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Research Article

Inside a Postpartum Nursing Center: Tradition and Change

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SUMMARY

Purpose: The purpose of this study was to explore how traditional ritual practices are incorporated into the context of contemporary healthcare.**Methods:** An ethnographic study was conducted, using observations and interviews with 27 first-time mothers and 3 nurses at a postpartum nursing center in Taipei, Taiwan.**Results:** Nursing routines, policies and care provision at the center affected the way traditional ritual practices were conducted. New mothers in this study constructed their everyday activities at the center by incorporating and modifying the ritual practices inside and outside the postpartum nursing center setting.**Conclusions:** Social changes have an influence on traditional postpartum ritual practices so a postpartum nursing center becomes a choice for postpartum women. Thus, health care professionals should value their own functions and roles at the postpartum nursing center since the new mothers regard them as the primary support resource to help them recover from giving birth. Therefore, they need to re-examine their practices from the postpartum women's perspective to provide better support and sensitive care to postpartum women and their families.Copyright © 2016, Korean Society of Nursing Science. Published by Elsevier. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

The traditional Chinese practice, called doing the month, is a 30-day ritual involving physical and social prescriptions and taboos. In Chinese culture, postpartum women are considered weakened, vulnerable to a yin and yang imbalance, and in need of special care [1,2]. In an effort to restore a mother's balance and health, a number of practices are enacted in the 30 days following childbirth. During this period, family members take care of the postpartum woman by relieving her of all family chores to facilitate recovery by promoting rest, nutrition, and physical well-being during the postpartum period. This support and assistance, together with other postpartum rituals, is considered to contribute to the woman's physiological recovery from childbirth [2–5], and develop the mothering role as well as her relationship with the baby [6]. Traditionally, childbirth is considered a family business. However, as life in

Taiwanese society continues to change, more women now live in nuclear families rather than extended families, and marry and have children later in life [7]. As a result of these changes, a woman's family and parents-in-law may be physically distant and less able to participate in traditional postpartum practice. Furthermore, Taiwan's national health insurance only provides coverage for 3 days of hospital care after a vaginal birth and 5 days after a caesarean section [8]. New mothers spend relatively little time in the hospital after childbirth, and many feel the need for support, guidance, and assurance from healthcare professionals [9–11]. Thus, many new mothers in Taiwan are choosing to carry out their postpartum practices at postpartum nursing centers (PNCs), which present themselves as offering support services and enabling them to carry out the doing the month ritual within a contemporary healthcare setting.

Chen [12] found that contemporary women are more likely to observe doing the month practice now than in their parents' generation because of economic stability and available resources. Hung and colleagues [3] identified that the services provided by PNCs can help ease a new mother's postpartum stress and facilitate physical recovery by promoting rest and nutrition. Most PNCs are staffed by

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physicians and nurses who are responsible for providing care for the baby and facilitating a woman's recovery, suggesting that contemporary societal values and current healthcare delivery can occur alongside traditional ritual practices. While some doing the month ritual practices are compatible with modern healthcare, current evidence may conflict with some of the traditional ritual restrictions and practices including rest and activity levels, and hygiene practices such as not washing. However, although many hospital-affiliated PNCs provide services to postpartum women, little is known about how traditional practices are incorporated with current health care practices. The aim of this study was to explore how a PNC incorporates doing the month practices within contemporary healthcare practices.

Methods

An ethnographic approach was used to reveal the particularities of cultures and rituals [13]. Ethnographic approaches enable exploration of cultural knowledge within a specific community or setting, in this case a PNC, by observing events, listening to conversations and asking questions [14]. Data were collected by the first author over a 9-month period of participant observation in a licensed, well-regarded 36-bed PNC that was affiliated with a hospital in Taiwan.

