



UNIVERSITY OF
KWAZULU-NATAL™

INYUVESI
YAKWAZULU-NATALI



CONDUCTING RESEARCH IN A SOUTH AFRICAN RURAL CONTEXT (MY PERSONAL EXPERIENCE)

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EDGEWOOD CAMPUS



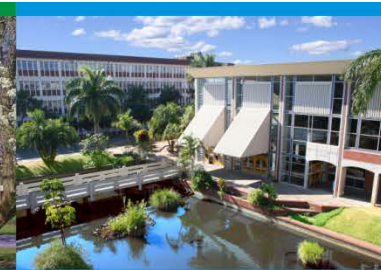
HOWARD COLLEGE CAMPUS



NELSON R MANDELA SCHOOL OF MEDICINE



PIETERMARITZBURG CAMPUS



WESTVILLE CAMPUS

UKZN INSPIRING GREATNESS

Overview

- **Contextualizing my rural community**
- **Doing research in a rural SA community**
- **Experiences shape research interest**
- **The PhD research Journey**
 1. **Overview**
 2. **The process**
 3. **The challenges**
 4. **The overcoming**
- **Conclusion**

Contextualizing my rural community

Figure 1: Map of clinic locations



Ubombo District

- Ubombo, Umkhanyakude, Northern KZN.
- Population - 110 000
- The area served by the hospital is in one of the poorest districts in SA with a poverty rating of 77.1% and unemployment rate of 65%
- Close to 80% of the population- no access to piped water, sanitation or formal housing.



STANDING BESIDES ALL ODDS

“Rural district hospital environments are often faced with multiple challenges which go against effective health care delivery, yet besides all these challenges, best practices still emerge from such hospitals and communities. There are many lessons to be learnt from such environments.”

Dr TC Nkabinde

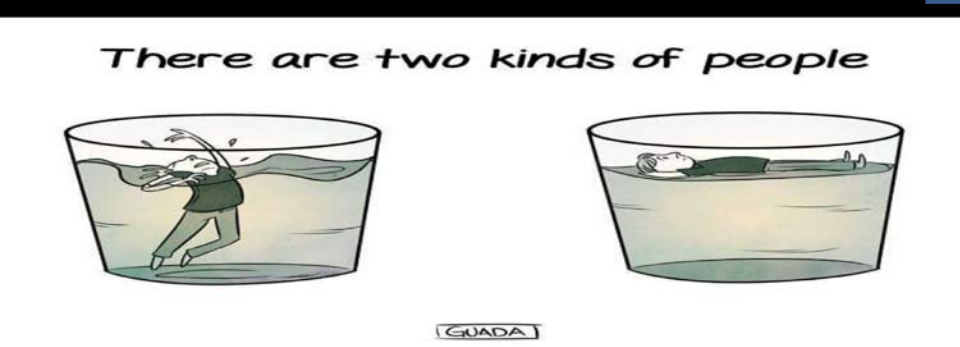
2019 Rural health conference



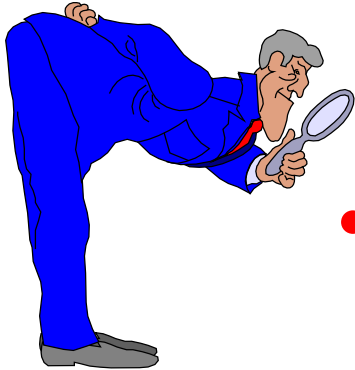
Doing research in a rural SA Community



MTN SA 52% 20 8



Perspectives to consider



- How does your research agenda fit into the structures.
- Context (Rurality and staff views)
- Research framework of UKZN
- Research agenda of UKZN
- Support for research at UKZN
- Managing research funding at UKZN
- UKZN research policy documents



My employers research framework

- “African Scholarship”
 - Locally engaged; generating high-quality research in, by and for Africa; “innovative, paradigm-breaking work”
 - Not exclusive, but anchored in own society;
- “Globalization”
 - Globally competitive; internationalization of UKZN; collaborative research

