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RESEARCH

North American Nurses' and Doulas' Views of Each Other

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ABSTRACT

Objective: To analyze factors that lead nurses and doulas to have positive views of each other.

Design: A multivariate analysis of a cross-sectional survey, the Maternity Support Survey.

Setting: Online survey with labor and delivery nurses, doulas, and childbirth educators in the United States and Canada.

Participants: A convenience sample of 704 labor and delivery nurses and 1,470 doulas.

Methods: Multiple regression analysis was used to examine five sets of hypotheses about nurses' and doulas' attitudes toward each other. Scales of nurses' attitudes toward doulas and doulas' attitudes toward nurses included beliefs that nurses/doulas enhance communication, are collaborative team members, enhance a woman's birth experience, interfere with the ability to provide care, or interfere with relationships with the women for whom they care.

Results: For nurses, exposure to doulas in their primary hospitals was associated with more positive views, whereas working more hours, feeling overworked, and a preference for clinical tasks over labor support were associated with more negative views of doulas. For doulas, working primarily in one hospital and certification were associated with more positive views of nurses. Nurses with more positive attitudes toward common obstetric practices had more negative attitudes toward doulas, whereas doulas with more positive attitudes toward common obstetric practices had more positive attitudes toward nurses.

Conclusion: Our findings show factors that influence mutual understanding and appreciation of nurses and doulas for each other. These factors can be influenced by educational efforts to improve interprofessional collaboration between these maternity care support roles.

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Labor support is an important source of emotional and physical comfort for women during childbirth that leads to shorter labor, fewer cesareans, increased breastfeeding, and greater satisfaction with the birth (Barrett & Stark, 2010; Flamm, Berwick, & Kabcenell, 1998; N. P. Gordon et al., 1999; Hodnett, Gates, Hofmeyr, & Sakala, 2012; McGrath & Kennell, 2008). Labor support includes emotional and physical support, information, advice, and advocacy (Bianchi & Adams, 2004; Deitrick & Draves, 2008; Rosen, 2004). In the contemporary United States and Canada, one or more family members or friends may act as support persons. Labor and delivery (L&D) nurses or doulas can also provide labor support as maternity support workers (MSWs). Multiple sources of labor support can complement each other and make collaboration in labor support more than the sum of its parts (Deitrick & Draves, 2008; Morton, Seacrist, Torres, & Heidbreder, 2015; Rosen, 2004). Understanding the factors that influence labor nurse and doula attitudes toward each other can inform efforts to increase teamwork among these roles and possibly contribute to improved maternity outcomes.

Nearly 99% of births in the United States and Canada take place in hospitals, where patient support and care typically fall on L&D nurses (Martin, Hamilton, Osterman, Curtin, & Matthews, 2013; Statistics Canada, 2013). In the hospital setting, L&D nurses are somewhat restricted in their ability to provide supportive care, because hospitals in the United States and Canada are not always able to provide one-to-one nursing care during labor (Ballen & Fulcher, 2006; Barrett & Stark, 2010). In fact, hospitals may not follow the staffing guidelines of professional nursing organizations that specify when laboring women should receive one-to-one care (Association of Women's Health, Obstetric and Neonatal

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Understanding labor nurses' and doulas' attitudes toward each other may help increase teamwork and improve maternity outcomes.

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Nurses, 2010). As a result, teamwork with other MSWs such as doulas can increase levels of support for women in labor.

Partly in response to medicalized care and the increased technological and documentation tasks required of L&D nurses, the doula emerged as a specific labor support role over the last 35 years (Morton & Clift, 2014). Doulas currently attend approximately 5% to 6% of all U.S. births (Declercq et al., 2013). The percentage of women who use doulas in Canada is unknown. Doulas provide continuous labor support for women, and most work in hospital settings, although they usually are not employed directly by hospitals; some have formal institutional roles (Lantz, Low, Varkey, & Watson, 2005). Doulas are not regulated or licensed, and there are no universally accepted standards for doula certification, academic preparation, training, or practice (Morton & Clift, 2014). As a result, when doulas accompany women in the hospital, they must work with maternity clinicians, including L&D nurses, with whom they share some overlapping roles and tasks (Henley, 2015; Torres, 2013). Although doulas often work alongside nurses as they provide labor support, little is known about how nurses and doulas view each other's roles (Morton & Clift, 2014).

Theoretical Framework

Several frameworks informed this study, including social identity theory, theories about professional culture, and professional centrism. In social identity theory, personal identity combines with a group identity, where norms and attitudes of other members are shared (Tajfel, 1981). Individual group members learn to see themselves through the lens of the group identity. Social identity theorists focus on how the group is expressed within the individual rather than how individuals act within groups (Pecukonis, Doyle, & Bliss, 2008). Like those in many occupations, MSWs often identify with their specific role as nurses or doulas, with the associated unique norms and attitudes.

We expanded the notion of social identity and situated it within the construct of professional culture. Each health discipline has its own professional culture that determines core values, customs, symbols, meanings, and definitions of health, wellness, and treatment success (Pecukonis, 2014; Pecukonis et al., 2008). Professional culture also defines power distributions within the work environment, relationships among team members, and conflict resolution (Pecukonis et al., 2008). In maternity support work, professional cultures, in concert with social identity, shape the values and beliefs of L&D nurses and doulas.

Within the construct of professional culture is the concept of professional centrism. Similar to ethnocentrism, professional centrism is a preferred view of the world held by a particular occupational group; unfortunately, professional centrism leads to biased thinking that is based on stereotypes and prejudices (Pecukonis et al., 2008). When one professional group views their profession as more central or important than that of another group, this can negatively influence interdisciplinary cooperation.

Background

L&D nurses are institutionally embedded clinical practitioners who focus on and monitor the health and well-being of laboring women and their fetuses (Morton & Clift, 2014). Nurses have multiple responsibilities: they must follow institutional policies and implement providers' orders while they care for several patients (Morton et al., 2015). As hospital employees, L&D nurses often face constraints in their provision of labor support because of staffing patterns, documentation responsibilities, and/or barriers within the hospital culture (Barrett & Stark, 2010; Gilliland, 2011; Rosen, 2004). L&D nurses might react to these challenges by embracing doulas, although one study of a hospital-based doula program found that although nurses appreciated the doula's presence, they often did not fully understand the doula role or see it as distinct from the supportive role of friends or family (Deitrick & Draves, 2008).

Doulas occupy a tenuous place in hospital-based birth because of their lack of integration in institutional settings (Norman & Rothman, 2007; Torres, 2013). Most doulas are hired directly by, and primarily accountable to, pregnant women rather than institutions or their policies (Morton & Clift, 2014). Some doulas, however, are more embedded in hospital settings than others. Doulas who work primarily at one hospital are likely to develop relationships with the L&D

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