Participants and data collection

Following ethics approval from the university and the participating PNC, the researcher appeared regularly in the PNC during the observation period, but at flexible hours [15]. Observations included the day-to-day activities of the PNC, the staff, new mothers and visitors; informal conversations with staff, new mothers, and visitors; the new mothers' group educational programs; individual baby bath sessions; informal conversations with staff, and formal interviews with 27 new mothers and 3 nurses.

Data were collected with staff mainly in observations and informal conversations. Three nurses were formally interviewed because of their major involvement in direct nursing care practices and management of care provided in the PNC. Formal interviews were required to collect data with mothers in the PNC. Criteria for selection included being a first-time mother conducting postpartum practice in the PNC, being able to speak Mandarin Chinese or Taiwanese, and being willing to participate in the study. Data from observations, formal and informal interviews were collected until saturation of data was achieved, that is no new data were being generated [15].

In-depth interviews took place in a quiet and private place selected by nurse and mother participants. In order to understand how postpartum healthcare practices were implicated in the construction of social meaning about postpartum needs, an interview/conversation guide was developed and revised as the study progressed. Open-ended questions were asked of staff: What is your role in the ritual of doing the month? What are the services that the PNC offers? In order to understand how the practices of doing the month fits with the demands of modern women, a conversation guide was prepared to assist each new mother to describe her story, about the care she received at the PNC, the ritual practices she followed at the PNC and why she chose to undertake doing the month at a PNC. Interview transcripts were returned to participants for member checking. All participants were assured of confidentiality and the option to withdraw from the study at any time.

Ethical considerations

The institutional review board of the participating university (NRS/15/06/HREC) and PNC (TCHIRB-950810-E) provided ethical approval for this study. At all times, researchers protected the human rights of participants, including their rights to autonomy and confidentiality [16]. Interviews were conducted after written consent had been obtained from participants. To protect the identity of the participants and the agency, the agency was not identified and data were de-identified before reporting results. New mothers' names were pseudonyms.

Data analysis

A large amount of data was gathered during the 9 months of fieldwork, including field notes drawn from observations, organizational and other clinical documents, and transcripts of formal interviews with staff and new mothers and researcher's notes about informal conversations. Each formal interview was transcribed in Chinese and translated into English by the first author. Together these data presented a complete picture, allowing deep understanding of how current maternity practices and doing the month were integrated into the daily routines of nursing care. Data were analyzed using a method developed by Creswell [17], which uses a cyclical process of data collection and verification at every step of the inquiry to construct a solid product. The researchers read and re-read the transcripts to identify emerging categories until sufficient coding consistency was achieved [14]. A personal journal was used to reflect on and make reflexive stances on data collection and analysis. Analysis focused on how the particular PNC integrated traditional doing the month practices with modern healthcare practices.

Rigor

Trustworthiness of the study was established [18]. To ensure credibility, the researcher had been trained to conduct qualitative research. The first author is an experienced registered nurse and educator in obstetrics for more than 10 years. The researcher was able to build trust with participants and nurses and discuss their day-to-day activities at the PNC. Credibility and prolonged engagement were achieved. Furthermore, verbatim quotations were used during presentation of findings to allow readers to judge the veracity of the work [18].

Results

The age of the 27 new mothers interviewed ranged from 26 years to 38 years, with a mean age of 32 years. All were married (*Mean* = 3.4 years) and the majority (81.0%, *n* = 22) lived in a nuclear family unit. Education levels ranged from junior college to PhD. Three nurses have been working in the areas of maternity care for 3–10 years, with 5 years of work experiences on average.

Study results indicated that contemporary healthcare practices structured the postpartum women's everyday activities, while incorporating and modifying traditional ritual practices. The physical layout of the PNC was similar to a hospital setting, and thus followed the medical model of providing health care for both the new mothers and babies. The PNC was staffed with a range of medical, nursing and allied health practitioners, including 1 pediatric physician, 1 obstetric physician, 1 head nurse, 1 administration assistant, 18 registered nurses, and 6 nurse assistants. The ratio of nurses to babies and mothers was a range at 1:12–15. Primary nursing care was adopted as the model of care.

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