Place: EThekwini health district office

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Duration: 44 minutes 38”

Interviewer: Solange Mianda

S: Thank u very much for allowing me to conduct this interview, just as it is written on the background that midwives especially Oms have been recognized as clinical leaders, of being able to provide clinical leadership, but it’s appears as though, generally in the literature it’s shown that those who are designated to provide clinical leadership as clinical leaders are not clear of what clinical leadership is, what is their roles, their functions.

Since you members of the clinical specialist teams have been mandated to provide overall clinical governance within district, we thought before starting with them (OM) we should start with you to help us conceptualize, give a definition for clinical leadership so that they (OM) will be enabled, empowered to provide clinical leadership in the labor ward.

S: As our 1st question we would like to know how you would define clinical leadership in the labor ward.

L: Ok, I think maybe just in general if I can define leadership it is a way of giving direction to your colleagues, your co-workers ok, and you also provide support be it clinical support or whatever support because you are the one that is giving them the direction, it is up to you to make them understand the importance of being a leader and if you are a leader I think you must also have, you must also believe in yourself, so like it’s said here some of them they, I think there was somewhere here where it says they are not prepared to, I think I saw some think that said ……they are not prepared, they, I don’t know how they become appointed in hospitals, in CHC or MOUs where there are labor ward but what I have noticed is that most of them you’ll find out that if it’s the OM in labor ward most of them are ADM but then one does not really understand how they don’t provide you know that leadership, with me I always tell them if you are trained as ADM you are told that you are a leader, you are told that you are going to lead a unit, you are going to capacitate your co-workers, but somehow after me doing midwifery

sometimes ago, when we did we believed in ourselves but these new ones I don't know if their curriculum have changed, maybe their facilitators don't instill that in them that they are leading, they are to be leading by example even with clinical expertise you'll find that they lack so much, if they lack clinical aspect what do you think and their co-workers are very clever they can see, so I believe they need to be taken through what is called clinical governance, they have to, there is training there, clinical governance there are clinical audit things like that. These are the things that will make them aware of their performance so that they can come up with quality improvement project. So if, I always say you know there are those 7 pillars though I can't really mention all of them if you look at them, if we can go through them just that this district is so wide if you think I need to take them though that there is just no time you do this in few facilities it fills like few drops in the ocean, for me I think starting with their clinical expertise they are not confident in themselves which then make them not to have that leadership that is expected of them.

Another thing, I think they lack support from their managers, I am talking of their assistant nursing managers and their nurse managers you see, and the other thing I think, team work, team work is very important because even if they do their clinical audit let say of the partogram, I can identify a lot of things, that is not done, you will find that, what I did was, we wanted to instill that team work I didn't put myself as the person that is senior to all the ADM I identified the ADM in each hospital especially in labor ward then I said let team up. We had two teams and we identified hospitals and CHCs where we had selected some days, where we did these partograms which part of the Siyangoba, I don't know if you heard of it, we were doing, we selected some charts/ maternity case records that we were doing some audit because I wanted them to feel part of, so that when they go back they can do it, you know they were so motivated, they felt so encouraged but you know there are so many things that an ADM clinical specialist need to do I don't have time to follow up with that; we came up with lot of things, we analyzed I can even show you the findings so that each one knew what performance per institution was, so that they can go and do quality improvements projects.

And yeah, those are the things that are lacking, for me I still feel that here in EThekwini we were supposed to have two teams, because I can't cover alone, we have ten hospitals that are conducting deliveries, we have 8 CHCs with those MOUs clinics that 8, so in total with 26

institutions, so you know you have to do a follow up all the time so that they will see that you are there.

And another thing which is also part of the siyanqoba pillar is you know the client satisfaction survey because they need to measure themselves all the time as to how they performing but you find out that because there is no constant follow up from my side I will meet with them, we talk and discuss they act as if they understand but they know she won't come back that's the thing otherwise yeah, for me even if you know you can talk to them.

Yeah another thing, I don't know maybe whether under staffing is also contributing because in most of the time you know if you are a leader you have clinical and administrative roles so they, they, I don't know because I think under staffing also contribute because most of the time they will also be in the clinical side working, you see yeah that will also contribute, maybe from your analysis you can come up, because I have always been saying initially when they started with these MOUs staff establishment when it comes to the labor ward, let me say maternity remember we've got midwives that must be allocated in labor ward and there must be those that are allocated for pot-natal and antenatal care you will find that they will be functioning with 2 or 3 and you will find that maybe with post-natal mother they will have to come all the way until all the ANC are done, can you imagine anybody with perinatal sutures sitting on a bed that why I am saying under staffing is also contributing, you will find out that the one who is supposed to provide leadership is also trapped in between activities yeah.

