

Place: District office PMB

Date: 21/05/2015

Interviewer: S. Mianda

Duration: 45 minutes

Question 1

S: How would you define clinical leadership in the labour ward?

K: I think clinical leadership has to do with knowledge and mostly skills especially in terms of clinical management, I think our government has some process in place for example the protocols, the guidelines that are there to assist us, all the developmental changes within our working environment so that is the most important thing, for clinical leadership you need somebody who has skills for mentorship so that she is able to transfer the skills and knowledge to other people especially the new people that are coming into department and also with clinical leadership it's when we need people in cases of emergencies they are able to intervene and manage efficiently the patient that come to them, I think that is more it needs people that are more involved especially on the skills, especially on the techniques how to do things and be on the right also reviewing their performance when they have managed a situation or a condition whether they did well, if they didn't do well what are the things that need to be put in place for them to improve.

In terms of clinical leadership, what is lacking mostly is the issue around data, because in clinical management you must be able to monitor your performance through your data, through your report for instance PIP all those things you must be on tip top on those things and also on the audit that they are supposed to conduct in order for them to be able to where their performance is those are the main things that are there for clinical leadership and then also if you are leader who are you leading? You are leading the resources and how well you manage those resources and when you are looking at the resources you look at finance, HR and also the equipment in your department, and with your resources especially HR for clinical leadership you must have people

as a good leader who resemble you or whatever beliefs or standards that you have set in your department so that when you are not there the ship won't sink.

So I think you should be able to count how many people you have mentored or entrusted that when you are not there everything will go on well so those are the things you need, in terms of the equipment, the resources the value it's the most important thing because I think that one has gone down a little bit, because we are only talking of resources, equipment that we are failing to manage even those fewer resources we are having within our department. So I think it's also entails all those things and then the finance, the budget as a leader you are supposed to know how much you have at your facility every year and how well you have utilized that budget so that next year you will not go back to what you need this year all that has been sorted that there's some progress in place.

S: What I gather from what you have shared with me, mainly you speak of clinical leadership looking at the leader, the attribute that the leader needs to have; do you have anything else in mind like major attribute a leader needs to provide effective clinical leadership

K: I have talked of mentorship role,

S: Probe: when you talk of mentorship, what are the features of good mentorship programme?

A good mentorship programme you must have in place orientation and induction so that for each staff you have received, you are working with you know how much knowledge they have through monitoring your orientation and induction your in-service programme should be in place, you make sure whatever you are delivering through your in-service training it doesn't have to be you all the time but you can give the staff in your department, allocate and then you because you have additional expertise that when you will be interjecting here and there so that you can guide her and build the confidence within the younger ones in your department.

And also mentorship is when you are able to pick up good qualities in human beings so that the qualities she was not aware that she had through working with her, through engagement you are

able to pick up and you try to make that person come out of whatever problem she has or difficulty so that she can be assisted.

In mentorship the most important thing is every day you need to do your own research about new development so that you will be above the knowledge of others

When you are mentoring people you must not expect after mentoring today they understood you well you must be clear, keep on making yourself clear, clarify yourself so that whatever you have said so that you know they understand everything you have said they will be able to do whatever you are expecting from them.

K: What was your question?

S: What are the major attribute of an effective clinical leader

I think it is the quality of work especially we are dealing with our client, we need the client to be satisfied so the quality if you have done your best for you to talk about quality you need to know what is expected, the expected outcomes it doesn't mean that you can never have adverse incidents in your department just because you are dealing with quality but if you are able to measure your quality or your performance whether it was good or bad then that will guide you on where you need to strengthen by doing your SWOT analysis of whatever problem that you are having you try and address them and then that is going to give you a better outcome of whatever that you are doing and then also if you are dealing with quality there should be job satisfaction of your staff when they are knowledgeable, they have been well equipped there will be job satisfaction and that will improve production within your staff and if they see that there is somebody is caring more about them this will definitely yield better outcome I think that is one of the things that we neglect. We only think about the job and we forget about the human being behind the job. I think that this needs to be addressed in a much better way.

S: In order word you are saying the responsibility of a clinical leader is to keep a happy staff

K: Yes

S: As a summary will I be correct in saying that clinical leadership is about providing quality care and keeping a happy work force

Question 2

S: Structure/framework to support the provision of clinical leadership in the labour ward

What are the things that need to be in place at all level for the provision of clinical leadership?

K: I think there should be some leadership trainings before you assume your role as a clinical leader, after you have been appointed you need to be taken away to be trained in leadership qualities, also the induction course for the managers is very important especially on the existing protocols, guidelines, all the programs that you are going to be responsible for, also the issue of stress management should be part of it so that you are able understand and be understood and then the finance management it can be part of the package (for the programmes)

S: When I had an interview with your colleagues they spoke of workload being an issue for the provision of clinical leadership

K: Nurse/ patient ratio? The staffing norms I didn't want to touch on that because HR needs to be a course on its own so that you might know how best you can handle, minimize things like absenteeism, things like they have been exposed to negative incidences, all those things need to be part of the package.

