



# Effect of the Postpartum Hospital Environment on the Attainment of Mothers' and Fathers' Goals

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## Keywords

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## ABSTRACT

**Objective:** To describe mothers' and fathers' goals in the postpartum period and how the hospital environment enables or hinders the attainment of these goals.

**Design:** A qualitative descriptive design was used to explore participants' perceptions.

**Setting:** Mothers and fathers were recruited on the postpartum unit of an urban hospital.

**Participants:** Ten mothers and eight fathers participated.

**Methods:** Semistructured interviews were conducted with mothers and fathers individually. Data analysis occurred concurrently with data collection and informed subsequent interviews.

**Results:** Mothers and fathers expressed similar goals: developing parenting competence and fulfilling personal needs. Their narratives indicated that the organizational environment with the mission to promote and provide baby-friendly and family-centered care and the human environment of responsive nursing were closely aligned with their goals. In contrast, the routines of the unit and the physical environment were not consistent with parents' goals or the mission of the organization.

**Conclusion:** Nurses have important advocacy roles in ensuring that all dimensions of the postpartum environment support the ability of parents to attain their goals and align with the philosophy of care of the organization.

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In Canada, 97.9% of women give birth in hospital settings (Public Health Agency of Canada, 2009). The Canadian average length of postpartum hospital stay is 2 days after a vaginal birth and 3.4 days after a cesarean birth (Public Health Agency of Canada, 2012). Although hospital postpartum care is the component of maternity care most negatively perceived by mothers (Rudman & Waldenström, 2007), it is largely neglected by researchers (Cheng, Fowles, & Walker, 2006; Rudman & Waldenström, 2007). Specifically, there is a paucity of literature on the goals of families during this period.

Evidence supports the need to establish goals collaboratively with the family in the postpartum period (Ellberg, Högborg, & Lindh, 2010); however, findings suggest that institutional priorities continue to take precedence over individual priorities (Schmied, Cooke, Gutwein, Steinlein, & Homer, 2009). In this study, goals were defined as the outcomes mothers and fathers wanted to achieve, and we focused on those goals during

the immediate postpartum period, specifically the time spent in the hospital after birth.

## Literature Review

### Mothers' and Fathers' Goals

Jenkins, Ford, Morris, and Roberts (2014) conducted a study to determine which three aspects of maternity care were most important to women. The investigators carried out semistructured interviews with 26 pregnant women and 27 postpartum women who gave birth in a range of facilities, from rural to urban hospitals and clinics. Women in the study wanted continuity of care, information, and a mother and family focus. In addition, women reported that the characteristics of the staff, such as being caring and competent, were vital. The importance of the whole environment was emphasized by women rather than any particular aspect of it.

A priority emerging from the literature is mothers' desire for rest and recuperation during their

postpartum hospital stay (Beake, Rose, Bick, Weavers, & Wray, 2010; Emmanuel, Creedy, & Fraser, 2001). In addition, a survey of 500 mothers on a postnatal ward indicated that new mothers wanted specific information and education (Emmanuel et al., 2001). In a descriptive study, 53 registered nurses and 103 low-risk postpartum women were surveyed on what they believed to be the most important teaching topics in the postpartum period (Ruchala, 2000). There was a significant difference between the information mothers believed they needed and what nurses prioritized (Ruchala, 2000). For example, mothers in the study prioritized information on self-care such as episiotomy and perineal care, whereas nurses placed more value on teaching newborn care such as newborn feeding and signs of newborn illness. These findings suggested the need to explore mothers' goals to optimize postpartum services.

Several authors suggested that postpartum care should involve the mother and father (Fredriksson, Högberg, & Lundman, 2003; Hildingsson, 2007) because individual and family well-being can be better achieved by addressing not only the mother–infant dyad but also the father (Goodman, 2005). However, parents perceived that fathers are often neglected in terms of postpartum care (Ellberg et al., 2010). Despite the increasing involvement of fathers in early childhood, most studies do not include fathers as participants (Goodman, 2005). Thus, there remains a gap in the literature in addressing the postpartum goals of fathers.

Rudman and Waldenström (2007) and Hildingsson (2007) reported that lack of attention and support for fathers on the postpartum unit were the source of dissatisfaction for many women. Persson, Fridlund, Kvist, and Dykes's (2012) study of 13 fathers found that having their needs met and being included in postpartum care had a positive effect on their sense of security when they were interviewed 3 to 9 weeks after birth. In Ellberg et al.'s (2010) study men and women reported that they believed that fathers should be included in postpartum nursing care. Specifically, fathers believed they should have more control over decision making and planning care. Couples identified that they had distinct needs and wanted to be treated as individuals. These findings point to the importance of gaining the perspectives of mothers and fathers. Because Ellberg et al. (2010) focused on

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parental dissatisfaction in the postpartum period, they did not explore the factors that are helpful in goal attainment, which could potentially be more valuable. Authors of a study of first-time fathers indicated that fathers reported more negative interactions with nurses than positive, and fathers who were more involved with their infant's care did not feel supported by the hospital's policies (de Montigny & Lacharité, 2004). Fredriksson et al. (2003) included fathers' perspectives in their study of postpartum parents. Couples who believed they did not have enough opportunity for private time as a family in the first days after birth were more dissatisfied. However, the study took place 4 months postpartum, and fathers' goals may not have been elaborated upon because of the joint interviews. Fathers' goals for postpartum care remain underexplored. More research is needed to describe how nurses, as an important part of the care environment, can best support fathers' goals.

### The Postpartum Environment

Two studies that explored the frequency and effects of interruptions on breastfeeding illustrate how the postpartum environment affects parent's goals (Morrison & Ludington-Hoe, 2012; Morrison, Ludington-Hoe, & Anderson, 2006). Women reported that the frequent interruptions in the hospital infringed on family time, rest, breastfeeding, and self-care. Nurses were the most frequent intruders, and both studies included the father entering the room as an interruption (Morrison & Ludington-Hoe, 2012; Morrison et al., 2006).

The broader negative influences present in the postpartum hospital environment have been identified, along with their effects on mothers and fathers (Ellberg et al., 2010). According to Martell (2003), mothers' postpartum experiences and recovery are affected by the physical conditions of the unit environment, such as equipment, beds, location, sounds, food, and layout. Mothers' experiences are also affected by the sociocultural conditions of the unit environment, which includes nurses, other hospital employees, and health care providers (Martell, 2003). The author recommended that parents' feedback on

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