



# Caring for a Child With an Obstetric Brachial Plexus Injury: A Metaphor Analysis<sup>1</sup>



Cheryl Tatano Beck, DNSc, CNM, FAAN

University of Connecticut, School of Nursing, Storrs, CT United States

## ARTICLE INFO

### Article history:

Received 5 August 2016

Revised 20 March 2017

Accepted 15 April 2017

### Keywords:

Obstetric brachial plexus injury

Secondary analysis

Qualitative

## ABSTRACT

**Purpose:** The purpose of this study was to examine the metaphors used by mothers to describe their experiences caring for their children with obstetric brachial plexus injuries.

**Design and Methods:** A secondary qualitative data analysis was conducted from the primary data set of a phenomenological study of mothers' experiences caring for their children with obstetric brachial plexus injuries. The type of secondary qualitative data analysis approach used was analytic expansion. Metaphor Identification Procedure was used to analyze the corpus of 132 pages of typed transcription.

**Results:** This metaphorical analysis yielded seven metaphors mothers used to describe their experiences caring for their children with obstetric brachial plexus injuries. These metaphors portrayed mothers' lives as involving a heavy weight, a maze, a juggling act, a simmering pot, a dagger to the heart, a rollercoaster, and a constant battle.

**Conclusion:** The seven metaphors helped women express what they could not completely capture using only medical jargon and provide valuable insight for clinicians. Using secondary qualitative data analysis to mine for any metaphors in a primary data set gives researchers another valuable and creative opportunity to discover new knowledge from the data they had previously collected.

**Practice Implications:** Specific interventions can be developed to target each of these seven metaphors to help mothers in their daily care for their children with obstetric brachial plexus injuries.

© 2017 Elsevier Inc. All rights reserved.

## Introduction

A review of 53 studies revealed the rate of obstetrical brachial plexus injury (OBPI) for studies conducted in the U.S. was 1.5 per 1000 total births and 1.3 in other countries (Chauhan, Blackwell, & Ananth, 2014). The rate of OBPIs lasting at least 12 months was 10–18% in U.S. studies and 19–23% in other countries. OBPIs are a result of a stretch injury of the brachial plexus that occurs during difficult births such as, shoulder dystocia. Some children completely recover spontaneously from this injury, however, about 30% of children do not recover and are affected to differing degrees for the rest of their lives (Pondaag & Malessy, 2014). Two main surgical approaches are used to treat these injuries. Primary surgery involves surgery in the first months of life before complete spontaneous recovery occurs to reconstruct affected areas of the brachial plexus. Secondary surgery involves waiting to see the degree of spontaneous recovery and then perform surgery. These secondary surgeries can include tendon transfers, muscle transfers, osteotomies and other orthopedic procedures (Socolovsky et al., 2016). Guidelines for surgical decision making in these injuries though

are not clear. Bain, DeMatteo, Gjertsen, and Hollenberg (2009) called this navigating the gray zone. When looking beyond the impact on the infants with an OBPI, what is the impact on the mothers who now have to care for these children?

Use of metaphors by patients or family members to explain an illness or what they are experiencing helps to create a common language that can provide a foundation for a shared understanding with their clinicians. Communication gaps between patients and their healthcare providers can be bridged through metaphors. Instead of medical terminology, metaphors provide patients with a different voice and open up an opportunity for them to explain what they are experiencing. Metaphors help pediatric nurses and other clinicians to access their patients' world. Clinicians in turn can use these metaphors with other patients when describing an illness experience that may be unfamiliar to them.

In studies of both physical and mental health disorders metaphor analysis has been quite fruitful in uncovering the power of words. Substance abuse (Redden, Tracy, & Shafer, 2013), schizophrenia (Mossaheb et al., 2014), anorexia (Bates, 2015), depression (Charteris-Black, 2012), posttraumatic stress disorder after childbirth (Beck, 2016), young onset dementia (Johannessen, Möller, Haugen, & Biong, 2014), and cancer (Appleton & Flynn, 2014) are some of these disorders where metaphor analysis was enlightening. For example, in Redden et al.'s (2013) study of persons recovering from opioid dependence using medication-

<sup>1</sup> This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

E-mail address: Cheryl.beck@uconn.edu.

assisted treatment, they concluded that metaphors such as, “liquid handcuffs”, “crutch”, and “armor” provided tools for substance abusers to express difficult issues and communicate more effectively with clinicians about their addiction and recovery.

The metaphors women use to describe their experiences caring for their children with an OBPI can increase communication and understanding between pediatric nurses, other healthcare providers, and these mothers. The purpose of this secondary qualitative data analysis was to examine the metaphors used by mothers in a prior qualitative study to describe their experiences caring for their children with OBPIs (Beck, 2009).

### Background

Four quantitative studies were located that investigated mothers of children with OBPIs. In Australia McLean, Harvey, Pallant, Bartlett, and Mutimer (2004) conducted the earliest study. It focused on the impact of risk and resistance factors on the adjustment of 53 mothers of children with OBPIs. Risk factors included the severity of the child's injury and disability related stress while the resistance factors assessed were optimism, perceived control of internal states, social support, and family functioning. Ages of their children with OBPIs ranged from 3 months to 15 years. Using the General Health Questionnaire-12's (GHQ-12; Goldberg, 1992) cut off score for a probable case of general psychological distress, 19% of the mothers met this criterion.

