POSTPARTAL INTERACTION

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THERE WERE approximately four hundred thousand babies born in Canada during 1969, the majority of whom were born in hospital.[1] In a society such as ours, parents frequently seek information outside the family about child-bearing and early child-rearing. This trend has come about partly as geographic mobility of individuals and families has increased, and partly in relation to the changing role and functions of the family. The period of hospitalization for childbirth affords contact by parents with others sharing similar, yet unique, experiences. It also makes available to them nurses and other members of the health team.

If nursing is concerned with helping the individual determine and meet his or her own needs then postpartal nursing offers boundless opportunities. Anyone who has shared these early days will perhaps remember the eagerness with which parents examine every detail of their baby's appearance and activities. They might remember, too, the shifting moods from excitement and elation to concern and doubt, as the responsibilities of child-rearing develop and the many adjustments to a new family member begin.

Some aspects of meeting the needs for individuals, who are at present unable to meet these themselves, are relatively well provided by postpartal nursing in North America today. Uterine involution, fluid, electrolyte and nutritional needs are usually met, as are needs for elimination and exercise. However, when one evaluates the degree to which nurses help parents meet their needs related to family living with a new baby, many failures are revealed. Some of these failures have been described by nurses in studies carried out in children's clinics. Others may be observed in the behaviour of parents during the early puerperium both in the hospital and in the home.[2]

Perhaps a close look at the behaviour of parents recently involved with pregnancy would be helpful to nurses. An opportunity to observe behaviour critically in order to identify and explore nursing problems was provided for the writers to this paper during a Master's Degree Programme.

THE GENERAL PROBLEM

The general area of interest was the assistance provided parents in Canadian society regarding adjustment to life with a new baby. Concern for this problem developed from our experiences with families in hospitals, in clinics and in their own homes, as well as from available literature. There are many questions for which nursing might seek answers:

How do nurses help parents adjust to their new roles?

How do parents respond to nurses during the days following childbirth?

How do nurses include parents in the planning of postpartal programmes?

What is happening every day in the hospital as parents begin the acquaintanceship process with a new family member?

How do mothers respond to each other during early puerperium?

Do mothers view each other as resource persons?

Do nurses facilitate interaction among mothers? Among parents?

The following two studies carried out in the same maternity setting illustrate how observation during the early puerperium can be used to identify and explore nursing problems. One is the study of interaction among mothers, while the other study is of interaction between mothers and nurses. We have included some of the observations and thoughts that led us in different directions while studying the same general problem, that is, helping parents adjust to family living with a new baby.

THE STUDY OF INTERACTION AMONG MOTHERS DURING THE EARLY PUERPERIUM

Interest in adjustment to parenthood began from observations made by the writer while working in a doctor's office. Later, while working with parents in hospital and visiting them at home following childbirth, this interest increased. It was noted that conversation among parents focused upon family life. Content of verbal interaction, facial expression and voice inflection suggested concern, often fatigue and frequently general lack of preparedness to cope with life and a new baby during the first weeks.

Perhaps studies from the field of social psychology can help provide clues to the complexities of human relationships. For example, a 'like me' feeling was found to correlate with positive responses of children to other persons.[3] Perhaps mothers respond positively to other mothers they view as being like themselves. Studies of person perception indicate the individual responds positively toward persons believed to be of higher status than themselves.[4] Perhaps the mother of two or more children has a higher status than the mother of a first child, in the eyes of mothers in the early puerperium. The cost and reward of a relationship has been studied in relationship to the acquaintanceship process.[5] Does a mother continue a relationship with another mother if it satisfies her need for information? Do mothers seek other more rewarding relationships than those offered with her room-mate in hospital?

Women in hospital postpartum units have long been noted for their chattiness, but are nurses aware of what is happening? Greater mutual benefit might be derived from the interaction among mothers, if nurses were cognizant of the mothers' behaviour, the ways in which they respond to each other, and the factors that seem to influence this behaviour. If a sample of mothers was studied and the responses of mothers to each other recorded, could we discover clues to maternal and infant care? If so, we might be lead towards postpartal programmes based upon the unique problems of individual families, rather than upon nurses' generalizations about parents. The problem isolated for study was: How do mothers respond to each other during the early puerperium in matters of family living with a new baby?

In order to observe a number of women during the early puerperium, mothers in the postpartum unit of an active, metropolitan hospital were selected for study. During preliminary observations repeated patterns of behaviour were noted. Three categories of behaviour predominated. These were contact seeking, contact developing and information-accepting behaviours. To facilitate recording, a check-list was constructed in terms of the above categories and related to the behaviours of smiling, watching and conversing. Data related to conversing included topics of conversation. Two hundred observations, each of a ten minute duration, were made as ninety-six mothers interacted together in rooms of two, three and four mothers.

