

## Support needs of doctors: A case study in a maternal health facility in South Africa

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### ABSTRACT

**Background:** Eastern Cape Province is the one of the poorest provinces in South Africa with limited resources to support doctors who continuously care the high risk pregnant women in rural maternal health facilities. Offering support and care to high risk pregnant women can be a complex and difficult task to achieve. Doctors carry great responsibility for ensuring the needs of pregnant women and care are met. Such responsibility can generate great amounts of stress that may negatively impact doctors' day to day functioning. Yet, research concerning how to support doctors in meeting the needs in caring high risk pregnant women in Eastern Cape has never been carried out before.

**Aim:** The study sought to investigate the support needs of doctors caring for high risk pregnant women in a maternal health facility in South Africa.

**Methods:** A case study design of five doctors who care for pregnant women was used. Data was generated using semi-structured interview format. All data were analysed using Interpretative Phenomenological Analysis.

**Findings:** The study identified a range of support needs for doctors. Examples of these include practical support, training of staff, additional number of staff, supply of required equipment and other resources.

**Discussion:** Caring for high risk pregnant women was perceived as difficult and frustrating, yet rewarding. This difficulty was noted to be compounded by doctors' lack of skills and knowledge of caring these women. They also had experiences of stigma, which sometimes emanate from poor outcomes of the pregnancy.

**Conclusions:** The study findings have implications for practice and policy. Regular training and support should be offered to doctors in order to broaden their understanding of high risk pregnant women and enhance their caring ability. Doctors and midwives are the main source professionals to help pregnant women during their hospital visits.

**KEY CONCEPTS:** Case study, Doctors, Maternal health facility, Support needs.

### Introduction

Eastern Cape (EC) is amongst the poorest provinces in South Africa (SA) with insufficient assets to guide clinical medical doctors caring high risk pregnant women (Parliamental Monitoring Group, 2017). EC province has highest Patient Safety Incidences (PSI) associated to maternal health in South Africa (Gqaleni & Bhengu, 2020). Though more than one efforts have been initiated to manipulate high dangers in health facility settings, infrastructural issues and shortage of medical practitioner are still most important problems that promote the excessive rate of PSI (Ahmed, Thongprayoon, Schenck, Malinchoc, Konvalinová, & Keegan, 2015). EC province is among the provinces reported high rate of incidences and prevalence of high risk pregnant women living with tuberculosis (TB) and Human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) in SA (Archer, Hull, Soukup, Mayer, Athanasiou & Sevdalis, 2017). Mostly, TB occurs concurrently with HIV/AIDS contamination. This compromises pregnant women's health and immune

system living with these infections and causes death within few weeks of being infected. Therefore, it is common to find high statistics of PSI associated with maternal health reports in EC province.

A census conducted on the prevalence of maternal health associated risks in South Africa revealed that 40% of its population experienced multiple incidences during pregnancy in 2014 and 2017 (South Africa 2014). Ten percent (10%) of this population were reported that they have lost their lives. This figure is expected to grow on yearly basis because of poor infrastructure, lack of competency among health professionals and shortage of human resource. Most of high risk pregnant women are being referred to hospital for doctors' attention.

In addition to time and provision of bodily care, on hand medical doctors commonly commit significant amount of their time to guide high risk pregnant women. For hospitals with inadequate doctors, most of these excessive risk pregnant women are no longer being attended adequately (Bashir, Kong, JBuitendag, Manchev, Bekker & Bruce, 2019). This could lead to multiple tasks predicted to be done no longer being carried out and increases probabilities of different maternal incidences. This could also lead to expression of discontent that can also generate stress in doctors attending these type of patients. In South Africa, doctors are the priorities for provision of care and support to pregnant women who are high risk patients (Kaswa, Rupesinghe & Longo-Mbenza, 2018). This became more prominent following the establishment of the programmes such as monitoring response units, PPIP and CHIPP meetings. The principal aim of these programmes is to ensure the provision of comprehensive quality of care which would minimise patient safety incidences in the maternal health facilities.

In EC, doctors have full access to provide supportive counselling and prescribed medication. During these visits, high risk pregnant patients engage with doctors and midwives who also play a crucial role in the provision of quality care. In South Africa especially in rural district hospital, shortage of medical doctors and advanced midwives compromises the provision of maternal health care and maternity patient safety incidences remains high (World Health Organization, 2015). Therefore, it is essential that doctors' needs are frequently assessed and provided with regular support in order to develop understanding of managing maternal health facility as well as offer timely and effective care to high risk pregnant women.

