CHAPTER ONE: INTRODUCTION:

1.1 BACKGROUND

Human resources for health (HRH) are the men and women who make health care happen. They include among others skilled nurses and Advanced Midwives. The existence and quality of services to promote health, prevent illness or to cure and rehabilitate, depends on the knowledge, skills and motivation of human resources for health. (Maritane L.K. 2002)

Advanced Midwives have completed one-year post basic training in midwifery and their scope is considerably wider than nurses who have just basic midwifery training.

The health of mothers and children are priority that emerged before the 90's, it builds on center of programmes, activities and experiences (WHO 2005). A mother's death is a course of normal process of reproduction and because of the devastating effects on her family. Childbirth is a central event in the lives of families and in the construction of families, it should remain so, but it must be safe as well. According to WHO report, health professionals and health care providers are needed to avert, contain and solve many of the largely unpredictable life threatening problems that may arise during childbirth, leading to the reduction of maternal mortality rates surprisingly to low levels. (WHO 2002).

The South African government policy has stated that all facilities that carry out deliveries should at least have one advanced midwife working on each shift (NDOH 2002). This could be attributed to the fact that the National Department of health has identified Midwives as key to improving maternal health outcomes in South Africa. (NDOH 2002)

However in spite of the usefulness of advanced midwives to be at the health systems, the health systems experiences shortfalls with regards to their availability. Anecdotal evidence suggests that although advanced midwives are being trained, many are leaving the country. This study is intended to determine the extent to which this is the case. Brain drain, the exodus of highly placed professionals from developing countries to better paying jobs in the developed world, threatens the availability of the advanced midwives in the public health sector; which further exacerbates the maternal mortality rates of the country.

"Florence Nightingale's lamp went out long ago" This alarming allegation was made in a report on the insensitive behavior of health workers towards patients at a public health institution (Greyling, 2003). Various reports have also appeared in recent times on the shortages of professional health workers in the public health sector (Swanepoel, 2001b:9); Retief, 2001), and the shocking conditions in the public health facilities (Swanepoel, 2001) (All cited in Hall E J 2004). In most of these reports, the shortage of health professionals was linked to an increase in emigration. The working conditions in health facilities were also mentioned as one of the key aspects responsible for the apparent exodus of health workers. Issues relating to health often evoke emotional responses without there being real evidence or hard facts to support claims. With greater emphasis on Advanced Midwives the aim of this study is to explore whether all advanced midwives trained from 1999/2000 to 2003/2004 in Chris Hani Baragwanath nursing college and the University of Johannesburg nursing schools are still working in the public sector and if they are, are they still working in the maternity wards? In addition it will explore the reasons why they have left if they have, and the reasons why they stayed back

if they did, as well as document the recommendations the midwives have, on how best to retain advanced midwives working in the public health facilities.

1.2 JUSTIFICATION FOR THE STUDY

The Government human resource database has no record of Advanced Midwifery, like it has for Doctors. Anecdotal evidence has it that large numbers of advanced midwives are leaving the public sector facilities to the private sector or overseas, while some are leaving the nursing profession. It is only studies like this that can document how true it is and estimate the extent to which it is the case, as well as document their reasons for doing that.

1.3 NURSING RESOURCES IN SOUTH AFRICA

CURRENT SUPPLY OF PROFESSIONAL NURSES (MIDWIVES)

The number of nurses practicing in South Africa is estimated at 155 484 by the Labor Force Survey (LFS) of September 2001 (Statistics South Africa, 2002). Using the projected South African figure for 2001 (45 349 460, according to Van Aardt, Van Tonder & Sadie, 1999), this gives a nurse population ratio of 343:100 000, which compares favorably with the Word Health Organization (WHO) minimum of 200: 1000 000 (WHO, 2002).

While it is difficult to determine whether or not the shortages exist because of lack of reliable data on the supply of and demand of nurses, shortages are likely to be found in rural areas, with imbalances showing in regional and provincial figures. Although the overall provincial nurses: population ratio compares favorably to the WHO's minimum norm of 200:100 000, provinces with large rural areas (such as the Northern Cape,

Mpumalanga, Limpopo and Eastern Cape) have a ratio below the current average for South Africa. (See Table 1)

TABLE 1: GEOGRAPHICAL DISTRIBUTION OF NURSING STAFF PER 100 000 OF THE POPULATION: SEPTEMBER 2001

Province	Nurses per 100 000 of the population
Western Cape	418
Eastern Cape	261
Northern Cape	212
Free State	419
Kwazulu-Natal	393
North West	403
Gauteng	412
Mpumalanga	230
Limpopo	258
Total (South Africa)	343*

As the demand for nurses in South Africa is escalating, and as the output of newly qualified nurses is the major source of future growth in the profession, it is therefore of great concern that there has been an average decrease in the total number of enrolments for nursing courses (1,2%), as well as the number of new entrants into the field (0,9%) for the period 1990 to 2000. (Bureau for Economic Research, 2000)

1.4 FACTORS AFFECTING THE DEMAND FOR NURSES

The study done by EJ Hall suggested that several factors affect the demand for nurses. Some of these relate to the replacement of nurses. For example nearly a fifth (34 965 or 18.4%) of nurses on SANC register no longer appear to practice their profession. The number of inactive nurses was calculated by subtracting the total number of employed nurses on the LFS (155 484) for 2001 from the total nurses on the register (190 449) for the same year. (EJ Hall, 2004) This figure correlates with a 1990 study by Pim Godly management consultants (cited by Brannigan, 2000), which estimated the non-active component in nursing at 19%.

South Africa has also lost a number of nurses to other countries although the exact figures are not known. The official migration statistics of nurses from 1995-2000 revealed an increase in annual net losses. However emigration figures of nurses are probably higher than officially recorded. For example, Brown, Kaplan & Meyer (2002) compared data from five major recipient countries of South African emigrants with local information and came to the conclusion that only 35% were being captured by official data collection methods.

Nurses who die of HIV/AIDS needs to be replaced. While there is still uncertainty among the experts on the exact extent of the HIV/AIDS epidemic in South Africa, the ING Barings study (2000) estimated that HIV prevalence rates would peak at 13,1% for highly skilled and at 22,8% for skilled categories of the labor force.

There are indicators that more nurses will be needed in future. Although the popular view is that South Africa is going to experience a negative growth rate because of HIV/AIDS, this is not actually the case. According to Van Aardt et al (1999) the population will

continue to grow, but at a lower rate than initially projected Rehle and Shisana (2003) predicted that by 2020 the South African population would be 23% smaller than what it would have been without HIV/AIDS, yet they not expect a negative population growth rate. One of the factors contributing to growth is the change in the health system, with large sections of the population who never had access to health care before, now entitled to receive health services free of charge.

What is more, the increase in the incidence of communicable diseases such as HIV, cholera and tuberculosis (TB) means that additional nurses are going to be needed to attend to the health needs of the infected. According to Girlder-Brown (2001), the incidence of TB has shown an annual increase of 5-10% over the past decade, while the most recent outbreak of cholera in Kwazulu-Natal appeared to be the largest and most serious one to date. At the same time, the rate of HIV infection continues to increase and HIV prevalence in the labor force is projected by some analysts to peak only in 2006 (Bureau for Economic Research, 2000).

1.5 FACTORS AFFECTING NURSES AT HEALTH FACILITIES IN SOUTH AFRICA

Stressful working conditions in the South African Health system were reported by TURP (2001) into the reasons for emigration by South Africa nurses. Although the number of responses was limited, the results of the investigation nevertheless showed that aspects such as competitive incentives, work pressure, lack of opportunities for promotion and inadequately resourced working environments led to the loss of professional nursing skills.

A study conducted by the Ethics Institute of South Africa (Landman et a, 2001) at the Chris Hani Baragwanath hospital showed that most of the staff members found their work environment unacceptable and unsafe. Their opinions were based on factors such as neglect, poor maintenance of buildings and insufficient and outdated equipment. The majority also expressed dissatisfaction with their workload, salaries and the problems of staff shortages.

CHAPTER TWO: LITERATURE REVIEW:

2.1 HUMAN RESOURSES FOR HEALTH.

Human resources are the crucial cores of a health system, but they have been a neglected component of health system development. The demands on health systems have escalated in low-income countries, in the form of the Millennium Development Goals and new targets for more access to HIV/AIDS treatment. Human resources are in a very short supplying health systems in low and middle-income countries or with the skill requirements of a minimum package of health interventions. Equally serious concerns exist about the quality and productivity of the health workforce in low-income countries. Among available strategies to address the problems, expansion of the numbers of doctors and nurses through training is highly constrained. This is a difficult issue involving the interplay of multiple factors and forces. (Charles Hongoro et al 2004)

The human resources problem in the health sector in sub-Saharan Africa (SSA) has reached crisis proportions in many countries. Although the gravity of the problem varies across region, the situation in some countries is so grave that urgent action is needed. A complex set of factors has contributed to this problem, some exogenous, such as the austere fiscal measures introduced by structural adjustment, which often result I cutbacks in the number of health workers. But endogenous factors are also to blame; including misdirected human resource and training policies, weak institutions and inappropriate structures. The history of successes in reducing maternal and new born mortalities shows that skilled professionals care during and after childbirth, can make the differences between life and death for both women and their new born babies. Skilled attendants for all births is the only way to ensure emergency obstetric care for all those with

complications, they can influence maternal mortality by utilizing safe and hygienic techniques during delivery (WHO 2005).

