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Lived experiences of mothers with newborns lodging at a public hospital in South Africa: A qualitative study

Matshediso Julia Ntuli, Cynthia Spies*

School of Nursing, Idalia Loots Building, University of the Free State, Bloemfontein, South Africa

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Corresponding Author:
Cynthia Spies, School of Nursing, Idalia Loots Building, University of the Free State, Bloemfontein, South Africa.
E-mail: spiesc@ufs.ac.za

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ABSTRACT

Background & Aim: The challenges of mothers residing at hospital while their ill babies are admitted to a neonatal care unit are understudied and poorly documented. Unfavorable living arrangements and tension between mothers and staff can disrupt their well-being and create feelings of helplessness. This study explored how mothers experienced having to stay at a lodging residence of a public hospital while their newborns were admitted to a neonatal care unit.

Methods & Materials: This qualitative content analysis study was conducted through face-to-face, in-depth interviews between March 2021 – April 2021. Data were gathered from 13 mothers who lodged at a public hospital for at least two weeks, were able to speak Sesotho, English, and/or Afrikaans, and were above 18 years of age. Data were analyzed using Tesch's eight steps in the coding process.

Results: Data analysis resulted in five categories, each with subcategories. The main categories are "Lodging environment", "Emotional experiences", "Nursing care of babies", "Interaction with staff", and "Participant perspectives". Participants' ages ranged between 23 and 37 years. Three participants had a spouse while the other ten were unmarried and were single parents.

Conclusion: The mothers were not optimistic about their lodging experiences, the nursing care of their newborns, and their interaction with healthcare professionals. Hence, they require intervention to alleviate conditions that cause unnecessary stress and anxiety. Health professionals and hospital managers must accommodate the needs of mothers who have no choice but to reside at the hospital when their newborns are admitted for extended periods.

Introduction

The admission of a newborn to a neonatal care unit (NCU) is often unforeseen and may be an overwhelming outcome for the mother - leaving her anxious and distressed (1,2,3). This early separation of the mother and her newborn substantially impacts mother-baby bonding, which may lead to challenges in adapting to the parenting role (4-6). In South Africa, an estimated 35.27% of newborns required admission to an NCU between 2019 and 2020. (7). Despite the various reasons for admitting newborns to an NCU, the best outcomes for both the mother and her newborn are predicted by the quality of mother-baby interaction (4). Mother-baby interaction includes frequent personal contact with the newborn and allows NCU staff to support the mother and family during this distress (8). To establish interaction between the mother and her newborn as much as possible, frequent and easy access to the NCU is essential.

The maternity department of the public hospital referred to in this manuscript has a neonatal intensive care- and high-care unit commonly called the NCU. On average, 392 neonates are admitted to the NCU every year. This facility accepts referrals from neighboring provinces. Hence, if neonates are admitted to the NCU, the mothers must either find accommodation or stay at the hospital's lodging

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residence to allow easy access to their sick newborns. Reasons for admission include conditions such as prematurity, gastrointestinal abnormalities, surgical intervention, medical and cardiovascular abnormalities, and infection. Mothers visit the NCU to express breastmilk and to assist with routine tasks such as feeding and changing their newborn's diapers.

The lodging building is situated about 120 meters from the NCU. It can accommodate 27 mothers per month. Their stay is free of charge, and they are provided with a bed and a locker. The institution offers three routine daily meals at 08h00, 12h00, and 16h00. Apart from staying in the lodging area and visiting their babies as often as necessary, there are no planned activities for the residents.

