performing a vaginal examination and more willing to perform a vaginal examination competently once they are qualified midwives. These findings are similar to that of Reynolds, Cluett and Le-May (2014), who revealed that learner nurses were competent when performing a vaginal examination. However, the findings of both studies do not correlate with a study by Skirton, Stephen, Doris and Cooper, (2012) who found that learner nurses' competence levels were low when they had to perform a vaginal examination on women who were in labour.

Reynolds, Cluett and Le-May (2014) further find that learner nurses are competent at performing the basic obstetric procedures such as pelvic assessment during practical training. The results of the current study differ from this. The majority of the respondents indicated that they perceive themselves as not yet fully competent, even after successfully completing the midwifery training programme. However, they indicated that after graduating as midwives, they would be more willing to perform a pelvic assessment once in practice.

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5.7.2 Procedure: monitoring and interpreting of CTG

The results show that almost three-quarters of the respondents perceive themselves competent when monitoring the fetal heart rate while in practice. The fetal heart rate needs to be monitored during pregnancy, especially when the pregnant woman is classified as a high-risk patient. When a pregnant woman is in labour, the fetal heart rate is monitored to detect any problems that could occur to the fetus while in utero, especially during the intrapartum period.

The study also shows that the respondents would be more willing to monitor the fetal heart rate once they are registered midwives. However, Sharma, Hildingsson, Johansson, Prakasamma, Ramani and Christensson (2015) suggest that learner nurses have low confidence when they have to monitor and interpret the fetal heart rate on women in labour.

Similarly, the findings of the current study show that the majority of the respondents do not perceive themselves as competent to interpret the fetal heart rate. This could be due to the fact that they do not have sufficient skills and experience to interpret the results of the report. However, most of the respondents indicated that once qualified they would be more willing to interpret the report. Interpreting the fetal heart rate is of great importance in obstetrics, since a wrong interpretation puts the lives of the unborn baby and mother at risk.

Ugwumadu (2014) reported on the guidelines for monitoring and interpreting fetal heart rate and emphasised that when midwives and obstetricians have a lack of confidence in interpreting the CTG, it could lead to unnecessary operative intervention or even neonatal death. This in turn, could increase the neonatal mortality rate. CTG interpretation is a mandatory skill for obstetrics which is particularly important during the intrapartum period (Ugwumadu, 2014).

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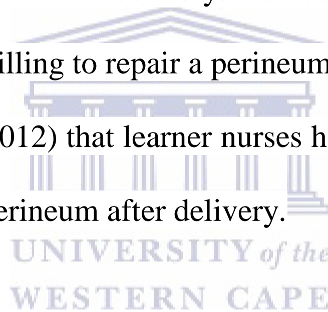
5.7.3 Procedure: performing an episiotomy and suturing the perineum

According to the study, the respondents did not perceive themselves as competent when they had to perform an episiotomy during practice. Skirton et al. (2012) had similar results which revealed that learner nurses had low confidence in performing an epsiotomy. This could be since most hospitals use the "hands-on" and "hands-off" technique rather than performing an episiotomy. Evidence has shown that this technique is less likely to cause severe perineal trauma during delivery (Rezaei, Saatsaz, Chan and Nia, 2014). However, fewer respondents are more willing to perform an episiotomy once they are qualified midwives.

In this study, the results show that just over 50% of the respondents perceive themselves competent to repair the perineum after a delivery. However, the findings also note that the majority of the respondents are willing to repair a perineum once qualified. This is contrary to the conclusion of Skirton et al. (2012) that learner nurses had low competence when they had to repair any level of tear to the perineum after delivery.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5.7.4 Procedure: management of PPH and pre-eclampsia

The results of this study show that most respondents perceive themselves competent in starting an intravenous infusion. Graduates need to be competent to ensure that patients have IV access because when postpartum haemorrhage occurs, it is vital for fluids to be replaced as soon as possible (Woiski, Scheepers, Liefers, Lance, Middeldorp, Lotgering, Hermens (2015). Postpartum haemorrhage and pre-eclampsia are some of the major conditions in South Africa that contribute to an increase in maternal death if not promptly recognised and managed (World Health Organization, 2017). The findings of this study revealed that the majority of the respondents perceive themselves as competent to manage a patient with postpartum haemorrhage. Most of the respondents also reported being very willing to manage these complications once qualified.

