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Nurse's actions and attitudes in approaching parturient women on non-invasive care technologies

Ações e atitudes das enfermeiras na abordagem das parturientes sobre tecnologias não invasivas de cuidado

Acciones y actitudes de las enfermeras en el enfoque de las parturientas sobre tecnologías de cuidado no invasivas

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ABSTRACT

Objective: to learn what action is taken by obstetric nurses to mobilize parturient women towards the use non-invasive care technologies; and to discuss nurses' attitudes to parturients' non-adherence to these technologies. **Method:** in this exploratory, qualitative study, with 17 obstetric nurses, data were collected through interviews, from November 2019 to January 2020, subjected to thematic analysis and discussed in light of the concepts of Madeleine Leininger's Theory. **Results:** women were mobilized by the following actions: bonding; knowledge sharing; collaboration from other nurses; and encouragement for companion participation. Faced with non-adherence to technologies, nurses' actions hinge on negotiation or cultural imposition. **Conclusion:** incorporating the mother's values into the care process, either by negotiating de-medicalized care or maintaining standard medicalized care, is essential in order to avoid culture shock.

Descriptors: Nurse Midwives; Pregnant Women; Humanization of Assistance; Culturally Appropriate Technology; Nursing Care.

RESUMO

Objetivo: conhecer as ações das enfermeiras obstétricas para mobilizar as parturientes quanto ao uso das tecnologias não invasivas de cuidado; e discutir as atitudes destas profissionais diante da não adesão das parturientes a estas tecnologias. **Método:** estudo qualitativo e exploratório, com 17 enfermeiras obstétricas. Os dados foram coletados de novembro de 2019 a janeiro de 2020, através de entrevistas, submetidos à análise temática e discutidos à luz dos conceitos da Teoria de Madeleine Leininger. **Resultados:** as mulheres são mobilizadas com as seguintes ações: construção de vínculo; compartilhamento de saberes; colaboração de outras enfermeiras; e incentivo à participação do acompanhante. Diante da não adesão, as atitudes das enfermeiras perpassam pela negociação ou imposição cultural. **Conclusão:** Incorporar os valores da parturiente no processo de cuidar é fundamental para evitar o choque cultural, seja por meio da negociação do cuidado desmedicalizado ou da preservação do padrão medicalizado.

Descritores: Enfermeiras Obstétricas; Gestantes; Humanização da Assistência; Tecnologia Culturalmente Apropriada; Cuidados de Enfermagem.

RESUMEN

Objetivo: conocer las acciones de las enfermeras obstétricas para movilizar a las parturientas sobre el uso de tecnologías de atención no invasivas; y discutir las actitudes de estos profesionales frente a la no adherencia de las parturientas a estas tecnologías. **Método:** estudio cualitativo y exploratorio, junto a 17 enfermeras obstétricas. Los datos fueron recolectados de noviembre de 2019 a enero de 2020, a través de entrevistas, sometidos a análisis temático y discutidos a la luz de los conceptos de la Teoría de Madeleine Leininger. **Resultados:** las mujeres se movilizan con las siguientes acciones: construcción de vínculos; intercambio de conocimientos; colaboración de otras enfermeras; y fomento a la participación del acompañante. Frente a la no adherencia, las actitudes de los enfermeros pasan por la negociación o imposición cultural. **Conclusión:** Incorporar los valores de la madre en el proceso de cuidado es fundamental para evitar el choque cultural, ya sea a través de la negociación de la atención desmedicalizada o la preservación del estándar medicalizado.

Descriptores: Enfermeras Obstetrices; Mujeres Embarazadas; Humanización de la Atención; Tecnología Culturalmente Apropiada; Atención de Enfermería.

INTRODUCTION

In Brazil, in opposition to the intense heteronomy imposed by the medicalization process, in the 2000s, governmental initiatives and social movements were found that fought against the negative impacts of the technocratic model and criticized medical authoritarianism, proposing a less interventionist obstetric assistance and claiming women's right to autonomy over their bodies, health and well-being[1,2].