Unfortunately, literature on how mothers experience having to reside (lodge) at the hospital for prolonged periods is scarce. Most literature focuses on the mothers' lived experiences with rooming-in newborns and not on those who are separated from their sick newborns (9,10). Apart from coping with the uncertain outcome of their newborn's health, mothers often face infrequent spousal support, lactation difficulties, insufficient health information, financial constraints, and loneliness (5,10,11). Although the experiences of mothers whose newborns were admitted to an NCU have been explored before (10,12), we found a research gap in the perspectives of mothers lodging at the hospital while their newborns have been admitted to the NCU. Hence, it is not easy to know what challenges these mothers face and how they could be supported to make their stay as pleasant as possible. This study explored how mothers experienced having to stay at a lodging residence of a public hospital while their newborns were admitted to a neonatal care unit.

Methods

This qualitative content analysis study was conducted to explore the lived experiences of lodging mothers. Data was collected through face-to-face, in-depth interviews to explore genuine experiences and allow participants to talk freely about lodging (13,15). Data were analyzed using Tesch's eight steps in the coding process (16) (Table 1).

Table 1. Tesch's eight steps taken in the data analysis process

Steps taken to analyze transcriptions	**Motivation**
1. The authors read through all the transcriptions.	To acquire a general sense of the data set.
2. They selected one transcription and read through it several times.	To find the information's underlying meaning and establish what this interview is about.
3. Then, they read through all the other transcriptions several times.	To make a list of all the topics, cluster similar topics together, and form these topics into columns that will reflect the major topics.
4. They assigned codes to the selected topics and made a list based on similarities.	To observe whether new categories and codes emerge.
5. They decided on the most descriptive wording for the topics.	To create categories; to group related topics together to reduce the total list of categories.
6. Final codes were attached to each category.	To alphabetize the codes.
7. They assembled the data material belonging to each category in one place.	To start with the preliminary analysis.
8. If necessary, existing information was re-coded.	To ensure consistency throughout and discover richer meanings from the data.

The accessible population was all lodging mothers whose newborns had been admitted to the NCU of the specific public hospital from January 2021 to April 2021. The inclusion criteria were that participants had to have lodged at the research site for at least two weeks, be able to communicate in Sesotho, English, and/or Afrikaans, and be above 18 years of age. The researcher did not burden mothers who appeared emotionally vulnerable (e.g. postpartum psychosis) or those physically unwell (e.g. high blood pressure, extreme pain) to participate. Participants were purposively selected, ensuring maximum variation in age, gravidity, parity, background, and cultural heritage.

The researcher is a professional nurse and midwife working at the NCU, where the

prospective participants' newborns were admitted. Thus, she had easy access to the mothers. However, an independent interviewer was requested to conduct the interviews to mitigate bias and allow the participants to express themselves freely, as the interviewer was not directly responsible for their newborns' nursing care. The interviewer is a practicing advanced midwife with a Master's degree in nursing and has qualitative research experience. The interviewer made appointments with mothers who agreed to participate and obtained informed consent on the interview day.

Interviews were conducted at a time most suitable to the participants and in a comfortable and private venue in the same building as the NCU, which is within walking distance from the lodging residence. Interviews lasted between 30-45 minutes and were audio-recorded with the participants' permission. Only the interviewer and the participant were present in the venue. Prior to data collection, an explorative interview was conducted with an eligible participant from the lodging residence. Since no changes to the interview process were necessary, this interview was included in the final analysis. The interviewer conducted 13 interviews, at which point data saturation was realized (14,15). A guiding, open-ended request was made: "*Please tell me in detail the feelings you had as a lodging mother while your baby was admitted to the NCU*". Based on the responses of participants, the interviewer asked additional questions where necessary (16). For example: *"What were the challenges that you experienced while lodging?"* and *What are the opportunities that could improve this lodging area?"*.

To ensure methodological rigor, the researcher employed five criteria: credibility, dependability, confirmability, transferability, and authenticity (15,17). Credibility was established by using an experienced interviewer, ensuring data saturation, and verifying the accuracy of transcriptions. Dependability was demonstrated using a suitable data collection method to explore lived experiences. All in-depth interviews were conducted and organized by the same person in the same venue. To maintain confirmability, the researcher accurately documented all steps to make the research process transparent. Transferability and authenticity were enhanced by providing the exact words and direct quotes from the participants to substantiate the findings of the interviews and by focusing on a representative population. In this manner, the researcher ensured a true account as disclosed by the participants.