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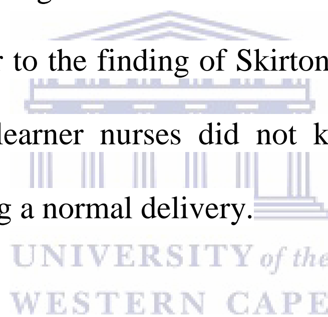
Competence in the management of postpartum haemorrhage and pre-eclampsia are critical when dealing with these life-threatening situations, as this can save the life of the mother and assist in decreasing the maternal death rate. In response to how they perceive their competence in managing a patient with pre-eclampsia, the majority perceive themselves as competent. Likewise to their responses to managing postpartum haemorrhage, the respondents perceive themselves not only competent with managing both procedures but are also very willing to manage these conditions once qualified.

The results of the present study are not consistent with the findings of Turkmani et al. (2013) and Skirton et al. (2012). In a study done by Turkmani et al. (2013), it was found that learner nurses are not very willing to manage conditions such as postpartum haemorrhage and pre-eclampsia. This finding is similar to the finding of Skirton et al. (2012) which revealed that, during the intrapartum period, learner nurses did not know how to identify or manage difficulties that could occur during a normal delivery.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5.7.5 Procedure: neonatal resuscitation

The results of the study show that the respondents do not perceive themselves competent when they are faced with a neonatal resuscitation during practice, with the majority of the respondents indicating that they are working towards competence in this area. This finding is similar to that of a study done in India by Sharma et al. (2015), who found that learner nurses have low levels of confidence when they have to apply basic neonatal care and manage neonatal complications once they arise. Having competent and skilled birth attendants present at birth is vital as these skills and competences save the lives of neonates. Consequently, this will help to decrease the child mortality rate (World Health Organization, 2009).

5.7.6 Procedure: counselling HIV-positive mothers

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Reynolds, Cluett and Le-May (2014) state that learner nurses feel competent in performing the HIV task but feel unprepared to provide up-to-date management of HIV in accordance with the guidelines, since their training programme had minimal coverage on the HIV guidelines. The findings of the present study concur with that of Reynolds, Cluett and Le-May (2014) which show that most of the respondents indicated that they perceive themselves as competent to counsel mothers regarding prevention of mother to child transmission of HIV (PMTCT). It is important that learner nurses, newly graduates, and practising nurses and midwives make sure that they keep abreast of the constantly changing HIV guidelines.

5.8 Maternity practice areas

5.8.1 Low-risk practical areas

According to the findings of the study, the majority of the respondents indicated that they do not need time in low-risk settings as they feel comfortable caring for mothers and babies in these practical areas. Nonetheless, the respondents have indicated that there are some practical areas where they may have to spend more time in during the midwifery training programme.

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With regard to antenatal, postnatal, MOU and labour wards, most of the respondents indicated that they do not need more time in these areas during practical placements. This finding is consistent with that of Mirzakhani, Jahani Shorab, Golmakani, Tafazoli and Ebrahimzadeh (2012), which revealed that when learner nurses graduate midwifery, they have adequate skills in how to manage low-risks mothers and infants. Similarly, Skirton et al. (2012) also state that learner nurses feel competent when they are working in a low-risk setting since they can provide care to pregnant women.

When the respondents were asked to indicate if they needed more time in the nursery, the majority of the respondents indicated that they were prepared. However, comparing this to

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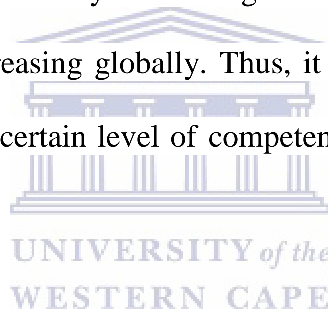
their responses during low-risk placements, fewer respondents indicated that they are prepared. This may indicate that the respondents need more time in the nursery as they also reported that they do not perceive themselves competent in neonatal resuscitation.

5.8.2 Theatre

According to the results of the study, the majority of the respondents reported that they are not prepared and need more time in theatre. A study done by Pierides et al. (2013) revealed that learner nurses had a lack of theatre experience during their training programme.

