

Project: Ronewa 2

Report created by Anna van der Wath on 2023/09/03

Quotation Report – Grouped by: Codes

All (181) quotations

○ 1. Nurses' experiences of caring for ventilated patients: 1.1 Indications and care of ventilated patients

8 Quotations:

2:1 ¶ 25 in participant 2

Okay the patient was a pulmonary oedema patient, she was she was pregnant at 36weeks gestation, so she was not coping on oxygen so she has to be ventilated, to be transferred to ICU

3:7 ¶ 39 in participant 3

ah as normally hourly vitals that's what I have been doing, administering treatment, monitoring, intake, and umm. But most of the time for blood gas as nurses in labour ward or registered midwife we don't take blood to see to see what to replace and not what to replace so doctors will be taking bloods I don't know how often. Jah they will just order us to replace or not to replace, jah, that's what we've been doing. And then suctioning because sometimes secretions make the patient to desaturate, that's all I've been doing.

4:4 ¶ 27 in participant 4

Yooh after being left with the patient, truly speaking mine was to monitor the vital signs, that's what I knew, if the vital signs are within normal range that's what I understand, saturation,

7:4 ¶ 21 in participant 7

We did blood pressure, the vital signs actually

10:1 ¶ 28 in participant 10

Ehhh the patient came in, and ehhh due to complications of labour ward, the patient had elevated BPs and while we were busy attending to the patient. The patient arrested. And then we had to resuscitate. And then finally the doctors, according to the outcome of the blood gases to find out that the patient needs to be ventilated

12:1 ¶ 26 in participant 12

Uuuhmmmm the patient was having severe difficulty in breathing. Patient could not maintain sats on her own. Uuuhmmmm patient was using all the accessory muscles to try and breathe by herself.

12:9 ¶ 66 in participant 12

so I was doing hourly observation. Your BPs, respiration, because the patient was in high care, intake and output. Mmhhhh looking at the sats. Your continuing with medication as prescribed and you're watching out for any deterioration or any improvement and you report to the doctor as required. And then you you record your findings now and then, its mostly hourly observation and close monitoring so you're mostly there with the patient

13:6 ¶ 36 in Participant 13

So usually with your ventilated patients, isn't that they have a foreign airway. Yes they build up a lot of secretions. So the main thing that we know we supposed to do is suctioning the patient, suctioning will depend on how much secretions the patient is producing or the condition of the patient. So if the patient is not producing a lot of secretions then maybe it's going to be like two hourly or four hourly secretions depending on each patient and you know the patient is not functional and the patient will be sedated, because if the patient wakes up they might pull out the tube. Or something might happen. So the patient needs to be done two hourly turnings. So we know for prevention of pressure sores and things like that

○ 1. Nurses' experiences of caring for ventilated patients: 1.2 Care through support from medical practitioners

9 Quotations:

4:3 ¶ 25 in participant 4

Okay, we were with the Doctor, it was male doctor, he even called anaesthetist from theatre.

7:1 ¶ 13 in participant 7

Eh, the patient crashed when she arrives in labour ward, we prepared the vent, we called the doctor and we tubed the patient, so the experience we have

7:12 ¶ 15 – 17 in participant 7

Participant: The doctor tubed the patient, then we prepared the ventilator, because at least they trained us about that, but we didn't go for training,

Interviewer: Do you know the settings of ventilator or doctors were helping you?

Participant: The doctor was helping us

10:3 ¶ 32 in participant 10

It is a challenge you know to ventilate patient, to intubate the doctors most of the time the doctors are intubating, we assist by giving the doctors whatever that they be calling for like the ET tubes. The adrenalines and staff like that, so the experience is good

12:2 ¶ 30 in participant 12

Jah, so the patient could not really breathe on her own, uuhhmm we called the doctor, patient had to be intubated and ventilated stat. uuhhmmm the process was a good learning experience

12:4 ¶ 40 in participant 12

It was the doctor with the help of the midwives

12:8 ¶ 58 in participant 12

and the doctor as well, then she will tell us you don't have to worry about it because she had given us a small lecture on it

13:4 ¶ 34 in Participant 13

usually the doctor will call the physician whose really based in ICU who'll assist the patient and say okay this are the setting the patient needs to be on, or even with ventilating itself the doctor from the physician will be the one who ventilate the patient,

13:14 ¶ 30 in Participant 13

and is usually doctors who will continue with how the patient will be ventilated, if anything has to be decreased or increased,

○ 1. Nurses' experiences of caring for ventilated patients: 1.3 Care through support from ICU nurses

9 Quotations:

1:6 ¶ 38 – 40 in participant 1

Participant: But this sisters from ICU suggested that the patient should be given muscle relaxers, so that it can help all the muscles relax.

Interviewer: Yes, So what happened to the patient?

