Author’s response to reviews

Title: Midwives' respect and disrespect of women during facility-based childbirth in urban Tanzania: a qualitative study

Authors:
Kana Shimoda (kana-shimoda@slcn.ac.jp)
Shigeko Horiuchi (shigeko-horiuchi@slcn.ac.jp)
Sebalda Leshabari (seolesh@yahoo.com)
Yoko Shimpuku (yoko-shimpuku@slcn.ac.jp)

Version: 1 Date: 13 Nov 2017

Author’s response to reviews:

POINT – BY – POINT RESPONSES TO REVIEWER’S COMMENTS

RESPONSE TO REVIEWER 1

We wish to express our appreciation to you for your insightful comments, which have helped us significantly improve the manuscript. All indicated line numbers are according to the track changed version.

Comment 1)
“…women's underutilization of health facilities” [Background]

If possible add a few more references as there much more evidence on this.

Response

Thank you for your pointing. In accordance with your comments, the following three references are used to indicate more evidences. (Background p.7 line 91 )


Comment 2)

"We obtained voluntary agreement on the informed consent form before data collection from 14 midwives; eight from one facility and five from another one, meeting the inclusion criteria." [Methods – Sample and Recruitment]

Was each midwife observed only once (while conducting only one delivery) if yes please state so.

Response

We appreciate your valuable comments. Each midwife was observed only once, but during observation (several hours), the midwife conducted some deliveries and was taking care of many women who were complaining labor pains at the antenatal ward. In accordance with your suggestion, we expressed as follows:

“Each midwife was observed once for one cycle, and the observed midwives typical cared for women. Each midwife was observed caring for one woman at a time from admission through the fourth stage of labor and were each observed taking care of several women for one or two women.”

(Methods – Data collection p12. line 182-186)

Comment 3)

On time used to conduct observations women

"Observations lasted anywhere from two hours until the end of delivery". [Methods – Data collection and analysis]

It is bit unclear add the specific time period. For example from 2 to 4 hours

Response

Thank you for your comment. We added the specific time period as follows:

“Observations lasted anywhere from two hours until the end of delivery (maximum time of five hours)."
Comment 4)
"The researcher memorized what had transpired from the time of admission to the first through fourth stage of labor of consenting women and their participating midwives" [Methods – Data collection and analysis]

Was there a guide to use in making the note referred to as fair copies? If yes how was it applied? If no what was the reason for this? Would be nice to state this here as well a part of the limitations

Response
We appreciate your valuable comments. We prepared an observational guide to fill in what I observed before observation, and we used it when we made fair copies. The following sentence was added in the data collection subsection.

“Immediately after completion of observations, field notes and midwives’ remarks were made as fair copies by using an observational guide, which was developed and designed by the researcher. The guide included date and time of observations, contents of the observed scene, observed midwives’ actions and attitudes, and working environment.”

Comment 5)
"When questions related to midwife's action emerged, this researcher interviewed her on the scene or after the observations."

Other studies have noted that providers become defensive, did this action affect your data collection in any way particularly if same providers were observed twice.

Response
Thank you for calling our attention to this important issue. We might have made you misunderstand. Basically, we did not ask midwives about all their actions, but when we could not understand their intention to do something, and when we wanted to know what they were thinking and judging while taking some actions at once, we asked (It was not an official interview). And it might not have affected anything to our data collection. Therefore, we revised the following sentence:
“When questions related to the midwife’s action emerged; when the researcher could not understand the midwife’s intention to act something; when the researcher wanted to know what the midwife thought and judged while taking some actions, the researcher asked interviewed her on the scene or after the observations.

(METHODS – Data collection p13 line193 -197)

Comment 6)

"…observed in this study" Is it possible that some women experienced both respectful and disrespect in the course of labour. This would be an important finding to show if occurred and is it by majority of women or just a few or many times to one woman.

Response

Thank you for your comment. In the present study we did not identify which woman receive which care by which midwives. We added the following sentence in the discussion part.

“Additional observational studies are needed to determine if midwives selectively disrespect some women and not others and what factors are involved.”

(DISCUSSION – Positive interaction and assuring women’s rights p31. line 568-570)

Comment 7)

"The typed of physical abuse, that is also malpractice, could be regarded as one of the WHO's categorized D & A behaviors that women were unaware of as D & A [30]."[DISCUSSION - Expanded perspective of disrespectful care]

Good discussion point - this has huge implications on women rights and providers ethical conduct.