Undergraduate midwifery learner nurses need more time in theatre as it is one of the basic skills needed while working in midwifery. According to a study done by Betrán et al. (2016), the caesarean section rate is increasing globally. Thus, it is important for learner nurses to perceive themselves as having a certain level of competence in theatre before graduating as midwives.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5.8.3 High-risk areas

The findings of the study reveal that the majority of the respondents indicated that they need more time in high-risk areas during their midwifery practical placement. The results are similar to those of Skirton et al. (2012), who reported that learner nurses need more time to practise their competences and skills in high-risk areas. The learner nurses reported that if they are longer in high-risk areas it would be beneficial to them as learner nurses (Skirton et al., 2012). More attention needs to be paid to the practical hours that learner nurses spend in high-risk areas, since the skills and knowledge obtained in these areas are vital to the development of a midwife.

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5.9 Conclusion

Although all the respondents successfully completed their midwifery training programme, they were asked how competent they perceive themselves when performing certain key procedures. The findings of this study revealed that the respondents perceive themselves competent to perform the basic obstetric procedures. The objectives of the study were to determine the perceived levels of competence and willingness of 4th year learner nurses. Furthermore, the findings revealed that the respondents perceive themselves competent to perform most key procedures. The study also revealed that the respondents are more willing to perform all the key procedures once they are qualified midwives.

However, there were certain areas in which they perceived themselves to have low competence. For instance, the respondents indicated that they have very low competence when they have to perform an episiotomy. This could be due to the "hands-on" and "hands-off" approach that has been adopted in hospitals in recent years. However, it is important for learner nurses to at least gain the basic skill during their training programme, as this will help once they are independent practitioners in the midwifery field.

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Trained, skilled practitioners are needed during the delivery as the majority of the respondents are not competent when they have to deliver a breech or shoulder dystocia presentation. The reason why respondents do not feel competent could be the lack of exposure to obstetric emergencies during practice. It is therefore important that these skills are extensively covered in the skills laboratory during the training programme. This could be the only place where learner nurses would be able to acquire the basic skills that qualified midwives require.

With the staff shortages in the health care sector, it is important for learner nurses to learn the basic skills while in training, such as being competent to assist an obstetrician during a

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neonatal resuscitation. These skills are important to have because it can make a huge difference in the outcome of a neonatal resuscitation.

Finally, more time is needed in high-risk practical areas since the current study has shown that respondents are prepared to practice in low-risk areas, whether primary or secondary level, but needed more time in high-risk areas, especially in theatre. Achieving clinical competence as a student while in training will produce a competent independent practitioner.

5.10 Recommendation

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Given the findings of the study, the researcher has some recommendations for further research in the midwifery field and to improve the effectiveness of training programmes, despite the limitations presented.

5.10.1 Further research

In South Africa, further research is required to determine the competence levels of student midwives and newly qualified midwives since research in this field of practice is minimal.

Further research has to be done regarding the preparedness of student and newly qualified midwives.

5.10.2 Training programmes

According to the results of the study conducted, training institutions need to provide student midwives with more opportunities whereby they can increase their skills in high-risk areas.

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More time is needed in high-risk areas during practical placements, such as the nursery, theatre and high-risk areas in tertiary hospitals.

More time is needed in the skills laboratory to prepare learner nurses for key procedures in which respondents perceive themselves to have low competence i.e. delivering a breech, shoulder dystocia, neonatal resuscitation, theatre and high-risk hospital (tertiary).

More time needs to be considered for learner nurses to spend in high-risk areas where they can acquire the basic skills to equip them to become independent practitioners once they qualify as midwives.

Teaching and mentoring are needed for newly qualified midwives after graduation during the transitioning programme.

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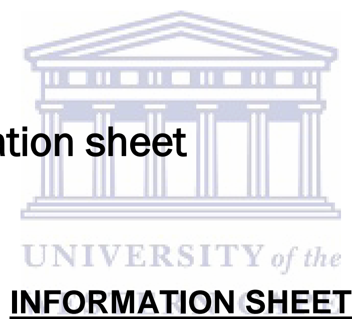
Annexure 1: Information sheet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INFORMATION SHEET

Project Title: Determining learner nurses' perceived level competence and willingness to practice in a maternity unit at a University in the Western Cape Province

What is this study about?
This is a research project being conducted by Charlene Isaacs at the University of the Western Cape. We are inviting you to participate in this research project because you have valuable information to contribute to the study. The purpose of this research project is to determine the perceived level competence and willingness of learner nurses' to practice in a maternity unit.

