

## Understanding of care through the eyes of puerperal women

Compreensões de cuidado na visão de mulheres puérperas

Entendimiento del cuidado desde el punto de vista de las puérperas

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### ABSTRACT

**Objective:** to know the perception of the nursing care through the eyes of puerperal women in a maternity, during the stay in a joint accommodation. **Methods:** qualitative research with 14 women who were in a joint accommodation. Data were collected through semi-structured interview from May to June 2014. The analysis of the data was from the thematic analysis according to Minayo's theoretical framework. **Results:** the data led us to the category: "nursing care as attention: advances, obstacles and challenges". An attentive care was evident, but with emphasis on technical procedures and focused on the newborn. **Conclusion:** the puerperal women's understanding about the received nursing care in joint accommodations indicates a technical care, fragmented and lacking in integral assistance; although it was considerate and in accordance with needs of some women.

**Descriptors:** Nursing, Postpartum Period, Women's Health.

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## RESUMO

**Objetivo:** conhecer como se dá o cuidado de enfermagem na visão de mulheres puérperas de uma maternidade, durante a permanência no Alojamento Conjunto. **Métodos:** pesquisa qualitativa com 14 mulheres que se encontravam internadas em Alojamento Conjunto. Os dados foram coletados por meio de entrevista semiestruturada no período de maio a junho de 2014. A análise dos dados foi a partir da Análise Temática segundo referencial teórico de Minayo. **Resultados:** os dados conduziram-nos a categoria: “O cuidado de enfermagem enquanto atenção: avanços, entraves e desafios”. Evidenciou-se um cuidado atencioso, no entanto com ênfase em procedimentos técnicos e centrado ao recém-nascido. **Conclusão:** os elementos emergidos das compreensões das mulheres puérperas sobre o cuidado de enfermagem recebido no alojamento conjunto apontam para um cuidado tecnicista, fragmentado e desprovido de uma assistência integral; embora atencioso e de acordo com as necessidades de algumas das mulheres.

**Descritores:** Enfermagem, Período Pós-Parto, Saúde da Mulher.

## RESUMEN

**Objetivo:** conocer cómo es la atención de enfermería en vista de las madres en la maternidad durante su estancia en el alojamiento conjunto. **Métodos:** investigación cualitativa con 14 mujeres que fueron hospitalizadas en el alojamiento conjunto. Los datos fueron recolectados a través de entrevistas semiestructuradas, de mayo a junio de 2014. El análisis de los datos fue a partir del Análisis temático según el marco teórico de Minayo. **Resultados:** los datos nos llevaron a la categoría: “El cuidado de enfermería como atención: avances, obstáculos y desafíos.” El cuidado atento fue evidente, sin embargo, con énfasis en los procedimientos técnicos y centrado para el recién nacido. **Conclusión:** los elementos surgidos de la comprensión de las mujeres acerca de la atención de enfermería que reciben en el alojamiento conjunto apuntan a un cuidado tecnicista, fragmentado y carente de atención integral, aunque atento, y de acuerdo con las necesidades de algunas de las mujeres.

**Descritores:** Enfermería; Puerperio; Salud de la Mujer.

## INTRODUCTION

Faced with the demands of the new health model proposed by the Unified Health System, the concept of health as a right to citizenship must be guaranteed and legitimized through policies that ensure universal and equal access to actions and services for health promotion, protection and recovery.

In terms of Brazilian public policies, women's health care has undergone important transformations in the last decades of the twentieth century. In the 1970s, women were exclusively dedicated to the care of the home and the children, and the actions focused on care were centered on issues related to reproduction, resulting in the fragmentation of care and low impact on women's health indicators.<sup>1</sup>

Faced with numerous mobilizations of the feminist movement, the Ministry of Health developed the Integral Assistance Program for Women's Health in 1983, proposing basic actions for integral assistance to Women's Health, encompassing new, more comprehensive and transcendent health concepts, with the intention of

implementing effective actions that included different population groups and social codes, in which women were inserted.<sup>1</sup>

However, this proposal did not achieve the expected results. Thus, in 2004, the Ministry of Health launched the National Policy for Integral Attention to Women's Health, based on the proposal of the Unified Health System, which includes a gender perspective in actions and identifies the need for actions that contemplate women beyond the reproductive aspect, including the plurality of the subject “woman.”<sup>1</sup>

