

**THE ROLE OF MIDWIFERY  
TRAINED REGISTERED NURSES  
WITHIN THE  
MULTIPROFESSIONAL MATERNITY  
HEALTH CARE TEAM IN THE  
WESTERN PROVINCE OF  
SRI LANKA**

**BY**

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**THE ROLE OF MIDWIFERY TRAINED REGISTERED  
NURSES WITHIN THE MULTIPROFESSIONAL  
MATERNITY HEALTH CARE TEAM IN THE WESTERN  
PROVINCE OF SRI LANKA**

**By**

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Thesis submitted to the University of Sri Jayewardenepura for the award of the Degree of Doctor of Philosophy on the role of Midwifery Trained Registered Nurses within the multiprofessional maternity health care team in the Western Province of Sri Lanka on 19.June 2017.

## **DECLARATION BY THE CANDIDATE**

The work described in this thesis was carried out by me under the supervision of Dr. P.P.R. Perera, Senior Lecturer, Department of Biochemistry, Faculty of Medical Sciences, University of Sri Jayewardenepura; Dr. M.V.F. Jayasuriya-Illesinghe, National Project Manager, Ryerson University, Toronto, Canada; Dr. K. Samarasinghe, Senior Lecturer in Nursing, Kristianstad University, Kristianstad, Sweden; Dr. H.D Molligoda, Senior Lecturer, Post Graduate Institute of Medicine, Colombo, and a report on this has not been submitted in whole or in part to any university or any other institution for another Degree/Diploma.

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We certify that the candidate has incorporated all corrections, additions and amendments recommended by the examiners to this final version of Ph.D. thesis..

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Dr. H.D. Molligoda

Date

This thesis is dedicated to  
my parents, three sisters and brother

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# List of Abbreviations

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<b>A/L</b>	Advanced Level
<b>ACNM</b>	American College of Nurse Midwives
<b>ANM</b>	Auxiliary Nurse Midwife
<b>BN</b>	Bachelor in Nursing
<b>CM</b>	Certified Midwife
<b>CNM</b>	Certified Nurse Midwife
<b>CP</b>	Collaborative Practice
<b>CLPNNS</b>	College of Licensed Practical Nurses of Nova Scotia
<b>CRNNS</b>	College of Registered Nurses of Nova Scotia
<b>CNTH</b>	Colombo North Teaching Hospital
<b>CSHW</b>	Castle Street Hospital for Women
<b>CSTH</b>	Colombo South Teaching Hospital
<b>CTG</b>	Cardiotocograph
<b>DEM</b>	Direct-entry Midwife
<b>DMH</b>	De Soysa Hospital for Women
<b>DT</b>	Direct Test
<b>ERC</b>	Ethics Review Committee
<b>FGD</b>	Focus Group Discussion
<b>FMS</b>	Faculty of Medical Sciences
<b>GCE</b>	General Certificate of Education

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<b>GNM</b>	General Nursing and Midwifery
<b>GP</b>	General Practitioner
<b>HCP</b>	Health Care Provider
<b>ICM</b>	International Confederation of Midwives
<b>IDI</b>	In depth Interview
<b>IPC</b>	Interprofessional Collaboration
<b>IV</b>	Intra Venous
<b>LMC</b>	Lead Maternity Carer
<b>LR</b>	Labour Room
<b>MTRN</b>	Midwifery Trained Registered Nurse
<b>NM</b>	Nurse Midwife
<b>NMBI</b>	Nursing and Midwifery Board of Ireland
<b>NPM</b>	Nurse Practitioner in Midwifery
<b>OT</b>	Operating Theatre
<b>OUSL</b>	Open University of Sri Lanka
<b>PBU</b>	Premature Baby Unit
<b>PCL</b>	Proficiency Certificate Level in Nursing
<b>PCP</b>	Primary Care Provider
<b>PHM</b>	Public Health Midwife
<b>PHC</b>	Primary health care
<b>PNU</b>	Postnatal Unit
<b>PV</b>	Per vaginal
<b>RM</b>	Registered Midwife
<b>RN</b>	Registered Nurse

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<b>RNM</b>	Registered Nurse Midwife
<b>SD</b>	Standard Deviation
<b>SGNO</b>	Special Grade Nursing Officer
<b>SLQF</b>	Sri Lanka Qualifications Framework
<b>SPSS</b>	Statistical Package for Social Sciences
<b>ST</b>	Sensitivity Test
<b>UK</b>	United Kingdom
<b>USA</b>	United State of America
<b>USJP</b>	University of Sri Jayewardenepura
<b>VE</b>	Vaginal Examination
<b>WHO</b>	World Health Organization

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# **The role of Midwifery trained registered nurses within the multiprofessional maternity health care team in the Western Province of Sri Lanka**

**MALE RAJAGE SUNETHRA JAYATHILAKE**

## **ABSTRACT**

**Introduction:** The Midwifery Trained Registered Nurses (MTRNs) are members of the multi-disciplinary team providing maternity care in hospitals in Sri Lanka. Although most developed countries have written guidelines for assigning tasks or delegating roles to each member of the healthcare team, this is not the case in less developed countries such as Sri Lanka. Variations in job titles and what they denote is a common source of uncertainty, particularly with regard to midwives and MTRNs in Sri Lanka. The overall aim of this thesis is to explore MTRNs scope of practice within the multi-professional maternity care team in the Western Province of Sri Lanka in order to identify their role.