What will I be asked to do if I agree to participate?
You will be asked to complete a questionnaire distributed by the researcher. The questionnaire will be completed after lectures and is expected to last 10-20 minutes

Would my participation in this study be kept confidential?
The researcher undertakes to protect your identity and the nature of your contribution. To ensure your anonymity, the questionnaire does not require you to enter any personal details

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To ensure your confidentiality, all questionnaires will be kept confidential and locked in cabinet, whereby the researcher will only have access to.
If we write a report or article about this research project, your identity will be protected. In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others. In this event, we will inform you that we have to break confidentiality to fulfil our legal responsibility to report to the designated authorities.

What are the risks of this research?
There may be some risks from participating in this research study. Risks associated with participating in the study will be minimized, and should any discomfort be experienced, support and counselling will be available and provided to the participants that may experience any discomfort before, during or after the research.

What are the benefits of this research?
This research is not designed to help you personally, but the results may help the investigator learn more about the perceived level of competence and willingness of learner nurses' to practice in a midwifery unit. We hope that, in the future, other people might benefit from this study through improved understanding of the learner nurses perceived level of competence and willingness to practice in a maternity unit, and that the findings of the study might help future students to be better prepared to practice in a midwifery unit after their graduation.
Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify. Participation in the research is not a course requirement.

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What if I have questions?
This research is being conducted by *Mrs Charlene Isaacs from the School of Nursing* at the University of the Western Cape. If you have any questions about the research study itself, please contact *Mrs Charlene Isaacs* at:
School of Nursing
University of the Western Cape
Private Bag X17
Bellville 7535
Tel.: 079 370 0976
Email: 3517755@myuwc.ac.za

Or the study supervisor:

Prof H Julie
School of Nursing
University of the Western Cape
Private Bag X17
Bellville 7535
Tel: 021 959 2749
Email: hjulie@uwc.ac.za

http://etd.uwc.ac.za/

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Prof Karien Jooste
Head of Department: School of Nursing
University of the Western Cape
Private Bag X17
Bellville 7535
kjooste@uwc.ac.za

Prof José Frantz
Dean of the Faculty of Community and Health Sciences
University of the Western Cape
Private Bag X17
Bellville 7535
chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Research Ethics Committee. REFERENCE NUMBER: HS/16/3/30

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Annexure 2: Consent form

A: PARTICIPANT INFORMATION SHEET

Title: Determining learner nurses' perceived level competence and willingness to practice in a maternity unit at a University in the Western Cape Province

What is the purpose of the study?

This research study is conducted by Charlene Isaacs as a requirement for the fulfilment of the Master's Degree program at the University of the Western Cape. The purpose of the study is to determine the perceived readiness of final year nursing students to practice in a maternity setting after graduation in a University of the Western Cape.

What am I expected to do in my participation in this study?

You will be expected to complete the questionnaire conducted by the researcher at your convenient place and time. The questionnaire is expected to last for about 10-20 minutes.

Is my participation in this study confidential?

Your information provided for the sake of the study will be kept confidential by keeping it in a lockable cabinet. The questionnaire does not require you to enter any personal details. In the final report, and in case of publication confidentiality will still be maintained.

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WESTERN CAPE

Any risks in participating in the research study?

There are no known risks for taking part in this study, however in case that risks have arisen action will be taken to prevent you being affected by the risks.

What are the benefits for taking part in the study?

There are no personal gains, but the findings of the study have the potential to convey knowledge that will aid health care workers, particularly midwives and nursing institutions with evidence to help prepare students better to practice after graduation and thus facilitate the provision of improved maternal and child care.

Any room for withdrawal in participating in the research study?

Participation is strictly voluntary, and you are free to choose not to take part in the study. In the case that you have decided to take part in the study, you may as well feel free to withdraw

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participation at any point, and no punitive measures shall be imposed regarding such decision on your part.

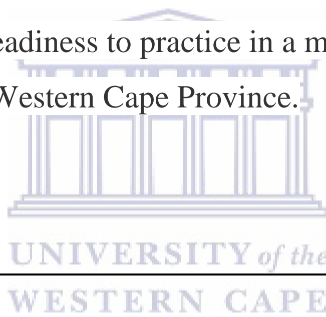
What action do I take if I have any question regarding the study?

The researcher can be contacted at any time if there are any concerns pertaining to this research study by using the following contact information: Mobile- ……………, email- ………………………….. The research supervisor can also be contacted on the following numbers:………………………….. Email: …………………………….

The permission to conduct the study has been granted by the Senate Research Committee and the Ethics Committee of the University of the Western Cape.

