

An Institutional Ethnography of Nurses' Support of Breastfeeding on the Night Shift

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ABSTRACT

Objective: To describe nurses' support of breastfeeding on the night shift and to identify the interpersonal interactions and institutional structures that affect this support.

Design: Institutional ethnography.

Setting: The mother/baby unit of a tertiary care hospital with 4200 births per year.

Participants: Registered nurses ($N = 16$) who provided care on the night shift to mother/infant dyads in the immediate postpartum period.

Methods: Data were collected using focus groups, individual and group interviews, and mother/baby unit observations. The focus groups were held before the night shift and had five participants. The nine individual and group interviews were conducted between 0100 and 0230 on the mother/baby unit. Three unit observations were conducted. Interviews were recorded, professionally transcribed, and analyzed using a content analysis method.

Results: Data analysis yielded three themes that described these nurses' support of breastfeeding on the night shift: competing priorities, incongruent expectations, and influential institutional structures. The need of visitors to see their new family members competed with the needs of mothers to rest and breastfeed their newborns. Helping breastfeeding dyads who experienced difficulties competed with providing care to other patients. Parents' expectations regarding newborn behavior were incongruent with the reality of newborn feeding and sleeping patterns. Institutional structures that affected the provision of breastfeeding support by nurses included hospital breastfeeding practices, staffing, and policies.

Conclusion: Nurses' support of breastfeeding on the night shift encompasses a complex interplay of interpersonal interactions with new families and visitors regarding priorities and expectations and negotiating institutional structures such as feeding policies and staffing.

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Exclusive breastfeeding is a new perinatal care core measure (PC-05) of The Joint Commission (2014); however, more than 19% of newborns in the United States receive formula supplementation before hospital discharge (Centers for Disease Control [CDC], 2014). Early supplementation of breastfeeding before hospital discharge is associated with shorter breastfeeding duration (DeClercq, Labbok, Sakala, & O'Hara, 2009; Parry, Ip, Chau, Wu, & Tarrant, 2013), and offering supplementation to healthy breastfeeding newborns can adversely affect the mother's ability to achieve breastfeeding goals (DeClercq et al., 2009). Factors associated with early supplementation of healthy newborns before hospital discharge include cesarean birth (Biro, Sutherland, Yelland,

Hardy, & Brown, 2011; Grassley, Schleis, Bennett, Chapman, & Lind, 2014; Parry et al., 2013), infant age at first breastfeeding (Grassley et al., 2014; Parry et al., 2013), and parity of the mother (Gagnon, Leduc, Waghorn, Yang, & Platt, 2005; Martens & Romphf, 2007). Researchers identified that staying more than one night in the hospital (Grassley et al., 2014; Margolis & Schwartz, 2000) and the infant being born at night (Gagnon et al., 2005; Grassley et al., 2014) increased the odds of supplementation before hospital discharge. The dynamics of this phenomenon warrant further investigation and were the focus of this study.

Current evidence suggests that the odds of supplementation at night increases because the night shift staff is less committed to support best

Nurses described the challenge of balancing support to mother/infant dyads who experienced breastfeeding difficulties with providing nursing care for their other patients.

breastfeeding practices. For example, from their analysis of organizational factors that influence hospitals' readiness to participate in the Baby Friendly Hospital Initiative (BFHI), Nickel, Taylor, Labbok, Weiner, and Williamson (2013) concluded that in general nurses who worked the night shift were less committed to breastfeeding because they believed that promoting mothers' rest was of greater benefit than supporting breastfeeding. In addition, they saw few negative consequences to supplementation or increased benefits to exclusive breastfeeding before hospital discharge. In a similar study set in Australia, researchers interviewed 132 midwives and nurses about their perceptions of implementing the BFHI (Schmied, Gribble, Sheehan, Taylor, & Dykes, 2011). Even in these BFHI hospitals, postnatal unit staff sometimes broke the rules by taking newborns to a nursery area at night so mothers could rest or by downplaying the negative effects of supplementation. Weddig, Baker, and Auld (2011) identified supplementing newborns in the nursery at night as a common practice in non-BFHI hospitals.

Although these studies suggest that nurses who work the night shift are less supportive of breastfeeding, the dynamics of providing breastfeeding support may be more complex at night, particularly on a newborn's second night. Newborns are typically more awake and breastfeeding frequently on the second night; mothers may interpret this behavior as a sign of insufficient milk supply (DaMota, Banuelos, Goldbronn, Vera-Beccera, & Heinig, 2012). In addition, mothers are more fatigued and may request or be encouraged to keep their newborns in the nursery at night, which increases the likelihood of supplementation (Cloherty, Alexander, & Holloway, 2004). There is a need to explore how this interplay of infant sleep and feeding patterns at night with maternal fatigue affects the dynamics of providing breastfeeding support. Therefore, the purpose of this study was to describe nurses' support of breastfeeding on the night shift and to identify the interpersonal interactions and institutional structures that affect their ability to offer breastfeeding support and to promote exclusive breastfeeding on the night shift.

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Methods

Study Design

Institutional ethnography was the design chosen for this study. A goal of institutional ethnography is to explore how social experiences and processes, in particular those of everyday work, are organized (Campbell & Gregor, 2002). In addition to using observation and interviews to describe a culture, institutional ethnography also considers the institutional processes and interactions that mediate the context of nurses' everyday work, such as offering breastfeeding support on the night shift (MacKinnon, 2012). Nurse researchers used institutional ethnography to describe the work of Canadian hospital nurses providing maternity care in rural settings (MacKinnon, 2011, 2012; Medves & Davies, 2005) and to identify the challenges and strategies nurses used to give patient care during off-peak hours, such as weekends and nights (Eschiti & Hamilton, 2011).

Study Setting

The setting for this study was the mother/baby unit of a tertiary care hospital with 4200 births per year (20% of the total state's births) and an exclusive breastfeeding rate of 75% at hospital discharge at the time of the study. Located in a Mountain West state, the hospital has Magnet hospital status but not BFHI designation. Although the unit still maintains a newborn nursery, new mothers are encouraged to room-in with their newborns. The unit employs three board-certified lactation consultants on the day shift; two nurses share a full-time position on the night shift as breastfeeding educators.

Study Sample

The study sample was recruited from the 32 registered nurses (RNs) who provide care on the night shift to mother/infant dyads in the immediate postpartum. The mean age of the unit nurses was 40 years (range = 22–64 years old); 62% had bachelor of science in nursing degrees, and 14% were certified in maternal-newborn care (RNC); mean years of service on the unit was 11 years; their race/ethnicity was more than 99% White, which is mirrors the professional health care population of the state. Each RN was sent an e-mail inviting him/her to participate in a focus group. RNs who worked days or non-RN staff who worked either shift were excluded from the study. A sample of 15 to 32 RNs was anticipated.

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