And you are talking of the workload you know that one, I think it is difficult thing to talk about if we are talking of nurse/ patient because of the complexity of the patient because you can see 2 to 1 that is 2 patient to one nurse in the end it doesn't work well we need to bring the accepted norms that can be brought into our clinical practice so that at least that one work well; the issue of time management is part of some of the things because some of the times that where we are losing we think of shortage when in reality it is not shortage but about time management

S: At the level of the hospital (board/ CEO Managers, top management) what does the OM needs to be able to provide clinical leadership? What kind of support she need

K: The issue of support, open communication, staff development because the people need to be knowledgeable in order to grow I think the other platform, the relations that are beyond the facility because the hospital management they are the ones that are interacting with the other stakeholders and they don't see the need for us to be part yet if we can because we are the better mouth we know what things are happening down there, avenues need to be created so that we can engage more with other disciplines other than top management

S: And at programme level?

K: At the programme level there is nothing more than the knowledge of the programme whenever there is a new programme they need to be oriented after that they need support so that they can be able to implement needing the top management to be engaged at times it is the breaking of communication that makes the top management not to support them, so whatever new programme is introduced there's need for buy-in from top management I think also the resources for them to work for instance PC to be able to download information this should not only by an accessory for top management

S: What do you think is the place of policy/ guidelines and protocols in the provision of clinical leadership?

K: That is the major think, they need to be in place and reviewed, in the past there used to be a department for policy design including nursing managers in the process now it needs more people so that everybody in the facility is aware of existing policies so that everybody can be there for you when you need help.

When policies and guidelines are developed Oms need to input on them because when they are developed they are nice books but somewhere else because they were not engaged/ involved (the lower category) so when you bring the policy they won't know whether it was amended or not because it is something that has been kept somewhere and they don't have time to read but if you engage them while you are still developing them to say guys have a look at this guidelines do you have any input? So that it can be as much consultative as it can be and I think at times we the top management we develop policies to suit certain changes by discarding what have been working well replacing them by something completely new when the staff still cling to what was working because we are not consulting them enough on these policies and protocols

S: Is clinical leadership provided in our labour wards?

K: You know the thing that I have not spoken of is the team you know how knowledgeable our Oms can be, if the doctors are not it could be a disaster, most of the power has been given to doctors not to us as midwives, yet we are the first to come into contact with patient to be monitoring to identify problems so whatever decision or suggestion we make, just because they were not involved they could delay things for the patient, I think this is critical part especially or the management of our clients.

S: What are the constraints to the provision of clinical leadership?

K: At times it is the lack of knowledge for some of them, the issue of attitude is too much, issue around scarcity of resources, at times there are not resources at all, I think also the environment is not conducive for you to say I can go back and do your best and also the staff shifting, at times you are expected to be a leader and everything, you can even be the general assistant if she is not there because everybody is looking up to you and expect the best from you and yet you don't have the necessary resources to do that you don't even have a duty room to organize your work

S: Elaborate on a conducive environment

K: There is no space; you know the buildings are not modern to attract you, when you go to work you don't even have a duty room nor a resting lounge and you have to wright each and everything because of the lack of technology in the department (if you had a PC you will just capture everything instead of writing) the environment is not welcoming, it is overcrowded with patients there is no space for those patients but you must provide space for them. Who comes and check on you when you come in the morning, nobody comes you have to sort out there is no linen, that the environment the patient cannot be dressed up to see that you are maintaining their dignity, so those are the things you wake up to everyday you want to put a patient on a linen but there is none all those things contribute to the staff morale

S: In terms of organization at the level of the labour ward can you help me clarify these roles?

K: Clinical manger is the HOD in terms of obstetrics, that the doctor his role is to ensure that there is somebody who is covering the department and conduct certain round at certain times and

in case of problem he is the third person in the hierarchy when you are doing your response plans he is there at times to guide, teach and mentor the juniors especially doctors but usually in the labour ward setting everybody joins during the rounds if it's **the clinical manager things that are not happening in the district hospitals anymore,** because in the district hospital there is no one who conduct, it is a blessing if you have a doctor stationed in the labour ward for a long time so that he can get used to all the maternity issues and protocols/ guidelines, by right you only receive inexperienced doctors that need to be mentored by you and if there is clinical mentoring only the outreach that come to your facility to support you on that day only and leaves you to run your department yet on top of you there is a medical manager may who is not interested in obstetrics that causes a problem in terms of clinical management.

