

# Breastfeeding Support Experiences of Registered Nurses in a Large Children's Hospital System

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## Keywords

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## ABSTRACT

**Objective:** To investigate the workplace breastfeeding support experiences of registered nurses (RNs) and how these experiences differed by type of unit.

**Design:** A cross-sectional descriptive design.

**Setting:** A large children's hospital health system in the Midwestern United States.

**Participants:** Seventy-eight RNs who were concurrently breastfeeding and working or who had done so within the past 12 months.

**Methods:** The Workplace Breastfeeding Support Scale was used to measure the degree of support that breastfeeding RNs experienced at work with four subscales: Break Time, Work Place Policy, Technical Support, and Environment (total Cronbach's  $\alpha = .87$ ). An invitation with a link to the online Workplace Breastfeeding Support Scale and demographic surveys was distributed to RNs via the hospital e-mail system. Descriptive statistics and analysis of variance were used to characterize support experiences and explore unit-based differences in support levels.

**Results:** Of the participants, 35% were first-time mothers, and 60% were currently breastfeeding. Overall, participants rated their support positively; scores on the Workplace Policy subscale were highest, and scores on the Break Time subscale were lowest among the four domains of support. Among RNs who had ceased breastfeeding, we found a positive, weak correlation between break time support and duration of breastfeeding ( $r = .34, p = .035$ ). No significant differences in support levels were found among nursing unit types or inpatient versus outpatient settings.

**Conclusion:** Overall, breastfeeding support in the workplace was positively rated, and adequate break time was positively related to duration of breastfeeding among participants. No evidence was found of different support by unit type in this hospital, which suggests that support is consistent across unit types. Future research is needed to appraise lactation support for nurses and other employees in different types of hospitals and geographic areas.

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Human milk is commonly viewed as the best source of nutrients and immunologic protection for newborns and infants. The [World Health Organization \(2017\)](#) and the [American Academy of Pediatrics \(2012\)](#) recommended exclusive breastfeeding for at least the first 6 months of life. After 6 months, complementary foods should be introduced, and breastfeeding should be continued for up to 1 to 2 years or longer, as mutually desired by mother and infant ([American Academy of Pediatrics, 2012](#); [World Health Organization, 2017](#)). The Centers for Disease Control and Prevention (2017) reported that 82.5% of infants were ever breastfed in any amount but that only 55.3% of infants were breastfed (any amount) at 6 months, and

33.7% of infants were breastfed (any amount) at 12 months of age. Although the U.S. breastfeeding initiation rate is encouraging and exceeds the U.S. Healthy People 2020 goals for infants ever breastfed (81.9%), current rates still lag behind the 6-month and 12-month goals of 60.6% and 34.1%, respectively (Office of Disease Prevention and Health Promotion, 2017).

Researchers suggested that a mother's employment is associated with shorter breastfeeding duration ([Bai, Fong, & Tarrant, 2015](#); [Dagher, McGovern, Schold, & Randall, 2016](#); [Xiang, Zadoroznyj, Tomaszewski, & Martin, 2016](#)). In the United States, where 56.7% of all women and 58.6% of women with children younger than 1

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## There is a lack of research related to registered nurses' experiences of lactation support in the workplace.

year of age are employed (Bureau of Labor Statistics, 2017), deficits in national breastfeeding rates at 6 and 12 months are likely influenced by women's employment. According to the *Surgeon General's Call to Action to Support Breastfeeding*, mothers who work outside the home often experience barriers in the workplace for continued breastfeeding, such as lack of flexibility, privacy, and accommodations to express their milk (U.S. Department of Health and Human Services, 2011).

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Researchers showed that employed women are at greater risk to not achieve their breastfeeding goals in the early postpartum period compared with women who are not employed (Attanasio, Kozhimannil, McGovern, Gjerdigen, & Johnson, 2013). Furthermore, among women who initiated breastfeeding, full-time workers had a 19% lower likelihood of any breastfeeding beyond 6 months compared with mothers who were not employed (Ogbuanu, Glover, Probst, Hussey, & Liu, 2011). Additionally, women who held low-flexibility jobs, such as those with 12-hour rotating shifts and that require someone to cover breaks, were at greater risk to encounter difficulties with breastfeeding (Johnston & Esposito, 2007). For example, in studies on physician and resident experiences of breastfeeding and employment, researchers found that such work characteristics negatively affected breastfeeding duration and/or exclusivity goals (Dixit, Feldman-Winter, & Szucs, 2015; Sattari, Serwint, Shuster, & Levine, 2016). Conversely, supportive environments positively influenced experiences and subsequently shaped those physicians' interactions with their patients (Sattari, Levine, Neal, & Serwint, 2013; Sattari, Serwint, Neal, Chen, & Levine, 2013).

The work of professional nurses in the hospital setting is often characterized by low flexibility, 12-hour shifts, and physical and mental demands not common to other settings in which women work. Therefore, registered nurses (RNs) may encounter barriers and experiences that negatively affect the continuation of breastfeeding. However, evidence about the breastfeeding experiences of RNs and specifically the breastfeeding support they experience in the workplace is lacking. Findings from only one study conducted in Taiwan (Wu, Kuo, & Lin, 2008) indicated

that nurses were forced to make sacrifices in their personal and professional lives to supply their infants with their milk. Identified barriers included finding appropriate times to express milk during the shift, being able to balance taking care of patients and expressing milk, and finding space to express milk.

This lack of evidence related to RNs' breastfeeding experiences after return to work is especially significant because RNs make up the largest sector of health care professionals in the United States (Bureau of Labor Statistics, 2018b). In 2017, there were approximately 3. million RNs in the United States, and 61% worked in hospital settings (Bureau of Labor Statistics, 2018a). Furthermore, 89% of RNs are women, and about 50% of RNs are of childbearing age, so many are likely to experience childbirth and lactation as employed RNs (Bureau of Labor Statistics, 2018a). Given the lack of evidence in this area and the importance of describing extant hospital employer support for RNs, we conducted a descriptive study of RNs' experiences of breastfeeding support in the hospital workplace. A second purpose of our study was to examine support by type of hospital unit, because to our knowledge, such evidence is nonexistent and could be used to inform and improve support in different unit types.

## Methods

### Design, Setting, and Sample

The institutional review board of the University of Kansas Medical Center approved this study protocol. We used a descriptive, cross-sectional design and conducted the study at a large urban teaching hospital system for children in the Midwestern region of the United States. The hospital was Magnet-designated. Data collection occurred between February 9, 2015 and March 9, 2015. The participants were a convenience sample of RNs who had been employed by the hospital for a minimum of 2 years and were concurrently breastfeeding or had done so within the past 12 months.

### Measures

Demographic variables to characterize the study sample were collected with the use of standard self-report questions placed at the beginning of an online survey and included age, education, ethnicity, and race. Work and work setting questions were also self-reported and included number of hours worked per week, full-time/part-time/

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