Participant: So this patients had a, the patient was desaturating, so the doctors they were happy that the patient is improving after given muscle relaxant

4:2 ¶ 25 in participant 4

The trained ICU sisters were called; so that they can do the settings of machine, as I don't have any knowledge of what is happening in the machine

7:13 ¶ 17 in participant 7

even the sisters from ICU were helping us

8:4 ¶ 32 in participant 8

she came, the sister From ICU came and connected the ventilator because I did not know anything about the machine, not even where to switch it on

8:11 ¶ 61 – 63 in participant 8

Participant: Nobody knew that's why I was nursing the patient via my phone eehh to the sister in ICU

Interviewer: How did that made you feel at the end of the day, like at the end of the shift

Participant: At the end of the shift knowing that the patient had survived the day and I manage to hand the patient over to the sister in ICU who came for overtime that made me feel much better

9:4 ¶ 56 in participant 9

Because we have observed and witnessed many times when they come, they will always want to change the settings of the machine, and then also try to check if we have positioned you know the tube correctly

10:5 ¶ 48 in participant 10

Jah so but anyway the sister managed to come on that certain date and then she set up the machine

10:17 ¶ 42 – 44 in participant 10

Participant: Because of the ventilator needs to be set, you must put on settings

Interviewer: If I may ask who was doing that

Participant: We had a sister from ICU

13:5 ¶ 34 in Participant 13

and they usually will call ICU sisters as well who'll then say this are the settings the patients' needs to be on this is what you should press, this is what you should do, this is how you need to maintain the patient

○ **1. Nurses' experiences of caring for ventilated patients: 1.4 Coping through support from ICU nurses**

10 Quotations:

1:3 ¶ 30 in participant 1

And that day I called them, because we have high & ICU care and ICU, I called ICU the sister said that she is busy in resuscitation, so I called high & ICU care then the sister from there came and when she arrives she confirmed that there is no synchrony

2:2 ¶ 27 in participant 2

because we have lack of skills with ventilation in our ward we had to call sisters from the main ICU to come and assist us the machine itself and the settings

2:4 ¶ 31 in participant 2

So we constantly had to be calling ICU and telling them 123 is beeping what is the cause?

5:20 ¶ 39 in participant 5

Because we always call the people with experience from ICU

8:3 ¶ 30 in participant 8

I was nursing the patient being nursed by a sister in ICU via my cell phone, so when saw something that I do not understand, I will call the sister in ICU and then she will tell me that press there and reduce this...

9:3 ¶ 52 in participant 9

Most of the times you know we intubate patients, and we also call help from ICU

9:19 ¶ 54 in participant 9

We also call for help from ICU. Those people they know, you know...how to successfully intubate a patient

11:4 ¶ 42 in participant 11

And then at times we even call the nurses from ICU, to help us,

12:5 ¶ 46 in participant 12

we had to call the sister from the ICU because we we were not very familiar with the settings of the ventilator machine. So one sister had to come down and make the setting for us and then that's when we proceeded with the intubation after the sister from ICU was here

13:2 ¶ 30 in Participant 13

so we usually ask ICU sisters whose trained to come and set the machine for us and give us direction on how to wean up or wean down the patient,

○ 2. Nurses' emotional experiences: 2.1 Feeling inadequate

6 Quotations:

1:17 ¶ 74 in participant 1

So it makes nurses to feel inadequate

5:10 ¶ 68 – 70 in participant 5

I feel that I, I just feel frustrated

What do you mean by being frustrated?

Its like I don't know what am doing

7:8 ¶ 31 in participant 7

I feel so bad, because I want patient to progress. I am feeling so bad because I would like to know, I want to know that machine, unfortunately we don't go for training, so the problem is I want to see progress of patient

11:12 ¶ 54 in participant 11

Like real, I don't feel comfortable taking care of mechanically ventilated patient because I feel like, I don't know what am doing, I feel like I don't even have skills, I'm not competent, I start to doubt myself about my nursing skills, and is not like I don't anything, it's because we are not trained, and we spend most of times in labour ward.

12:11 ¶ 79 in participant 12

To be honest it makes me feel uncomfortable, one because we don't have enough staffing, two because we are not getting enough in service training on it so am not very confident. Already am not doing right by my patient, am failing my patient

13:3 ¶ 32 in Participant 13

so we don't have experience patient, we not necessarily confidence with what we are doing

○ 2. Nurses' emotional experiences: 2.2 Feeling tension and anxiety

5 Quotations:

2:10 ¶ 53 in participant 2

Am not comfortable with it at al. It makes me nervous because I feel like the patient is not getting the proper care that they should be getting

3:9 ¶ 45 in participant 3

It frustrates me, It just makes me feel anxious because that's what am saying. I guess I mentioned on regarding the Alarms, you don't know what to do and sometimes I just feel like what if am ignoring Something that is important that is going to save patients life. Worst feeling is that am always anxious and need to run around ask people because I'm not like it properly trained in nursing a patient on a ventilator.

