

An Evidence - Based Model for Enhancing Optimal Midwifery Practice Environment in Limpopo Province, South Africa

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A sequential explanatory mixed method research design was adopted in order to develop an evidence-based model for enhancing optimal midwifery practice environment. The design was utilized in four phases: quantitative, qualitative, model development and validation of the model. Population comprised of midwifery practitioners and learner midwives. Simple random sampling was used to select 174 midwifery practitioners and 173 learner midwives. Ten midwifery practitioners and ten learner midwives participated only in the pilot study. Self-developed 4-point Likert scale questionnaires were administered. Statistical Package for Social Science version 22 was used for data analysis using descriptive and inferential statistics. Phenomenological semi-structured interviews were conducted for midwifery practitioners (n=20), 3 Focus group discussions of learner midwives (n=18) and 3 focus groups of puerperal mothers (n=18) were held until data reached saturation. Interview guides were used for individual interviews and focus group discussions to explore the quantitative findings in more depths through qualitative data analysis. Data were analysed qualitatively using Tesch's open-coding methods. Themes and sub-themes were coded manually. An interpretive integration of quantitative and qualitative designs was used for data collection and data analysis.

The results that emerged from the corroboration, comparison and integration of numeric and narratives revealed: the existence of sub-optimal midwifery practice environment, sub-optimal midwifery experiential learning environment and provision of sub-optimal midwifery interventions. An evidence-based model for enhancing optimal midwifery practice environment was developed from using reasoning strategies and the process of concept analysis. The components of the structure of the evidence-based model were: context, goal, existing environment, dynamics, sub-optimal midwifery practice environment, arrows and circles, bridge the gap and ideal situation. The evidence-based information from the existing situation as seen from the world of participants brought about a gap of optimal midwifery practice environment. Protocols were designed for quality improvement pertaining to human and material resources. Guidelines for utilizing evidence-based model were formulated.

Biography:

Dr. Thopola Magdeline Kefilwe, teaches midwifery, supervising research to undergraduates and Masters Dissertations. Qualifications: Doctor of Philosophy (PhD), Mcur, B Cur:Nursing Education, Community Nursing Science, Occupational Health Nursing, Nursing Administration, Registered Midwife and Registered Nurse.

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