However the effectiveness of nursing and midwifery services is being compromised by an escalating global shortage of health personnel. This shortage in turn is a constraint on the provision of needed health services. The numerous reasons for these shortfalls among others include the following: the variation in wealth and remuneration, within the South Africa Development Community (SADC) region, which results in an inflow of health personnel from poor to rich countries. South Africa, the richest SADC country, in turn, experiences a net outflow of health personnel to countries such as UK, Canada and Australia (Ashnie Padarath et al 1998).

Secondly, working conditions that reduce job satisfaction act as a push factor, which includes poor management, lack of medicines and equipment, bureaucratic inefficiencies and inadequate support and communication with health personnel, all these contribute to dissatisfaction among public sector workers, especially in rural areas where the health infrastructure is worse. A survey conducted in Zimbabwe showed that a common cause of health workers resigning from the public sector, was the inability to offer effective care to patients due to inadequate resources in health facilities (Huddart J. et al 2003)

Finally, the work-associated risks of being a health worker have grown in Southern Africa, particularly with the rise in HIV prevalence. In Zambia, where gloves are frequently unavailable in health facilities, the fear of contracting HIV/AIDS or other illnesses through work-related accidents is a significant push factor (Kinoti S.N. 2002)

This outflow of health personnel can trigger a down ward spiral. As more health professionals leave the public sector, more work is dropped on the shoulders of those

health professionals who remain. According to Huddart et al, although Africa has better supply of nurses, it still lags behind other regions of the world. In the 10980's for example the nurse's population ratio in Africa was 1:2100, compares to 1:1700 persons in all developing countries and 1:170 in industrialized countries. (Huddart et al 2003)

This issue of brain drain is a major source of concern in the health sector of the African continent because it simply serves to worsen a dire situation. Trained midwives being retained in the private and public sector of the developing countries is of paramount importance in addressing the health needs of expectant mothers and infants. These professionals can avert contain or solve many of the largely predictable life threatening problems that may arise during childbirth and reduce maternal mortality surprisingly to low levels. (WHO 2005)

Study done by Penn-Kekana et al, on nursing staff dynamics, suggested that in terms of maternal mortality, South Africa performs poorly compared to other middle-income countries, although better than much of sub-Saharan Africa. (Penn-Kekana et al 2005) According to the study, the South African Demographic and Health Survey (SADHS) estimated a maternal mortality ratio (MMR) 150 PER 100,000 live births (NDOH, 2001), and the latest Report on the Confidential Enquiry into Maternal Deaths estimates a MMR of about 175-200 per 100,000 (NDOH, 2003). These MMR levels are particularly poor considering that South Africa does well in terms of meeting (UNICEF, WHO, UNFPA, 1997).

Also according to the study, a number of factors have been suggested to explain the level of maternal mortality and poor quality of care in South African public facilities. One explanation for the high maternal mortality rate is the impact of HIV/AIDS epidemic,

which is now the leading cause of maternal deaths in South Africa. (NDOH, 2003). The extreme patterns of inequality that exist in the provision and utilization of maternal health services in South Africa between different socio-economic groups, mainly as a result of the legacy of apartheid, also play a role.

2.2 SKILLED HEALTH PROFESSIONALS MIGRATION

The migration of skilled professionals from developing to industrialized countries has reached significant proportions, and there is little evidence that flows will decrease in the near future. There is a general consensus that the migration of skilled workers constitutes a drain on the sending country's human resources because it invests in the human capital development that will be utilized by the recipient country. Although such movements are largely beneficial to the individuals concerned, they have negative socio-economic impacts on the sending country. (Dolvo D 1999) In Africa, low salaries and poor working conditions stemming from the unsuccessful implementation of Structural Adjustment Programmes (SAPs) have fuelled the brain drain.

Recent literature shows that Africa is losing its skilled health workers at an alarming rate (Bloom & Standing 2001) consequently health service provision has been affected, especially in remote locations. The brain drain from developing countries has become a subject of policy discussion and academic enquiry in recent years. However, knowledge on the magnitude of the phenomenon is limited because of lack of reliable data. (Kinoti S N 2002). Salt (1987) has noted that migration is a response to the spatial diversity in the means of production, a factor resulting from the spatial and temporary inequalities in the levels of economic development. Due to globalization and recent marked improvements in transport networks and advances in information technology, skilled health

professionals are increasingly becoming mobile and the distance between countries in relative terms has shrunk considerably. Both extensive knowledge in developing countries of opportunities available in industrialized countries and widely accessible means of migration exacerbated the potential for migration in the 1980s (Castles 1999; Gould 1998).

A report by the ECA/IDRC/IOM (2000) has shown that Africa is loosing its 'best and brightest' to the industrialized world. These 'brains' constitute a significant proportion of the human capital necessary to establish a solid foundation for economic growth. Since it is usually the 'best and brightest' professionals who are most likely to emigrate, leaving behind the 'weak and less imaginative', the brain drain presents socio-economic challenges for developing countries such as South Africa. In the mid-1990s, Africa was losing about 23,000 qualified academics annually in search of better working conditions in the developed world (World Bank 1995). In response, the continent has been spending nearly $4 billion a year to replace the lost professionals with expatriates from the West, an amount that represents nearly 35 percent of Africa's total Overseas Development Assistance (ODA) (Oyowe 1996).

However, since the mid-1980s migration patterns have changed because there has been increasing migration of highly skilled Africans to destinations within Africa, although their aggregate numbers remain to be estimated. Gould (1988) has identified three main reasons for this trend, namely (a) a decline in economic opportunities for migration to developed countries; (b) increased economic differentiation among Africa countries; and (c) educational output expanded faster than the economies in many African countries,

leading to disparities between the supply of and demand for skilled workers and to the emigration of those unable to find work at home.

2.3 MILLENNIUM DEVELOPMENT GOALS AND GLOBAL SHORTAGE OF ADVANCED MIDWIVES

According to Rachel Z. Booth, the multidisciplinary Global Advisory Group of the World Health Organization has acknowledged a worldwide shortage of nurse. The shortage is caused by an increased demand of nurses, while fewer people are choosing nursing as a profession and the current nurses worldwide are aging. (Booth R. 2002)

In year 2000, all member states of the United Nations adopted the Millennium Declaration, which aims at reducing poverty as well as promoting health, education and the environment. The Declaration is to be implemented by achieving a set of ambitious goals by 2015, known as then Millennium Development Goals (MDGs). Africa is not on target with regards to achieving MDGs in the time planners. (MDGs 2000)

One of the eight goals is to improve maternal health. In order to monitor progress towards this goal, two indicators have been developed, namely, the maternal mortality rate (MMR) and the proportion of deliveries assisted by a skilled attendant (Kandoole BF et al. 2002). More specifically, the second indicator states that by 2005, eighty percent of the births should be assisted by a skilled attendant. By 2010, this should increase to eighty-five percent. And ultimately in 2015, maternal deaths should be reduced by three-quarters by ensuring that ninety percent of all births are delivered by a skilled attendant (MDGs 2000)

This is a challenge since there is increasing global concern over growing shortages of Midwives, who are the main providers of skilled attendance at birth. Both industrialized

and developing countries are affected but to different extents (Gerein N et al. 2003), and within countries there is often a significantly larger problem with retention of Midwives in the rural; areas than in the urban areas. In many settings in sub-Saharan Africa, the low retention has contributed to creating a full-blown human resource crisis (Picazo O. F. et al. 2003)

2.4 MATERNAL MORTALITY AND THE NEED FOR SKILLED ATTENDANTS E.G. ADVANCED MIDWIVES.

The world health organization estimates that 500 000 women in developing countries die every year from complications of pregnancy, abortion attempts, and childbirth. (WHO 2005) 100-300 maternal deaths per 100 000 births are common in the Third World and rates are higher in rural areas. In contrast developed countries have only 7-15 maternal deaths per 100 000 live births. Morbidity rates are rarely available, but it is certain that for every woman who dies, many more have serious, often long term, complications. Most deaths are preventable, yet little is being done to reduce this source of unnecessary suffering and death. Health professionals and health care providers are needed to avert, contain and solve many of the largely unpredictable life threatening problems that may arise during childbirth, leading to the reduction of maternal mortality rates surprisingly to low levels. (WHO 2005).

2.5: SOUTH AFRICA: A CASE STUDY

South Africa is classified as a middle-income country with a per capital GNP of $3400, with a huge gap existing between the poor and the rich. With regards to maternal mortality, South Africa performs poorly compared to other middle-income countries, although better than much of Sub-Saharan Africa. (Penn-Kekana L. et al 2002)

The South African Demographic and Health Survey (SADHS) estimated a maternal mortality rate (MMR) of 150 per 100 000 and the latest report on the Confidential Enquiry into Maternal Deaths estimates MMR of about 175-200/ 100 000 (NDOH, 2003). These MMR levels are particularly worrying considering that 95.1% of women attend antenatal care, and 83.7% of women deliver in a medical facility. South Africa like the rest of the countries is striving to reach the Millennium Development Goal, which is to reduce by three quarters the incidence of maternal mortality globally. However poor health care worker practice contributes to increase maternal mortality, the Confidential Enquiry into Maternal Deaths in South Africa, Saving Mother's Report, identified poor provider practice as contributing to more than 50% of the maternal deaths, with the majority of problems being at the primary health care level. (NDOH 2003)

2.6 STUDY OBJECTIVES

The aim of this study is to explore whether all advanced midwives trained from 2000 to 2004 in Chris Hani Baragwarath nursing college and the University of Johannesburg nursing school are still working in the public sector and if they are, are they still working in the maternity wards? In addition it will explore the reasons why they have left if they have, and the reasons why they stayed back if they did.