And then **the Assistant nursing manager**

Somebody who is knowledgeable with her midwifery side she can teach, manage and mentor at times but depending on her interest whether it is somebody who is interested to comes during the teaching sessions and teaches the staff to assist the OM and she needs to conduct rounds by right they are supposed to conduct rounds on a daily basis especially touching on the high risk patients to see if the doctor allocated to her ward is well managing or if she agrees with the management because they are there also to support the doctors in terms of the management of the patient and also to oversee the staff issues, what are the issues around the staff, is the staff available are the people who are there well enough knowledgeable because she can also move from the office come and assist but in most cases we don't see that, you will find that they are in their offices, in the meetings they are not doing the clinical part

And lastly the OM is somebody who is always there to work, to guide, to support the other staff, to train if there is a need that why she needs to be the most knowledgeable person, the most efficient one because we rely on her most of the time to guide to assist because they are there as advocacy for the patient the Om, that is the three differences that I know and during the rounds if it is not her who is conducting the round with the doctor it should be somebody else who is also senior who can make some impact, some changes to try and reduce the mistakes as much as you can.

S: And when you talk of rounds what are the features of quality rounds?

K: A quality round first of all is the review of patients charts because beside the short story is given, you need to review the chart to pick up everything that has gone wrong with the patient during the rounds and also you must be able to come up with a clear diagnosis supported by documentation and then the plan of management should be clear and documented for everybody to follow and after that allow people to ask question so that at the end of the round everybody is clear on the management of that patient and what will be the consequences of bad management well documented, there is also time and date when the round was done I think that is quality round that I have been talking about.

S: To el borate a little bit, from previous interviews there was a suggestion on midwives led rounds how would you react to that?

K: That is a fantastic thing, even if they can alternate between the doctor and the midwife presenting cases so that midwives can build confidence with the doctor but what I have noticed is that when midwives are more knowledgeable doctors do not support them, it feel as if we are now the bosses that what I usually share with them from my experience into a district, regional hospital and working as a midwife that as midwives it is a pity that we do not have additional right like doctors to prescribe we are limited than the doctors, because you can guide and support the doctors just because it is you (midwife) they don't take it and look for some else opinion and when they come back they won't even complement you; but some of the doctors do

S: What can be done to support midwives as clinical leaders with regard to that challenge?

K: I think it only through support and mentorship from DCSTs

S: And in terms of balance between clinical vs. managerial duties from Oms how would you rate that?

K: I think they are more clinical than managerial because you find that their ward are not managed the way you would expect them to, perhaps it because of the way we are as midwives we are more focused on patients than document and other things in your department

S: Will that be right to say the balance should be 50/50?

K: I don't want it to be 50/50, because at the end of the day we fail to supervise because when you say 50/50 you are counted) OM) as part of the staff I think you need to have 30 % of your time allocated to clinical work and 70% to managerial duties as an OM so that you can set all the system into place.

S: I think we will move to our last question

Question 3

S: We have spoken of clinical leadership roles; attribute and support needed, and even the challenges they are facing as clinical leaders, one of the output from the research is to develop a tool to evaluate clinical leadership in the labour ward, if you go in district hospital how would you judge that clinical leadership has been provided? How would you evaluate it? What are the things that need to feature in the tool?

K: Firstly it is the in-service training, is there audit you can even conduct audit with them or they will do it on your behalf, also the QI project within the department and they should have their programmes running looking at their PMTCT programme how is it managed, looking at their PIP also looking at the ESMOE training and then staff development program which is not only for maternity it needs to be broader and then the outreach programme that we need to instill more in our OM because they have got a role so they can understand what is coming into their department

S: In terms of in-service can u unpack a bit more?

K: You know there are things that when you are coming in the morning for them to have a good working relationship you need to take them through some for example I spoke of stress management, I remember when I went for it you need to sit together and know each other 1st so that you can understand and you can yield result for team building so it is through your in-service training will improve that, and also with you in-service training things maybe when you are auditing things that you have picked up, for example they are not doing well on the parthogram then you will need to manage that one, things like communication, how well you communicate with others so that you can improve and have lesser issues/ incidences in your department.

You can in-service them on issues around time management those are the things that you need to instill in them, when you give them leadership roles let say today you are not the manager, you are part of the team you delegate/ allocate so that they may feel what it means to be a leader in department or the unit those are things that you are building in the department so that they can come out they don't give you more work for nothing, they are playing their roles.

S: A question of curiosity when Oms where appointed, were they trained

K: No, at times we feel for every OM that is employed we need to be part of them and we need to move out of clinical questions because what they think they will be doing is the same as what they have been doing as midwives and they forget what their major role is quite different you have to try and start afresh, mentoring and supporting in their facilities but there are facilities having managers that have been there for quite some time and have acquired some skills and can work without any problems

S: Anything to ask or add

K: This category of ANM what I have noticed is that they are not playing their role when there is training they want to go but there is nothing to show for it when they get back you find that you back every day we have to go there to train because they don't want to transfer the knowledge they have acquired but I really recommend that the OM s need to be trained for them to be ready for instance the training that we had as DCST's helped us to see things differently, it is not easy to support or mentor if you have never been mentored so they do need that.

S: Thank you for allowing me to interview you, I will keep in touch and give you feed back on the finding.