Family medicine mission

- 1. To provide quality family medicine teaching and training (both undergraduate and post graduate) at centralized and decentralized (urban and rural) teaching sites.**
- 2. To support high quality service delivery in the District Health System and Primary Health Care setting.**
- 3. To conduct high quality family medicine research that impacts on the lives of individuals and communities.**

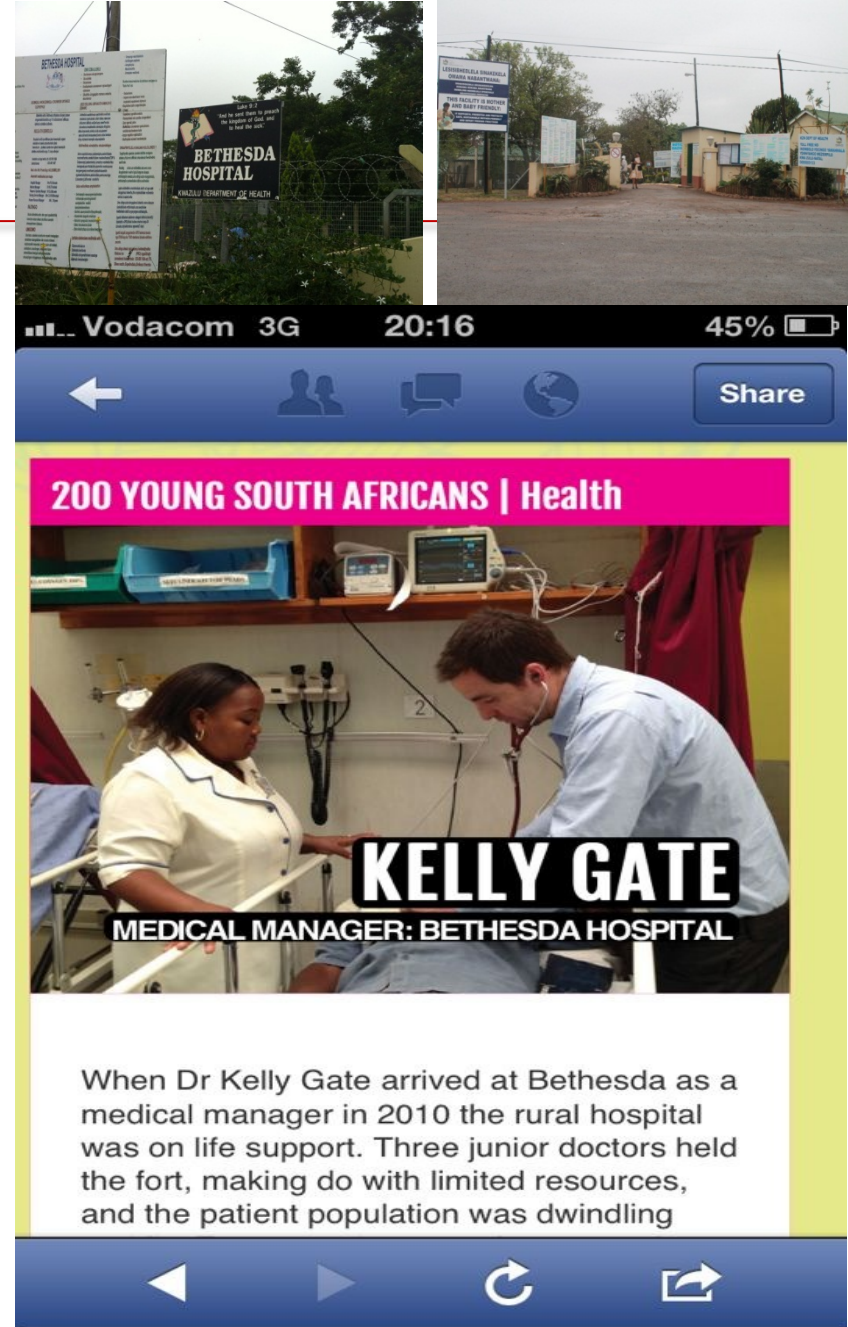
Experience shapes research interests



**The first rural decentralised Family
Medicine Training site in KwaZulu-Natal**

Why Bethesda?