Response

We totally appreciate your pertinent comment.

Comment 8)

"The category named 'lacking accountability for midwifery practice and no duty assignment', resulted from a disorganized and dysfunctional nursing and midwifery management, facility
culture, or work overload, rather than from midwives' individual lack of ethical behaviors."
[Discussion - Lack of professional accountability in midwifery practice]


Would that fall under commission or commission for standard of care? It would be nice to see how it complement your new category you discuss here

Response

We appreciate for your valuable comment. In accordance with your big suggestion, we added the following two sentences to indicate that this contributing factor has been already discussed in previous studies.

“A contributing factor to disrespect for women, identified in previous studies, which has not been identified in previous studies, was also identified in our study.”

(Discussion - Lack of professional accountability in midwifery practice p.35 line 616-618)

“Also in previous studies, health systems factors, such as system deficiencies, unresponsive management, and health system conditions and constraints, were identified as contributors of D&A [6, 28, 29, 30].”

(Discussion - Lack of professional accountability in midwifery practice p.35 line 621 - 624)

RESPONSE TO REVIEWER 2

We wish to express our appreciation to you for your insightful comments, which have helped us significantly improve the manuscript. All indicated line numbers are according to the track changed version.

Comment 1)

In the abstract the authors may need to make the language clearer and ensure good flow of the idea being presented. For example line 5 they use the word “unsafe care” without substantiating it. Line 6 "there are mounting studies" perhaps may need better language. [Abstract-Background]

Response
Thank you for your pointing. The manuscript was corrected again by English native speaker before submitting our revision. Regarding to the term, ‘unsafe care’, we deleted from the abstract section to consider flow of the idea, while it’s remained in the Background section as follows:

“Furthermore, inadequate and unsafe care by health care providers including disrespectful, abusive and neglectful care, and women’s negative experiences particularly during childbirth,…”

(Background – p.5 line 87 - 89)

Regarding to the term, ‘mounting studies’, we rephrased as ‘more’ and ‘numerous’ accordance with contexts.

“While numerous studies have substantiated…”

(Abstract- Background – p.2 line7)

“During recent years, numerous mounting studies around the world,…”

(Plain English summary – p.4 line 45)

“During recent years, however, mounting more studies around…”

(Background – p. 8 line 104)

Comment 2)

Page 3 line 18-20 may require clarity of language. [Abstract- Results]

The same applies to line 30-33 in the same page [Abstract- Conclusion]

Response

Thank you for your comment. In accordance with editing by English native speaker, those sentences were revised as follows:

“Results of this study indicated that all 14 midwives exhibited both respectful and disrespectful care and evidenced including some practices that had never before not been explicated identified in researching previous reports of women’s experiences.”

(Abstract- Results – p.3 line 21 -23)

“Both respectful and disrespectful midwifery childbirth care was observed during midwifery childbirth care at two health facilities in urban Tanzania. “
(Abstract- Conclusion – p.4 line36 - 37)

Comment 3)
Page 6 line 70 and line 75 there are a few typos that may need clarity. [Background]
Line 104 also requires clarity of language [Background]
Page 9 line 119-123 will require language edits as well. [Methods - Setting]
Response
Thank you for your variable comments regarding clarity of language. We revised pointed sentences as follows:
– Page 6 line 81-85 (previously page 6 line 70 and line 75): we deleted the sentence since reducing the amount of text in the Background section accordance with considering the context. (Background – p.6 line 81-85)

– Page 9 line 123 -124 (previously line 104): we rephrased as follows:
“However, few studies focused on how D&A occurred during midwives’ actual care during childbirth.”
(Background – p. 9 line 123 -124)

– Page 10 line 139 -144 (previously line 119-123): we deleted the sentence since reducing the amount of the methods section accordance with considering the context. (Methods - Settings – p. 10 line 139 -144)

Comment 4)
One substantial issue in line 123 is the fact that they report of having got permission to collect statistical data from the facility- can they describe why this was important and where they use it in this qualitative study? if this was for purposes of identifying facilities for inclusion this needs to come out in the methods section [Methods - Setting]
Response
Thank you for calling our attention to this important point. Actually, we only collected the number of deliveries and staffs to know the facilities’ condition, and it’s not for purposes of identifying facilities. Thus, we delete the sentence since it is not necessary to describe here for the qualitative study as you commented. (Methods- Settings p. 10 line 142-144)

Comment 5)

Line 131-133 page 9 is unclear on the inclusion criteria [Methods –Sample and Recruitment]

Response

We appreciate for your valuable comment. We tried to clarify the inclusion criteria by rephrasing as follows:

“The two inclusion criteria for participants were 1) a nurse-midwife (midwife), and 2) had experienced conducting deliveries for at least one year of experience conducting deliveries.”

