Journal of Health and Rehabilitation Research 2791-156X JHRR

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Original Article

Pregnant Women's Perceptions Regarding Nursing Care at the Time of Childbirth: A Qualitative Study in South Punjab Pakistan

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ABSTRACT

Background: Patient satisfaction with nursing care during childbirth is a well-established indicator of healthcare quality. Previous research indicates that interpersonal nursing skills can significantly influence maternal satisfaction and delivery outcomes.

Objective: This study aimed to identify the expectations of nulliparous women regarding nursing care during childbirth at a tertiary care hospital in Dera Ghazi Khan, Punjab, Pakistan.

Methods: A non-official, qualitative study was conducted over two months, involving 57 nulliparous women attending childbirth classes. A survey was distributed to capture women's expectations of the nursing role in labor and delivery. Responses were categorized using thematic analysis into direct supportive care, indirect care, and direct clinical care activities.

Results: Most responses emphasized the need for direct supportive care, with 53% highlighting the importance of physical comfort, emotional support, and informational guidance. Only 5% of the responses pertained to indirect clinical care, suggesting a strong preference for the nurse's continuous presence. Contrasting with these expectations, existing literature suggests that nurses spend a limited amount of their time providing such support.

Conclusion: There exists a discrepancy between the expected and actual nursing care received during childbirth, underscoring the need for improved communication and education about realistic labor support. Addressing this gap could lead to increased satisfaction and better health outcomes.

Keywords: Nursing Care, Childbirth, Patient Expectations, Nulliparous Women, Maternal Satisfaction, Healthcare Quality.

INTRODUCTION

Patient satisfaction with nursing care is a pivotal indicator of healthcare quality, encapsulating diverse dimensions such as competency, staffing adequacy, positive attitudes, effective communication, efficient administrative systems, and robust community engagement (1, 2). Research consistently highlights the correlation between nursing care quality and patient experiences, with superior nursing practices fostering greater patient contentment and vice versa (3, 4). Among the factors influencing patient satisfaction, the duration of nursing consultations emerges as critical, with longer interactions leading to enhanced patient well-being and satisfaction (1, 5-10). Furthermore, effective communication, characterized by compassion, personalization, and comprehensive support, stands out as a fundamental element in patient satisfaction, significantly impacting perceptions of care (10). The evolving landscape of healthcare, marked by technological advancements, demographic shifts, and changing patient expectations, necessitates regular updates to healthcare systems. The World Health Organization (WHO, 2007) and subsequent studies (11, 12) emphasize the importance of aligning healthcare services with patient needs and preferences through continuous evaluation and improvement initiatives. Patient satisfaction, though influenced by expectations and perceptions, remains a critical measure of healthcare quality, underscoring the need for systems to meet the values and expectations of patients (13, 14).

Nurses, by virtue of their extended patient interactions and frequency of engagement, play a pivotal role in shaping patient experiences within hospital settings. The correlation between nursing care and patient satisfaction is evident, with care that meets

Journal of Health and Rehabilitation Research 2791-156X JHRR

patient needs and expectations leading to higher satisfaction levels and adherence to treatment plans (15, 16). Innovative nursing practices, such as proactive communication about care delays and updates during the waiting period, have been shown to enhance patient satisfaction and reduce anxiety, further underscoring the link between nursing empathy and patient well-being (17-19).

The humanization of obstetric care, as advocated by the WHO, encompasses practices that ensure autonomy, respect for women's and families' rights, compassionate support, flexibility in posture, and non-invasive pain management strategies, guided by the best available evidence. These practices not only counter the technocratic model of healthcare but also emphasize a care framework that promotes maternal and child health through continuous professional development (20). The Ministry of Health's endorsement of specialized training for nurse midwives aligns with these principles, recognizing their crucial role in adopting best practices for childbirth care. This approach aims to reduce unnecessary interventions and cesarean sections, highlighting the significance of nurse midwives in coordinating childbirth care (7, 21).

This comprehensive overview underscores the intricate relationship between nursing care quality and patient satisfaction, emphasizing the need for healthcare systems to adapt continually to meet evolving patient needs. Through the lens of pregnant women's experiences in South Punjab, Pakistan, it becomes evident that nurturing a patient-centered, empathetic, and communication-focused nursing environment is paramount in enhancing patient satisfaction and overall care quality.

MATERIAL AND METHODS

In this qualitative study conducted between March and April 2021, at a tertiary care hospital in Dera Ghazi Khan, Punjab, Pakistan, the methodologies were tailored to explore the perceptions of nulliparous women regarding nursing care during childbirth. The study focused on women in their third trimester of pregnancy attending childbirth classes, aiming to gather insights into their expectations and perceptions of the role nurses play during labor and delivery. The Institutional Review Committee of the hospital approved the research protocol, ensuring adherence to ethical standards and respect for participant confidentiality and informed consent, in line with the Declaration of Helsinki principles.