So I have been saying can we have dedicated staff for maternity then what knocks us down is there is a target that each MOU or CHC must reach in terms of deliveries of which with us it is way below the target which by right a CHC should at least achieve 100 deliveries per month or per quarter but you find that they do far below 50 you see that knocks us down I think if they can increase the staffing that can assist because now the leader, the one who is supposed to be leading will know her role, another thing that I mentioned that most Oms are ADM they don't believe in themselves, they have lost that role by right If you are a midwife, a leader knowing that at times you are expected to be a consultant, they must consult you if they are not sure you will find that they are no longer sticking to their roles by right an ADM is supposed to be taking rounds from time to time, taking rounds and doing some exit interviews or they check the files on exit even If it on ANC just to check if everything was done, because there is a lot that they

can identify and call that person aside to say can you see you have omitted this I mean this is how we have all been molded that what we which is not happening now, I don't know if I have covered most of the things.

S: To go back to the leader, from everything that you have said what do you think are the main attributes or characteristics of a clinical leader as we said in the labor ward the OM what are the characteristics that they should possess to be able to provide clinical leadership

L: Clinical expertise, she must know these procedures must be done this way, from time to time she must update herself, so that she's got the updated information to share with her co-workers, the demonstrations are there, for instance we talk of ESMOE she must be updated and from time to time she must conduct them so that she knows and then orientation, orientation on her personnel she mustn't just expect them to they must just know, so well it induction and orientation she must also know about the policies and so forth you see, she has to call up meetings from time to time to know what staff are thinking about that team work that I was talking about, it's only when there are meeting, you know just information sharing meetings where she will learn to know more about her staff and rewards if her staff are doing well they must feel good so she must reward, even if she doesn't have money to say for this month this is how we have done well clinical audit as well as I said, isn't she will share with them they will have been together when they were doing those and to share the findings and to check where they can do better, well perinatal mortality meetings whether it's labor ward or maternity we need to know how we are doing in terms of morbidity and mortality and instill that in them that you cannot just work as an ordinary day you have got from time to time to know your performance because with the mortality if you know the mortality, you will, you know when you conduct these meetings the main aim of them is to avoid doing the same mistakes in future than you teach them you demonstrate as I said you give them all the template you make life easy for them so that they enjoy being there, again as a leader you can't expect them to work if there is no equipment so as me I always advise the management to say that we have done an audit here even in terms of equipment you don't have this and that can you motivate when they seat in their.. What do they call theses meeting? Their cash flow meetings they must then, because I must have discussed with them please motivate for this when you present this in your cash flow, we need

this. For instance last week I had a visit then I said please can I have a look at your delivery pack it was such a small thing and yet you know it has bowls, receivers they just put the receiver there with trifoceps and etc.. I said how you dry your babies; you know when babies will be exposed to hypothermia they were defensive the usual thing so if you are a leader there are times when you need to be firm put my foot down I said you motivate if you fail then give that motivation I will phone and add my motivation, I don't know if I have covered most of the things, but you need to have that open door policy to say that I am not a monster not because I am leading that you cannot come to me.

S: And in terms of support, what are the things that need to be in place so that they will be supported or be encouraged to provide clinical leadership? You have mentioned some of them equipment, support from their manager, what are the other things in your opinion that need to be in place for clinical leadership to be provided.

L: protocols and guidelines, in fact the guidelines first and then protocols they must know them, protocols as I said, things must be simplified, we are now following the algorithms because we don't want the story of storytelling they must have those, that is in terms of support you provide so that they comply, you provide from time to time I must also support them in terms of the ESMOE take my mannequins and go there because we can't have each facility or institutions to have those mannequins then we support that they must actually practice that is support, you know with the fire drills because they call them ESMOE fire drills you are there they see you late that will enhance the confidence you see so even if you leave them to go to another hospital then there must be time frames and there must something I will come and check are you continuing and mentoring it's almost the same, you know with mentoring let say maybe there was like a 2-3 days' workshop then you need to identify some champions even if I going to mentor but then because I cannot always be there; there need to be some champions that will mentor them and these very Oms are supposed to be champions they need to until the person says no I am now uh… like confident you see, so that mentoring and are we sticking only to labor ward, I am just thinking now of the hours of services I know when I think of hours of services it's almost like we are thinking from ANC but you'll find out with some of the labor ward if they close at 4h somehow the clinicians or midwives tend to restrict the numbers because they are aware of the

time to close the push them send them away I don't want to say to chase, send them to other clinics, so the hours of services.

S: should it be extended?

L: well it's depends again on staffing because you can put staff... You cannot work and expect high quality of service if you don't have; and also talking of services appropriately qualified you need skilled attendance so that even the outcome will be good.

They should know their.....I am just thinking now, updated information they must do from time to time in service training and ensure that when they attend these update they come back and cascade you know as it is there these small pocket booklet for ESMOE because we are simplifying everything and today you know for instance for these perinatal meetings they should have them scheduled so that they avail themselves for these meetings to be successful they must have been known long ahead so I think the meetings should be scheduled and attended by senior management.