(Methods- Sample and Recruitment p. 11 line 153-154)

Comment 6)

An interesting idea of posting study process on the ward is good however, can the authors describe a little more ie in what language and what was the impact of such an approach on the data collection process and its effect on the outcomes observed? [Methods –Data collection]

Response

Thank you for your pointing. In accordance with your comment, we added some words to explain about the detail of posted. Also, there might not have been any impact of the approach.

“A poster prepared in Swahili was posted on the ward, which included an explanation that the midwife-researcher (researcher) was observing midwives’ action, and was not obtaining personal or medical information from mothers and babies. When the observation began, the researcher explained the study purpose to gain verbal consent from the mother and then started observing after she agreed. The researcher was not asked questions and only listened to any complaints from mothers.”

(Methods- Sample and Recruitment p. 11 line 167-172)
Comment 7)

the authors describe that they interviewed the midwives in page 11 line 166, the question left for the reader is what is the content of the interviews ie scenes that emerged-what were they? and how did the team record the observations were there tapes used for the process and how was that done given that they observed form a distance? [Methods –Data collection]

Response

Thank you for calling our attention to this important issue. We might have made you misunderstand. Basically, we did not interviewed as one of research methodology. However, we asked midwives about their actions, when we could not understand their intention to do something, and when we wanted to know what they were thinking and judging while taking some actions at once. Therefore, we revised the following sentence:

“When questions related to the midwife’s action emerged; when the researcher could not understand the midwife’s intention to act something; when the researcher wanted to know what the midwife thought and judged while taking some actions, the researcher asked interviewed her on the scene or after the observations.

(Methods – Data collection p. 13 line 193-197)

Comment 8)

Can the authors describe examples of situations that they found dangerous for the mother but could not intervene at the point of observation? This is important in observational studies

Response

We appreciate your valuable comments. Before data collection, we did not expect dangerous care such as we described in the results section, but at least we expected about non-using anesthesia for suturing perineum.

“As part of developing the observational protocol we realized that the researcher might be in a difficult position of observing care that was abusive or dangerous to the patient, such as non-using anesthesia for perineum suturing.”(Methods – Ethical considerations p.13 line203-205 )

Comment 9)
With exception of a few typos in the quotes, i would recommends that results of encourage mother-baby relationship come after all data on labor observations.

Response

We appreciate your valuable comments. In accordance with the important points that you have mentioned, we moved the subsection in the end of the Respectful care section. (Results p.21 line 355)

Comment 10)

In general since the observers were at the service point, the results beg the question of what is precipitating the behaviors observed. second, are the observed positive experiences also perpetuated by the same nurse who exhibited negative experiences? in other words do the bad behavior co-exist with the good ones. It is hard to tell from the notes in the narratives.

Response

Thank you for your comments. Unfortunately, there is no way to know why midwives abused the women, and it’s necessary to conduct another study to interview those midwives to know it. And in the present study, all midwives acted any of disrespectful care while five of 14 midwives took respectful care too. We added the following sentences:

“All observed midwives took any of disrespect and abuse, although five of them took respectful care too.”

(Results p.16 line 245-246)

“Additional observational studies are needed to determine if midwives selectively disrespect some women and not others and what factors are involved.”

(Discussion – Positive interaction and assuring women’s rights p.32 line 568 - 570)

Comment 11)

How the authors have organized the categories- i think if they use Bohren approach they might realize that the new concepts/behaviors can actually be fit in the broader first second and third order themes described by Bohren and thus giving insights on how diverse the issue of D&A can be what drives it. If the authors can try and link this data with the order of themes then it will advance this field better.

Response
We appreciate your valuable comments. As you recommended, contributing factors which derived from the present studies’ data, has been also identified in previous studies i.e. Bohren et al. We added following two sentences in the discussion section:

“A contributing factor to disrespect for women, identified in previous studies, which has not been identified in previous studies, was also identified in our study.”