Qualitative content analysis was used to organize and interpret the data to identify the influencing aspects of the lodger mothers' stay at the hospital. The recordings were transcribed verbatim by an independent transcriber as soon as possible after the interviews. The first and second authors independently used Tesch's eight steps in the coding process (Table 1). No software was used during data analysis.

Ethical approval was granted by the Health Sciences Research Ethics Committee at the University of the Free State (UFS-HSD2020/2005/2004). The Free State Department of Health and the Chief Executive Officer of the public hospital were permitted to conduct the study. Participants gave informed consent before the interviews.

Results

Data analysis resulted in five main categories, each with subcategories (Table 2). The categories are (1) lodging environment, (2) emotional experiences, (3) nursing care of babies, (4) interaction with staff, and (5) participant perspectives. Participants were given pseudonyms and labeled as "P" with an interview number. The first participant was labeled P1, the second P2, and so forth. Thirteen participants, aged between 23 and 37 years, were interviewed. Eleven participants were Sesotho-speaking, and two were Afrikaans-speaking (P2 and P11). Three of the thirteen participants were married, while the remaining ten were single parents. Their stay ranged from four months to six weeks, meaning that all the participants had more than two weeks of lodging experience and could provide relevant information about their experiences. Apart from stating their experience as a lodger, the mothers also mentioned aspects of nursing care and interaction with the healthcare professionals.

Lodging environment

Issues raised by the mothers concerning the lodging environment where they spend most of their time related to comfort, security, meals, length of stay, and communication barriers.

Comfort

The mothers stated that the lodging residence was not as comfortable as anticipated. According to them, the beds were uncomfortable and very close to each other, there were not enough blankets for colder nights, and the sleeping area was unhygienic and noisy at night.

"I am not in any way saying that our rooms and beds where we are sleeping should be comfortable to our satisfaction. The mattresses are not comfortable at all. There are not enough blankets and it is very cold." (P6)

"You know, mam, it is only ladies who are staying here. We must take turns to clean our rooms, but some of them refuse to clean or even to wash toilets or bathrooms. This area is so dirty." (P13)

Security

Several mothers mentioned feeling unsafe at night as there was inadequate lighting on the NCU's footpath. There were no security guards, and they felt vulnerable as women who had no choice but to use the pathway to the NCU.

"You go alone. They had said that we can come in groups, but that doesn't work, because our children sleep at different times. Recently, we heard rumors that there were thieves stealing cars in the parking lot…So, it is not safe for us to be going to the baby room at midnight, and we are also afraid." (P7)

"It would also be nice if they could put a light outside. It gets too dark at night and we tend to be afraid." (P6)

Serving of meals

The mothers were unsatisfied with the amount of food they got and mentioned that the long intervals between meals sometimes caused them to be hungry. What seemed to distress most mothers was that the meals were insufficient to produce enough breastmilk for their babies.

"Sometimes, we don't have enough milk to express because we don't get enough nutrients; and the nurses also put immense pressure on us to give our children food." (P6)

"Yes, after eating at 12 o'clock, we become stressed or hungry. We only get three slices of bread from the kitchen and four sugars, two for oats and another two for tea." (P13)

"I mean, when we eat at 4:00 pm, by 6:00 pm we are hungry again; and it is not everyone who has something to eat afterward, especially those who are breastfeeding." (P2)

Length of stay

Due to the critical condition of their babies in the NCU, some mothers had no choice but to stay at the lodge longer than anticipated. Although these mothers had accepted their situation, their frustration was apparent.