In this context and as part of the policy for the humanization of labor and birth care, obstetric nurses have gradually occupied spaces in the assistance provided during parturition from a demedicalized perspective, through the provision

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of Obstetric Nursing Non-Invasive Care Technologies (ONNICTs), defined as a set of structured knowledge applied in the process of shared care through actions and attitudes, which produce positive outcomes in relation to the interventionist practices and a high degree of satisfaction among women[3-6].

Since then, two cultural standards have coexisted in Brazilian obstetric assistance[3], where the medicalized anchoring of the technocratic model still exerts an influence on the representations about parturition, even with the intense struggles undertaken in the field over the years. Under this configuration, world views are conformed in which medicalization is a cultural standard that permeates women's decision-making regarding health care[7-9], triggering a possible non-recognition of the demedicalized conceptions that guide nurses' actions and, consequently, interfering in the adherence of parturient women to the use of ONNICTs during the parturition process[10].

In this sense, a cultural imposition process is evidenced when there are efforts to compel cultural values and behaviors onto individuals with a different culture. On the other hand, when the initiatives are to help others to adapt to a cultural standard different from their own, with harmonization of knowledge and shared actions, care negotiation is verified, with the potential to meet health needs and achieve therapeutic and satisfactory results[7,8].

Culture shock is configured when individuals are exposed to values and cultures different from their own[7], as is the case in the parturition process with professionals who ground their practices on conceptions that are different from the women's cultural standards and impose them during obstetric assistance. Thus, it is believed that obstetric nurses can avoid imposition and mitigate cultural shock in the approach to ONNICTs with parturient women, through actions and attitudes of negotiation in terms of demedicalized care.

It was given the above that the following questions emerged: Which are the nurses' actions to mobilize women regarding use of the ONNICTs in the parturition process? What do nurses do when parturient women do not adhere to using the ONNICTs? To answer these questions, the current study had the following objectives: to know obstetric nurses' actions to mobilize parturient women regarding the use of non-invasive care technologies; and to discuss these professionals' attitudes when parturient women do not use these technologies.

This research is relevant to the theoretical and practical field of women's health and nursing care because it presents reflections on obstetric nurses' actions and attitudes that increasingly contribute to the development of a non-invasive, demedicalized and culturally appropriate care process, with the potential to mitigate the iatrogenic effects of the medicalization of childbirth that persist in the Brazilian health services.

METHOD

This is a qualitative and exploratory study conducted with 17 obstetric nurses who provide care to women during the parturition process. The following were adopted as inclusion criteria: being a specialist in Obstetric Nursing; having at least one year of professional experience in labor and birth care; and working in public maternity hospitals in the municipality of Rio de Janeiro. Exclusive performance in the private network was considered as exclusion criterion.

In order to recruit the participants, the “snowball technique” was used, a form of non-probabilistic sampling in which the initial participants indicate new potential participants successively until data saturation is reached[11]. In this sense, the study had five seed participants, intentionally chosen due to their proximity to one of the authors, who indicated twelve other nurses from their social network.

Data collection took place from November 2019 to January 2020 through individual semi-structured interviews scheduled after prior telephone contacts for presentation of the research, followed by the invitation to participate. The interviews took place mainly at the participants' workplaces, by their choice, and in private spaces. They lasted a mean of 30 minutes and were based on a script consisting of closed questions, for a brief socio-professional characterization of the participants, and the following open questions: “Tell me about your approach to Obstetric Nursing Non-Invasive Care Technologies with women during the parturition process?” and “When faced with non-acceptance to using Obstetric Nursing Non-Invasive Care Technologies, what do you do and how do women react to these actions?”.

It is worth noting that two pilot interviews were conducted, which did not make up the analysis *corpus*, as they revealed the need to adapt the instrument, just as there were no losses or refusals during the collection process.

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Thematic content analysis[12] was adopted for data analysis, starting with data sorting, through organization and systematization of the interviews, followed by the classification stage, through exhaustive readings to identify the central ideas and thus reach the thematic grouping. Subsequently, the interpretive syntheses prepared were discussed in the light of the Theory of Diversity and Universality of Cultural Care proposed by Madeleine Leininger. This process revealed two analytical categories: "Obstetric nurses' actions to mobilize parturient women regarding use of the Obstetric Nursing Non-Invasive Care Technologies" and "Obstetric nurses' attitudes when parturient women do not adhere to using the Obstetric Nursing Non-Invasive Care Technologies".