**Methodology:** A three phase exploratory descriptive study involving qualitative and quantitative methods was carried out after obtaining approval from the Ethics Review Committee (ERC) of the Faculty of Medical Sciences University of Sri Jayewardenepura, the Ministry of Health, and ERCs and authorities in the relevant hospitals. In Phase I, qualitative data were gathered through six focus group discussions with 22 MTRNs, seven Registered nurses (RNs), 16 midwives, and through two in-depth interviews with one Special grade nursing officer (SGNOs) and a doctor from three selected tertiary care hospitals.

In Phase II, a postal survey using a semi structured questionnaire gathered data from MTRNs (n=224) and RNs (n=128) working in intra and postnatal units in five selected

tertiary care hospitals. Phase III involved critical review and comparison of the maternity component in pre and post registration nursing curricula from local and international nursing training programmes and personal communication with experts. Qualitative data were analyzed using conventional qualitative content analysis method and quantitative data were analyzed using SPSS version 20.

**Results:** Findings from Phase-I describe MTRNs and other professionals' perceptions of MTRN's scope of practice related to their service at intra and postnatal units. Findings show consensuses as well as contradictory views regarding the MTRN's tasks, and responsibilities. All professional groups agreed that administering medicine, cannulation, and drawing blood for investigations were MTRNs tasks. Performing the delivery was the most contentious task in the Labour Room (LR) as midwives felt this to be their sole responsibility and not a duty of MTRNs. One overriding theme with regards to the MTRNs role was 'competent but not allowed to blossom fully in their practice', based on two main categories 'provision of competent care' and 'working with disappointments'. MTRNs conveyed a deep sense of disappointment as their sense of high proficiency was incongruent with low sense of identity and belongingness within the multi-professional maternity care team.

Similar findings were seen in Phase II, where only 12 out of 39 LR tasks were identified as MTRN's primary responsibilities. The remaining 27 LR tasks and all 15 postnatal (PN) tasks overlapped with the tasks of other professional groups. The most contentious task: performing the delivery, overlapped with the midwife and doctor's tasks. Although all the MTRNs were able to clearly identify some tasks as their own, the ability to identify other tasks was dependent on three factors: MTRNs age, experience, and satisfaction with workplace facilities. MTRNs who were older (>35

years) and with longer work experience (>5years) were better able to distinguish the person primarily responsible for these tasks, compared to the young, and less experienced MTRNs who were unable to clearly identify the responsible person. The MTRNs predominantly identified their tasks and responsibilities by either asking their superiors or using their own prior experience and, what other MTRNs have been traditionally doing in this setting.

In Phase III, the review of nursing curricula demonstrated a wide variation both locally and internationally in the study programs, in terms of the length of the program, amount of content on maternity care covered, the ratio of theoretical to practical content, and the range of skills and competencies to be attained by the student during the training. The maternity component in the local nursing curricula were not aligned with the MTRNs tasks and responsibilities. While some of the aspects that they were trained in, such as performing the delivery and vaginal examination, did not or were not given opportunity to become practically competent for the MTRNs, they were not adequately trained for some of the tasks that they were required to regularly carry out, such as cannulation, drawing blood from neonates, and electronic fetal monitoring.

**Conclusion:** Majority of MTRNs conveyed a deep sense of disappointment regarding their profession as maternity care providers. As evident here, when a large number of MTRNs' labour room and post natal unit tasks overlapped with other professionals' tasks, this can lead to role confusion and conflicts among inter professional teams in maternity care settings. When MTRNs lack clarity regarding their own tasks and responsibilities it can also affect their self-esteem and ability to develop as an individual as well as a team identity in a multi-professional team.



The findings support the call for a clearly defined job description and a well-demarcated professional role for MTRNs so that they could develop confidence as valued members of the maternity care team. Furthermore, clarifying MTRNs' responsibilities would allow pre and post registration nursing curricula to be better aligned to ensure that MTRNs have the necessary knowledge, skills, and competencies to work collaboratively in providing safe and high quality maternity care in Sri Lanka.