THE OBJECTIVES ARE:

- Seeks to explore how many advanced midwives who graduated from 2000 to 2004 are working in the public sector facilities that paid for their training.
- To determine of those who are still working in the public sector, how many of them are still doing clinical work in the maternity ward.

- Seeks to explore the reasons why the Advanced Midwives who left did and where they have gone.

-To document the reasons why the Advanced Midwives who stayed back did.

- To see whether age, level of facility, rural or urban and province, impacts on whether they are still in the facility.

- To document what recommendations the advanced midwives have, on how to keep Advanced Midwives using their skills in the public sector.

CHAPTER THREE: METHODOLOGY

3.1 STUDY DESIGN

This study is a retrospective cohort of all qualified Advanced Midwives who graduated from 2000 to 2004 from two nursing colleges, the Chris Hani Baragwanath nursing college and the University of Johannesburg nursing college respectively.

3.2 STUDY POPULATION

The study population, comprises of all the Advanced Midwives who graduated from the above mentioned colleges from 2000 to 2004.

3.3 DATA COLLECTIONS METHODS

Two Nursing colleges, which trained Advanced Midwives, were approached to supply the names and contact details of the advanced midwives that graduated from their colleges from 2000 to 2004. However before the contact details of these Advanced Midwives were given out, certain conditions were given to the researcher which included that, the details they were to let out would not be used for any other purposes other than this study and secondly that a feedback would be given to the both colleges after the study.

The nursing colleges were not randomly sampled, but were selected on the basis of convenience and willingness to participate in the study. A cohort of all the 215 advanced midwives who graduated from 2000 to 2004 from the Chris Hani Baragwanath nursing college and 105 from the University of Johannesburg nursing school were followed up. All the participants were originally supposed to be contacted telephonically, but some of the graduates had no telephone numbers to be reached with, but had their contact addresses. The chair of the ethics

committee Prof Cleaton-Jones was approached to give approval for a change in data collection methodology. He granted the permission for postal questionnaires to be sent. The Advanced Midwives who the researcher had their contact telephone details were reached telephonically. For most advanced midwives, at the time of first call to them, were not available to be interviewed at that time. Arrangements were made for a convenient time to phone back. It was at some times two to four attempts to call the advanced midwives that they were ready for the interview. An average of fifteen minutes per person was spent on telephonic conversation and a separate questionnaire containing eight pages of different questions were used per person to document what each individual had to say, to avoid any mix up. It is worth noting that the first five interviews were carried out under the supervision of the supervisor.

In some cases where the researcher called the contact telephone number only to be told that the number was now being used by a relative of that person. The researcher had to ask for the where about of the Advanced Midwife and was told that he/she was deceased or had gone overseas. In which case this information was recorded. About 159 Advanced midwives were communicated with through the phone and those who had no telephone numbers or whose telephone numbers were out of order or were wrong numbers were communicated through postage. A questionnaire, letter of permission from the school giving authorization for the study to be carried out and asking the students to assist with the project however they may, was attached in addition to a letter of introduction from the researcher. Also a self-addressed envelope was attached to facilitate the process.

Responses came from the telephonic conversation with a few persons declining from the interview, while for the postal interviews the researcher is not certain about what happened to the questionnaires that did not return back, whether it arrived to the Advanced Midwives in the first place or whether they chose not to reply.

However the overall response rates would be discussed at the beginning of the result section.

3.4 DATA COLLECTION TOOLS

With regards to the telephonic interview conducted with the advanced midwives, telephone script which contained general information and consent (appendix 5) was read out to the advanced midwives telephonically, and subsequently the questionnaire was also read out step by step to them.

Also with regards to the postal interview the general information and the consent form in addition to the questionnaire was sent to them by post. 320 Participants were each supplied with a questionnaire (appendix 6)

The questionnaire comprised of open-ended questions and closed questions. While the closed questions were analyzed quantitatively, the open-ended questions were coded and further summarized during the analysis.

THE DATA COLLECTED QUANTITATIVELY AND QUALITATIVELY COULD BE CATEGORIZED INTO THE FOLLOWING SECTIONS.

TABLE 2: DEMOGRAPHIC DATA AND DETAILS OF WHERE ADVANCVED MIDWIVES WORKED BEFORE THEIR TRAINING

QUANTITATIVE DATA	
Demographic Data includes:	Age, nursing college, year graduation, advanced midwifery funding
Details about where they were before and after training includes:	Health facility working, public/private, rural/urban level of facility and still doing clinical works, Still in the facility and left the facility, intend to stay, intend to leave.
QUALITATIVE DATA	
	Reasons why advanced midwives are thinking of leaving Reasons why advanced midwives are thinking of staying back Recommendations of the advanced midwives

DATA ANALYSIS:

For the quantitative data, basic descriptive analysis was used for analysis and data was entered and cleaned using the Epi-Info statistical analysis programme and the STATA version 9, respectively. Because the variables in this analysis is categorical in nature (e.g. age distribution, rural/urban etc) the X^2 (chi square) test for comparison of proportions was used to evaluate statistical difference between groups. The Fisher's exact test was utilized for variables where small numbers made X^2 test inappropriate. Bivariate analysis was conducted using the X^2, to test for association of variables of interest.

For the qualitative interviews, the different reasons why the Advanced Midwives stayed back and why they were intending to leave was categorized into codes and discussed as in 4.2.

3.5 ETHICAL CONSIDERATIONS:

Ethical approval/clearance for this study was obtained from the committee for research on human subjects (Medical) of the University of the Witwaterstrand. As discussed in the previous section, also permission was granted from the Ethics committee chair to send the questionnaires to the students via mail since there was unavailability of telephone numbers of these students from their schools.

Confidentiality in handling information was maintained through out the study. During the telephonic interview, the questionnaires were assigned numbers so that no advanced midwife's name was mentioned. Also for the postal interviews, the questionnaires posted to the Advanced Midwives were coded in such a manner that when they returned the questionnaires it had no name but the designated codes. This approach was vital in that, assuming any of the questionnaires got missing in the course of the study, nobody would

ascertain who filled the questionnaire. For the telephonic interviews, a verbal consent was gotten from the Advanced Midwives, that only people who agreed to continue with the interview did, while for the postal interviews a written consent was attached to the questionnaires in such a way that it was only people who accepted to partake in the study, that filled the questionnaires and sent back.

3.6 STUDY LIMITATIONS

A number of limitations were encountered in this study that could influence the data collected and the conclusions reached. These limitations are as follows:

Because the colleges used in this study were not randomly sampled, the result of this study cannot be generalized to the whole country

The response rate for the study was as high as 78.43%, however we do not know, the whereabouts of these advanced midwives whom we did not get response from. The researcher cannot ascertain whether they are overseas or are still working in hospitals in South Africa.

CHAPTER FOUR: RESULTS

4.1 RESPONDENTS

In this study, we attempted to contact all the 320 Advanced Midwives who graduated from Chris Hani Baragwanath nursing college and the University of Johannesburg nursing college between from 2000 to 2004. We were able to contact, either by phone or by postal 251 of these Advanced Midwives or their relatives.188 (58.75%) gave the information about themselves either via telephone or postal interview.

In 63 (19.68%) cases we received information from the relatives of these Advanced Midwives that the person we were trying to contact was either deceased or had gone overseas. Of the 188 Advanced Midwives contacted 28 (8.75%) said they had left nursing and all of them refused to be further interviewed. The only information that we have is that they have left nursing, but did not want to give information on when they left nursing or why they left.

4.2 POSTAL AND TELEPHONICPHONIC RESPONSE

The first preference for interviews in this study was telephonic interviews. These were carried out with 159 Advanced Midwives. Except in very few cases where Advanced Midwives did not wish to answer the entire questionnaire, the information that we have from these Advanced Midwives is complete. Because we could not contact all the Advanced Midwives by phone, we then adapted the questionnaire to become a postal survey and sent this out. We had a surprisingly high response rate of (92) to our postal questionnaire, although as with all postal questionnaires not all the questionnaires were completed fully so we have a few missing data from these Advanced Midwives.

TABLE 3: TOTAL NUMBER OF ALL THE ADVANCED MIDWIVES WHO GRADUATED FROM THE TWO NURSING COLLEGES, BETWEEN 2000 AND 2004

TABLE OF YEAR BY HOSPITAL	UNIVERSITY OF BARA	UNIVERSITY OF JOHANNESBURG	TOTAL
2000	44	21	65
2001	43	21	64
2002	44	22	66
2003	42	20	62
2004	42	21	63
Total	215	105	320

A total of 320 Advanced Midwives graduated from University of Johannesburg nursing college and Chris Hani Baragwanath nursing college, while a hundred and five graduated from the University of Johannesburg nursing college between 2000 to 2004, two hundred and fifteen graduated from the Chris Hani Baragwanath nursing college between 2000 and 2004.