5:4 ¶ 41 in participant 5

Wait for them, by that time we will be doing chest compressions and giving oxygen and and then panicking because we don't know what will happen to the patient

8:2 ¶ 30 in participant 8

..not even having an insight of what is it that am reducing and if I do reduce that thing whatever is going to happen to the patient, so it was just a scary experiment, experience but I did it, because I had to

8:7 ¶ 56 in participant 8

yes that was, that scared me because I didn't know whether I was doing good or bad and been helped by someone via a phone not even there in person to show me that touch here reduce here and increase there, it was scaring, it was just a scaring experiment for me

○ **2. Nurses' emotional experiences: 2.3 Feeling overwhelmed**

5 Quotations:

4:9 ¶ 41 in participant 4

It made feel depressed, it is way too much

4:12 ¶ 45 in participant 4

Overwhelmed, drained, exhausted

10:13 ¶ 83 in participant 10

So it is really overwhelming to nurse such a patient, especially in a normal set up

11:6 ¶ 44 in participant 11

like you are just in the dark, you don't know what you are doing, you're just in the dark

12:12 ¶ 83 in participant 12

it makes me sad in a way because, its also risky. You know looking at your profession and life at its own it is risky. You dealing with the patient and your not confident in what you are doing. Is not just a patient, it's a patient and its baby. Its actually two people at once. So is overwhelming

○ 3. Nurses' competency challenges: 3.1 Inadequate knowledge and training

13 Quotations:

1:11 ¶ 60 in participant 1

I don't want to lie, it made me feel we need to midwives that are trained

1:12 ¶ 64 in participant 1

But the problem is one, that because now midwives they feel we cannot be trained for ICU, because the episodes happens once, they are not lie in ICU everyday they are nursing ventilated patients

2:11 ¶ 55 in participant 2

Because there is no one who's ICU trained busy taking care of the patient

3:3 ¶ 27 in participant 3

because even now, I couldn't say I can do it on my own because most of the time when somebody comes set the ventilator, it's like everybody's in their hurry. You don't get time to get to learn how to do that. Yeah.

3:13 ¶ 54 in participant 3

I can just say when we were doing advanced midwifery we just rotated I can only do, as I said, the basics like doing vitals. Uhhhhmm suctioning, giving treatment. Jah majority of the stuff for ventilated patient heehh ehh. So the training was that like it's not like sufficient?

3:17 ¶ 67 in participant 3

Like as I said if we were doing midwifery it was only a touch up by maybe let me say for a month maybe you're in ICU, and is not every day just few days

4:11 ¶ 43 in participant 4

Yes, because like as I mentioned it ealier on that I am not ICU trained and then some of, eh sometimes you have to change some prescribed IV fluids based on the blood gas results so, you see we don't have any knowledge about all those things, so that was my main challenge.

9:7 ¶ 67 in participant 9

And then again these patients, they are tests that are run, and they shift and put the potassium goes down, they are in metabolic acidosis. And then you need to interpret the whole blood gas, change...and this does not require a doctor. The nurse must be competent enough to change the machine setting that are for the ventilator machine.

10:10 ¶ 69 in participant 10

So that is another challenge that we are facing, so it is really a big challenge and another thing if you are nursing that patient that is on ventilator, you don't know most of the things because we were not trained, a vent patient must be done, nursed by a sister that is trained on how to treat a patient on the ventilator, so a challenge is we are not trained

11:2 ¶ 40 in participant 11

You're just nursing patient, but you just don't know what you're doing actually cause in labour ward we are focused under the midwifery part and then mechanically ventilated patient it needs medical part included in the care of the patient.

11:7 ¶ 46 in participant 11

The, the challenges, first of all, is the connection of a ventilator cause before we can put the patient on the ventilator obviously we did resuscitate the patient and the doctor will say please connect the vent, we don't know how to connect the vent, we have to call nurses from ICU to connect,

11:19 ¶ 36 – 38 in participant 11

Participant: I don't have skills on how to take care of mechanically ventilated patient.

Interviewer: Noted

Participant: yeah I don't know, even the connection we don't know, how to connect the ventilator

12:6 ¶ 52 in participant 12

The challenges is I realized we do not get a lot of in-service training with ventilators, so even interpreting what is going on there was quite a challenge because we don't know what it means. We have just been given that small in service training of this is what you should watch out for, but not sure exactly if we doing the right thing or the wrong thing

○ 3. Nurses' competency challenges: 3.2 Inadequate experience and skills

12 Quotations:

1:27 ¶ 24 in participant 1

yes, as a midwife the experience I have had in labour ward, most of the times we don't know anything about ventilator, nobody is bold enough to take care of this patients, I am know working in labour ward, but I have been working in ICU previously

2:15 ¶ 63 in participant 2

Unlike go for training and then you come back and work in labour ward, for long term there is no ventilated patient and then once in a moon there comes a patient whose ventilated and now because you are trained you are expected to nurse that patient, whereas you've never done that practically, you only did that while you were training and then you came back you sat with that knowledge, it went away because you were not practising it

2:17 ¶ 41 in participant 2

main challenges I have seen are skills and experience of nursing ventilated patients, the ventilator itself