Variables considered in this study were:

1. Responses of mothers to each other in matters of family living with a new baby.
2. Parity, age, days postpartum, country of birth, religion

and socio-economic status (based upon the Blishen scale of husband's occupation).

Verbal responses included eighteen topics related to family living with a new baby. Multiparas tended to discuss infant care and ways of obtaining rest more frequently than did primiparous mothers. The latter group spoke more often of the baby's appearance than of their husbands. It was also noted that although they conversed about family matters together, they tended to speak of specific tasks in conversations in which nurses were mentioned.

Further analysis of the data revealed the following information:

A. *Responses in relation to Parity:*

1. All mothers included in the sample sought contact with other mothers. The most frequent behaviour demonstrated in seeking contact was conversing, although smiling and watching were also practised. Multiparous mothers tended to initiate conversation more often than did primiparas; however, the difference was not significant.

2. Contact or interaction among mothers was continued through acts of smiling, watching and conversing. Significantly more multiparas than primiparas continued conversation with other mothers.

3. Interest in accepting information from another mother was suggested in forty-three percent of the mothers who continued to watch another mother with her baby, and in twenty-one percent of mothers who asked questions of each other after the initial contact had been established. There was no significant difference between primiparas and multiparas in these behaviours.

B. *Variables other than Parity:*

1. Significantly more mothers of Canadian birth initiated contact and continued conversing than did mothers born in other countries.

2. Socio-economic status was not significant in behaviours of seeking, continuing interaction or accepting information.

3. Mothers tended to interact together more during the first three days of hospitalization following childbirth than they did during the next three days.

4. Mothers under thirty years of age continued to interact together significantly more than mothers over thirty.

5. Religion was not significant to the responses of mothers.

In summary the study revealed that mothers tend to respond positively to each other during the early puerperium in matters of family living with a new baby. Such responses include smiling, watching and conversing. The variables of parity, age, days postpartum and country of birth were significant in frequency and type

of response among mothers. This type of information could prove useful to nurses in attacking the problem of helping parents adjust to life with a new baby.

THE STUDY OF INTERACTION BETWEEN MOTHERS AND NURSES

"In nursing, the interaction between nurse and patient usually is seen as an essential ingredient in practice."[6] Most of the research in nursing related to interaction has been in the psychiatric setting. However, before this process can be applied more fully, it is required that the factors affecting interaction in a variety of nurse-patient situations be explored.

For example, in the field of maternal and child health, the preparation of parents depends largely upon the process of interaction. In our society new mothers may be more isolated from other kinship members and their experience and preparation for child-rearing may vary greatly from one to another. Through interaction the nurse may gain some knowledge of the individual mother's concerns, capabilities, problems and needs which will provide a basis for planning and giving nursing care. Therefore, interaction between nurse and patient becomes an integral aspect of early postpartum care.

The approach used in studying interaction in this study arose from views expressed by new mothers during visits with them in their homes. Many mothers implied that some nurses were more helpful and understanding than others. The use of close physical contact and interest shown in the mother and baby seemed to contribute to these views. With this in mind the research study was designed to explore nurse-patient verbal interaction and its relationship to physical and social-psychological distance.

Tools were designed to study this problem based on the following assumptions:

1. The use of touch in nursing may be used as an index of interpersonal relationships.[7]
2. When similarity is assumed between persons, this can be interpreted as indicating psychological warmth, acceptance and permissiveness.[8]

By concurrently observing verbal interaction of nursery nurses with mothers and measuring their perception of a use of touch gestures with these mothers, it was hoped to discover some factors affecting interaction. Originally, it was planned to record interaction by means of a tape recorder but it was found unsatisfactory due to technical difficulties arising when nurses were moving in and out of patient rooms. To facilitate data collection, check-lists for verbal

interaction and for physical distance were constructed. Social psychological distance was measured by means of the Assumed Similarity Scale developed and tested by F. E. Fiedler.[9]

Nine nurses, students and graduates, working in the nursery on the maternity ward of a 265-bed general hospital were selected. They were observed in their contact with new mothers which was generally limited to the one-hour infant feeding period occurring twice on each shift. Eighty-one different patients of varying age, parity, socio-economic group, marital status, birth place and day postpartum were contacted by the nurses in the one hundred observations made.

Analysis of the data showed that the verbal interaction of the nurses was mainly task-centered and in the form of giving information, i.e. "Give the baby two ounces," "He will not eat if he is sleeping, you'll just have to wake him up." Nurses gave many instructions regarding hospital routines and infant feeding, particularly during the first postpartum days. The instructions were often repeated by other nurses in subsequent feeding periods. Rarely did nurses ask specific questions to ascertain the mother's degree of preparation regarding other aspects of infant care or problems she might encounter once at home. Little individual variation was noted between nurses in relation to the range of conversation topics. Baby-, patient-, family-centered conversation concerned such things as the baby's name, his appearance or the number of other children in the family. However, these subjects were not usually pursued to gain further information upon which to base nursing care.

