

Barriers to the Use of Hydrotherapy in Labor

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ABSTRACT

Objective: To determine nurses' perceived barriers to the use of hydrotherapy in labor. While effective in relieving pain, reducing anxiety, encouraging relaxation, and promoting a sense of control, hydrotherapy is rarely used during labor.

Design: Comparative descriptive survey design.

Setting: A national convention and perinatal listserves.

Participants: Intrapartum nurses ($N = 401$) attending a national convention (Association of Women's Health, Obstetric, and Neonatal Nurses, 2007; $n = 225$) and members of perinatal listserves ($n = 176$) were recruited.

Methods: A questionnaire was designed for this study (Nurses' Perception of the Use of Hydrotherapy in Labor). The questionnaire was available in paper format and online.

Results: Institutional but not individual characteristics (age, education, and role) were associated with Nurses' Perception of the Use of Hydrotherapy in Labor. Nurses who reported higher epidural rates ($r = .45$, $p = .000$) and Cesarean section rates ($r = .30$, $p = .000$) reported more barriers. There was no difference in perception of barriers for nurses at hospitals providing different levels of care; there were significant differences when primary care providers were considered. Intrapartum nurses in facilities where certified nurse-midwives do most deliveries reported significantly fewer barriers than nurses who worked in facilities where physicians attended most deliveries ($F = 6.84$, $df = 2$, $p = .000$).

Conclusion: The culture of the birthing unit in which nurses provide care influences perception of barriers to the use of hydrotherapy in labor. Providing hydrotherapy requires a supportive environment, adequate nursing policies and staffing, and collaborative relationships among the health care team.

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While hydrotherapy during labor has been shown to be safe (Cluett, Nikodem, McCandlish, & Burns, 2004) and effective for reducing pain (Benfield, Herman, Katz, Wilson, & Davis, 2001; Cammu, Clasen, Van Wettere, & Derde, 1994; Cluett, Nikodem et al.; Cluett, Pickering, Getliffe, & Saunders, 2004), relieving anxiety (Benfield et al.), and promoting a sense of control during labor (Baxter, 2006), hydrotherapy is used infrequently (6%) as reported in the two national surveys Listening to Mothers and Listening to Mothers II (Declercq, Sakala, Corry, & Applebaum, 2006; Declercq, Sakala, Corry, Applebaum, & Risher, 2002). Hydrotherapy, which is the use of an immersion tub of warm water for its therapeutic effects, is a pain management strategy that requires available resources (such as a clean, accessible, and private tub), adequate staffing and policies for its use, and the support of other care providers, such as certified nurse-mid-

wives (CNMs), obstetricians, and pediatricians. If this complementary therapy is effective, relatively inexpensive when compared to medical pain management interventions, and generally available, why is it used infrequently? The purpose of this study was to examine factors that nurses perceive as barriers to the use of hydrotherapy in labor.

Review of Literature

Greipp (1992) proposed that nurses may have knowledge and beliefs about pain and its management that influences use of some pain management strategies. For labor pain management, nurses may have varying philosophical beliefs about the normality of birth that may influence how they treat pain (Kennedy & Lyndon, 2008). In addition, some nurses may have more knowledge than others about the safety and effec-

Nurses practice in an environment that either supports or deters implementation of evidence-based care.

tiveness of hydrotherapy. Lacking knowledge of the evidence on its safety and effectiveness may deter nurses from using this pain management strategy.

While Greipp (1992) identified the culture of an individual nurse as influencing the administration of pain medication, more recent work on the integration of evidence into practice identifies the nursing context as an important facilitator or inhibitor of nursing practice (Kitson, Harvey, & McCormack, 1998; Rycroft-Malone et al., 2004). While nurses may have knowledge of the benefits and effectiveness of hydrotherapy, they practice in a context, an environment, or setting for practice. That context includes a culture that supports or deters implementing practice that is evidence based. Unit cultures that are patient-centered, support collective and individual learning, value people, have effective team work and clear leadership are more supportive of implementing evidence into practice than others that are task-driven, have low morale, diffuse roles, and poor leadership (Kitson et al.).

The culture in which nurses practice influences their nursing care. This was supported in a qualitative study by Sleutel, Schultz, and Wyble (2007) who identified six factors within a birthing culture that inhibit intrapartum labor support. First, "hastening, controlling and mechanizing birth" (p. 205) by the use of technology and medical interventions inhibits nursing care. Second, the culture and resources of the birthing unit, including management, administration, and staff attitudes could either inhibit or facilitate labor support. Third, patients' lack of knowledge and preparation for labor, as well as language differences could inhibit care. Fourth, failure of nursing staff and physician providers to adopt policies and practices that are informed by research inhibited nurses from providing evidence-based practice. Fifth, conflict with other providers and nurse colleagues were a source of frustration that inhibited care. Last, nurses expressed concern about unethical professional practices, predominantly by physicians, as a factor that discouraged their labor support behaviors. In another quantitative study, the impact of the birthing culture was shown to influence nursing care. Intrapartum nurses perceived subjective social norms significantly influenced their intentions to provide care ($N = 97$; Payant, Davies, Graham, Peterson, & Clinch, 2008). Nurses practice within the culture of

the birthing unit in which they work, with other care providers, and with the resources available.

Personal and professional experiences also can influence nursing care (Greipp, 1992). A different set of skills and attitudes are required for hydrotherapy care than those required for traditional labor care (Cluett, Nikodem et al., 2004). For example, nurses who approach labor as a normal process that nursing care supports hold different expectations than nurses who believe that labor and birth are potentially dangerous and require routine technology (Romano & Lothian, 2008; Zwelling, 2008). Nursing care of a woman in a tub requires some skills, such as assessing fetal heart tones and uterine contractions, positioning in the tub, and maintaining a safe and consistent water temperature, that are different than what nurses use for patients who are ambulating or have epidural analgesia. Nurses who have attained such skills will be more likely to use hydrotherapy than those who have not. In addition, aging nurses may experience physical discomfort in providing care to a laboring woman in a tub, as bending and squatting may be required. Concerns about splashing and lack of necessary equipment (such as shoulder-length waterproof gloves) also may be factors that influence nurses' use of hydrotherapy. Nurses may have concerns about their own safety and comfort while providing hydrotherapy.

While patients and their families have knowledge, beliefs, and attitudes that either facilitate or inhibit the use of hydrotherapy in labor, the focus of this study was to understand the barriers nurses perceive. The following research questions were used: What factors do nurses perceive as barriers to the use of hydrotherapy in labor? What individual (demographic, personal, and professional) and birthing unit factors are associated with nurses' perception of barriers to the use of hydrotherapy in labor?

Method

Design

A comparative descriptive design was used to test the research questions. A survey instrument to measure nurses' perception of barriers to the use of hydrotherapy in labor was used to collect the study data.

Setting

After approval was received from the institutional review board of the researchers' university, nurses were recruited at a national nursing conference

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