In compliance with the ethical and legal principles, the study was approved by the Research Ethics Committee and the participants signed a Free and Informed Consent Form, with anonymity preserved by using the acronym "ON", corresponding to Obstetric Nurse, followed by a number, which represents the order in which the interview was conducted.

RESULTS

Most of the 17 obstetric nurses interviewed were aged between 30 and 35 years old and have worked in the specialty for five to ten years. In relation to the specialization title, nine obtained it through a residency course and eight via the traditional specialization models. Regarding the type of work contracts, ten are hired under the contracting modality established by the Social Organizations, under the Brazilian Consolidation of Labor Laws regime, four are statutory employees, and three share both hiring modalities.

Obstetric nurses' actions to mobilize parturient women regarding use of the Obstetric Nursing Non-Invasive Care Technologies

In this category, bonding, knowledge exchange, collaboration with other nurses, and the incentive for the companion to participate emerged as actions developed by the participants to offer the ONNICTs to the parturient women. Thus, they understand the importance of welcoming and dialogue, to get to know the woman's story, understand her demands, and thus establish a bond, create a relationship of trust and, from there, present the care possibilities with the use of ONNICTs.

> *I think that it's extremely important to have a trusting relationship. If she trusts, she can understand and accept [the ONNICTs]. She may or may not do the procedure and let you know. (ON-02)*
>
> *I talk a lot! First of all, I try to understand her story, how her previous pregnancy went, the relationship with the baby's father... I try to create a bond so that she can open a little more to me. (ON-05)*
>
> *I introduce myself when I enter the box. I turn off the light, of course I ask if she wants to stay in the dark to be cozier, I turn on the spotlight to chat and try to find out how she's doing! (ON-06)*
>
> *When you create e bond, most of the women open up to the possibilities! Then we can talk and show them their options. (ON-08)*

In addition to that, they acknowledge that approaching the Obstetric Nursing Non-Invasive Care Technologies with the parturient women goes beyond a mere knowledge exchange; it is fundamental to explain the benefits and the appropriate time to use each of them:

> *[...] explain the "why"... It's no use to make her sit on the ball! What are you sitting her on the ball for? She needs to trust you and know that it's her body! The actions are yours, but the body is hers and she needs to know why you do such thing! (ON-11)*
>
> *I start talking to her, I explain about labor and about all the technologies that can be used. And I always emphasize that it's her choice! (ON-10)*
>
> *The technologies [ONNICTs] are discussed beforehand with the woman and she's explained why we're offering them! [...] First of all, I explain what each one is for and that it'd be cool that she tried them out! (ON-15)*

When bonding and knowledge exchange are not efficient to mobilize the parturient women regarding use of the ONNICTs, the participants refer to the collaboration of other nurses and to the incentive for the companion to participate as resources adopted to obtain women's adherence:

> *I try to call another person to see if she can adhere [to the ONNICTs]. Sometimes, when someone else is talking, she can have better affinity, which she didn't have with me, and the woman can accept. (ON-13)*
>
> *Many times we can't do the technologies with her, but we manage to present the technology and teach the companion how to do it. (ON-15)*

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Obstetric nurses' attitudes when parturient women do not adhere to using the Obstetric Nursing Non-Invasive Care Technologies

This category evidenced that, faced with the parturient women's resistance to using ONNICTs, most of the obstetric nurses in this study recognize that it is fundamental to respect the woman's right to choose and her decision, manifesting care negotiation attitudes:

> *I try to communicate with them, show the process, guide... Even so, some women will say no and it'll all be as they wish! [...] Just because I studied, I can't expect my wish to be valid for all women. (ON-02)*
>
> *It's good to offer more than one [ONNICT]! [...] you list the main benefits and let her choose. She should always have the power to choose. She needs to feel... Be empowered and understand her role in labor. (ON-09)*
>
> *I explain her about the ONNICTs and role model everything. If she doesn't want to accept, I can't interfere in her will! (ON-16)*