B: CONSENT FORM

Title: Determining the perceive readiness to practice in a maternity unit for final year nursing students in one University in the Western Cape Province.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WESTERN CAPE

Participant's name: ___________________________

Signature: ___________________________

Witness name: ___________________________

Signature: ___________________________

Date: ___________________________

I__________________, the participant have been proposed to take part in this research study currently being conducted by Charlene Isaacs, a Master's Degree student at the University of the Western Cape. I have been assured by explanation that my identity will not be disclosed and that my taking part in the study is strictly voluntary. I have been told that I have the right to withdraw my participation at any time, and that such withdrawal will not be punitive on my part. The questions that I posed to the researcher were responded to appropriately. I have also been informed that even if the findings of the study are published anonymity will still be maintained. Information derived from the study will be confidential but accessible to the

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research supervisor, and submitted for a Master Degree. There is no personal, financial or other gain regarding my participation in this study. I have been told that the interview will be audio recorded and I have given permission for the recording to be done.

I hereby, voluntarily give consent to take part in the study.

Signed at________________________________ on ____________ 20 _____

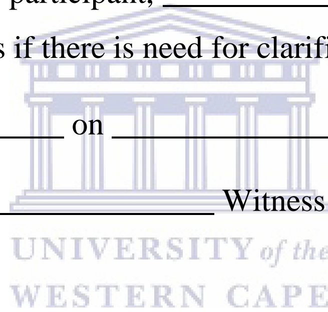
Participant: ____________________________ Witness: ______________________

Statement by the Researcher:

I_________________, the undersigned do hereby declare that I have explained the content of the document in English to the participant, ____________________ (Name of participant) and requested her to ask questions if there is need for clarification.

Signed at _______________________ on ________________ 20 __________

Researcher _______________________________ Witness ________________________



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Annexure 3: Ethical clearance

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OFFICE OF THE DIRECTOR: RESEARCH
RESEARCH AND INNOVATION DIVISION

Private Bag X17, Bellville 7535
South Africa
T: +27 21 959 2988/2948
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E: research-ethics@uwc.ac.za
www.uwc.ac.za

10 August 2016

Mrs C Isaacs
School of Nursing
Faculty of Community and Health Sciences

Ethics Reference Number: HS/16/3/30

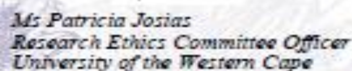
Project Title: Determining learner nurse' perceived level of competence and willingness to practice in a maternity unit a University in the Western Cape Province.

Approval Period: 10 May 2016 – 10 May 2017

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval. Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.



Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

PROVISIONAL REC NUMBER - 130416-049

FROM HOPE TO ACTION THROUGH KNOWLEDGE

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Annexure 4: Permission to conduct study at UWC

STUDENT ADMINISTRATION
Administration Building, 1st Floor
ashaikjee@uwc.ac.za, rochoeman@uwc.ac.za
021 959 2110

18 August 2016

Dear Charlene Isaacs

RE: PERMISSION TO CONDUCT RESEARCH AT THE UNIVERSITY OF THE WESTERN CAPE

As per you request, we acknowledge that you have obtained all the necessary permissions and ethics clearances and are welcome to conduct your research as outlined in your proposal and communication with us.

Please note that while we give permission to conduct such research (i.e. interviews and surveys) staff and students at this University are not compelled to participate and may decline to participate should they wish to.

Should you wish to make use of or reference to the University's name, spaces, identity, etc. in any publication/s, you must first furnish the University with a copy of the proposed publication/s so that the University can verify and grant permission for such publication/s to be made publicly available.

Should you require any assistance in conducting your research in regards to access to student contact information please do let us know so that we can facilitate where possible.

Yours sincerely

DR AHMED SHAIKJEE
MANAGER: STUDENT ADMINISTRATION
OFFICE OF THE REGISTRAR

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Annexure 5: Questionnaire

Determining learner nurses' perceived level of competence and willingness to practice in a maternity unit at a University in the Western Cape Province.

This questionnaire has been designed to measure the perceived level of competence of learner nurses and their perceived willingness to practice in a midwifery setting after completion of the R425 programme. Please complete Sections A, B, C and D.

Section A: Write your age in years (question 1) and tick the relevant box (questions 2-4)

1. Age: ....years
2. Gender:
   - Female ☐
   - Male ☐
3. Marital status:
   - Single/ ☐
   - Married/ ☐
   - Divorced/ ☐
   - Widow/ ☐
   - Stable relationship ☐
   - Other ☐ Specify: ....
4. Previous highest qualification/s before starting nursing programme:
   - Matric ☐
   - College Certificate ☐ Specify ....
   - College Diploma ☐ Specify: ....
   - Bachelor degree ☐ Specify: ....
   - Other ....