Consistently, one Western study found that medical doctors are usually supported by management of health facilities with all their needs to facilitate patient care (Reuter, Geysimonyan, Molina & Reuter, 2014). Despite that, South African doctors especially in a rural district hospital in the Eastern Cape observed influx of high risk patients in maternity unit which led to incidences. It is therefore not surprising for medical doctors to frequently present with concerns as it emanates from many maternal health incidences they have observed. Frequent experiences of their concerns regarding support needs to manage their high risk patients may not only lead to the development of negative attitudes, but it may affect their expected quality of care provision.

Hence, this study, which seeks to explore the support needs of doctors caring for high risk patients, as identifying these would lead to the development of an integrated management strategy programme that would address both role players in organizing all types of resources and stake holder roles. If implemented, such a programme could result in the provision of quality of care that would address stresses and anxieties that doctors may experience.

## **Methods**

### ***Participants***

A case study design of five medical doctors involved in caring pregnant patients in maternal health facility. These doctors were purposively selected based on their roster allocation which shows that they are frequently attending to pregnant women in a maternity unit in the rural district hospital, Eastern Cape province. These doctors have been allocated in maternal health facilities for more than five years. They are therefore familiar with the provision of services in the maternal health especially management of pregnant women. It is vital to state that only these doctors took part in the study.

### **Data collection**

Data were collected in in phase in 2018 using a semi structured interview guide as suggested in Interpretative Phenomenological Analysis guidelines (Smith 2005). In other words, the schedule, which also included prompts, was prepared to include mainly open questions with the intention of encouraging doctor to freely tell their stories about their needs support in caring high risk pregnant women and empowerment needs. This was done to help guide the interview encounters and to engage in exploration of emerging issues with participants. The session of the individual interviews with doctors took place in a secured, quite environment in the rural district hospital setting. The aim was to ensure that no disturbances during interview processes. The interview typically lasted 45 minutes to an hour for each participant. Doctors' understanding of support needs and the degree and nature of support they needed were explored. At the end of each interview, some time was spent debriefing doctors as per the session. The possible impact of the interview process on doctors was explored by asking questions such as 'did the interview affect you?' No doctor experienced distress either during or after the interviews. These interviews were audiotaped to ensure accuracy and completeness.

### **Ethical considerations**

The researcher had followed the principles of ethical considerations. The senior management of the research site in writing granted the study to take place. The approval was also obtained from the research site district, as the hospital is under their authority. The interview process was always initiated by provision of detailed explanation of the aim and procedures of the study. Agreement was reached between the doctors and the researcher to proceed with interviews as a result the written consent forms were signed following this explanation. In addition to assuring confidentiality and preserving anonymity, doctors were offered opportunity to ask questions about any issue they would like clarification with relating to the research and its process.

### **Data analysis**

All interviews were transcribed verbatim and transcripts were analysed manually using Smith's (2005) IPA framework. Analysis proceeded in parallel with the interviews, and was conducted iteratively throughout the interview period until category saturation was attained.

### **Findings**

Four themes emerged from the interviews' data. These were (1) caring: a stressful experience, (2) infrastructural challenges, (3) partnership working, (4) support system. These themes were further divided into subthemes being identified in bold italics. Excerpts from participants' narratives are used to support discussions presented. Data from male and female

doctors were identified by the initials 'M' and 'F', respectively.

### **Caring: a stressful experience**

A commonly reported opinion of all doctors was that caring for high risk pregnant women is stressful and challenging. This contain practical skills needed to manage these types of patients. Most of challenges include shortage of basic equipment, infrastructural issues though the most stressing issue was the loss of infants or women during the process of delivery. It has been observed that it becomes an anxiotic to the doctor when pregnant women labour progress is not good as their training had zero tolerance of death. Moreover, there is a bad image when a health provider is a culprit of maternal incidences such as death and it endangered the status of his/her practice in the field. The majority of these participants referred to this experience as unbearable one as it emanates from existstng *maternal deaths*.

Although I am a trained and qualified doctor I find it difficult to bear situations where I examine a pregnant women and find that no signs of life to an unborn baby. Further, losing both mother and infant in maternity, leading to maternal death. I become traumatized by experiencing maternal death. (F)

For the entire study, all doctors repeatedly associated their experiences as unbearable one as it emanates from occurrence of maternal deaths. They also stated that continuing seeing these types of patients, some dying or losing their infants led to trauma related stresses because their caring responsibilities fails. Doctors further mentioned that their emotions from these deaths is not normal. They cited that they present with anger, frustration and helpless because this affect their professional image as doctors. Most of them considered these emotions as abnormal reactions when caring for high risk pregnant women because it makes these types of patients not to disclose all information needed during consultation. This might compromise quality of care provision and contribute to many incidences. They also believed that these emotions are generally evoked by frequent exposure to challenging behaviors like many unbooked high risk patients coming and failure of primary health care to manage these types of patients. Although all doctors claimed to sometimes feel angry at the cared-for, they reiterated on a number of occasions that their anger was mainly focused on management of the hospital setting and primary health care for failing to offer adequate support in the current challenges of high risk pregnant women. They also added that there was limited involvement in the decision-making processes of the care of these types of patients. It was specious from all doctors that expression of anger was a cry for support and request to have space for high risk clinic operations.