"I have been here for too long and I feel like going home; but I do not have a choice, because my child is still here; it has been six weeks now staying at the hospital." (P2)

"I got here on 10 January. So, I will be completing my third month on 10 April." (P11)

Communication barrier

The lodging residence caters to mothers of different ethnic groups and from different places and provinces. Some participants mentioned that the different languages made it difficult to communicate with roommates, and one even felt that the others were gossiping about her.

"However, there was a communication barrier in that I could not hear what they were saying because they were talking in their home language [South Sotho]. As a result, I felt like they were gossiping about me." (P2)

Emotional experiences

Mothers expressed their emotions about having to cope with their sick newborn while residing in an unfamiliar environment. Feelings of distress, frustration, loneliness, and boredom seemed to be in the foreground. However, some did express satisfaction with their situation.

Distress

Factors that seemed to be a source of distress were when mothers noticed some others being discharged while they had to stay behind and face daily uncertainties about their sick baby's condition.

"It does hurt when I see people being discharged; my emotional state is completely out of balance." (P1)

"We are always sleeping and you start thinking so hard and stressing about the condition of the baby. Today … right now, I found my child not doing well. I am wondering how 2 o'clock when I get to that side, how will she be. So, those are the things we are always thinking hard about. You also lose weight; you are not able to eat well. You hear it, my sister? It is not nice at all." (P11)

The mothers acknowledged that their being distressed influences breastmilk production negatively.

"On the other hand, the nurses are demanding milk, and that also contributes to our stress. It is a known fact that stress can also stop milk supply." (P7)

Frustration

An apparent source of frustration was that mothers perceived unreasonable requests from nursing staff related to expressing breast milk while not getting adequate meals to produce enough breast milk. Some participants expressed frustration with the lodging environment itself.

[…], they shout at us that we must express enough milk, but this is impossible because we don't get enough food. Moreover, we also need to give our breasts some rest, because they get sore at times. (P9)

What is most frustrating here at the lodge is that there are not enough blankets and it is very cold. (P7)

Loneliness

Participants felt alone in the unfamiliar place where they were to live for prolonged periods with people they did not know. Additionally, some participants mentioned that their family members could not visit, which added to feelings of loneliness.

"Uhm, it's lonely. I don't feel well, but I do not have a choice but to be here, but the problem is loneliness. The more I am sitting in the room, I just sleep, sometimes during the day." (P11)

"I am just sitting depressed because you are always just sitting; it gets lonely." (P12)

"Yes, they [family] *are trying, I do not want to lie, they try very hard. Even the child's father really tries a lot."… "So, the money is not enough for them to visit me now.* (P10)

Boredom

At the time of data gathering, the lodging residence did not offer any recreational activities, leading to boredom. Apart from daily visits to the NCU, the lack of distraction was monotonous, and mothers voiced their discontent.

"This is our daily routine, and it is frustrating that we have nothing to keep our minds busy with, and possibly shift our thoughts from negative experiences we had in the babies' room." (P3)

"Furthermore, I think it would be nice to have some activities in place for us because we are always sitting and doing nothing; and this contributes to stress. All we do is sleep when we come back to our rooms." (P4)

Satisfaction

Despite expressions of undesirable emotional experiences, there were some positive thoughts as well:

"However, we are well taken care of in terms of sleep, and our stay here has been pleasant." (P1)

"I feel okay because I am still waiting for my child to recover." (P3)

Nursing care of babies

Since the mothers were allowed to visit their newborns, they mentioned their perceptions related to nursing care. Most of their experiences in this category are related to general nursing practices and kangaroo mother care.

General nursing practices

The mothers were allowed to visit their babies at three-hour intervals to engage with them for about an hour to perform tasks such as changing diapers and assisting with feeding. However, their experience of the nursing care provided by the staff was not as they expected.

"They don't change their nappies regularly. The child would be crying nonstop, and when I checked my child, I would find that the nappy was now yellow due to urine. This means that the child is crying due to the burning sensation of urine." (P4)

"Furthermore, I do not like the fact that they would be busy with their phones while the baby is crying." (P2)

Some participants were concerned about the babies not having enough rest between feeding times:

"The only thing that bothers me is the students. Students are always waking my baby and fiddling with her … Every now and then we find them in the babies' section, fiddling with the babies…" (P11)

Not everyone echoed the disapproval of some participants. Others experienced the care as satisfactory.