It was also verified that some participants resort to insistence to convince the women to use ONNICTs. On the other hand, there are nurses who manifest imposing attitudes:

> *Sometimes they accept due to insistence. Keep negotiating... they accept due to our insistence, but some women refuse all the same! (ON-08)*
>
> *In general, it's by trying to convince the woman that what I'm offering will reduce labor, improve pain and speed up delivery. I try to negotiate! [...] but I think we end up convincing women by insistence. (ON-14)*
>
> *Sometimes I impose certain things because I think it's better for her and she doesn't know! So I impose! Always with a gentle voice... A gentle and kind voice, but it's an imposition all the same! (ON-07)*

DISCUSSION

The study evidenced that the obstetric nurses consider bonding and knowledge sharing as actions developed with the parturient women that create favorable conditions for the provision of ONNICTs and enable possibilities for care negotiation.

Bonding reveals itself as a work object for the nurse to promote therapeutic care through actions that express empathy, affection, availability, sensitivity and understanding of the other[13,14]. From this perspective, in addition to technical competence, nurses use relational skills to offer emotional support and to provide access to diverse information and clarifications, as well as they provide women with free choices and participation in the decision-making processes about their assistance[15].

Therefore, the bond is configured as a resource for comprehensive and humanized health care, involving qualified listening, welcoming attitudes and expressions of affection, which conform a dialogic act, fundamental in building a relationship of trust and co-responsibility between the professional and the woman[16,17].

Knowledge sharing was another action identified in this study, as it was found that the participants guide the parturient women about the possibilities of using ONNICTs, explaining the benefits associated with their use at each moment of the parturition process. As a fundamental characteristic of education in health, the educational practices are essential, as they involve articulation of professional knowledge with the knowledge brought by the women, recognition of the cultural standards of both parties, and problematization of the assistance they wish to receive, in order to devise care measures that meet their expectations and respect their decisions[18,19].

Therefore, it is important to know the person's life history and sociocultural context, as well as to value their singularities and welcome their demands, identify their health needs, and involve them in the search for care strategies[13]. It is during these actions that women perceive the obstetric nurses' involvement and feel safe to express their feelings and expectations, showing themselves more receptive to the guidelines and to knowledge exchange[20], which eases the nurses' approach to ONNICTs in the parturition process.

As verified in this research, when bonding and knowledge sharing are not sufficient to promote adherence of the parturient women to using ONNICTs, the participants develop actions based on collaboration with other agents, such as including other obstetric nurses in the care process and encouraging companion's participation.

It is known that the presence of a family member or of a member of the woman's social network results in safety, comfort and emotional support during delivery[19]. Thus, the incentive for the companion to participate becomes an

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important ONNICT of the care process, which requires a human instrument, the companion himself, previously guided by the nurse regarding the ways to support the parturient woman.

On the other hand, including another obstetric nurse in the care provided is a strategy commonly adopted in the face of difficulties establishing the bond, which are often related to the precarious working conditions in maternity hospitals. In this sense, the insufficient number of human resources and work overload are factors that interfere in the care provided, especially regarding the actions related to bonding, considered essential in the approach to ONNICTs[21,22].

It is worth noting that, in this work configuration, nurses aggregate several functions in the same work shift, culminating in fragmentation of the care process with the consequent prioritization of managerial activities to the detriment of care activities, which compromises welcoming, establishment of interpersonal relationships and expressions of empathy, support and dedication during care[22-26]. Consequently, it is probable that parturient women feel alone and abandoned, as the team fails to provide due assistance and care, thus generating dissatisfaction and negative experiences with delivery[27].

When the actions taken by the participants in this study are not successful in motivating the parturient women and they are resistant to using ONNICTs, many obstetric nurses manifest attitudes of valuing female protagonism in the parturition process[28], as well as of respect for the choice of not accepting what is offered[8,29]. On these occasions, they welcome the women's beliefs, habits, costumes and wishes, incorporating them into the care process in order to preserve their medicalized cultural standard[7,29].