### **Infrastructural challenges**

Most of the existing building structures of the public hospitals do not present the current needs of the quality of care provision. Many of these infrastructures do not have a space to operate for high risk clinics and gynecological patients. This frustrates both midwives and doctors attending these types of patients. Moreover, this makes unbooked or booked high risk patients are not cared accordingly due to these current issues. The majority of these patients continue losing their infants in the laboring delivery process. It is therefore from this reason that doctors became concerned. They described their infrastructural challenge as the *lack of space to run high risk clinic*.

One high risk pregnant woman lost her life and her infant because of the influx in the maternity unit and space was a chal-

lenge because the patient waited long period and there were many of these patients and no clinic for them, they are the same as other patients coming for delivery purposes. (M)

These doctors reported that shortage of doctors makes management of these patients impossible and frustrating because there is no stationed doctor in maternity. This makes difficulties in managing patients efficiently. There are high numbers of high risk patients either booked or unbooked; both patients require attention of the doctor. However, issues like space to run high risk clinic and adequate doctors and midwives would help in minimizing current incidences.

### **Partnership working**

Meeting the health and social needs of doctors caring for high risk pregnant women is a complex and difficult task. It therefore requires multidisciplinary team (management, doctors, midwives, primary health care representative team, social workers and psychologists) to work in partnership with doctors and midwives caring for high risk pregnant women. Apparently, this reflected to their experiences as all of them talked about stress, anger of seeing mother and infants dying in their hands because of the current exist systems the hospital setting operates. Indeed, they described this kind of experience as *poor integration among primary health care and hospital setting*.

High risks patients came straight to hospital setting without even being referred by any clinic; the situation looks like no primary health care existing, no integration at all. (F)

Doctors expressed frustration that due to poor primary health care, they faced multiple high risk patients not even booked for hospital visits. This situation increases and worsen rate of patient safety incidences reported. They further expressed that such situation undermines the human right prescripts that everyone deserves quality of care provision irrespective of their race and origin. Many of the high risk pregnant women come from primary health care and could have been managed better by the clinics. However, current hospital settings do not cater high risk pregnant women as it is declared that no high risk clinic operationally due to their infrastructure. Therefore, the partnership between the hospitals and primary health care management would help in ensuring that many of these patients are managed and booked for hospital visits accordingly. The responsibility for quality care depends on healthcare professionals and management entirely, and high risk pregnant women care depends on this unit expected. Doctors therefore need to work together with midwives as well as management of the hospital setting and primary health nurses for the benefit of these types of patients. Most doctors reiterated on few occasions that having access to manage these types of patients in the current system makes them feel unempowered. However, it is obvious from the narratives that doctors affected psychologically by the situation of experiencing maternal incidences that should have been managed properly.

### **Support system**

Support system in this study referred to a support that is required to be given to health professionals caring for high risk pregnant women. Doctors stated that currently there is no support in their concern with regard to the subject phenomenon. Further, they expressed that there are multiple suggestions they have written to the management to fix the current existing issues but none of those recommendations were implemented. They also cited that there is not even a supervisor because they claim that management decided to distance themselves because they do not fulfil our health Care demands. Doctors

described this type of experiences as *poor supervision*.

As health professionals, we are affected by ignorance of the management in matters that require their attention. Further many high risk patients lost their lives and their infants and no support such as counselling and coaching we have received yet we underwent some kind of trauma. (M)

The majority of these participants cited that many incidences that occur during Labour require debriefing, counselling and other types of support. This would help to bring back the spirit of work as professional. However, doctors in this study pointed out that they feel neglected as no supervision and support provided. All instances seem to be failing because high risk patients are still prone to many incidences. Participants further declared that with full supervision and proper support, their morale could improve positively. Only very few few managers who seemed to be willing to embrace them in their activities. Generally, doctors experience poor supervision. This is a burden for doctors as they are ought to see these types of patients irrespective of the existing hospital working conditions. Therefore, high rate of incidences is still expected to occur.