Turkey was the country where the remaining three quantitative studies occurred. Karadavut and Uneri (2011) conducted a prospective study of burnout, depression, and anxiety in 18 mothers of infants with OBPI. At the end of the first year mothers whose infants had either partially or totally recovered had a significant decrease in depression and anxiety levels compared to mothers of infants with no recovery. Oskay, Öksüz, Akel, Firat, and Leblebicioglu (2012) examined the quality of life in 93 mothers of children with OBPIs and 88 mothers of children without any health problems. Compared to mothers of children without health problems, mothers caring for children with OBPIs reported a significantly ( $p < 0.001$ ) poorer quality of life, especially in the areas of pain, energy expenditure, and physical activity. Alyanak, Kilincaslan, Kutlu, Bozkurt, and Aydin (2013) also reported significantly higher rates of psychological distress in 42 mothers of children with OBPIs compared to 43 mothers of healthy children.

No quantitative studies were found that had been conducted in the United States. Only one qualitative study was located that examined mothers' experiences caring for their children with OBPIs (Beck, 2009). That qualitative study provided the primary data set that was used in this qualitative secondary data analysis.

### Metaphor

Lakoff and Johnson (1980, p. 5) defined metaphor as the “understanding and experiencing of one kind of thing in terms of another”. Metaphors help to capture the essence of an experience. The power of a metaphor is that it gives something a different life. Metaphor is not a passive process but instead an active process involved in understanding ourselves, others, and the world. A fallacy about metaphors is that they are solely about ways persons talk and not about how we reason and conceptualize (Lakoff & Johnson, 1980). Metaphors help the mind to enjoy freedom in expression and help us to learn how to speak to deep experience. Metaphors are doorways that have a huge transformational potential. “They allow us to pass through and transverse beyond self-deception into areas of truthful mindscapes—perhaps to a place where we often dare not to go” (Atkinson, 2013, p. 9).

According to the cognitive linguistic view, through metaphors we can understand one conceptual domain in terms of another conceptual domain. The names of these two domains are source and target domains. The source domain is where the metaphorical expressions come from to help in understanding the target domain. To describe a

metaphor Lakoff and Johnson (1980) suggest the formula of A IS B where A refers to the target domain and B refers to the source domain. B helps to understand A. A is the more abstract, unfamiliar concept while B is the more concrete, familiar, and less complex concept. The IS is shorthand for a group of experiences on which the metaphor is based and in ways that help to understand and shed light on it. The more the source domain differs from the target domain the better the metaphor is. An illustration of the formula of A IS B can be found in Knapton's (2013) study where she discovered the metaphors of Anorexia IS Religion and Anorexia IS Skill. Anorexia is the target domain (A) while Religion and Skill are the source domains (B).

There are different types of metaphors like structural, orientational, and ontological (Lakoff & Johnson, 1980). In structural metaphors one concept is structured in terms of another. Structural metaphors permit the use of “one highly structured and clearly delineated concept to structure another” (Lakoff & Johnson, 1980, p. 61). Orientational metaphors do not structure one concept in terms of another but instead “organize a whole system of concepts with respect to one another” (p. 14). Most orientational metaphors have to do with spatial orientation like up and down and in and out. These metaphors have a basis in our physical experience. Our experiences with physical objects including our bodies are the foundation for ontological metaphors. These metaphors help us comprehend emotions, events, and actions. Ontological metaphors allow persons to refer, quantify, and identify aspects and causes. Personification and container metaphors are examples of ontological metaphors. Personification metaphors help us understand a phenomenon in the world in human terms. Something that is not human is viewed, through metaphor, as taking on human qualities. In container metaphors even when no physical boundary is present, we impose boundaries that mark off in some way an inside and an outside. Examples from a metaphorical analysis of PTSD following childbirth are a personification metaphor of PTSD IS a Thief in the Night and a container metaphor of PTSD IS an Invisible Wall (Beck, 2016).

Ortony (1993) identified three properties of metaphors: inexpressibility, vividness, and compactness. Metaphors give form to something that is inexpressible. By using everyday concrete language they help intangible experiences become vivid. Metaphors encompass a large amount of information into a compact package.

### Methods

#### Secondary Qualitative Data Analysis

In quantitative research there is a long history of secondary analysis but only recently in qualitative research. Enthusiasm for secondary analysis of qualitative data is steadily gaining momentum in nursing and in other disciplines allowing researchers to capitalize on their primary datasets. Researchers have long known the inordinate amount of time and energy invested in conducting qualitative research. How appealing it is to researchers to be able to use their hard earned qualitative datasets again to advance the state of the science. Qualitative researchers are also committed to using their participants' voices to the best of their ability to improve patient care. What better way to fulfill this promise than to use participants' data in a second study. Secondary analysis allows scientists to expand beyond the qualitative analysis of their primary studies and engage more deeply in the datasets to advance the complexity of the generated findings. Twenty years ago Sandelowski (1997) called for qualitative researchers to do more with the data they already possessed. She pointed out that “we have become inveterate data collectors, having been imbued with the idea that research means collecting new data” (p. 129).

In secondary qualitative data analysis an existing data set is used to answer a different research question than what was investigated in the primary study. Benefits of qualitative secondary analysis can include “Avoiding over-burdening informants, facilitating more research on hard-to-reach groups, enabling additional research on sensitive topics,

Download English Version:

<https://daneshyari.com/en/article/5570026>

Download Persian Version:

<https://daneshyari.com/article/5570026>

[Daneshyari.com](https://daneshyari.com)