Section B: Tick the relevant boxes (5 and 6) and write complete questions 5.1 and 6.1

5. Do you plan to work in a Midwifery setting after graduation? Yes ☐ No ☐

5.1. Please motivate your answer

....

....

6. Do you still have outstanding clinical hours for midwifery? Yes ☐ No ☐

6.1 If yes, how many hours are outstanding?

....

....

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Section C: Example

Circle the number that most accurately reflects your perception regarding the **Key procedures (listed in column A)** in terms of your Level **of competence (column B)** and your **Willingness to practice the procedure (Column C)** using the following keys: **1 very low;-2 low,; 3 average; 4 high; and 5 very high.**

The example below reflects an average level of competence in terms of tying shoelaces, but a very low willingness to tie shoelaces. Now continue to fill in all the questions (5-16) related to midwifery below.

Key procedures (A)	Level of competence (B) Low high	Willingness to practice (C)
Tie a shoelace	1 2 (3) 4 5	(1) 2 3 4 5

7.Pelvic assessment	1 2 3 4 5	1 2 3 4 5
8.Vaginal examination	1 2 3 4 5	1 2 3 4 5
9.Starting an intravenous infusion	1 2 3 4 5	1 2 3 4 5
10.Cardiotocograph (CTG) monitoring	1 2 3 4 5	1 2 3 4 5
11.CTG interpretation	1 2 3 4 5	1 2 3 4 5
12.Performing a episiotomy	1 2 3 4 5	1 2 3 4 5
13.Suturing the perineum	1 2 3 4 5	1 2 3 4 5
14.Performing a delivery	1 2 3 4 5	1 2 3 4 5
15.Delivering of a breech	1 2 3 4 5	1 2 3 4 5
16.Delivering shoulder dystocia	1 2 3 4 5	1 2 3 4 5
17.Management of post-partum haemorrhage	1 2 3 4 5	1 2 3 4 5
18.Management of pre- eclampsia	1 2 3 4 5	1 2 3 4 5
19.Neonatal resuscitation	1 2 3 4 5	1 2 3 4 5
20. Counselling of a prevention of mother to child transmission of HIV (PMTCT) mother on treatment before delivery	1 2 3 4 5	1 2 3 4 5

Section D: **If you are ready to practice in the following maternity practice areas after graduation choose 1 or 2 if you need more time.**

How ready are you to practice in the following maternity practice areas after graduation		
Maternity practice areas	**I am ready**	**Need more time**
21.Antenatal ward	1	2
22.Post-natal ward	1	2
23.Theatre	1	2
24.Labour ward	1	2
25.Nursery	1	2
26.Antenatal clinic	1	2
27.Post natal clinic	1	2
28.Maternity Obstetric unit (MOU)	1	2
29.High risk hospital (tertiary)	1	2
30.Low risk hospital (secondary)	1	2

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Annexure 6: Permission to use and adapt questionnaire

University of the Western Cape
School Of Nursing
Private Bag x17
Bellville
7535
Cape Town

10 November 2017

TO: Who It May Concern

I would like to give permission to Isaacs, C (3517755) to utilize the questionnaire I have designed and developed.

Yours Sincerely
Haaritha Boltman-Binkowski

Lecturer/ Midwifery Co-Ordinator
School of Nursing

T: +27 21 959 3585
C: 072 800 2011
E: hboltman@uwc.ac.za

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Annexure 7: Coding sheet of open-ended question