4:1 ¶ 23 in participant 4

Eh the experience, eh the problem was that, I'm not ICU trained, so I'm expected to perform the tasks that are not within my scope of practice

5:1 ¶ 35 in participant 5

I don't have experience, I don't know how to set the ventilator machine

8:1 ¶ 28 in participant 8

Okay...ehh the first I nursed a ventilated patient I had no experience I had no experience, whatsoever, I did not even know to set up the machine, eh hh but then there was a need for taking care of the patient

8:5 ¶ 42 in participant 8

first of all there was no insight or whatsoever, I did not know what I was doing, I did not know the machine and then I did not know how to take care of the patient on the ventilator, so it was a huge challenge because I didn't know if I touch here, then I will be doing harm to the patient

9:1 ¶ 41 in participant 9

But then now we found ourselves having to nurse this patients for many days if not weeks. So the biggest challenge is that we do not have, myself I was not given a critical care training and I was never exposed to or you know...at least acquire experience in ICU

9:20 ¶ 62 in participant 9

the biggest challenge was you know, the assessment of this patient because is not similar to our assessment

9:21 ¶ 73 in participant 9

The challenges is just the skill and the equipment's that are used on the ventilator machine

11:3 ¶ 42 in participant 11

for the ventilated patient, you must monitor the vital signs, the machine is telling you, what to check? And then obviously if you're not skilled, you are just looking at the machine, and it is making those sounds, like you don't know what to do!

13:7 ¶ 48 in Participant 13

So these patients even though they are pregnant they are now presenting with something that is out of my comfort zone, that is out of labour, out of maternity. It is like working in a place where you have no experience

○ **3. Nurses' competency challenges: 3.3 Inadequate technical skills**

9 Quotations:

1:28 ¶ 70 in participant 1

But is it a challenge because midwives we don't know those settings, because this person from ICU started by changing everything on the machine, so it is very important to understand this is the best move for this condition

2:16 ¶ 29 in participant 2

We were not coping with the patient, because the machine kept on setting of alarms, we didn't know how to manage it, and we didn't know what the alarms were for

3:19 ¶ 24 in participant 3

I think number one. Uh, to set the ventilator. Most of the time we struggle is setting the ventilator. We'll have to wait for somebody especially from ICU or any doctor to come set. But unfortunately sometimes we delay setting and then patient end up complicating.

3:20 ¶ 29 in participant 3

The other challenge is also when the ventilator is already set, now the patient is intubated. The other challenge that I'm having the machine every time will alarm and each and every time when the machine is alarming, I think it says to us. Can you just fix something? Most of the time we don't even know where to start where to press where to increase or decrease. We just press what do we call this, what we call we just switch off the alarm. But the problem persist and we continue nursing the patient while we never rectify the mistake that inquired by the ventilator.

5:19 ¶ 53 in participant 5

Main challenges is that ehhe the machine will alarm, they will be an alarm with red, there is something like red. So we we will not know what ehhe we supposed to do. We will keep on asking the people with experience from ICU to tell them that the machine is alarming, then they will say go back to the machine check all the, they will give us ehhe the...what is this,,ehhe words, is it words, go there and check maybe there is PK or what what all those. Then we go back to the machine, we check what is written there, come and read for them, then they say go to the machine there is certain button, but doing that we will be scared that what if we are wrong to the patient it becomes very difficult while we are waiting for them to tell us that the bed is ready

7:5 ¶ 23 in participant 7

when the machine is beeping, that's the challenge, because we don't know how to set the machine, we don't know how to stop machine, you don't know where to go

9:6 ¶ 64 – 65 in participant 9

And the most importantly is that like I have indicated, you have to set the machine. The machine must be changed every time the patient's condition changes.

Now if the patient ventilation or the patient is desaturating, you need to go and change, and am telling you that is not that easier or as simple as one say that you just press that button

10:12 ¶ 81 in participant 10

So when you are nursing that patient you become overwhelmed, yes the alarms will go on to tell you that something is wrong, but when you run to the machine you don't know where to press because you were not given in-service training or you were not trained to nurse the patient

13:1 ¶ 30 in Participant 13

as a midwife we not exposed to working with patients who are mechanically ventilated everyday, so is difficult with the setting of the machine at what level of ventilation should a patient be on, so we don't know those things

○ **4. Nurses' medical-legal challenges: 4.1 Nurse-related risks**

9 Quotations:

1:19 ¶ 80 in participant 1

But then you are going to do something you don't know if you are in trouble how are you going to come out, then it becomes a problem

2:9 ¶ 45 in participant 2

With paper work yes because we don't do their ICU chart, we don't know how to use ICU chart. We use our high care book which is wrong because we are not recording everything that is needed for the patient

3:2 ¶ 25 in participant 3

Yeah and the other thing is the chart, it's so big, am not familiar to that chart like where do we put what.