Participants were recruited from a specific demographic group, predominantly belonging to the Saraiki and Balochi ethnicities, and were identified as lower socioeconomic status. Recruitment was facilitated by five childbirth educators responsible for delivering the second session of a seven-week birthing education course. The choice of the early class for survey distribution aimed to mitigate the potential influence of information and discussions from later sessions on the responses of the participants. The survey included questions designed to elicit detailed descriptions of the nursing functions expected by the women during delivery, with an emphasis on allowing respondents the freedom to grade various aspects of nursing care as they deemed appropriate. An additional question confirmed the nulliparous status of the participants to ensure the study's focus remained on women experiencing childbirth for the first time.

The survey instructions provided to the childbirth educators were clear and specific: distribute the surveys exclusively to women attending preliminary classes, aimed at those who had no prior birthing class experience, and avoid distribution in refresher courses. Surveys were to be handed out at any point before, during, or after the second class, with explicit instructions not to influence the mothers' responses in any way (4, 14, 19).

The collected data underwent a rigorous thematic analysis, utilizing the categorization criteria from the McNiven et al. study (7). This analytical framework facilitated the segmentation of women's responses into categories such as direct supportive care activities—including physical comfort, emotional support, education or information, and advocacy, direct clinical care activities, and indirect care provided in the absence of the woman. This approach allowed for a comprehensive examination of the data, ensuring a nuanced understanding of the participants' perceptions and expectations of nursing care during childbirth (9, 16, 19).

This study was committed to maintaining high ethical standards throughout the research process. Ethical approval from the institutional review committee and adherence to the Declaration of Helsinki principles underscored the study's commitment to ethical research practices, including ensuring participant anonymity, obtaining informed consent, and guaranteeing the right to withdraw from the study without any consequences. The methodology, from participant recruitment to data analysis, was designed to ensure reliability, validity, and a rich, in-depth exploration of the subject matter, contributing valuable insights into the field of maternal healthcare and nursing (6, 17, 20).

RESULTS

In the analysis of the data collected from 57 nulliparous women during childbirth education classes at a tertiary care hospital in Dera Ghazi Khan, Punjab, Pakistan, a total of 174 instances of expected nursing care activities were reported. These were broadly categorized into direct supportive care activities and direct clinical care tasks, along with a smaller segment of indirect clinical care activities. The majority of expectations fell under the category of Direct Supportive Care Activities: Physical Comfort Measures, with

Journal of Health and Rehabilitation Research JHRR

'Ensuring my comfort' being the most frequently mentioned, cited by all 28 respondents who had expectations in this category. Other aspects of physical comfort were less frequently noted, including 'Encouragement' mentioned six times, and specific comfort measures such as providing ice chips, mentioned twice. Singular mentions were given to more active forms of physical support such as labor assistance, guidance on comfort measures, and aiding in pain management.

Emotional support was another significant area within direct supportive care activities, with 'Keeping me composed' being the primary expectation, mentioned by five women. 'Giving assurance that everything will be fine' followed with three mentions. Other single mentions in this category underscored the desire for a constant, reassuring presence that was compassionate, understanding, and tolerant. These responses highlight the women's need for emotional security and support through the labor process.

Table 1 Direct Supportive Care Activities: Physical Comfort Measures (n=28)

Activity	Number of Mentions
Ensuring my comfort	28
Encouragement	6
Provide comfort by granting requests (e.g., ice chips)	2
Labor assistance	1
Guidance on comfort measures	1
Assist me in overcoming this suffering	1
Help walk	1
Assist in any way to reduce discomfort	1

Table 2 Direct Supportive Care Activities: Emotional Assistance (n=22)

Activity	Number of Mentions
Keep me composed	5
Give assurance everything will be fine	3
Always be accessible	1
Show compassion	1
Help our family	1
Smile	1
Be understanding and tolerant	1
Assure tasks are being completed	1
Comfort with nurse presence	1
Treat me kindly	1
Be cordial	1
Stay to the end, regardless of shift changes	1

Table 3 Direct Supportive Care Activities: Instruction/Information (n=39)

Activity	Number of Mentions
Respond to inquiries	11
Assistance with baby post-delivery	1
Offer constructive criticism and support	1
Coach	1
Help push	1
Teacher	1
Guide on when to push	1
Provide information and instructions at labor onset	1
Guide through labor and delivery	1
Inform spouse and me what to do	1
Offer suggestions	1
Assistance with breathing and relaxation	10
Aid labor coach	4
Advice before typical events in labor progression	2

