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Nurses' Views of Factors That Help and Hinder Their Intrapartum Care

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Objective: To explore labor and delivery nurses' views of intrapartum care, particularly factors that help or hinder their efforts to provide professional labor support.

Design: Content analysis of narrative comments that nurses wrote on questionnaires during a two-part research study on professional labor support in 2001.

Participants: Intrapartum registered nurses.

Results: Six themes emerged under the category of factors that hinder nurses' intrapartum care: (a) hastening, controlling, and mechanizing birth; (b) facility culture and resources; (c) mothers' knowledge, language, and medical status; (d) outdated practices; (e) conflict; and (f) professional/ethical decline. Under the category of factors that help nurses' intrapartum care, four themes emerged: (a) teamwork and collaboration, (b) philosophy of birth as a natural process, (c) facility culture and resources, and (d) nursing impact, experience, and autonomy.

Conclusions: Nurses conveyed a spectrum of feelings from intense pride and pleasure to disillusionment, dissatisfaction, and distress based on barriers and facilitators to their ability to provide effective optimal care. They felt strongly that medical interventions often hindered their care and prevented them from providing labor support. Nurses offered blunt, often scathing criticism and also glowing praise for their colleagues in nursing, nurse-midwifery, and medicine regarding the quality of their care. *JOGNN, 36*, 203-211; 2007. DOI: 10.1111/J.1552-6909.2007.00146.x

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Nurses are the primary caregivers for laboring women in hospitals. In addition, nurses are in a unique position to evaluate and compare intrapartum care provided by their colleagues: nurses, nurse-midwives, and physicians. Nurses often work at different hospitals, may work several different shifts, and may have worked in several geographic locations. Unlike physicians, it is an everyday occurrence for nurses to take over care of patients from other nurses. Their care spans the spectrum of providers who practice on their labor and delivery unit. Despite their distinctive vantage point, no published studies have explored nurses' perceptions of intrapartum care. Literature searches using CINAHL and Medline with key words such as labor support, professional labor support, intrapartum nursing care, and midwifery revealed several studies that explored labor support and nursing care practices during childbirth, but none looked at nurses' perspectives as caregivers.

As part of a two-part research study on professional labor support reported elsewhere, nurses completed a questionnaire on intrapartum nursing care (Sleutel, 2002). The purpose of the original study was to design a questionnaire to measure nurses' labor support interventions. The instrument development process involved using an original longer labor support questionnaire for phase I and a finalized shorter labor support questionnaire for phase II. The study received university institutional review board approval with exempt status. To participate, registered nurses needed a minimum of 6 months' experience in labor and delivery and to have worked in that area within the past year.

During this process, 416 registered nurses wrote comments about their care and about ethical issues

related to childbirth. They described techniques they use to enhance mothers' labors, strategies they use to prevent cesarean births, and barriers that prevent them from providing labor support interventions. Nurses expressed strong feelings that medical interventions, such as elective labor inductions, often hinder them from providing optimal intrapartum care and labor support interventions. This article describes the content analysis of the nurses' written comments.

Data Collection

The first phase of data collection used paper surveys at a national Association of Women's Health Obstetrics and Neonatal Nurses conference, while the second phase of data collection used either online or paper surveys. Intrapartum nurses were recruited for phase II through two professional electronic mailing lists, at a second obstetric nursing conference, and through professional contacts. This combination of convenience and snowball sampling yielded a total of 755 participants of which 416 wrote narrative comments on their surveys. Respondents were prompted to write comments by three optional open-ended questions at the end of each questionnaire on labor support. The phase I questionnaire asked for comments on (a) strategies nurses use to enhance labor, (b) how nurses help patients avoid a cesarean birth, and (c) limitations or barriers that restrict nurses' ability to use interventions to aid labor. In contrast, at the end of the phase II labor support questionnaire, there was a space and an invitation for nurses to share experiences and opinions about what nurses do or do not do to (a) enhance labor, (b) prevent cesarean birth, or (c) improve birth outcomes, as well as comment on (d) what helps or hinders their efforts. Both questionnaires provided space for general comments as well. The viewpoints expressed by participants in both phases were similar.

The most frequent comment was that unnecessary medical interventions prevented nurses from providing optimal care.

Sample

In phase I of the study, 275 nurses (of 307 who participated) wrote narrative comments at the end, in the margins, and on the backs of their questionnaires. In phase II, 141 nurses (of 448) added comments to their questionnaires. The combined total of participants who offered narrative comments was 416, for a comment rate of 56%. Respondents' ethnicities reflected that of the general nursing profession, with 91% White, 2.9% Hispanic, 2.7% Black, 2.1% Native American, and 1.3% Asian. Table 1 shows the participants' educational levels. The majority of nurses (64%) had more than 15 years of experience, while 1.5% had less than 1 year of experience (Table 2). Nurses' work facilities were quite varied (Tables 3 and 4). Nurses were from all regions of the United States, and some were from other countries (Table 5).

Data Analysis

Handwritten data were transcribed exactly as written into an electronic database, and electronic narratives from online questionnaires were copied and pasted verbatim. The primary researcher coded the narratives into three major categories with several subheadings or themes under each main category. Several strategies were used to enhance the rigor of the analysis. By far, the most exacting process was having a panel hold round-table discussions of the major categories and thematic analysis. The researchers quickly attained consensus for the three overarching categories but required lengthy and detailed brainstorming to evaluate how well narratives matched various themes. During this rigorous process, theme names, meaning, and scope evolved until the panel was satisfied with the quality and representativeness of each theme.

There were several strategies used to ensure integrity of analysis. The panel thoroughly discussed the few negative cases or quotes that seemed quite different from others. The researchers used triangulation (Polit & Beck, 2004) by comparing results of more than one measurement method. The surveys on which nurses wrote their comments pertained to nurses' labor support interventions, and the nurses' written comments were consistent with those numeric (quantitative) results. Last, the research team used a variation of member checking to ensure accuracy. This is usually done by having respondents verify that their words are accurately portrayed or that the themes reflect their words (Polit & Beck). In this case, the respondents wrote their comments themselves. With this

TABLE 1
Nurses' Level of Education

Type of Degree	*%*
Associate or diploma	40
Baccalaureate	41
Master's degree	18
PhD	2