S: somewhere you spoke of lack of confidence what do you think can help boost their confidence to provide clinical leadership?

L: It's all I have mentioned it means they lack support from management and they if the fire drills are conducted you know repeatedly that will improve their confidence and that open door, you know what right now we did was we had a 5 day workshop which was on integration of serves ANC, intrapartum, TB management because midwives, when you talk of TB and midwives it 2 different things I was there and I know because when you look at maternal mortality we have just analyzed the number one interruption

S: When you talk of senior management support can you elaborate on that, what type of support can that be?

L: They must take rounds; they must be seen walking round that labor ward they must also avail themselves in meetings interruption 26:55 - 28:55

And also conduct with them not only me and the OM they should do the update and meetings, cash flow meetings they must also support procurement of equipment and also motivation for staff that is also the support they should provide

S: Currently is clinical leadership provided?

L: No

S: Due to all the factors you mentioned above?

L: Yes, and the culture you know sisi, I don't know what is happening now, maybe they are overloaded with workload they seem not to care I don't know what has gone wrong but there is something that is lost. The work culture

S: Just to move along, we say we have a definition for clinical leader we know the things that are needed to provide clinical leadership, how can we measure clinical leadership? If we have to design a tool what are the things that should feature in that tool so that we can go in a facility and then assess and say that clinical leadership has been provided?

L: uh, uh I think that will come from the dashboard indicators the performance outcome, that can tell us if our indicators are moving up, if we are meeting the target or not, that will tell us, and again maybe just thinking now, the tools maybe if you can also a tool of how many fire drills have been conducted as well, update in-service training you know if you can check all those things.

S: when you talk of in-service training uh what the features of a good in-service training are?

L: It will be good outcome even in terms of morbidity it means our dashboard indicators will raise, there will be good progress, isn't you are aware of performance indicators.

S: from this study we want to design a tool that can help you as DCST to measure or assess clinical leadership in the labor ward.

L: maybe if it will be open-ended questionnaire maybe you can ask them how they feel about management support because that where since it is open-ended there is a lot that can be gain, ask them about equipment also if they think the equipment is adequate **33:50**

Silence, you know some of them work long hours you can even ask whether they are happy about their hour of service silence

I am just thinking about PMDS about their personal development if you see career pathway because if they feel there is no upward mobility so that can stunt them you know

S: How would you feel because if I recall from the beginning you mentioned something about when they were recruited you are not sure about the process and how they did it, if we were to do it differently how would you suggest it's be done, recruitment of Oms

L: Remember that now I don't know whether you are focusing only on labor wards in hospitals because if we can go across the board those Oms the should provide also support to their feeder clinics those that are having labor ward they need to move out to drive to those facility to provide support that I have mentioned they need to drive to have, you know I was thinking of those school health teams those Oms are said not to have drivers license how are you expected to go there and support your feeder clinics your babies if you don't have.

Uh, even the number of meetings and the minutes of these meetings check the minutes of the meetings and the perinatal mortality meetings and the attendance registers so that you can check if the senior management does attend so that we can address

For instance we had one last week, we had a district it's a quarterly one district perinatal mortality review meeting and somehow the MEC pitched up it was uh, we were not expecting him, but that what, where were the hospital management they were not there I felt good because we always invite them but they felt that we can't we just sent representatives yeah.

S: I think we have covered mostly everything something that just came up what do you think is the role of clinical leadership just in general

The role of clinical leadership is to firstly to grow; you know to develop that person the individual and also to improve the performance of the facility, uh because if she has the direction

she's got confidence, to improve that confidence that she can then improve, uh already she will be able to do risk management and so forth, which then improve clinical audit, training, isn't clinical governance all of that so all in all it will be to improve service delivery and it's start with the person herself.

S: **currently since clinical leadership is not provided we have spoken about lack of confidence so what do you think can be done for these particular leaders, what do you think can be done to improve the situation?**

L: maybe support like I said leadership will include all the pillars of clinical governance so if you can just start maybe theoretically you provide but they must understand clinical governance, clinical governance brings everything in, and then they must understand their positions they must have belief in themselves, they must know they are leaders, they are leading and there are some expectations out of leaders for instance improve clinical expertise and service delivery so if they can understand that and maybe you know I don't know how we can have a meeting sort of an informal one where they meet to you find out like understand not to you know don't start by having a formal thing where you find out really what they understand is their role, what is meant by clinical leadership and then you start from there maybe there is a lot that you can gather from those interaction with them so that even when you start preparing your talk you will know exactly what the gap is.

S: like a survey to find out what they understand by clinical leadership, their role if they really think they are leaders and take it from there?

L: exactly

S: now that you are talking of making them understand, are you talking of training, workshop?

L: A workshop which will start I don't know where we can put those questionnaires

S: then from the responses see where the gap is

Thank you very much, I don't know if you have any question to ask me or if you have anything else you would like to add

L: I don't have any question except I don't know whether I covered what you expected