Coding Sheet of open-ended questions
2. I choose to help women who are pregnant
3. I do not enjoy midwifery and I do not intend to practice in that specific field
4. I love midwifery and I think with more practice I can be more competent
6. Because I love working there and have new challenges everyday
7. I'm so passionate about midwifery, it challenge me, it scare me and it empire me to love this profession even more
8. Still have to study
9. I don't like midwifery
10. I quite do enjoy it
11. I do not find midwifery a type of setting that I can spend time working in and I don't like it
13. I do not like midwifery and it is not my favourite field
14. It's not my favourite field
15. Midwifery is more practical hands on, setting that requires you to know your patients. Strictly monitoring, stages until labour and has a side of a baby as well. Paediatrics
16.I like helping especially when I am working with children(babies)
17. Because I don't feel comfortable with some of midwifery task
18. I truly found midwifery something I truly enjoy. I have had ever enough experience in it to have been able to confidently say I love midwifery
21. I fully enjoyed my experience in midwifery and would like to fill a post there
22. I feel like UWC midwifery course was cramped in a short time period, with many hours, this made me loose interest as I didn't get time to fall "in love" with it
23. I only worked in a MOU for half of by 3rd years so I would like to work as I find it interesting
25. I do not enjoy midwifery
26. I enjoy the maternity ward, however, if I have a choice midwifery is not my first choice
27. I want to work as a nursing practitioner
28. It is not my goal to work in a midwifery facility/ placement, however, if I have no other options I would consider working there
31. I prefer working as trauma nurse
32. I am very interested in midwifery and one day I would love to specialise on it
33. I would prefer primary health care
34.I just don't like midwifery, could come with a lot of complications
35. Found it so traumatising too see a woman in labour, in a way I am very sensitive
36. I don't like it
37. I have develop a passion for midwifery
38.No- there are to lives in your hand
39. I have found a liking in midwifery
40. I hate midwifery
41. I am not comfortable enough with the process even though I know what to do
42. Further studies
43. Further studies
44. because I find it very interesting and not routine
45. I will work as a midwife in my comm serve year however I plan to further my studies thereafter
46. Not interested in midwifery
48. Love midwifery, it's exciting and I'm passionate about it
49. not interested
50. it has a lot of risk and care for 2 persons in once
51. I enjoyed watching and helping bring new life into the world
53.It is an interesting field and I would like to learn more
54. I like the working environment
55. It has the same environment as trauma, that is why I would only work labour side
57. During low risk I was a student learnt a lot and would like to broaden my knowledge in advance midwifery
60. I did not enjoy midwifery
61. Due to lack of exposure to competency
62. Because it is interesting and you learn new things everyday
63. I feel more competent in community
64. Being part of ushering life into the world are my joy. It also require a lot of input from RN
65. I love and feel competent and comfortable in working / doing midwifery
67. I don't feel to competent about it
68. I enjoyed the midwifery experience
69. Enjoyed the experience and new things learnt
70. I was most competent in labour ward and antenatal
71 I like to work in midwifery
73. It has been an amazing experience for me
74. Do not like midwifery
75. Not my personal choice
76. I found midwifery interesting and real
77. It's not so related to ill patients

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78. I did not like it it's not for me
80.I love midwifery, you deal with sick people and the joy of delivery is extinct
82. Unsure but if I get placed at a midwifery facility. Yes
83. It's too risky
85. Does not interest me
87. I found midwifery to be difficult
90. I enjoyed handling the delivery and labour process especially MOU level
92. Passionate about maternal and neonatal care
94. Not by choice
95. I enjoyed working as a midwife
96. I like the idea of delivering babies
98. love to work in labour ward, because the one moment the fetus Is outside and the next crying outside
99. Midwifery days was limited working in the ward , feel not competent need more exposure
100. Because I love midwifery
101. I would love to work there as I am witnessing the begging of life but midwifery is my second choice
102. Midwifery give me the sense of independence
103. uninterested
104.It's interesting more learning
105. If their place me in midwifery setting I will work there because I did enjoy my midwifery placement. Did learn a lot
106. I do like midwifery but it would be one of my last options it is not an environment I would spend months in
107. Its action packed. Exciting unpredictable cases occur daily
108. Do not feel competent enough. Hated the discipline done to feeling ill equipped in practical management of labour. Everything is done theoretically mainly, majority of prac experience left to ward, sisters not always good teachers
109. I love midwifery it forms the best part of my training
110. Midwifery is not my first choice but if I get place there I would not mind. I enjoyed midwifery in the clinic more than the hospital
111. It is interesting
113. Because I love midwifery and delivering babies and the responsibilities
114. Because I like midwifery I just have a passion for it
115. I really enjoyed working in low risk midwifery. It's very hands on
116. I enjoyed midwifery but would go where I am place
117. Midwifery is one of the 3 option I am currently enjoying
118. Will if I have to it is to intrusive
119.I enjoy working midwifery
120. Because it is where I can save lives and I can be in charge of what I am doing
121. I think that I need more experience before working in midwifery setting. The responsibility in the midwifery setting is more than in general
122.I am confident to work in maternity but midwifery is not interesting
123.If I can work in a primary health care setting it would be nice midwifery my second choice
124. I enjoyed midwifery and that is a definite option when I finish
125. I enjoyed working in maternity unit during my placement and it just fascinates me
126. I have a passion for midwifery and love to take care of baby antepartum intra and post
128. personal reasons
129. I find midwifery interesting and enjoyed being a midwife
130 I'm interested in working in a midwifery setting I love it when I was working
131. I enjoyed working at in maternity unit
132. I feel competent and confident to work in midwifery setting
133. I would like to get 1 year extra experience but do not want to do it long term
134. I would like to work in trauma
135. Would like to get a chance to work as a sister and practice without limitations
136. I have no problem with midwifery setting its okey but not for me
139. I would prefer to work in trauma
140. Being a midwife inspire me I felt old about it just easy to do
141. I have a passion for midwifery
142. planning on doing advance midwifery
143. my preference oncology
144 I prefer the icu and theatre setting
145. although I love midwifery I would like to work in a clinical setting
147. well midwifery was so interesting for me, I learned something new every day it motivated me to love my anatomy and human body even more
148. labour pains … especially the baby crying and not liking what I am saying
149. I always wanted to be a midwife in the facilities I enjoyed it even when I was tired
150 I love midwifery I enjoyed it
151. I will have to work in midwifery if necessary but midwifery is not my first choice because I do not feel comfortable
152. I like to help mothers especially when they are in labour
153. I will apply if no other post are available
154. I enjoyed theatre and gynaecology and obstetrics unit
155. This would not be my first choice if I get place there As a com serve would cope
156. I really love midwifery enjoyed my midwifery training