TABLE 4: THE DIFFERENT YEARS THE ADVANCED MIDWIVES WHO PARTICIPATED IN THIS STUDY GRADUATED

(N=251)

GRADUATED YEAR	FREQUENCY	PERCENT
2000	65	25.89

2001	41	16.33
2002	47	18.58
2003	39	15.42
2004	59	23.32
TOTAL	251	100

SECTION ONE: RESPONSE RATE

TABLE 5: RESPONSE RATE INCLUDING (TELEPHONE AND POSTAL) FOR UNIVERSITY OF JOHANNESBURG GRADUATES BY YEAR.

(N=105)

Year Graduated	No trained	No of AM who completed telephonic questionnaire	No of AM who refused telephonic interview	No of cases where got info on AM from relatives	No of postal questionnaires sent out	No of postal questionnaires returned
2000	21	5	0	6	10	10
2001	20	0	1	3	16	9
2002	22	5	2	1	14	11
2003	20	6	1	4	9	4
2004	22	4	1	6	11	7
TOTAL	105	20	5	20	60	41

The table above shows that the response rate for the University of Johannesburg graduands. In 2000 for instance 21 Advanced Midwives were trained in the college,

while eleven (5) Advanced Midwives responded via telephone interviews, 10 responded via postal interviews and six (6) telephone numbers belonging to the Advanced Midwives was phoned, but the relatives of these Advanced Midwives gave information regarding their whereabouts. It is interesting to note that contrary to what might be expected a 100% response was obtained for the year 2000, but was not obtained for later years.

TABLE 6: RESPONSE RATE INCLUDING (TELEPHONE AND POSTAL) FOR THE CHRIS HANI BARAGWANATH NURSING COLLEGE.

(N=215)

Year Graduated	No trained	No of AM who completed telephonic questionnaire	No of AM who refused telephonic interview	No of cases where got info on AM from relatives	No of postal questionnaires sent out	No of postal questionnaires returned
2000	44	12	4	9	19	13
2001	43	9	3	8	23	10
2002	44	10	2	10	22	8
2003	42	15	4	4	19	5
2004	42	16	3	5	18	15
TOTAL	215	62	16	36	101	51

The table above shows that the response rate for the Chris Hani Baragwanath nursing college which is considerably lower than the response rates for University of Johannesburg. In terms of tracing graduates from Chris Hani Baragwanath nursing college the highest response rates were from the year 2000 and the year 2004.

SECTION TWO: HOW MANY ADVANCED MIDWIVES HAVE REMAINED IN THE PUBLIC SECTOR AND HOW MANY HAVE LEFT

TABLE 7: WHERE ADVANCED MIDWIVES ARE NOW BY COLLEGE (CHRIS HANI BARAGWANATH NURSING COLLEGE)

WHERE NOW	FREQUENCY	PERCENT
DECEASED	11	5%
LEFT NURSING	17	8%
OVERSEAS	25	12%
PRIVATE	22	10%
PUBLIC	75	35%
NO RESPONSE	65	30%
TOTAL	215	100

All of the Advanced Midwives who graduated from Chris Hani Baragwanath hospital had been working in the public sector before their training. This table clearly shows that a large percentage of the Advanced Midwives who graduated between 2000 and 2004 are now no longer working in the public sector. 5% of them have died, 8% of them have left nursing, 12% have gone overseas, and 10% of them have left to join the private sector. We do not know where the 30% of Advanced Midwives who did not respond are now working. It could be assumed that many of them have gone overseas and that is why we could not contact them, but we do not know whether this assumption is correct or not.

TABLE 8: WHERE ADVANCED MIDWIVES ARE NOW BY COLLEGE

(UNIVERSITY OF JOHANNESBURG NURSING COLLEGE)

WHERE NOW	FREQUENCY	PERCENT
DECEASED	6	6%
LEFT NURSING	11	10%
OVERSEAS	21	20%
PRIVATE	28	27%
PUBLIC	36	34%
NO RESPONSE	3	3%
TOTAL	105	100%

Unlike those Advanced Midwives who trained at Chris Hani Baragwanath hospital, many of those who trained at the University of Johannesburg came from the private sector. There were also a number of nurses who were finalizing their training and were not working as a nurse before the advanced midwifery training. Of the Advanced Midwives who graduated between 2000 and 2004 6% have died, 10% have left nursing, 20% have gone overseas, 27% are working in the private sector, and 34% are now working in the public sector. The fact that we were able to get a response rate of 97% means that we can say with confidence that in the case of UJ we do know how many Advanced Midwives have left the country.

SECTION THREE: INFORMATION ON ADVANCED MIDWIVES STILL IN THE PUBLIC SECTOR

As discussed in the methodology section and the response section although we got high response rates in terms of knowing where Advanced Midwives are currently working, or if they have died, our response rates in term of Advanced Midwives who completed the entire questionnaire is much lower. We do not have information from the Advanced Midwives who had either gone overseas, died or left the nursing profession. We do however have detailed information from the completed questionnaires on Advanced Midwives who have either remained in the public sector, or were working in the public sector but have now moved to the private sector. This section of the results will deal with these categories of Advanced Midwives.

TABLE 9: WHERE THE ADVANCED MIDWIVES WERE BEFORE THEIR TRAINING BY PRIVATE AND PUBLIC

(N=164)

PRIVATE/PUBLIC	FREQUENCY	PERCENT
PRIVATE	10	6.10
PUBLIC	154	93.90
TOTAL	164	100

TABLE 10: WHERE THE ADVANCED MIDWIVES ARE NOW BY PUBLIC AND PRIVATE

(N=161)

WHERE NOW	FREQUENCY	PERCENT
PRIVATE	50	31.06
PUBLIC	111	68.94
TOTAL	161	100

Table 9 and 10 gives information on the movement of Advanced Midwives between the public and private sector. Although two Advanced Midwives who were previously working in private sectors facilities before their training are now working in the public sector, most of the movement between the two sectors has been Advanced Midwives moving from the public sector to the private sector. 50 Advanced Midwives who were previous to their training working in the public sector are now working in the private sector. One hundred and eleven Advanced Midwives who were working in the public sector have remained in the facilities that trained them. There has been minimal movement between facilities in the public sector with only two Advanced Midwives moving within the public sector.

TABLE 11: AGE DISTRIBUTION OF ADVANCED MIDWIVES FROM THE CHRIS HANI BARAGWANATH NURSING COLLEGE AND THE UNIVERSITY OF JOHANNESBURG, WHO GRADUATED BETWEEN 2000 AND 2004

(N=159)

AGE CATEGORY	FREQUENCY	PERCENT
20-29	2	1.26

30-39	44	27.67
40-49	94	59.12
50 AND ABOVE	19	11.95
TOTAL	159	100

Respondents in the ages between 40 to 49 years were predominant in the study, followed by advanced midwives between the ages of 30-39 years. It is worth noting that nurses between the ages of 20-29 years of age are less likely to have acquired a post basic training in advanced midwifery.

TABLE 12: HOW ADVANCED MIDWIVES FUNDED THEIR ADVANCED MIDWIFERY TRAINING.

(N=159)

FUNDING	FREQUENCY	PERCENT
DOH	87	54.7
PRIVATE	8	5
SELF	64	40.3
TOTAL	159	100

This table shows that over 50% of respondents had their Advanced Midwifery training funded by the Department of Health, while 40% funded themselves and only about 5% were funded by private clinics. It is worth noting that the majority of the graduates from the Chris Hani Baragwanath nursing college had their Advanced Midwifery training

funded by the Department of Health, while almost all the graduates of the University of Johannesburg nursing college funded themselves or getting funding from the private facilities where they worked.

TABLE 13: ADVANCED MIDWIVES IN URBAN OR RURAL AREA BEFORE AND THEIR TRAINING

(N=161)

URBAN/RURAL	TOTAL NUMBER OF AM BEFORE TRAINING	TOTAL NO AM REMAINIG AFTER TRAINING	TOTAL NO LEFT THAT THE FACILITYAFTER TRAINING
URBAN	103	73	30
RURAL	58	40	18
TOTAL	161	113	48

TABLE 14: LEVELS OF THE DIFFERENT FACILITIES WHERE ADVANCED MIDWIVES WERE WORKING BEFORE AND AFTER THEIR TRAINING.

(N=159)

LEVEL OF FACILITIES	TOTAL NUMBER OF MIDWIVES BEFORE THE	TOTAL NUMBER REMAINING AFTER TRAINING	TOTAL NUMBER LEFT AFTER TRAINING

	TRAINING		
CLINICS/MOUs	30	12	18
LEVEL 1	50	39	11
LEVEL 2	47	40	7
LEVEL 3	25	16	9
PRIVATE	7	5	2
TOTAL	159	112	47

This table shows that the different levels of the hospitals were Advanced Midwives were before and after their training, were duly represented however while level 1 and 2 had the most representations, private hospitals had the least representation.

SECTION FOUR: ARE ADVANCED MIDWIVES STILL DOING CLNICAL WORK AND USING THEIR TRAINING

TABLE 15: ADVANCED MIDWIVES WHO ARE STILL DOING CLINICAL WORKS IN THE MATERNITY WARDS.