With this behavior they create the conditions for producing congruent cultural care, as the women's sociocultural aspects are not valued or harmonized with professional knowledge[7]. From this perspective, there is no cultural shock, as nurses do not impose their demedicalized values on the parturient women and negotiate their cultural differences, making adjustments in the care process to achieve beneficial health outcomes, which corresponds to the concept of cultural care negotiation[7,9,30].

From this perspective, obstetric care is culturally congruent and satisfactory to the extent that the professional's knowledge provides women with informed choices, autonomy and empowerment to act during labor, even in the face of conflicts generated by the misalignment between the parturient woman's cultural baggage and that of the professional[19,31].

On the other hand, some participants insist on the discourses about the benefits of ONNICTs to convince the parturient women to use them, expressing attitudes that still permeate negotiation of demedicalized care. However, from the moment that the refusal to use the technologies persists in the face of convincing actions, the nurse's attitude becomes an imposition, as it disregards women's beliefs, values and cultural practices, for judging that they lack the necessary knowledge to decide on the most appropriate care options.

The imposition attitudes reinforce the cultural shock in women with medicalized values and suggest a relationship of domination in which the nurse, through the authorized scientific discourse delivered with apparent gentleness, adopts a paternalistic attitude[32]and imposes her cultural arbitrariness on the parturient women, forcing them to recognize the ONNICTs as legitimate, even if they are resistant to do so[33]. In this perspective, it is possible to assert that symbolic violence is exercised, defined as soft violence that operates through communication and recognition, although invisible to the eyes of those who suffer it and, therefore, efficient to impose meanings[33].

It is worth noting that imposing the use of ONNICTs on the parturient women is a contradiction in terms of the demedicalized concepts that guide obstetric nurses, as it represent actions that disrespect the principles of valuing different knowledge, of women's autonomy and of not invading the female body, through shared construction of care with promotion of citizenship and well-being[3-5].

It is emphasized that use of these technologies anchored in demedicalization involves actions and attitudes that promote safe and respectful maternal care, which constitute a universal human right for women in all health systems in the world, involving, among others, the rights to: be free from harms and mistreatment; receive information; have informed consent; refusal and respect for their choices and preferences; and exercise of their freedom and autonomy, free from coercion[34].

These assumptions should guide professional performance, as medicalized practices and asymmetrical power relations persist in delivery care in Brazil, representing actions that violate women's human rights and dignity[35-37], such as the imposing attitudes identified among some of the participants in this study in the approach to ONNICTs with the parturient women.

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Study limitations

As this is a local study, its findings preclude generalizations. However, this limitation does not weaken the results presented, as most of the obstetric nurses work in precarious scenarios and assist parturient women with different cultural baggages, given the multiculturalism that permeates the Brazilian territory.

CONCLUSION

The study evidenced that obstetric nurses mobilize the parturient women to use the Obstetric Nursing Non-Invasive Care Technologies through relational and collaborative actions that include bonding, knowledge sharing, inclusion of other nurses, and encouragement for the companion to participate in the care process.

When facing non-adherence to Obstetric Nursing Non-Invasive Care Technologies, most of the participants manifest care negotiation attitudes and non-invasion of the women's medicalized culture, configuring congruent cultural care. However, it was found that some nurses present imposing attitudes that promote cultural shock and represent situations of symbolic violence, which hurt women's human rights, are incompatible with the conception of Obstetric Nursing Non-Invasive Care Technologies, and contradict the principles of care demedicalization.

Given these findings, it is recommended that cross-cultural care be addressed in teaching at different training levels and in permanent education activities, in order to sensitize students and professionals to the importance of culturally congruent obstetric care, enabling them to recognize, deal with and respect different beliefs, values and cultures.

In addition, it is noted that adherence to the use of Obstetric Nursing Non-Invasive Care Technologies in parturition can be facilitated through educational practices in prenatal care, providing access to diverse information and problematization of the coexistence of different health care cultural standards, which are internalized by many women and create misleading representations that there are no other options for delivery care besides those anchored in the medicalization process. It is believed that deconstruction of this common sense throughout pregnancy is the most promising way to recognize Obstetric Nursing Non-Invasive Care Technologies as a care possibility, as well as to empower women, enabling them to react to professional actions and attitudes that disregard their cultural standards.

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