- Rich history of influential Medical practitioners as role models
- Love for rural medicine
- Desire for supporting improved standard of care in rural hospitals
- The understanding of the needs of a district health system
- Influence DOH of the importance of Family Physicians at DH and PHC



Major health needs/ challenges

On our arrival we were impacted by:

- Quadruple burden of disease- communicable, non-communicable diseases, trauma and violence
- Maternal and child health care system.
- A disadvantaged and marginalised rural community with inadequate health care resources and service delivery.
- Difficulties with retention of medical staff in the rural setting.
- So research certainly is last on the agenda...

Medical staff on the ground

- 10 doctors...
- Clearly stretched and fatigued
- Dedicated and had already done a phenomenal job



Main focus....

- Working along side the team
- Getting to know/understand challenges
- Recognizing areas needing further development/improvement.
- Willingness to put aside qualifications



Increased retention/ recruitment

- Managed to fill 80% MO posts
- Filled all Allied health care posts



Improve availability of resources

- Setting up of Adult, Paediatric and Neonatal high Care
- Motivating for new equipment



Emergency skills acquisition

1. Accreditation as BLS Training Centre- train all medical staff/ students. Now extended to PHC (Discovery Grant 2016)
2. ETAT Facilitator, training for the region
3. Emergency Medicine Update (EMU)



EMERGENCY MEDICINE UPDATE: Umkhanyakude



- Collaboration UKZN FM + EM
- First EMU in Umkhanyakude
- Benefitted entire district: 4/5 hospitals represented
- Doctors to teach skills at respective hospitals

MEPI Learning Centre

- Fully equipped student Lan – 8 computers
- Internet access
- UKZN eLibrary
- Video-conferencing facilities - weekly registrar teaching, meetings
- Library- Medical/ Family Medicine textbooks



Being Relevant to the community

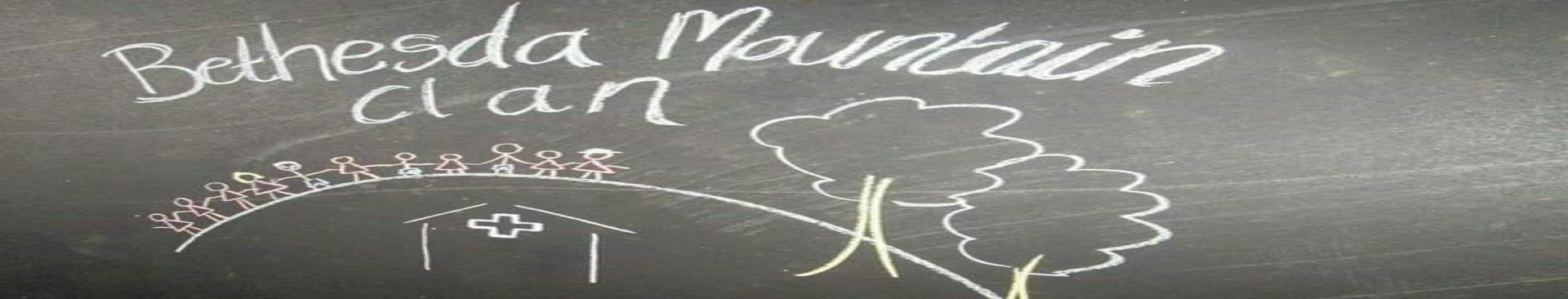


Being aware of community needs

- 2014 road infrastructure improvement projects
- 2015 Jozini/ Ubombo strike for better municipal services (Piped water, electricity, sanitation)