"I found my child doing great, and they were taking good care of him. There were no complaints at all; instead, my child had grown." (P1)

"Yes, he is fine, her sister said they are checking him regularly…" (P13)

Kangaroo mother care

Despite the known advantages of encouraging mothers to provide kangaroo mother care (KMC), which includes interventions such as skin-to-skin contact and breastfeeding, some participants expressed dissatisfaction with KMC at the NCU.

"We are not even allowed to touch our babies. When we touch them, the nurses say we'll wake them up. Whenever we try to bond with them, the nurses shout at us as if we are children." (P4)

"Firstly, we long to hold our babies as mothers, but they prohibit us from doing so, saying that we will infect our babies with infection." (P9)

Interaction with staff

Mothers revealed their experiences of interaction between them and healthcare team members. Issues raised were staff support, communication between mothers, and staff attitude.

Staff support

Participants did not always feel supported by staff in an environment that posed many daily challenges for them and their babies.

"We do not get any support at all. They do not even send a counselor the following day to come and support this woman who had just been informed that her baby is no more." (P3)

"Mmm…There is no support; besides, they will only support you while they are in there with you. As soon as you leave the ward and come in here to the lodging area, you just go back to feeling the same way." (P12)

On a positive note, some participants indicated that some support was provided and that not everything was bad.

"The nurses also encouraged me to be strong, and to also acknowledge that this is my first child; I must be kind to myself." (P8)

Communication between mothers and staff

Besides participants not feeling emotionally supported, they experienced a lack of detailed, and sometimes confusing, information about the condition of their babies:

"… No. They do not tell us anything. It is only the doctor who can give us feedback regarding our babies' health conditions. The nurses would just say, "The baby is fine."… The doctors' reports are constantly changing…However, as a mother, you can sense when things are not fine with your baby." (P2)

"Yes, because you get nurses who are very rude. Sometimes, you get false information about your baby's health condition, because they don't have our best interests at heart. Today I got a promising report, tomorrow I got a contradicting report; so, I am currently confused. I just go to see my baby without knowing about his current condition." (P9)

Staff attitude

The participants had mixed views about the nurse's attitude towards them, with some experiencing them as being either rude or very nice.

"Well, most of the nurses are gentle, but there are still those who are not as kind as we would like them to be." (P2)

"Nurses are nurses. One moment they are nice, the next they are shouting at you. We have made peace with the situation … and their response really affects us emotionally." (P6)

Participant perspectives

The participants spontaneously offered ideas for improving their living arrangements. This section of the results focuses not as much on their challenges but on their perspectives in ensuring a more pleasant stay at the lodging residence and improved interaction with staff at the NCU.

Arrange counseling sessions (individual and group)

The mothers' apparent need for counseling sessions may be linked to the stressful NCU environment and uncertain outcomes of their sick babies. The extended stay away from home and feeling unsupported by family develop feelings of loneliness and sadness.

"I feel that we need someone to talk to, even if it is just once or twice a week, just to give us emotional support …. So, it would be great to have that someone who can just sit with each of us, and allow us to express our emotions and thoughts." (P3)

"A group session will also be fine… At least we will be able to express our feelings." (P4)

"I think we need counseling… Group counseling. I think it is better this way because you get encouragement from other people's challenges." (P6)

Provide sufficient and nutritious meals

It was evident that meals and mealtimes greatly concerned most participants. Their suggestions included more nutritious food, served at reasonable intervals, to promote breastmilk production.