(N=129)

DOING CLINICAL WORKS	FREQUENCY	PERCENT
NO	15	11.36
YES	117	88.64
TOTAL	129	100.0

This table shows that an overwhelming 88.64 percent of the advanced midwives who participated in this study are still using their Advanced Midwifery skills in the maternity wards. Of the 11.36% who are no longer using their clinical skills most had now moved to hospital management positions.

SECTION 5: TESTING FOR ASSOCIATION OF DIFFERENT VARIABLES

TABLE 16: ASSOCIATION OF LEVEL OF FACILITY WITH WHETHER ADVANCED MIDWIVES ARE STILL WORKING IN THE PUBLIC SECTOR (N=158)

	MOUs/DISTRICT	LEVEL 1	LEVEL 2	LEVEL 3	TOTAL
STILL IN THE PUBLIC SECTOR	13	41	39	19	112
GONE TO PRIVATE SECTOR	17	4	7	10	42
TOTAL	30	45	46	29	158

x^2= 0.001 p=0.001

In the above table, the association of level of facility with still in the public sector was statistically significant with p value (p=0.001) Therefore Advanced Midwives who are working in smaller hospitals (level 1 & 2 and MOUs/District respectively are most likely to remain in the public sector, whereas those working in bigger hospitals (level 3) were more likely to have moved to the private sector.

TABLE 17: ASSOCIATION OF AGE, RURAL/URBAN, PROVINCE AND LEVEL OF FACILITY WITH WHETHER THEY ARE STILL WORKING IN THE PUBLIC SECTOR

	BIVARIATE ANALYSIS		
		CHI SQUARE P-VALUE	FISHER'S EXACT P-VALUE
AGE	STILL IN THE PUBLIC SECTOR	P=0.135	P=0.153
RURAL AND URBAN	STILL IN THE PUBLIC SECTOR	P=0.174	P=0.189
PROVINCE	STILL IN THE PUBLIC SECTOR	P=0.779	P=0.741
LEVEL OF FACILTY	STILL IN THE PUBLIC SECTOR	P=0.001	P=0.001
FUNDING	STILL IN THE PUBLIC SECTOR	P=0.173	P=0.224

The association between the age of the Advanced Midwives, whether they work in the rural or urban area, provinces where they are working and the levels of the facilities were

they are working was evaluated by means of a bivariate analysis. These associations are explored in above table 17. The results of the bivariate analysis on whether age, rural/urban and province had an association with them still working in the public sector was not significant with the following p values respectively (p=0.135, 0.174 and 0.779). Therefore the ages of the Advanced Midwives, whether they were working in the rural/urban area and the different provinces they are working in, did not impact on them remaining in the public sector.

4.2 QUALITATIVE ANALYSIS OF OPEN ENDED QUESTIONS FROM ADVANCED MIDWIVES WORKING IN THE PUBLIC SECTOR.

The results presented in this section are from open-ended questions that were asked Advanced Midwives still working in the public sector via telephonic interviews and the questionnaires, which were sent back by post. As with the previous sections we were only able to collect this data from those Advanced Midwives who either completed the telephonic questionnaire, or filled out the postal questionnaire. We do not have data from those Advanced Midwives who are now working overseas, those who have died, and those who have left the nursing profession.

Although we did look separately at nurses who were still working in the public sector, and those who had left the public sector to the private sector the results were so similar that we have not presented the results separately.

WHY ADVANCED MIDWIVES ARE STAYING BACK:

FACILITIES ARE NEAR THEIR HOMES

A complex range of interrelated factors appear to be influencing the reasons why Advanced Midwives remained in the facility that trained them, this includes issues around their family homes and that they are already used to working there, some feared going away from home, as they had teenagers whom they needed to monitor their movements and whereabouts.

"I have a house here and my children are teenagers, so I cannot afford to leave them, as I have to monitor there whereabouts" (Advanced midwife).

They also made mention of lack of transports to work elsewhere other than facilities very close to their homes, however some made mention of their intentions to leave should they get a better place or get promoted elsewhere.

"I'm afraid to live away from home, but if I get a better chance to get promoted, I will leave" (Advanced midwife).

TO IMPROVE THEIR SKILLS

A number of Advanced Midwives wanted to upgrade themselves within the facilities they were working, some said that they were working in a referral hospital and as a result had a lot of obstetric problems brought to them. This according to them is challenging and as a result enables them to upgrade themselves and make them more independent, and able to work alone without any supervision.

"A large hospital situated around a large community needs people like us to face the challenges and thereby upgrade ourselves even better". (Advanced midwife)

Quite a few said the skills they acquired so far in the public hospitals made them proud and as a result they work with pride and over flowing confidence.

A PASSION AND LOVE FOR MIDWIFERY

Some advanced midwives expressed their passion for midwifery to be one of the reasons or a reason why they are still working in the public sector facilities or had not left nursing.

"I've got a passion for midwifery" (Advanced midwife).

Most of them said they had been Midwives all their lives and as a result had gotten completely attached to midwifery that they do not want to quit. Others said they enjoyed their jobs as Advanced Midwives especially the respect and trust they received from their patients admitted to the maternity wards.

HAVE BEEN WORKING AS ADVANCED MIDWIVES FOR A LONG TIME

Another common theme among Advanced Midwives working in the public sector, was that they had been nurses for many years and that they are not willing to move. Others said they were getting old and were being more careful so as not to loose the benefits due to them. Some stated that they felt comfortable working with their colleagues whom they had known over the years. *"I have known my colleagues well over the years and I've learnt to work together happily"* (Advanced midwife)

WHY ARE ADVANCED MIDWIVES INTENDING TO LEAVE.

Those Advanced Midwives who left for the private sector, as well as those who were thinking about leaving for the private sector or to go abroad, expressed very similar frustrations around being an Advanced Midwife in the public sector. The main frustrations were around the physical conditions in which they had to work, shortages of staff, not being able to practice independently, as well as frustrations with the fact that Advanced Midwives did not receive any additional remuneration in recognition of their post-basic training, nor did they receive the scarce skills allowance.

NO RECOGNITION FOR ADVANCED MIDWIVES

Respondents complained bitterly that they were just not recognized and honored as Advanced Midwives. According to them in other *"civilized"* countries like Europe and America, advanced midwives were highly placed in terms of their abilities to reduce maternal deaths considerably. They also argued that the Doctors usually had little or nothing to do during deliveries, yet are paid very handsome salaries at the end of the month, this is painful laments one of the Advanced Midwives

" You can't believe we the advanced midwives do it all during deliveries, all the doctors does best is to command us and tell us what to do, and then at the end of the month he will be paid a whole lot of money" (Advanced midwife)

POOR CONDITIONS OF SERVICE

Advanced Midwives expressed their discomfort of being mandated to work under a horrible work environment. According to them there was not enough equipment like the

fetal monitors, non-stress machines, resuscitating equipment and so on, to ease their workload.

"I'm afraid to tell you, this condition of services for us is horrible including the working environment is my problem" (Advanced midwife)

Some said it was impossible for them to practice what they have learnt without resources.

NO INCREAMENT OF SALARIES

An overwhelming three quarters of Advanced Midwives reported that lack of increment in their salaries were the major reasons why they are intending to leave or had left the public sector. They reported that they strongly believed that because they had gone for Advanced Midwifery training, and were providing a valuable service with additional responsibility their salaries should be increased.

"I've gone for advanced midwifery training, but since I came back nothing has changed in terms of increment in my salary" (Advanced midwife)

Advanced Midwives felt frustrated when they argued that they worked harder than the doctors and their efforts were not financially rewarded.

NO SCARCE SKILL ALLOWANCES FOR ADVANCED MIDWIVES.

Most Advanced Midwives spoke against the policy of no scarce skill allowance for Advanced Midwives who have completed a post basic training. They should also get scarce skills allowance in recognition that there is shortage of Advanced Midwives in the country. They mentioned that the ICU and Theater nurses who have similar qualifications like them, were rewarded financially more than them.

"The ICU and Theater nurses are receiving scarce skill allowances, but we are not, this shouldn't be so" (Advanced midwife)

NOT ALLOWED TO PRACTICE INDEPENDENTLY

Issues with not allowed to practice independently were mentioned by Advanced Midwives repeatedly as reasons why they intend to leave or had left. Frustration was expressed that the doctors had little or nothing to do in the labor ward, without being assisted by the Advanced Midwives, yet the Advanced Midwives were not allowed to practice independently. They felt that there were no clinical challenges, as they were not allowed to carry out deliveries of complicated pregnancies.

"I'm not getting clinical challenges and practice and I'm not independent here for instance I'm not allowed to carryout breach deliveries and so on" (Advanced midwife)

Advanced Midwives felt that there was no need for them to have undergone a post basic training in midwifery since they were not given opportunities to practice what they were taught in school. They felt at times that undergoing additional training had been a waste of time.

"I don't practice what I've been taught" (Advanced midwife)

LACK OF STAFF

Shortages of staff were another common explanation of why Advanced Midwives had left or were thinking about leaving the facilities. Respondents reported that the facilities where they worked or had worked were overcrowded, and that they didn't have the staff

to be able to cope with the work load and as a res One Advanced Midwife for example stated that in the rural hospital where she worked, the patients to available Advanced Midwife were 30-35:3 which according to her was almost unbearable. *"Patients to available midwives = 30-35: 3 too bad"* (Advanced midwife).