(Discussion - Lack of professional accountability in midwifery practice p.35 line 616-618)

“And in previous studies, health systems factors, such as system deficiencies, unresponsive management, and health system conditions and constraints, were identified as contributors of D&A [6, 28, 29, 30].”

(Discussion - Lack of professional accountability in midwifery practice p.35 line 621 - 624)

RESPONSE TO REVIEWER 3

We wish to express our appreciation to you for your insightful comments, which have helped us significantly improve the manuscript. All indicated line numbers are according to the track changed version.

Comment 1)

Needs some work - a bit repetitive and needs review of language use.

I am not sure one can say 'never before' regarding observations of labour and delivery being conducted. [Abstract]

Response

We appreciate your comments. The manuscript was corrected again by English native speaker before submitting our revision. In accordance with your pointing, we rephrased it as follows:

“Results of this study indicated that all 14 midwives exhibited both respectful and disrespectful care and evidenced including some practices that had never before not been explicated identified in researching previous reports of women’s experiences.”

(Abstract - Results p.3 line 21-23)

Comment 2)

[Background]
Quite long - could be reduced

Line 80 factor used twice in same sentence

Line 88- detailed description of Bowser and Hill not required - sufficient to say which manifestations they identified - reference required.

Response

We appreciate your concern regarding the need to reduce the background section. We deleted and revised some sentences to reduce the section.

Regarding the following two pointed sentences, we revised as follows:

- Line 80 factor used twice in same sentence

“Barriers, such as financial, infrastructural, sociocultural and political factors were noted which affected women’s utilization of health facilities for childbirth in low-middle income areas [4, 5].”

(Background p.6 line 85-87)

- Line 88- detailed description of Bowser and Hill not required - sufficient to say which manifestations they identified - reference required.

“Bowser and Hill’s 2010 systematically reviewed disrespect and abuse (D&A) from stories and reports of over 18 countries across the globe including South America, Africa and North America. They identified qualitative evidence, which they and categorized as physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination, abandonment, and detention in facilities [4].”

(Background p.8 line107-111)

Comment 3)

[Methods]

(1) A huge amount of detail here - probably not all required. The detail regarding the process of getting permission to conduct the study is too long. I suggest it is sufficient to state that approval for research was given by...... and all facility staff were informed regarding the research. I don't think we need to know which author did what.

Response
Thank you for your pointing. In accordance with your valuable comments, we deleted some sentences. (Methods – Settings, Sample and Recruitment p.10-11)

Comment 4)

[Methods]

(2) Suggest separate headings for analysis process - perhaps a little more detail there. The analysis process description is a little confusing.

Response

Thank you for your comment. We put the subsection for analysis (Data analysis) and described more details about it.

“After each observation, the researcher recalled the findings observations and they were and redescribed all the content of integrated into the field notes. The midwives’ remarks including interview data were written as a verbatim recording. The filed notes and transcripts were read and reread with highlighting words, sentences, and situations, which indicated midwives’ actions relevant to respect and disrespect of women during childbirth. The highlighted descriptions were examined and when relationships between them were found they were then grouped into subcategories. and Subcategories showing conceptual relation were abstracted into categories. by abstracting. The co-authors, who were leading researchers of maternal health and midwifery, discussed and supervised the data analyses. The third author and research assistants, because of their deep understanding of Tanzanian culture, provided quality checks of the analysis.”

(Methods – Data analysis p.15 line221-232)

Comment 5)

[Methods]

(3) Is there any protocol number for the ethical review?

Response

Thank you for your pointing. We added as follows:

“The ethics review boards of St. Luke’s International University, Tokyo (approval number: 14-084) and the Tanzanian National Institute of Medical Research provided study approval.”

(Methods – Ethical approval p.16 line238)
Comment 6)

[Methods]

(4) In other studies the issue regarding when the observer might need to step in to ensure patient safety - normally this is discussed with the MOH or other clinical experts in country and agreed on before commencing the study.

Response

We appreciate your concern regarding this important issue. We agree with your comment, and we should have considered and discussed such potential issues before data collection, but we could not expect such as devastating abuses. Therefore, we added it as limitation of this study as follows:

“It must be noted that a crucial aspect of D&A studies is direct observation of midwifery behavior. Direct observation provides a rich source of data. However the researcher as a midwife, who was also a non-licensed foreigner in Tanzania, was in a difficult legal and moral position when considering whether or not to intervene when faced with what appeared to be dangerous abusive care requiring accurate interpretation and split-second decision making. In retrospect it might have been more prudent to discuss such potential issues with the health and research institution before conducting observation; however prior to the study, it was difficult to imagine such devastating abuse would happen during an observations.”