"They should consider changing dinner time from 4:00 pm to 6:00 pm, and also increase the food they provide for us. We really need enough food." (P1)

"They should really make an effort to improve their services, not only for us but also for those who will be coming in the future. I mean, if we get enough food, then we won't struggle to express milk for our young ones." (P7)

Improve living arrangements (security, boredom, rooms, hygiene)

Apart from being distressed about the NCU environment and their sick babies, it seems unfair that the mother's living conditions are not more secure and comfortable. Security, boredom, uncomfortable rooms, and hygiene posed challenges.

"It would also be nice if they could put a light outside. It gets too dark at night and we tend to be afraid." (P6)

"We will appreciate if they can give us some activities to do with our hands, such as to knit clothes with wool." (P9)

"They should improve the rooms where we are currently sleeping. The beds are also very old." (P7)

"At times, we would have cleaned up the area without any mess. Ants are sometimes there, so we ask that the place be plastered a little bit. I believe the bedroom will look better then. Ants really like a lot in there, even when we have cleaned and cleared up." (P11)

Improve communication by healthcare staff

Lastly, participants requested improved communication, including updates about their babies' condition and the procedures necessary for their care.

"So, I want them to speak to us about everything that they do, the medication they give to our babies, and the proper diagnosis. I want them to communicate more with us … so that we can know exactly what is wrong with our children…I would like to suggest that the nurses also be updated with our babies' health reports

so that they can communicate them to us even when the doctor is not on duty. I want them to communicate more with us." (P2)

Discussion

The results revealed many challenges experienced by the lodging mothers at a particular public hospital. The main categories included the lodging environment, emotional experiences, nursing care of babies, interaction with staff, and participant perspectives. Each of these main categories had subcategories (Table 2).

Table 2. Categories and subcategories of lodger mothers' experiences

Category	Subcategories
Lodging environment	a) Comfort b) Security c) Serving of meals d) Length of stay e) Communication barrier
Emotional experiences	a) Distress b) Frustration c) Loneliness d) Boredom e) Satisfaction
Nursing care of babies	a) General nursing practices b) Kangaroo mother care
Interaction with staff	a) Staff support b) Communication between mothers and staff c) Staff attitude
Participant perspectives	a) Arrange counseling sessions (group and individual) b) Provide sufficient and nutritious meals c) Improve living arrangements (security, boredom, rooms, hygiene) d) Improve communication by healthcare staff

The lodging environment was not conducive to satisfactory living arrangements. Issues of concern were uncomfortable living spaces, lack of security, inadequate meals regarding meal times and poor nutritional value, the extended time of stay, and the communication barrier between staff and mothers.

The Donabedian model of quality care assesses the quality of care as it relates to institutional structure, process, and outcome (20). According to this model, our study revealed that the attributes of the facility in terms of the infrastructure are inadequate for quality health outcomes. It was thus no surprise that the participants expressed feelings of dissatisfaction, stress, anxiety, and helplessness related to an uncomfortable residence with a security risk. Since hospitals are public spaces with easy access to villains and other threats, ensuring a secure and guarded environment for patients and visitors is vital (20-22).

Although the literature about lodging is scarce, there is ample research about the type of environments that support the physical and emotional well-being of mothers with sick babies. For example, Carrega et al. (2020) and Stremler et al. (2008) argue that unfavorable hospital conditions do not promote maternal well-being, disturb sleep patterns and reduce breastmilk production (18,19). Almost every participant mentioned the issue of not getting enough nutritious food. This finding was worrisome because human milk gets its energy, proteins, and nutrients from the mother's meals and her body reserves (23). Extreme caloric restriction impairs breastmilk's composition, secretion, and production (24). Seemingly, most participants were concerned about inadequate breastmilk production – a situation that contradicts the reasoning behind having mothers lodge at the hospital if conditions are not favorable to this gain (25).