Work hard/ Play hard/ build community



Context relevant Research

- Once the fundamentals of service delivery are achieved.
- Encouraging research that will impact on staff and community needs
- Malnutrition
- Communicable diseases
- **Learning in a rural environment**



Assessing my positionality

- Question my **motives** for doing the research.
- Learning to become a **self-directed learner** in such an environment is a significant challenge for many doctors, due to limited resources, understaffing and a poor approach / understanding of how to become a self-directed learner.
- I noticed **paucity of self regulation**, with pockets of excellence.
- Struck by **high attrition rate**: For those who left, I feel they were certainly influenced by many factors (internal and external), but also suspect they lacked the ability to fully engage with experiential learning in a rural environment.
- **My personality** leans towards interpretivist paradigm, hence my choice of paradigm for this research.

PhD overview

- **Research Question:** How medical doctors working in rural district hospitals understand their learning and learning needs.
- **Phenomenon:** Health care professional learning in rural environments
- **Theoretical Framework:** Situated in social cognitive theories (SCT) or social learning theories (SLT) by Albert Bandura.
- **Qualitative** methodology
- Located under the **interpretive** paradigm (want to understand more than to explain , and demystify the social reality of learning in a rural environment through the lens of the participants.)
- **Study design:** Phenomenological
- **Sampling strategy:** Purposive sampling (information rich individuals)

Aim & Objectives

Overall aim:

- To explore how medical doctors working in rural district hospitals understand their learning and learning needs.

Specific Objectives:

1. To explore **what are the learning needs** of medical doctors working in rural district hospitals
2. To explore **how they learn** in a rural district hospital environment
3. To explore **how they create learning opportunities** for themselves
4. To explore **what they feel facilitates the creation of an effective learning environment** in a rural district hospital

Data collection

- 3 phases. These are linked to the 4 main objectives, with each phase building on from the last, thus allowing depth of understanding.

Phase 1:

Semi- structured interviews (16 in total)

- The focus, to generate discussion and explore their understanding of learning and learning needs.

Phase 2:

Explored through participant observations.

- Observed academic group activities, teaching ward rounds, CME presentations, handover meetings, M&M meetings etc.

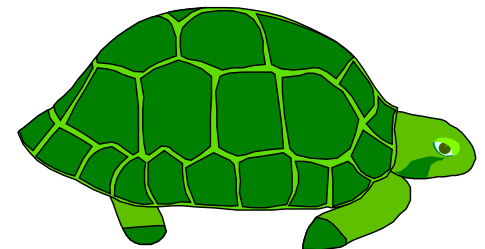
Phase 3:

Focus group discussions.

- What do they consider an effective learning environment.
- What they feel facilitates the creation of an effective learning environment

The process

- Affiliation to a Higher education institute
- Register you research for Degree purposes
- Find appropriate supervisors
- Develop and submit a research proposal for approval (Ethics committee)
- Request approvals – local/ provincial/ national research authorities
- ****Think about community approvals required****
- Find funding for all costs anticipated
- Plan for data collection (logistically and otherwise)
- ****Process must be considerate of service delivery and staff challenges****
- Plan for data analysis
- Plan for publications/ final submissions



The Challenges

- Funding
- Travel
- Community acceptance of your research
- Staff/ participants acceptance of your research
(What difference is it going to make in their lives?)
- Balancing research and other duties
- Balancing your interests and other individuals interests
- Finding credible journals to publish your work



The Overcoming

- Be intentional (Have a plan)
- Always think of the bigger picture
- Try link your research to your day job
- No procrastination
- Expect the unexpected
- Seek council from those ahead of you



Conclusion

**Research is formalized
curiosity. It is poking and
prying with a purpose.**

Zora Neale Hurston

 BrainyQuote®



Thank you!



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