(Discussion –Limitation of the study p.37 line666 - 674)

Comment 7)

[Methods]

(5) Line 192 - what is "disconfirming"

Response

Thank you for your pointing. It was a mistake. We deleted it as follows:

“These Providing credibility [21] were these processes: disconfirming evidence by documenting both positive and negative interactions,…”

(Methods –Data analysis p.15 line 232-233)
Comment 8)  

[Results]  

“Encourage mother-baby relationships”  

- yes but it is also a WHO standard that all baby's breastfeed within the first hour as part of essential newborn care. p17 line 249 - also seems to be in the wrong place regarding the flow - going from breastfeeding back to labour- suggest moving it to the end of that section - before the disrespect section (end of p18)  

Response  

We appreciate your valuable comments. As you pointed, this is one of the essential newborn care, and we considered only when midwives respect mothers, they can act that care. Therefore, we included it as part of respect of women. In accordance with your important points, we moved the subsection in the end of the Respectful care section. (Results p. 21 line355 )

Comment 9)  

While the quotes are all very interesting they are quite long - it would be good to see where they can be reduced somewhat.  

Response  

Thank you for calling our attention to this important point. We reduce amount of quotes as much as possible. Please see in results section. (Results p.16~)

Comment 10)  

[Discussion]  

I do not think the lack of accountability is a 'completely new category" this has been described elsewhere - line 548. see references below from the Kenya study on D&A.  

Rather than saying it is new - consider saying how it is building the broader picture in Tanzania and globally or the extent of the problem. Accountability is discussed in Freedman et al. see:  

- Ndwiga C et al Exploring provider perspectives on respectful maternity care in Kenya: "Work with what you have" 2017
Response

We appreciate your valuable comments. As you recommended, contributing factors which derived from the present studies’ data, has been also identified in previous studies. We added following two sentences in the discussion section:

“A contributing factor to disrespect for women, identified in previous studies, which has not been identified in previous studies, was also identified in our study.”

(Discussion - Lack of professional accountability in midwifery practice p.35 line 616-618)

“Also in precious studies, health systems factors, such as system deficiencies, unresponsive management, and health system conditions and constraints, were identified as contributors of D&A [6, 28, 29, 30].”

(Discussion - Lack of professional accountability in midwifery practice p.35 line 621 - 624)

Comment 11)

Limitations and implications sections are quite long and repetitive consider reducing the length. the Hawthorne effect as to whether the providers change their behaviour is worth mentioning but not in detail - it is clearly obvious from the results that their behaviour was definitely lacking even when they knew they were being observed.

Response

Thank you for your pointing. In accordance with your advice, we tried to reduce the section, and somehow completed. However, we added limitation regarding ethical dilemmas of observation, so it might be still long. (Discussion – Limitation of the study p.36-38 )

Comment 12)

implications - again repetitive - is it possible to consider how facilities might be supported to make changes instead of just saying providers 'should' be trained equipment 'should' be made available etc. There have been a number of studies done on D&A in Tanzania now -are you just
repeating the same things? perhaps it would be worth suggesting how researchers, programmers and MOH could come together to strategise how to improve the situation?

Response

Thank you for your valuable comments. We changed those sentences and described the implications in terms of changing strategies and systems, especially adding following two sentences:

“Jewkes & Penn-Kekana [34] stated that it is necessary to support institutions through resource allocation, training and supervision, and enforcement without blaming individual health care providers.”

(Discussion – Implications for practice and research p.39 line 691-694)

“In order to improve those poor working conditions, it is necessary to strengthen the complicated web of various systems, regulations, health policies, and budgeting by ongoing cooperation and collaboration among researchers, key health program planners and the Tanzanian government.”

(Discussion – Implications for practice and research p.39 line 696-700)

Comment 13)

[General comments]

Needs copy editing by native English speaker overall it is good but could be more succinct/shorter

Suggest using D&A rather than D & A or even spelling it out each time.

I am not sure of the journal's guidelines but generally % would be written in full "20 percent" and % only used in parenthesis (20%)

Response

We totally appreciate your pertinent comment. The manuscript was corrected again by English native speaker before submitting our revision, and the certificate of editing is attached to our revision. All ‘D & A’ was replaced to ‘D&A’ as well as % to percentage.