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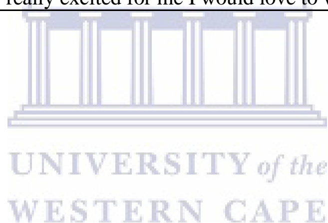
157. the level of risking a patients life is higher at stake and for someone that only had 6 moths of experience I feel like I would not be able to handle it
159. Very interesting field to work in
160. Personally I think midwifery is the kind of setting where you learn a lot and your knowledge will constantly enhanced
161. hopefully it would be a field I will excel at
162. I enjoyed working midwifery and plan on studying advanced midwifery
163. I just don't enjoy the work it's also a high risk area
164. I want more exposure after graduation
165. I want to do advance midwifery and work in a high risk facility NSH first +-5 years
166. Working with pregnant women is always unpredictable even if you are skilled you never know what to expect my interest is trauma
167. Midwifery is not what I want to do my masters in
168. But only in low risk institutions mou
169. This is an interesting speciality that I learned to love it grew on me
171. Because it is interesting
172. Because I love midwifery is very interesting I love to solve problems so midwifery is the way to go
173. Midwifery is one of the settings I most enjoyed. A lot more to learn but willing to do it
174. I am not passionate about midwifery
176. I enjoyed my placement and learned more to motivated me to study further in the field
177. I did not enjoyed it I don't think I can be a good midwife
178. I am passionate about delivering babies though midwifery is interesting but I have another field of study I am passionate about
179. Midwifery is interesting but it is not my thing that I can continue with
180. I enjoy working in midwifery setting its exciting and challenging and enthusiastic way
181. It's interesting and enjoy
182. I like to work in general ward
183. To gain more experience as I want major in it
184. It is very interesting field and I would like to attain higher qualification in the field
185. Due to low ratio of males in the department also one day I wish to study obstetrics
186. As a xhosa man and traditional am my allowed to continue midwifery side
187 I love bring babies into the world midwifery is really excited for me I would love to work in the mou



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Annexure 8: Editorial report

ACADEMIC EDITOR

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9 December 2017

To whom it may concern

I hereby submit this letter to verify that I have edited Charlene Isaacs' mini-thesis proposal "Determining learner nurses' perceived levels of competence and willingness to practise in a maternity unit at a university in the Western Cape Province" for the Degree of Masters in Advanced Midwifery and Neonatology.

The editing process included copy-editing, proofreading, and formatting, which was done with special attention to meeting the guidelines for formatting, structure and referencing as set out in the *University of the Western Cape Thesis Guide* and the *APA referencing guide*.

Working as a book editor, I have more than 10 years experience working for various publishing companies, which include Maskew Miller Longman, Cambridge University Press, Oxford University Press, and New Africa Books. Currently, I am a freelance editor for Oxford University Press Southern Africa, Higher Education section.

For more information about my professional profile, please refer to my LinkedIn page.

Yours sincerely

RAbrahams

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