Depending on the circumstances, the mothers experienced emotions that included distress, frustration, loneliness, boredom, and some satisfaction. For some, it was challenging having to stay behind when others were being discharged or receiving sad news about the conditions of their own or other mothers' neonates. The mothers again emphasized their frustration about not having enough breastmilk for the

neonate and having to stay in an unfamiliar place for a long time. Family members could not visit because of Covid-19 regulations at the time. Aspects that may contribute to social separation and loneliness include family separation, language barriers, and unfamiliarity with the values of other demographic groups. Therefore, due to a lack of support from close family members, it was not easy for participants to stay positive. Nevertheless, for some, the stay was satisfactory.

A significant discovery was an apparent lack of stimulating mother-baby interaction – perhaps due to the miscommunication between staff and mothers or the mothers' perceived attitudes towards them and their newborns. The mothers could visit their newborns every three hours to change nappies, express breastmilk, and give kangaroo mother care (KMC). Yet, some were not allowed to touch the newborns when asleep. This situation was unfortunate because several studies support the benefits of KMC, such as improving the newborn's mental stability, increased successful breastfeeding, and reduced neonatal morbidity (26,27).

Shimizu and Mori (2017) emphasize that admission of babies to an NCU challenges mothers to face the task of childrearing with unknown nursing professionals in an unfamiliar place. Nurses' attitudes play a fundamental role in establishing the bonding process between the hospitalized baby and the mother so that they can move from being mere spectators to becoming the baby's primary caregivers. This aspect relates to internal institutional processes that should be conducive to good care (20). Hence, it is the nurse's duty to provide emotional support to mothers. They should practice good communication skills, be non-judgemental, empathize with the situation, and provide information to relieve maternal stress and anxiety (29). If not practiced already, KMC should be revived and implemented as often as possible because it promotes bonding between mother and infant, increases breastmilk production (30) and oxytocin levels, and reduces stress and anxiety (10).

According to the Donabedian model (20), patient satisfaction is a desired outcome of care, and an expression of satisfaction or dissatisfaction is indispensable to assessments of quality as to the design and management of healthcare systems. In our study, hearing the participants' suggestions on creating a conducive environment towards a much more positive lodging experience was encouraging. Their request for counseling sessions expresses an openness to discuss issues related to their emotional well-being and the care of their sick newborns. They understood the significance of well-balanced meals and offered ideas about curbing boredom, issues with security, and poor communication between themselves and the staff.

Conclusion

This study explored the lived experiences of mothers staying at a public hospital's lodging residence while their newborns were admitted to an NCU unit. The data revealed their numerous challenges at the lodging residence and issues surrounding their newborns in the NCU. Different stressors such as unconducive living arrangements, issues with healthcare staff, and care of their newborns affected the emotional well-being of the mothers. We offer feasible short- and long-term interventions to address some of the issues.

Possible short-term solutions include dedicating a security officer, providing adequate lodge lighting, and introducing recreational activities to counter boredom. An inventory of sleeping arrangements and daily cleaning routines can raise awareness about the mothers' needs, and a hospital dietician can be consulted to address the feasibility of well-balanced meals. Long-term solutions might include a joint effort between the researcher, the NCU unit manager, and hospital management to develop guidelines and policies that will address issues raised by the participants – e.g. to change the meal times. Taking these few steps can create a conducive and positive lodging experience for future mothers, and satisfied mothers and compassionate staff may reflect positively on the well-being and health outcomes of the babies.

To our knowledge, this study was the first of its kind. Findings shed light on a topic not well-researched. We agree that exploring the views of only one group of participants at one public hospital is a limitation. Nevertheless, we could find no other study from South Africa that explored lodger mothers' situation, so our

findings fill a gap in the literature that can alert hospital management to a problem they might not have been aware of. Extended research into the phenomenon of lodging mothers might lead to a unique institutional approach to providing a stay as supportive as possible. Such research might include exploring institutions' and other stakeholders' awareness of the lodgers' experiences and developing a framework to accommodate the needs of those who have no choice but to reside on the hospital premises.

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Conflict of interest

The authors declare no conflict of interest.

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