Journal of Health and Rehabilitation Research 2791-156X JHRR

Table 4 Direct Supportive Care Activities: Advocacy (n=3)

Activity	Number of Mentions
Supporter	2
Pay attention to my needs, desires, and experience	2

Table 5 Direct Clinical Care Activities: Monitoring Mother and Child (n=36)

Activity	Number of Mentions
Monitor both infant and me	12
Obtain vital signs	8
Track our progress	8
Provide regular updates	2
Monitor contractions	2
Watch the child	1
Use fetal monitor if needed	1
Measure dilation before physician arrives	1
Count contractions	1

Table 6 Direct Clinical Care Activities: Technical Tasks (n=37)

Activity	Number of Mentions
Assist the physician	7
All tasks except delivery	1
Ensure smooth operation	1
Check IVs and meds	1
Follow doctor's instructions	1
Start IV	1
Nurse's role greater than doctor's	1
Assist in emergencies	1
Medical assistance	1
Take charge in complications	1
Deliver the baby if needed	1
Focus on medical needs only	1
Enema	1
Dispense medication	6
Help deliver the baby	5
Inspect and clean the infant post-delivery	3
Administer pain medication when allowed	3

Table 7 Indirect Clinical Care Activities (n=9)

Activity	Number of Mentions
Inform doctor of progress	7
Locate pharmaceutical supplies	2