Those Advanced Midwives, who were still remaining in the public facilities, complained that so many of their colleagues had left without being replaced. This resulted in a considerable workload for the Advanced Midwives who have remained.

"Nurses are leaving the hospital few advanced midwives in the labor ward" (Advanced midwife).

Those Advanced Midwives, who were working in the rural areas, stated that they believed that the shortage of staff was a more severe problem in the rural area where they worked. They complained that there was not just a shortage of nursing staff, but also of support staff, clerks and cleaners. This state of affairs increased their workload as they not only had to carry out nursing duties, but they also had to do cleaning and clerical work. According to them, this h This was according to those who identified this as a problem most disheartening as they sometimes abandoned their patients to carry out other duties that needed to be done urgently just to keep the hospital functioning.

"There are not enough doctors here, there are no clerical staff, the cleaners are old are retiring and then we are left to do all the job, yet we are not paid for it and yet we are not even enough to do the midwifery job in the maternity wards let alone doing odd jobs, which we are unfortunately compelled to" (Advanced midwife)

You had said this before *"A lot to do in addition to overcrowding"* (Advanced midwife)

THE RISK OF CONTACTING HIV/AIDS

A few of the Advanced Midwives argued that nurses in general are in high risk of contacting HIV/AIDS due to the fact that they are usually exposed to patients, used syringes, bloods transfused and so on. They felt that there should be polices for the compensation of Advanced Midwives who are infected by HIV/AIDS through their workplace. While some are just scared of continuing to work as nurses in view of this epidemic, a few are considering moving into other departments in the hospital because they felt the in maternity services you came into contact with a lot of blood.

LACK OF CONTINUING EDUCATION FOR ADVANCED MOIDWIVES

Many of the Advanced Midwives believed that to keep their skills up to date, and to keep up with the changes in practice they needed to have continuing education. They also felt that they needed to increase their skills in areas such as problem solving and ward management. Some stated that they just did not feel that they had had sufficient training to enable them do their job well. They felt that the Government does not give them opportunities to attend workshops or trainings in their field.

THE RECOMMENDATIONS GIVEN BY ADVANCED MIDWIVES

The recommendations that Advanced Midwives gave for retaining Advanced Midwives in the public sector largely reflect the complaints that they had about their conditions of services and the reasons that they were thinking of, or had, left the public sector.

Advanced Midwives recommended that the basic salary given to all nurses should be increased. They also strongly felt that as they had completed post basic training, and had developed important additional skills allowing them to take on new roles and responsibilities, that Advanced Midwives should also be rewarded both financially and in terms of status. Many of the Advanced Midwives also argued that they were a scarce skill and therefore Advanced Midwives should also additionally receive the scarce skill allowance.

The Advanced Midwives almost unanimously felt that general conditions in the public sector were problematic and needed to be improved. Priorities were recruiting new staff, updating equipment and improving the general work environment. In terms of the specific needs of Advanced Midwives the most common recommendation was the need for more training designed to meet the needs of advanced midwives.

CHAPTER FIVE:

5.1 DISCUSSION:

This study aimed to contact a total of 320 Advanced Midwives who graduated from the two nursing colleges between 2000 and 2004. Through considerable effort, and two different methods of trying to elicit responses, at least some basic information was obtained from 251 Advanced Midwives, or their families. The response rate of 78.46% is high if you compare it with other studies, but of course introduces a significant bias into the results. For example if the 30% of nurses from Chris Hani Baragwanath hospital from

whom it was not possible to get a response are all now currently working overseas that would alter the results considerably in the fact that it would not be around 1 in 10 who are now working overseas, but 4 out of 10. With more time and more resources it may have been possible to work harder at increasing the response rate, however this was not possible with the financial and time resources available. It was regrettable also that it was not possible to get more information from Advanced Midwives who had gone overseas, or had left the nursing profession.

Despite these limitations, all the objectives of the study were achieved. The first study objective was to determine how many Advanced Midwives are still working in the public sector facilities that trained them. Of those Advanced Midwives whose information was received from their relatives, 46 (18%) had gone overseas, 28 (11%) had left the nursing profession and 17 (7%) had died. Of those Advanced Midwives who completed the questionnaire 69% of Advanced Midwives were found to have remained in the public sector while an alarming 31% had left from the public sector to the private sector as shown in Table 7 and 8, this is worrying because among those who stayed back, many intend to leave. This is similar to the findings in the qualitative analysis section of the report, which revealed that many of Advanced Midwives intend to leave the public sector facility to the private sector due to reasons both financial and non-financial.

Objective two was to determine how many Advanced Midwives were still doing clinical works in maternity wards as there has been some concern expressed that many of those Advanced Midwives who are trained are now in positions where they are now using their clinical skills. 88% of the Advanced Midwives were found to be doing clinical works in

the maternity wards this is confirmed in the qualitative analysis result which revealed that many if not all the Advanced Midwives had a passion for midwifery which according to them was one of their motivations to continue working as Advanced Midwives in spite of the difficult condition they were working under.

Objective three was to explore the reasons why the Advanced Midwives who left did leave and where they had gone. As mentioned above we were not able to get Information from Advanced Midwives who had gone overseas, or left the nursing profession. However we did get information from the 31% of advanced midwives who filled in the questionnaire who had left the public sector facilities to the private sector. The reasons given ranged from lack of recognition, poor conditions of service, lack of salary increment, lack of scarce skill allowances specifically to Advanced Midwives, not being allowed to practice independently to lack of staff and accompanying work overload. The respondents also complained that they don't get promoted after their post basic training, this according to them demoralizes them and demotivates them to carryout their jobs as effectively as possible. They complained that the nurses in the ICU department and the theatre received allowances and increments in recognition of their skills and additional training but Advanced Midwives, who have a great deal of responsibility in the labor ward especially when doctors are not available, do not get extra pay for their extra training.

According to Advanced Midwife Thembi Tokozile (who requested that her name be used)

"In fact I regret spending a whole year doing an advanced midwifery post basic training as it is just useless, since I'm not rewarded for that, I should have just stayed back in the

hospital as a midwife, although I acquired an extra learning, but believe me it was just a waste of time after all we all receive the same salary, if not that I have a passion for midwifery, I would have long resigned and gone into something else that would likely yield me more money than this peanut I receive from the Government" (Advanced midwife).

This clearly shows that Advanced Midwives get frustrated that they are not getting any financial benefit for doing an extra year post basic training in terms of general salary increment and allowances. This was such a huge concern among Advanced Midwives who had left the public sector, who were thinking of leaving the public sector as well as those who stated that they were happy working in the public sector. Advanced Midwives also complained about the lack of other financial and non financial benefits such as car allowances, home loans, workshops and training. Advanced Midwives who now worked in the private sector also reported that they tended to be treated better in the private sector.

The fourth objective was to document the reasons why the Advanced Midwives who were still working in the public sector had remained which were the majority of the Advanced Midwives who were interviewed in this study. A range of interrelated factors appear to be influencing Advanced Midwives to stay working in the public sector. These are discussed in more details in section 4.2 of this report. Factors included that the facilities where the advanced midwives worked were situated near their homes, their quest to upgrade themselves, a passion for midwifery and the fact that they had been working in that facility for a long time.

The fifth objective was to see whether age, level of facility, rural or urban and province impacted on why the Advanced Midwives have remained in the public sector. As shown in Table 17 the X2 (Chi square) test for the comparison of proportions was used to evaluate statistical differences between age, rural/urban and province with whether Advanced Midwives had remained in the public sector. There was no statistical significance in terms of age, whether they have worked in rural or urban area and which province they have worked for between the group that had stayed in the public sector, and the group that had left the public sector for the private sector. With the following p-values (P=0.135, 0.174 and 0.779) respectively. Therefore the ages of the Advanced Midwives, whether working in rural/urban area and the different provinces where they are working did not impact on whether they are still in the public facility or had left for a private facility. However with regards to the level of facility they are working in before their training and whether they are still in a public facility or had left to the private sector there was a statistical significance with p-value (P=0.001). Therefore referring to Table 16, Advanced Midwives working in smaller hospitals (level 1 and 2 and MOUs/District) were more likely to remain in the public sector whereas those working in bigger hospitals (levels 3) were less likely to remain in the public sector. This may link with the qualitative results that showed that Advanced Midwives liked to be able to use their skills, and resented it when they were not allowed to use all the skills they have acquired during training. The Advanced Midwives may have more space to practice independently in smaller hospitals where there is a shortage of doctors.

The sixth objective of this study was to document the recommendations of Advanced Midwives on how best to retain Advanced Midwives in the public sector. Their

recommendations ranged from proper recognition of Advanced Midwives by the government, increment of their salaries in general, payment of scarce skill allowances like the ICU and theatre nurses for haven gone for a post basic training in advanced midwifery, provision of specialized equipments like fetal monitors, incubators etc which will on the long run, improve the working conditions and relieve stress due to uncondusive work environment. A few of the Advanced Midwives working in the rural areas indicated interest in moving to urban area. They felt strongly that rural hospitals had been particularly neglected and if the government wanted to retain advanced midwives in rural areas, then special attention had to be given to improving conditions in rural hospitals.