3:11 ¶ 46 in participant 3

and most of the time we focus on those delivering woman and forget to nurse patient on the ventilator

5:7 ¶ 59 in participant 5

its like am taking risk with my profession or even taking risk with the life of the patient because if we have this type of patient in the ward without experience, I mean we are not providing the quality care

5:9 ¶ 63 in participant 5

and also am putting myself in danger because I have accepted to nurse this patient but I don't have experience, I don't know what to do so if anything happens there I mean anything bad happens to the patient I will be responsible because am the one taking care of the patient

5:11 ¶ 74 in participant 5

Or being oppressed to say do this you know, but without experience

5:14 ¶ 88 in participant 5

Yes and then so that we can nurse patient, eh without fear of loosing our profession

11:18 ¶ 69 in participant 11

We don't even use those charts here in labour ward. We are just nursing that patient as eh eh! A normal patient on bed, we don't use, I never seen that form.

○ **4. Nurses' medical-legal challenges: 4.2 Patient-related risks**

15 Quotations:

1:2 ¶ 26 in participant 1

The situation we had they ventilated a patient during handover, then when I arrive there the ventilator machine was alarming saying pressures are high, and when I looked at the patient, the patient was eh hyperventilating. Patient hyperventilating but the patient was on

the ventilator, patient was giving me spontaneous respiration of about 56, 60, because the patient is mechanically there should be that synchrony between the patient and the ventilator but it was not taking place

1:4 ¶ 32 in participant 1

The patient is fighting against the ventilator, because the fact that the patient is ventilated if to ease breathing, and if we left the patient for a long time the patient will get tired and crush again, that patient was already resuscitated twice

1:8 ¶ 52 in participant 1

The SATS were below 80 70, so we put the patient into ventilation again, when we put the patient into ventilation the SATS were going up, but the patient was still breathing fast

1:10 ¶ 56 in participant 1

So now we having three doctors, they suggested that we transfer the patient running, guess what. You know when you put the endotracheal tube you have to secure it properly. So when we arrive there the patient was extubated, the tube was out

2:5 ¶ 33 in participant 2

We were nursing here like shes in the terminal ward. Like she was not getting proper ICU care because we are not ICU trained or experienced

3:5 ¶ 33 in participant 3

I think I can just mention the one that I saw but it was so unfortunate, like it was the worst one, the one we didn't expect which was death. Because it took time like I don't know even the ambubag there was something wrong with the ambubag. So I think if we change ventilated the patient in time, I think she would have survived. Jah

4:5 ¶ 27 in participant 4

but most of things on that machine, honestly speaking I know nothing about, you see I am putting the patient in danger

4:8 ¶ 39 in participant 4

it contributes negligence and provision of inadequate nursing care to that patient

7:10 ¶ 41 in participant 7

The patient demised because of machine was beeping, we don't know how to increase the volume, the peep whatever we don't know that thing

8:6 ¶ 46 in participant 8

That was my challenge that am doing something without, without a knowledge, without an insight, if am harming the patient

9:5 ¶ 58 in participant 9

So really having or looking after a mechanically ventilated patient in the ward is just a challenge because we are really not doing according to the guidelines as far we see when internal medicine comes or ICU people comes, they are questioning...you know the skills and the nursing care that we are providing to these patients

11:5 ¶ 42 in participant 11

so you see the care it cannot be a quality care, when you're like nursing a pregnant woman who doesn't have a condition related to medical issues, where you need to have a ventilator.

12:10 ¶ 72 – 73 in participant 12

Yes, so when you go to that patient you will then be neglecting the other ones

Then you prioritize to see which one needs more now

13:12 ¶ 68 in Participant 13

I feel as if the patient doesn't improve here because we are not looking after them of what a patient should be actually looked after in a high care or ICU setting

13:13 ¶ 70 in Participant 13

So it's never going to be a situation where the patient actually improves while they are here. Only when they are stepped down from ICU, when they come back from ICU. Then you'll say that okay the patient has improved. Because there is a lot of things going on where the patient has to go to ICU then there is inotropes to maintain their BPs and pulse and those things. So I feel like the patient deteriorates more when they are in the ward

○ **5. Inter- and intraprofessional challenges: 5.1 Challenges to obtain support from ICU nurses**

7 Quotations:

4:15 ¶ 29 in participant 4

We were continuously calling the staff from ICU, at some point they get irritated, because they have got another patients to take care of in their unit

7:3 ¶ 19 in participant 7

The patient can crash again when she is in the ventilator, our challenge is that we have to call sister who is in ICU, sometimes they deny to come, that's our challenge

10:4 ¶ 46 in participant 10

Jah so the sisters most of the time when we are ventilating, we call for sisters but it is a challenge because sometimes there are as well overflowing in ICU so they end up not coming up

10:7 ¶ 58 in participant 10

But anyway that time the sister was as well there from ICU, but now seeing that she was taken out of the ward that is as well busy, to come and help nurses like her, It was like ehhhhh a hell of a challenge, because she was not happy, grumpy and whatever...so the challenges really having a ventilated patient in this ward

11:8 ¶ 50 in participant 11

is very far, we need to call, sometimes you find that, you see that we are wasting time, let me rush and go to ICU and then obviously you no longer more helping during the resus, they need more hands, and you're focusing on calling ICU nurse

11:16 ¶ 62 in participant 11

imagine now we are having shortage of staff, running to ICU, and even ICU they will say they don't have available nurse at that moment.