Journal of Health and Rehabilitation Research 2791-156X JHRR

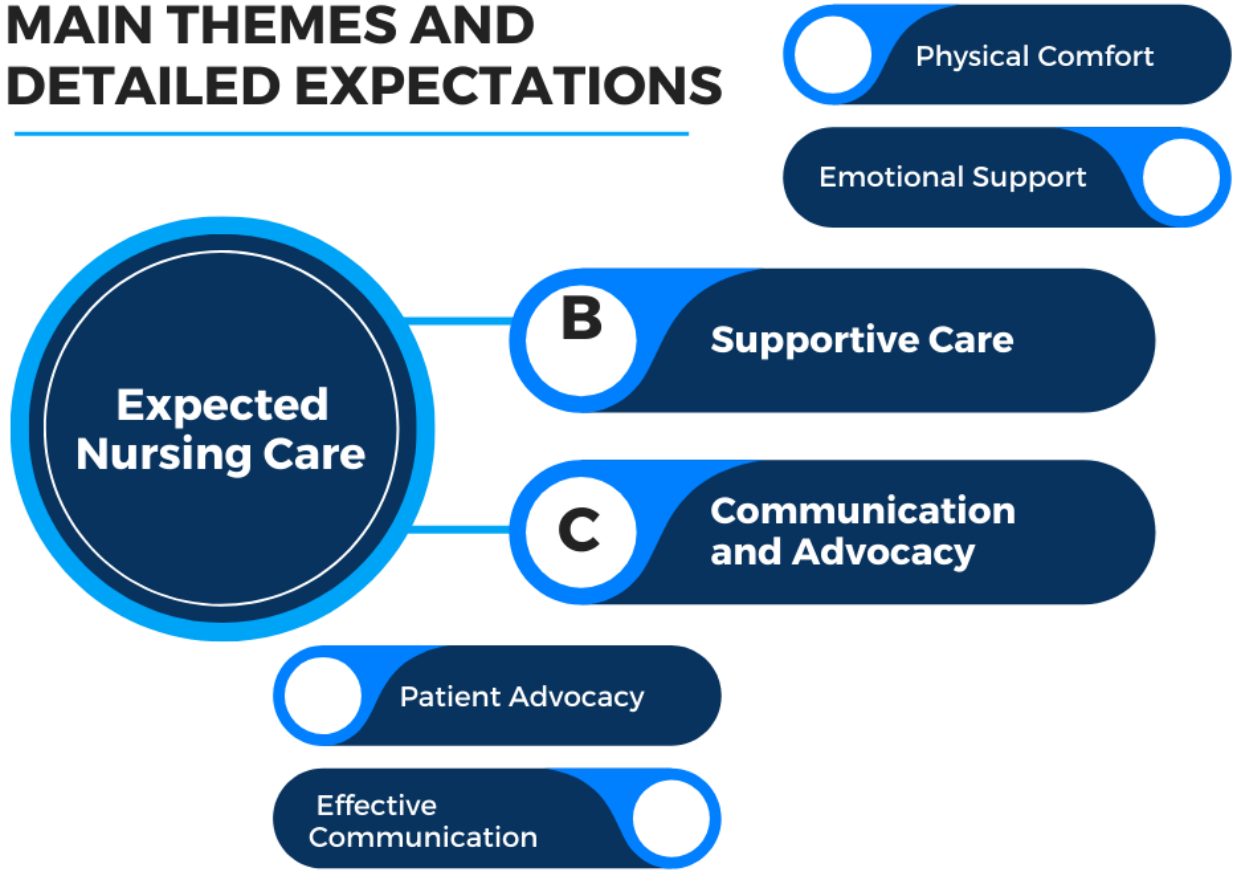

Figure 1 Thematic Analysis

DISCUSSION

The findings of this study illuminate the substantial impact of nursing care on labor and delivery outcomes, reinforcing the significance of nurses' interpersonal skills in managing labor stress and enhancing maternal satisfaction (19). Our analysis revealed that more than half of the responses pertained to the domains of physical, emotional, and informational support, resonating with literature that underscores the benefits of continuous doula support during childbirth, which has been associated with shorter labors, reduced intervention rates, fewer neonatal complications, and improved mother-infant interactions (20).

The prominence of direct supportive care in the survey responses suggests that women place a high value on the presence and involvement of the nurse throughout the labor process. However, indirect clinical care activities constituted only a minor proportion of the responses, indicative of an expectation that the nurse's role extends beyond mere clinical duties. This perception contrasts sharply with previous work sample studies which indicated that nurses devote a minimal proportion of their time to providing physical comfort and informational support (22-24). Such a disparity between patient expectations and actual nursing practice may suggest an unmet need in the delivery of care (3).

The congruence between a woman’s expectations for her childbirth experience and the care she receives is pivotal to her satisfaction (25). Furthermore, considerate and respectful care is integral to positive maternal perceptions of their birthing experience. This study's insights into women's expectations provide an opportunity for perinatal caregivers to refine their understanding of the role they play in fulfilling these expectations (2-4, 7, 24).

Nevertheless, the capacity of nurses to provide bedside care is not without its constraints. The Association of Women's Health, Obstetrical, and Neonatal Nursing (AWHONN) identifies several barriers, such as financial resources, organizational structures, extensive documentation requirements, and the availability of experienced registered nurses, that could impede the provision of optimal bedside care (18, 19).

The results here pose pertinent questions for perinatal caregivers and educators: How can they prepare expectant mothers for potential discrepancies between their expectations and the support they might receive without diminishing their perception of the care system's compassion or capability? Moreover, educators aim to foster a positive rapport between nurses and expectant mothers, yet the advisability of encouraging the presence of multiple caregivers at the hospital must be delicately balanced against the possible implication that nurses may not provide the expected level of care.

Journal of Health and Rehabilitation Research 2791-156X JHRR

Labor and delivery nurses are dedicated professionals committed to delivering high-quality care. The study participants expressed a distinct preference for personalized, high-touch care during delivery, despite acknowledging the technical aspects of nursing. Aligning the care provided with the expectations of women during childbirth has the potential to elevate their overall satisfaction with the birth process. This alignment could empower them to emerge as resilient parents capable of nurturing their families effectively (8, 15, 20, 25, 26).

The study is marked by its strengths, including a focused examination of nulliparous women's expectations, and a nuanced analysis of their perspectives on nursing care. However, it is not without limitations. The sample is drawn from a specific demographic and geographic population, which may limit the generalizability of the findings. Future research should expand the demographic scope and explore strategies to bridge the gap between expected and provided care (9-11, 14).

Recommendations based on this study include the development of targeted interventions to address the discrepancy between patient expectations and nursing care realities, increased support for nurses to enable the provision of high-touch care, and a reevaluation of childbirth education curricula to appropriately set maternal expectations without undermining confidence in healthcare providers. These efforts could contribute significantly to the enhancement of maternal care experiences and outcomes.

CONCLUSION

The study concludes that there is a critical gap between the expectations of nulliparous women for supportive nursing care during childbirth and the actual care provided, primarily due to systemic constraints. This mismatch highlights a significant area for improvement in maternal healthcare. To enhance patient satisfaction and outcomes, it is essential to address the barriers that prevent nurses from delivering the expected level of care. Strengthening communication, advocating for policy changes that provide nurses with adequate resources, and educating expectant mothers with realistic yet optimistic portrayals of childbirth experiences are imperative. Implementing these changes could have far-reaching implications for the quality of human healthcare, potentially leading to better maternal and neonatal health outcomes and more robust family dynamics postpartum.

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Journal of Health and Rehabilitation Research 2791-156X JHRR

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