This study has been able to illustrate that 40% of the respondents were not trained by the Government as is usually perceived. A sizable minority of Advanced Midwives reported that they had paid their own way through the one-year post basic training.

A good number of the advanced midwives who intend to leave the facility said it was as a result of shortage of staff in the public sector facilities. Which became a particularly serious problem faced with the HIV/AIDS epidemic which had increased to the number of patients that need care. Some Advanced Midwives also stated that they were concerned that free health care and the child care grant had led to increased use of maternity services. They argued that Government are not training as many Midwives and Advanced Midwives as much as possible, this according to them, leads to a remarkable shortage of staff and an accompanying overcrowding in labor wards with very few Midwives to attend to all the patients. According to one of the advanced midwives interviewed,

"The issue of overcrowding was not the case in the years past but because of free medical care and the prevalence of HIV/AIDS in the country, the health facilities are usually overcrowded and as a result needs more workforce to meet the challenges thereof" (Advanced midwife).

This development according to staff has a negative impact on the workload and the emotional well being of Advanced Midwives in public health facilities whereas they are not even compensated for exposing themselves to infection and opportunistic infections resulting from HIV/AIDS patients in labor wards. Emotional exhaustion, caused by too much work and continuous pressure in the work environment also contributes to attrition. Wright and Cropanzano (1998) looked at emotional exhaustion as a predictor of job performance and voluntary turnover. They discovered that emotionally exhausted workers eventually left their jobs as a result of declining job performance brought on by long periods of physical and emotional strain.

A study done by Penn-Kekana on Nursing Staff Dynamics and Implications for Maternal Health Professionals in Public Health facilities in the context of HIV/AIDS carried out in South Africa had similar high levels of burn out and demotivation of Midwives. The report recommended that increased deployment of Advanced Midwives was a key strategy to improving quality of care in South African maternity services, but noted that this would not be achieved if financial and non-financial incentives weren't put in place to retain Advanced Midwives. One key issue that the study identified which fits in with the recommendations of the Advanced Midwives in this study is that financial reward for their additional training and responsibility they take in labor wards is crucial to retaining them.(Penn-Kekana et al 2005).

The idea that working conditions fundamentally affect staff motivation and burn out is not new, and has been found in many studies for example, burn out among nursing staff caused by "toxic health care environment" has been found to contribute to employees attrition in nursing (Cullen, 1995). Also Freudenberger explained in his work that burnout can detrimentally affect organizational functioning by contributing to employees' physical symptoms and reduced job performance and intention to leave a position, however the decision to remain in a job is not necessarily linked to job satisfaction. Brown, Schultz et al (2002) for example found out that although hospital staff was "generally satisfied with their jobs and found (them) interesting and stimulating", most of the staff frequently thought about leaving their jobs.

In conclusion it seems unlikely that South Africa is going to achieve desired goal of reducing maternal mortality by 75% by the year 2015 unless more is done to increase the number of Advanced Midwives being trained and also to retain and keep motivating those who have been trained.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

This study has shown that there is both an international and intranational brain drain of Advanced Midwives from the public sector in South Africa. Although the majority has stayed in the public sector many Advanced Midwives have left from the public to private sector facilities and many are thinking of leaving. This study only followed up Advanced Midwives from two training colleges and was done within resource and time constraints.

It would be useful to know if there was a similar pattern among Advanced Midwives who graduated from other nursing colleges.

This study also showed that an alarming number of Advanced Midwives are themselves dying. This study shows that 7% of Advanced Midwives who graduated between 2000 to 2004 were reported to have died, although the causes of their death was not disclosed by their relatives who gave the information on their whereabouts. There is likelihood that the causes of death could largely be due to HIV/AIDS. As Shisana (2007) has shown in her work that HIV prevalence among health workers in South Africa is serious enough to warrant immediate attention.

Her study's major observation pertains to the large percentage of health workers with CD4 cells/ u1 (18.9%), and as such eligible for antiretroviral therapy (ART). These health workers are classified as having AIDS. Shisana O. (2007). However, this study suggests that a way of mitigating the attrition of Advanced Midwives to death largely due to HIV/AIDS could be to provide private treatments for nurses with this ailment so that they don't have to queue up with patients to receive treatment in ARV clinics.

While recommending the need for Government to work towards the recommendations made by these Advanced Midwives, it will be worthwhile to note that according to James Buchan et al, developed countries are positioned to exploit factors that motivate migration among these amenable and able to relocate, such as relatively low pay, poor career structures, and lack of professional development opportunities that characterize nursing in many developing countries, as well as other unsafe or undesirable domestic conditions. The reason why we have to do something is that Advanced Midwives now

have options and the developed countries are willing to exploit this situation and recruit them.

The study showed an interplay between lack of support and recognition for Advanced Midwives with an accompanying workload, non-increment in salary or non-provision of scarce skill allowances to Advanced Midwives. Both the financial and non financial factors that impact on Advanced Midwives need to be addressed if they are to be retained in the public sector.

6.1 STAFF SHORTAGES OF ADVANCED MIDWIVES IN THE PUBLIC SECTOR

Nursing institutions should increase their Advanced Midwifery enrollments, by enrolling more Advanced Midwives into their colleges. They should also increase their output by ensuring that greater number of Advanced Midwives completes their studies successfully.

This is alarming owing to the fact that, if we are going to decrease the levels of maternal mortality, it is imperative that skilled attendants are available to attend to the needs of the pregnant mothers especially with regards to the facilities in the rural areas. If Advanced Midwives are leaving the public sector at the rate that has been shown in this study, it is likely that South Africa's maternal mortality rates will continue at an unexpectedly high level. While maternal mortality figures vary widely by source and are highly controversial, the Saving Mother's report suggest that during 2002-2004, a total of 3406 maternal deaths were reported (DoH 2006). Reducing maternal mortality and disability will depend on identifying and improving those services that are critical to the health of South African women and girls, including antenatal care, emergency obstetric care, and adequate postpartum care for mothers and babies, and family planning and

STI/HIV/AIDS services. (Hill, K.C. AbouZahr and T. Wardlaw 2001). None of these can Be achieved without Advanced Midwives.

6.2 SCARCE SKILL ALLOWANCES FOR ADVANCED MIDWIVES IN THE PUBLIC SECTOR

If the Department of Health, wants to retain Advanced Midwives once they have completed their training, it is strongly recommended that the salary and benefits packages of Advanced Midwives should be addressed. There should be an increment given to Advanced Midwives in recognition of their additional skills. We would also recommend that Advanced Midwives are included in the category of nurses who get the scarce skill allowance as they are a scarce skill and are desperately needed if South Africa is to reduce it's high levels of maternal mortality.

6.3 UNCONDUSIVE WORK ENVIRONMENT

The uncondusive work environment also appears to play an important role in terms of retention of advanced midwives. The environment where an employee works is an important factor to him continuing to stay there. If public health facilities are equipped enough with the necessary facilities as it is in the private sector many Advanced Midwives will be retained in the public sector.

Finally this study's recommendation reflects the study done by Kandoole B F et al, who stated that possible ways of mitigating the losses through emigration could be to continue current efforts in enforcing codes of practice on international recruitment in recipient countries. This could go hand in hand with continued efforts in making the public health sector more attractive to the Midwives.

According to (WHO 2005), most deaths are preventable, yet little is being done to reduce this source of unnecessary suffering and death. Health professionals and health care providers are needed to avert, contain and solve many of the largely unpredictable life threatening problems that may arise during childbirth. If health workers are available, it could lead to the reduction of maternal mortality rates to low levels. (WHO 2005). To be able to achieve this, we need to work harder at retaining Advanced Midwives in facilities and motivating them.

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APPENDIX 1 ETHICAL CLEARANCE CERTIFICATE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 Benson-Okoli

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER M060347**
PROJECT	'What Happens to Advanced Midwives After Their Trauman Trainign? (RE-SUBMISSION)
INVESTIGATORS	Dr CO Benson-Okoli
DEPARTMENT	School of Public Health
DATE CONSIDERED	06.03.31
DECISION OF THE COMMITTEE*	Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 06.04.03 **CHAIRPERSON** .....
(Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Mrs L Penn-Kekana

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.** 10/07/06

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

APPENDIX 2 POST GRADUATE APPROVAL CERIFICATE

Faculty of Health Sciences
UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG
7 York Road PARKTOWN Johannesburg 2193 Telegrams WITSMED Telex 4-24655.SA
FAX 643-4318 TELEPHONE 717-2075/2076
E-MAIL healthpg@health.wits.ac.za

MRS CO BENSON-OKOLI
989 ROAD 2
ALLENS NEK
1724

APPLICATION NUMBER 0508278Y
STATUS (DEG 51) (MM815) PZZ

2006-07-31

Dear Mrs Benson-Okoli

Approval of protocol entitled What happens to midwives after their training

I should like to advise you that the protocol and title that you have submitted for the degree of Master Of Public Health (Full-Time) have been approved by the Postgraduate Committee at its recent meeting. Please remember that any amendment to this title has to be endorsed by your Head of Department and formally approved by the Postgraduate Committee.

Ms. L Penn-Kekana has/have been appointed as your supervisor/s. Please maintain regular contact with your supervisor who must be kept advised of your progress.