13:8 ¶ 48 in Participant 13

and you don't really have someone there to guide you because ICU sister cannot stay here she has her own patients in ICU that she has to take care of, she is going to give you certain instructions after there you have to figure things on your own, or you have to call the sister again to ask questions if you have question or things that you are struggling with, until a bed can become available for that patient

○ 5. Inter- and intraprofessional challenges: 5.2 Medical practitioners' lack of availability

4 Quotations:

1:24 ¶ 36 in participant 1

And the doctors were not in the mood, they wanted to give report because they wanted to hand over in the morning, but we called the doctor to come and see that the patient is not improving. Everyone could see that the patient is breathing very fast and the machine was alarming so we try to mauve the alarms but doctors came, but now one of the challenge we are having is doctors

3:8 ¶ 41 in participant 3

Jah they are there even though they are some cases where the doctor is not available, but most of the time we have the doctor in the labour ward so jah

7:11 ¶ 39 in participant 7

We called sister in ICU to come help us and other doctor don't know this machine, we called doctor in ICU, they said they "busy"

10:6 ¶ 56 in participant 10

there must be an anaesthetist, so on that faithful day, anaesthetist it was difficult to get an anaesthetist. So the anaesthetist came but came late

○ **5. Inter- and intraprofessional challenges: 5.3 Medical practitioners' lack of competency**

7 Quotations:

1:26 ¶ 72 in participant 1

So also our doctors don't know, we find one doctor sometimes that knows about ventilation, it is really a challenge

5:16 ¶ 37 in participant 5

Our doctors don't know anything about ventilating or tubing so we had lot of problems and we still have problems if we we must have I mean if we, if I had to ventilate a patient..

5:17 ¶ 46 in participant 5

They are the one doing the machine. Sometimes they do the tubing because some of the doctors don't know how to tube

5:18 ¶ 77 in participant 5

It will only be me with the patient, all of us in the ward we don't the experience and if that doctor of that day, but most of them they don't have experience of taking care of an intubated patient...ehhhh especially with the machine they know nothing about the machine, they always say ehhe please sister do this do that. Some do know how to tube the patient

8:8 ¶ 59 in participant 8

the doctor that was on duty also did not know how to operate a ventilator

9:2 ¶ 50 in participant 9

You know what we do the ventilation with the doctors, but like I indicated earlier on it is also a challenge with the doctors, because they are also not critical care specialist

11:14 ¶ 60 in participant 11

They don't even know how to connect the ventilator because they will say, please go call ICU nurse to come and connect the ventilator for us, obviously if you are struggling to connect the ventilator, this means you don't know how to set pressures there, how to set whatever they are setting there? So they don't know

○ 6. Healthcare system related challenges: 6.1 Inadequate equipment and infrastructure

9 Quotations:

1:7 ¶ 44 – 46 in participant 1

Participant: So now we have to transfer the patient to ICU, so whilst we are trying to transfer the patient, we have to remove the patient from the mechanical ventilation, then bag the patient with ambubag

Interviewer: Why not going to ICU with the ventilator machine?

Participant: we don't have the mobile ventilator machine, like the ones that paramedics use, we usually use the ambubag to bag the patient

1:25 ¶ 54 in participant 1

So now the other challenge was that bed that was available in ICU was closed, so we had to get another bed in high care ICU

3:6 ¶ 35 in participant 3

Because if we are busy with the ambubag and the one it's not working, we have to run around, take another one. But I think if the vent was working and set that time we should have intubated. Like, yeah.

3:10 ¶ 46 in participant 3

As again the challenge I think also the infrastructure it's not like suitable enough to nurse a ventilated woman for an example our labour ward sometimes it becomes overcrowded with uuhhhmm what we call delivery room

4:10 ¶ 41 in participant 4

and the other thing we don't have supplier, some of the equipment are broken and all those things puts the patients' life in danger.

9:10 ¶ 79 in participant 9

am not happy about the setting first of all because that is delivery room, our high care it's combined with a delivery area.

9:17 ¶ 81 in participant 9

Yes but then you know it's not an area where we should keep ventilated patients, because we have patients who are delivering. It's a busy labour ward. And then I think it's also patient raise concerns from my experience, that why are we keeping them with these critical ill patients, because to them is dying patient. So it doesn't really make me feel you know that it is a good thing to keep mechanically ventilated patients, because those are not high care patients, they are ICU patients

9:22 ¶ 93 in participant 9

because for us to have patients being intubated and nursed in our labour wards is because we don't have beds, we don't have ICU beds

12:14 ¶ 36 in participant 12

All the other departments like your ICU, your high care they were also overloaded so patient had to remain in the ward and nurse the patient the whole night

○ 6. Healthcare system related challenges: 6.2 Inadequate human resources

13 Quotations:

2:7 ¶ 41 in participant 2

and human resources..i will say because ventilated patients need one on one care. So in labour ward that's impossible

3:12 ¶ 48 in participant 3

And the ratio, nurse ratio again, it's a big no.