## Discussion

This is the first study to explore support needs of doctors caring for high risk pregnant women in a maternal health facility in South Africa. Most of the doctors who took part in this study were considered because of their working experience in maternal health. This made it easier for the researcher to acquire more information on subject phenomenon. It is highlighted in the extant literature and outcome of this study that caring for high risk pregnant women can be an extremely difficult task to undertake. The participants reiterated in their stories how they were physically and mentally overwhelmed and stressed by caring for high risk pregnant women as some of these patients demised and some lost their infants. Some participants even reported of negative impacts on their social functioning as the 24-h care is required to manage these types of patients.

Despite their extensive training and experience on maternal health, they have stated that it is difficult for them to accept watching situation where incidences occur whilst they should have been prevented. This situation was traumatising to them as a result some left their work to other hospital settings. These participants claimed that the management is the cause of their movement as they do not take into consideration their practicing issues in the hospital setting. This was consistent with one study on doctors' perception regarding maternal health utilization in hospital setting found that living conditions and its working conditions of the hospital settings which enhance incidences are the contributory causes of the movement of doctors from one health facility to another for their safety practices. Indeed, the study declared that no doctor likes to experience maternal deaths unnecessary (Manyisa & Aswegen, 2017).

Among many issues discussed, the study revealed that the infrastructure of hospitals is not in good standing to accommodate the current types of patients. The hospital does not have a space to allow operations of high risk clinic as suggested in national core standards implementation document. This discussion was in line with other recommendations in some plenty

studies such as the one conducted in one of the African countries particularly in Nigeria on infrastructural compliances of hospital settings for improving health service provisions (Aregbeshola, 2019). The study recommended that in order to improve maternal health, part of the standard required in maternity is to have right risk clinic and ensure it operates.

The study further revealed on its discussion that there is a poor integration among primary health care and hospital setting. This study deeply revealed that for a hospital to operate efficiently there should be systems in all areas that integrate with its services. Indeed, the hospital gets its patients from clinics or straight from the communities. Therefore, there is a need for those communities and clinics to collaborate with hospitals for efficient operations. The Monitoring Response Unit (MRU) a team composed of clinics, community leader, hospital management and other interlinked departments such as social development, public works and home affairs would be a solution in managing the current situation affecting the hospital settings. (Integrated Development Plan 2011-2016). This collaborative team helps to discuss issues that affect patients and recommend possible interventions. In this case, strengthening of clinics to trace all pregnant women in their respective communities. This will contribute to less self-referral high risk patients. In the meantime, public works as the custodian stakeholder responsible for buildings would among its plans consider having high risk clinics in hospital plans.

Further, support system is a vital measure for all health professionals to function effectively. However, the case maybe, this study revealed that among other issues they have found that poor supervision was linked with the existing maternal incidences. This emanated from the facts that some issues related to incidences of high risk pregnant women were well-submitted to them for consideration. The study also highlighted that there are many incidences such as maternal deaths and macerated still births and it's been their cry to their supervisors for quick interventions. Such intervention would help in improving standard of care and is regarded as part of support expected in management. Other studies found that poor supervision could traumatize employees and complicate to their leaving certain health facilities to other (Chipukuma, Zulu, Jacobs, 2018). Many resignations of health professionals were associated to managerial issues such as poor supervisions. Adopting quick consideration approach in matters related to hospital operation especially support should be prioritized. This would help many in provision of quality of care.

### **Limitations**

The author accepted that there are some limitations to this study. The study was conducted in one public hospital that reported high influx of high risk pregnant women in the Eastern Cape in South Africa. Definitely, findings are not applicable in other public hospitals of the country or beyond the continent.

### **Conclusions**

Doctors and midwives are the main professionals caring for high risk pregnant women. This study acknowledged the importance of supporting doctors when assuming their caring responsibilities of these types of patients. It highlighted the

need for doctors to spend, at least on some occasions, time outside their caring role, as doing so would enable them to maintain general health and well-being as this caring is stressing and traumatizing especially when it comes to a maternal death situation. Meeting this aspect of support needs will increase caring ability to continue offering support and care, and hence, ensuring the cared-for are provided with quality care. The study revealed that caring for high risk pregnant women is a demanding and complex task. It is revealed in the extant literature and in this study that doctors generally lack the ability to carry on their duties in the absence of support as result they end up present some negative emotions such as anger and aggression. There is therefore a great need for doctors and midwives to be supported and empowered in order to provide relevant and appropriate care to these types of patients regardless of the existing working conditions in these rural public districts hospitals. Hence, the need for the provision of integrated multidisciplinary management team for taking into account these existing issues of high risk pregnant women so that maternal incidences could be reduced scientifically. Despite the extensive work experiences, the doctors acquired, Regular training and support should be offered to them in order to broaden their understanding of high risk pregnant women and enhance their caring ability.

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