The amount of interaction nurses had with patients during one feeding period was relatively small. Factors which seemed to influence the length of contact and the type of interaction with individual mothers appear to be dependent upon:

1. other events occurring in the nursery during the infant feeding period, e.g. circumcisions, doctors' visits.
2. other tasks to be performed, e.g. washing cribs.
3. location of the mother's rooms in relation to the nursing, i.e. when rooms were a great distance from the nursery, nurses tended to have contact with mothers only when taking out and bringing back the babies.
4. coffee breaks occurring during the infant feeding period.
5. short term assignments, i.e. a nurse was not assigned to the same babies each day or even for two periods during one shift.

It was found that nurses interacted significantly more with mother of Para II, in the 25 to 29 year age range, of lower socio-economic status and in the first one or two days postpartum. Interaction

occurred between the nurse and one patient at her bedside, rather than involving several patients in the room simultaneously. The nurse seldom talked to a patient when she was not within the individual patient's bedside area. Most conversation was directed only to one patient. Seldom did the nurse converse with the patients as a group. No significant difference was seen between physical distance maintained by the nurse and the type or topic of interaction with the patient.

During interaction with a patient the nurse most frequently assumed a "fairly close" distance, i.e. could touch the patient without moving but at the same time standing away and not leaning toward the patient. Touch gestures were infrequent. It would appear that nurses maintain the distance necessary to perform a task but do not invade the personal distance zone of the patient. Edward Hall identified distance zones used by people in Western culture ranging from very close or intimate to personal and social distance, to extreme public distance.[10] On this basis the distance maintained by nurses may be due to the relationship between physical and social territoriality determined by our culture.

Each nurse varied considerably in how she perceived individual patients. Some nurses consistently saw the patients as being similar to themselves, while others saw them as more distant. It was found that there was less social-psychological distance expressed by nurses in relation to patients with whom they shared conversation which was predominately patient- or baby-centered. Students generally perceived themselves as more similar to patients than did the graduates. Being in a learning situation students may be in a somewhat similar position to that of the new mother.

In summary, it would appear that verbal interaction between patient and nurse was most frequently task-centered in the form of the nurse giving information. The amount of interaction was small and generally the nurse related to the individual patient rather than to patients as a group. There appeared to be a relationship between social-psychological distance and the topic of conversation.

SUMMARY AND CONCLUSIONS

The two observers set out to study the behaviour of mothers as they interacted with nurses and with each other. Results indicate that information is available to nurses in short term periods of observation. That all nurses are cognizant of the information available in day-to-day interaction is questionable. It may be noted in both studies that there is a difference in topics discussed by mothers with mothers as compared with topics discussed by mothers with

nurses. The family-centeredness of conversation among mothers and the task-centeredness of conversation between nurses and mothers suggests that the mothers' behaviour is not the basis for nursing action in the situations observed. Nor was the responsiveness of mothers to each other during the puerperium made use of as a means to help parents prepare for family living with a new baby.

The changing values of a modern, urbanized, industrial society, as well as family planning, changes in abortion, adoption and divorce laws, are all influencing the structure and function of the family in our society. Parents themselves are different from those of the last decade. Nurses can no longer show a mother how to bathe her baby and make formula in the belief that she has achieved all that is required in helping parents to adjust to family life with a new baby.

It, therefore, seems not only reasonable but essential that we find ways to provide family-centered maternal and infant nursing in an environment conducive to the sharing of thoughts, ideas and plans. Parents could then participate in self and infant care and begin to adjust to their new roles while members of the health team are on hand to guide them to identify and meet their own needs.

Suggestions for incorporation of these ideas into nursing practice are as follows:

1. The responsiveness of mothers to each other should be made a working tool by nurses to help mothers identify needs peculiar to their own family situation.

2. Age, parity and days postpartum should be reviewed when planning nursing care and attempting to identify parent needs.

3. Room placement of mothers should be considered in view of her age, parity, days postpartum, cultural background and opportunities to interact with other mothers.

4. Ways in which the postpartum environment could be made conducive to sharing of thoughts and plans among parents might be considered by nurses and other members of the health team.

The significance of helping parents meet their needs in relation to family living with a new baby cannot be ignored. Erikson states:

> . . . that each further stage of growth in a given individual is not only dependent upon the relatively successful completion of his own previous stages but also on the completion of the subsequent stages in those other individuals with whom he interacts and whom he accepts as models.[11]

Footnotes

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