3:16 ¶ 65 in participant 3

And shortage of Staff I think nurse patient ratio because in ICU is one on one but with us is still difficult because of those challenges I said like delivering woman vs ventilated patient.

4:7 ¶ 37 in participant 4

Nursing the patient that is ventilated, it requires my increased presence as a nurse next to the patient hence I am still having other patients in the ward to take care of, hence I am the senior personnel on the shift, I am still going back to other patients who are not under my care because I am the one who is senior, I am the who has to supervise the sisters, to teach them some of the thing

7:6 ¶ 27 in participant 7

Shortage of staff we've got problem there, we have shortage of staff, because it not only high care, we've got floor patients we supposed to monitor, when I'm busy with monitoring patient who is intubated, I have to go deliver also, that's the challenge, that's our problem in labour ward.

9:8 ¶ 69 in participant 9

And then it is very challenging, and having to be in that very same labour ward, it's a high care unit with other patients as well, so you are not only looking after this patient. So you are not only looking after this patient, your also having other patients

10:8 ¶ 64 in participant 10

So when the ward is busy on its own, you cannot be nursing a ventilated patient because you need to do continuous monitoring and check the abnormalities and intervene, so when you are busy there. We are running short of midwives in this hospital.

10:9 ¶ 67 in participant 10

But the high number of patients that we see, like you'll see that the ratio of a midwife that will be on duty is 1:15 patients, so you'll end up like if you are working in high care nursing that ventilated patient, you must go help as well on the floor, the deliveries

10:11 ¶ 79 in participant 10

Ohhh you know what nursing a ventilated patient, in a normal ward like labour ward. Firstly we don't have the resources, resources one of the resources being no enough midwives

11:10 ¶ 52 in participant 11

the other challenges, when we get there ICU nurse, obviously the ICU nurse is not working in labour ward, and the patient is here in labour ward, we have to allocate somebody to take care of that patient, we are short staffed. We don't have anyone to go to nurse that patient specifically, because he or she midwife doesn't know what to do, so it's a waste of resources

12:3 ¶ 32 in participant 12

but it was quite difficult because we were short staffed. And we don't have a lot of advanced midwives in in the field

12:7 ¶ 52 in participant 12

there is no one to mmhhhh observe you, anyone to work under because you don't have a lot of seniors in the ward, we don't have advanced midwife, so you have to work with whatever we have

12:13 ¶ 89 in participant 12

I think the main, the core problem is staff shortage, if we could have adequate staff things would be better, because now one sister has to stretch and looking after a lot of patients

○ 7. Nurses' recommendations to care for ventilated patients: 7.1

Capacitation of nurses

26 Quotations:

1:13 ¶ 66 in participant 1

Because now people in ICU they are also suggesting that maybe if we can be allocated there or rotate there, to go and experience there maybe that can help

1:14 ¶ 68 in participant 1

But I think midwives especially the advanced midwives they need to get more exposed, because remember when you are dealing with ventilated patient, you're not only nursing the vent, you have to deal with interpretation of the blood gas. Those blood gas are going to help you so that you can be able to take care of the patient

1:18 ¶ 78 in participant 1

You know if you're going to do something you have been trained you go boldly, you know what you doing

1:20 ¶ 82 in participant 1

I insist on training, I think we need more exposure to ventilators, at least you know how to check the ventilators, another thing midwives they have to be willing to learn

1:21 ¶ 84 in participant 1

They must know is an added skill, it will help them, this skills are rare skills, so midwives must be willing and they must ask questions, they must have those little booklets, so that challenges they met with this ventilated patient can help then nurse the next ventilated patient

1:22 ¶ 86 in participant 1

And they must read as well, they must empower themselves, they must seek more knowledge

2:12 ¶ 61 in participant 2

Okay what I think can be done is they can provide us with training neh, but after providing with with training we should be placed where we will doing that, hands on on daily basis. So that we get used to it

2:14 ¶ 65 in participant 2

So I rather say that they take you to training. And then you go maybe to ICU for a few months, you work with the ventilator. Then you know I got it, you grasp it then you come back to labour ward then

3:14 ¶ 63 in participant 3

as I mentioned, I think we need proper training that let it not be like I don't need less training. It must be properly done and must be assessed whether we can do that or not

3:18 ¶ 69 – 71 in participant 3

Participant: How about at least two or three month's course like more than that

Interviewer: Oh, you recommending some short courses?