Please note that approval by the Postgraduate Committee is always given subject to permission from the relevant Ethics Committee, and a copy of your clearance certificate should be lodged with the Faculty Office as soon as possible, if this has not already been done.

Yours sincerely

S Benn (Mrs)
Faculty Registrar
Faculty of Health Sciences

Telephone 717-2075/2076

Copies - Head of Department____Supervisor/s

APPENDIX 3 LETTER OF PERMISSION FROM CHRIS HANI BARAGWANATH NURSING COLLEGE TO CARRY OUT THE RESEARCH WITH THEIR STUDENTS

Department of Health
Lefapha la Maphelo
Departement van Gesondheid
Umnyango wezeMpilo

OFFICE OF ACTING PRINCIPAL
Mrs. D.J. Mtshazo

Ext: (011) 983-3004
E-mail: duduzilemt@gpg.gov.za

Dear Colleague,

Permission has been granted to Ms Iloabanafor Chinee to carry out a research on ***'What happens to Advanced Midwives after their training?'*** She has obtained clearance from the ***Ethics and Post Graduate Committee*** of the University of the Witwatersrand. We are also convinced that the research she is undertaking will benefit the profession and will not harm you in anyway.

Your assistance with this project will be highly appreciated.

Thank you

Respectfully yours

D.J. Mtshazo
Acting Principal
Date: 02 Oct. 2006
Cc Mr. Z. Ndabula CEO
Mrs Z. Behane (Student Affairs HOD)
Mrs. B.B. Africa (Post Basic HOD CHB)

Chris Hani Baragwanath Nursing College
Private Bag X 05
Bertsham
2013

Tel: (011) 983-3000
Fax: (011) 983-3091

APPENDIX 4 LETTER TO ADVANCED MIDWIVES REQUESTING THEIR PARTICIPATION IN THE RESEARCH EXERCISE

ILOABANAFOR OBIAMAKA CHINEE

SCHOOL OF PUBLIC HEALTH UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

Date: 12th of September 2006.

989 Road no 2 Allens Nek Roodepoort 1724 Johannesburg. Email: chyfab@yahoo.com Tel/Fax: 011-675 5050. Cell: 072 328 4213

Re: Requesting your participation in research exercise on Advanced Midwives

Dear Sir/Madam,

This letter serves to kindly request your participation in the above –mentioned research exercise. My name is Chinee Iloabanafor, a research student in the School of Public Health of the University of the Witwatersrand. I am carrying out this research as part of my Masters in Public Health. My research topic is "What happens to advanced midwives after their training". This research entails asking advanced midwives who graduated from the University of Johannesburg Nursing College and the Chris Hani Baragwanath Nursing College ,between 1999-2004, questions about their work place and about their attitudes to where they are working.

I am carrying out this study because I know that advanced midwives have a vital role to play if we are to reduce the level of maternal and perinatal mortality in South Africa. Advanced midwives are a cadre of health care workers that we desperately need in our health services. I am also aware that many are leaving. What I want to do in this study is document exactly how many are leaving, or planning to leave, the health system, and to explore why they are leaving. When I have the results I will feed back to National policy makers and the Department of Health and provide the information to the Society of Midwives in South Africa which I hope will lead to actions being put in place to keep advanced midwifes working in the public sector. I would really appreciate your assistance in helping me achieve this aim.

I approached the Chris Hani Baragwanath nursing college and got permission to access the database of all advanced midwives who graduated in the last five years. I had hoped to conduct a telephonic interview with you, but unfortunately the University did not have your telephone number or the telephone number that they had was no longer working. They did have your contact address. This is why I am contacting you by post. I am attaching to this letter the information about the study in the questionnaire that I would have used if I had managed to reach you by phone as well as the questionnaire.

Please if you wish to participate in this research, kindly fill in the questionnaire and send it back to me using the self-addressed envelope I have included. Please call me if you have any questions or would like to do a telephonic interview instead and I will call you right back. My contact details are 072 3284213.

Unless enough midwives complete the questionnaires I will not have reliable results and I will not be able to present an accurate picture of what is happening to the relevant authorities. So I will appreciate it, if you participate in this study and either call me, or fill in the questionnaire and send it back to me.

Thank you for your co-operation.

Yours Sincerely

APPENDIX 5 TELEPHONE CONVERSATION SCRIPT

APPENDIX 6 QUESTIONNAIRE FOR ADVANCED MIDWIVES

Questionnaire for Advanced Midwives

INTRODUCTION:

My name is Chinee Iloabanafor, I'm doing my masters in Public Health and researching on "what happens to advanced midwives after their training"

1. Please in what age category, are you? Please circle the correct answer.

20-29 years

30-39 years

40-49 years

Above 50 years

2. Which nursing college did you obtain your advanced midwifery qualification? Please circle correct answer.

Chris Hani Baragwanath nursing college

University of Johannesburg

Other (Please specify)

3. What year did you graduate as an advanced midwife?…….

Questions about the health care facility where you were working when you went on advanced midwifery training.

4. How was your advanced midwifery funded? Please circle correct answer.

Self

Private sector facility

Public sector facility/provincial Department of Health

Other (Please specify)……...

5. Which health facility were you working at when you went for your training?……..

6. Is this facility public or private?.....

7. Is this facility in a rural or urban area?……...

8. Which province is this facility in?…….

9. What is the level of this facility?……...

10. Are you still working in the facility? Please circle correct answer.

[Yes] [No]

If yes please answer from Q11. If no please answer Q17 on page 6

11. Do you still do clinical work in the maternity wards? Please circle the correct answer.

[Yes] [No]

12. If no, where are you working now? Please circle the correct answer.

Another ward

Hospital management

Others (please specify)……..

…….

13. Do you intend to stay at the facility where you are working now for the next few years? Please circle the correct answer.

[Yes] [No]

14. If yes, would you mind telling me the reasons why you intend to stay?

..…….

…….

……...

15. If no, would you mind telling me the reasons why you intend to leave?

……..

……..……

……

16. If you are thinking about leaving, where are you thinking about going? Please circle the correct answer.

Overseas

Another public sector facility

Private sector facility

Leaving the nursing profession

Other (Please specify)……

<u>Questions for the Advanced Midwives who has left the facility where she was working when she went for her training in Advanced Midwifery</u>

17. What were your reasons for leaving the facility where you were working?

……..

……..

18. Where are you now working? Please circle the correct answer

Another public sector facility

Private sector facility

Left the nursing profession

Overseas

Other (Please specify)……..

19. If you are still working in the sector, which facility are you working with

presently…….

20. Is this facility public or private?.....

21. Is this facility in a rural or urban?…….……..

22. Which province is this facility in?……..

23. What is the level of the facility?……..

24. Do you still use the skills that you learnt in the advanced midwifery course in the maternity ward of this facility? Please circle the correct answer.

[Yes] [No]

25. If no, where are you working now?…….

Another ward

Hospital management

Others (please specify)……

26. Do you intend to stay at the facility for the next few years? Please circle the correct answer.

[Yes] [No]

27. If yes, would you mind telling me why?……

……

……

28. If no, would you mind telling me why?……

……..

…….

29. If you are thinking about leaving, where are you thinking about going? Please circle the correct answer.

Overseas

Another public sector facility

Private sector facility

Leaving the nursing profession

Other (Please specify)

30. What recommendations do you have to keep the advanced midwives using their skills in the public sector from leaving the facility?…….

……

……

……

…….

Kindly send this back to me next week.

Thank you very much for your patience and spending your time filling in this questionnaire, I truly appreciate.

In case I don't understand some of your answers would you be prepared to give me your cell phone number so that I can contact you for clarification. You don't need to give me your name, I will just ask on the phone if you are the advanced midwife who filled out a questionnaire.

Are you prepared to give me your number? Please circle the answer

[Yes] [No]

If yes please can you write your contact numbers below?

……

……

Thank you

APPENDIX 7 CHANGE OF NAME

University of the Witwatersrand, Johannesburg

CHANGE OF NAME

Student Number: 05082787

Enter the new information in the relevant sections. Please print in capital letters.
This form must be handed in to the Faculty Office, together with documentary evidence e.g. marriage certificate, in support of the change of name.

Degree/Diploma: DEGREE Faculty: HEALTH SCIENCES

Year of Study (eg 1st, 2nd): 2ND Full-time/Part-time: FULL TIME

Enter one character per block. Leave a space of one block between words, Abbreviate, if necessary.

New Surname: ILOABANAFOR

New First Names: OBIAMAKA CHINEE

New Title (Mrs/Ms/Dr/Prof etc): MISS

New Maiden Name:

Previous Surname: BENSON - OKOLI

Previous First Names: CHINEE OBIAMAKA

Previous Title (Mr/Mrs/Miss etc): MRS

Previous Maiden Name:

Please indicate reason for change

- [ ] Correction
- [ ] Student Married
- [ ] Name changed by deed poll
- [x] Other

Signature of Student: [signature] Date: 05/09/06

OFFICE USE ONLY
Please initial and pass on in strict sequence

1. Faculty Office [signature]
2. MIS Unit [signature] 12/09/2006
3. Faculty Office
4.
6.
7.
8.
9. Faculty Office

University of the Witwatersrand
2006 -09- 12
York Road, Parktown 2193
JOHANNESBURG