Participant: Yeah, definitely. And you might get a certificate that shows like really you qualifying and you can nurse that patient

4:13 ¶ 49 in participant 4

I think they have to take us to school, ICU training, after being trained you need to go and work in ICU, so in future when there is patient who needs ventilation and there is no ICU bed in ICU unit. they can get me from ICU come in labour ward to take care of that patient, not me going for training then come back work in labour ward after 10 months of training when they give me ventilated patient, so I don't know anything

4:14 ¶ 51 in participant 4

I just want us to be ICU trained and work in ICU ward, so that in future we don't have to put patient's life in danger

5:13 ¶ 87 in participant 5

An ICU course, we need to have a bit of ICU course, even though is not critical one, but need knowledge about this intubated so that if we have or come across the patient we know what to do, how to set the machine, to know what is going on with the patient

7:7 ¶ 29 in participant 7

we have to go for training, so that we will know, what's going on with the machine

7:9 ¶ 33 in participant 7

They must improve the staff and then we have to go for training at least once in a week or once in a month, they must come or somebody must come teach us about ventilator machine

8:10 ¶ 73 in participant 8

I wish, personally I wish that we can be taken for training, because the nursing patients with ventilators we cannot run away from, eh our high cares are so small so there will be a need for us to nurse this patients. We are not running away from it but we need to be equipped, we need to be taken for training, after training we need to at least work in that environment so that it does not go out and we don't forget it, because eh learning for a week a ventilator and you come and not practise it is just a waste of time

9:9 ¶ 71 in participant 9

: So is really a challenge where you feel like you can be at least having that training that you can actually be equipped in terms of the skills that are required

9:14 ¶ 97 in participant 9

For ICU patients, and then if patients are kept in labour ward, so they need to at least take midwives for training, so that at least they equip them in terms of the knowledge and the skills

10:15 ¶ 89 in participant 10

I am a sister that always that likes to explore and I think that the upcoming nurses are also willing to learn. Because it is a learning curve, so I think if we are to nurse ventilated patients in the ward, we must be sent to school. To be trained on how to nurse a patient on the ventilator.

10:16 ¶ 109 in participant 10

I think the ventilator it will be of good help to the poor mothers, because of there is no day that we go through in this labour tertiary hospital where we don't have a resus, we are always day in day out resuscitating. So to have that skill, it will help a lot. It is not that it will a skill that will be benefiting ourselves we will be preventing maternal mortality, we will be reducing mortality for both the mother and the baby

11:15 ¶ 62 in participant 11

I think the management they must at least here in labour ward, we are having high care, obviously we anticipate will crash and will need ventilator, at least if they can train us, just to have a clue of what's happening with ventilated patient. It will do something, even if we don't go deeper, just to have basics,

11:17 ¶ 66 in participant 11

I think even it if it can be, training of just three weeks, so that we can have basics, so that we can rotate as midwives all of us, to know about the training, may be they can arrange sort of workshop and then we go there they train us on how to connect vent, on how to take care of that patient, how to monitor complications during that eh eh vent, even that vent on its own it has some, some complications, we must know if it is functioning properly, if it is occluded, the settings, we don't know

11:20 ¶ 56 in participant 11

so if they can, like train us at some point about basic skills connecting the vent, and then how to take care of that patient, those basic skills, maybe we will be able to have that confident that, oh okay they are changes on that patient, let me do this, let me call the doctor,, but now we are just nursing for the sake of nursing

13:9 ¶ 52 in Participant 13

if your high care patients, your labour high care patients, is the advanced midwife looks after them, so I will suggest that if there is an advanced midwife then she needs to be given

a certain period, amount of months or time where she gets exposed to ICU patients so she actually goes to ICU and knows how to take care of ventilated patients

13:10 ¶ 54 in Participant 13

So whether it will be a training programme whether is six months or something where the sister is actually in the unit and work in ICU and exposed to ICU setting

13:11 ¶ 62 in Participant 13

I will say any normal midwife because there is already a shortage of advanced midwives where am working. So if am going to rely on the advanced midwives, when the advanced midwife is not there, there is patients who are still going to be ventilated, so someone needs to be able to look after those patients. If you are a midwife, then if you are a nurse in general if feel like you have to be able to look after a ventilated patient

○ 7. Nurses' recommendations to care for ventilated patients: 7.2
Ensure patient access to ICU care

5 Quotations:

2:18 ¶ 43 in participant 2

in case we have patients that are ventilated we make sure that they don't stay for long in labour ward. They stay for a short while. We need to get a bed in ICU then they must be transferred stat

9:15 ¶ 101 in participant 9

So if they can do that, but I also suggest that since we are having an ICU patient in labour ward and we don't have space. We understand well that this patient belongs to ICU, it will really be a good, and you know eehhh eh hh suggestion to have ICU people I mean into the labour ward, to look after this patients. Because those ones they have skills, because at the end of the day it's not like that we are refusing

9:16 ¶ 103 in participant 9

But the patients will not get proper or the specialized care, then really having ICU on board if we cannot have beds they can't take us for training, and then the ICU people can come and really help, and having ICU people in labour ward will also help us

9:18 ¶ 95 in participant 9

I think clinical governments or the hospital, the need to come up with ways of creating more beds for ICU patients

10:14 ¶ 83 in participant 10

it is better according to me if the patient can be taken to ICU and be nursed in ICU