In 2000, the Prenatal and Birth Humanization Program was created to reduce high rates of maternal and perinatal morbidity and mortality, to increase access to prenatal care, to establish criteria to qualify prenatal consultations. In addition, the Prenatal and Birth Humanization Program establishes the principles of health care for pregnant and postpartum women, which must be provided in the states, municipalities and health services, providing women with the right to citizenship and to humanized and of good quality assistance. In this context, among the objectives of the aforementioned program are access to and quality of prenatal care, of childbirth, of puerperium and of neonatal care, to ensure the care of women in this process at different levels of complexity and to establish a link between the prenatal care and childbirth.<sup>1</sup>

Because the puerperium is considered a period of risk, skilled nursing care that is based on the prevention of intercurrents, physical and emotional comfort, with emphasis on educational actions that can offer women tools to take care of herself and her child becomes essential. These actions need to be permeated by respect for the limitations and needs of each puerperal, and also to provide care that is in accordance with the demand of each woman.<sup>2</sup>

Although the puerperium is a singular event in women's lives, it is usually a neglected period. The attentions turn much more to the babies and the modifications of this period are forgotten.<sup>3</sup> Considering these modifications and especially the impact they can cause, it becomes relevant to combine a qualified nursing care that is appropriate to the needs of the women in this period. In addition, it is expected that from the results of this research, nursing professionals can reflect, question and re-signify their practices in search of the improvement of their actions in the context of care for the puerperal woman. In view of the above, the question that led to this was “how does nursing care happen to women who have recently given birth in a Hospital Joint Accommodation?” Thus, this study seeks to know how nursing care is given to hospitalized women who have recently given birth at a hospital joint accommodation.

## METHODS

This is a descriptive research with a qualitative approach. The data collection was done through a semi-structured interview, which combines closed and open questions, in which the interviewee has the possibility of discussing the main topic without engaging in formal inquiry<sup>3</sup>. Participants in this study were 14 women who were in the immediate puerperium (1 to 10 days postpartum) regardless of whether they were primiparous or multiparous, hospitalized in the joint accommodation of a medium-sized hospital located in the southern region of Brazil.

Regarding the inclusion criteria, it was women over 18 years of age who showed interest in participating in the study. As for the exclusion criteria were women who were not natural from the origin municipality. The number of participants was due to the saturation of the data. The content analysis of the thematic type was used for the analysis of the qualitative data.<sup>4</sup>

Data collection was done through a semi-structured interview, which in turn should be considered as a script or guide, "an opening, expanding and deepening communication facilitator". In this mode of interview the researcher obeys a script that is physically appropriated. By having a clear support of the sequential questions, the semi-open interview facilitates the approach and ensures dialogue.<sup>4</sup>

In order to carry out this interview, a pilot instrument was elaborated, which in the course of the interviews was modified in view of the need to readjust it to make it more comprehensive according to the needs that arose. It is necessary to emphasize that the ethical issues were always respected and preserved, in view of the Resolution 466/12<sup>5</sup> of the National Health Council. The research was approved by the Research Ethics Committee, under the number of CAAE: 14339713.0.0000.5353.

During the collection, there were some setbacks during the interviews, such as: noises, conversations, flow of people, among others, which disturbed the good progress of the first interviews, and it was necessary to conduct the interviews in a room attached to the joint accommodation, free of setbacks and noises. The interviews were recorded with permission from the participants and later transcribed. Still on the transcripts, it is emphasized that a careful (re)reading of the participants' speeches was carried out in order to make a grammatical correction of the sentences, but without changing their meaning.

As for the analysis of the data, the thematic analysis can be decomposed into three stages, being the first Pre-analysis, in which the researcher chooses the documents to be searched. This step can therefore also be divided into some tasks, namely: Floating reading, in which the researcher takes direct and intense contact with the material; Constitution of the corpus in which the

universe studied in its totality must respond to norms of validity as: Exhaustivity, Representativeness, homogeneity and pertinence.<sup>4</sup>

Finally, the formulation and reformulation of hypotheses and objectives is done, a process that consists of the resumption of the exploratory stage, an exhaustive reading is made, which means that at that moment directions and interpretations can be corrected. In this course, a picture was constructed with key words or phrases, which emerged from the statements of the deponents.

The second stage consists of the exploration of the material and the third step of the treatment of the obtained results and its interpretation. Regarding the treatment of the results obtained and interpretation: the themes were put in evidence and the information obtained in the interviews were organized, proceeding to a re-reading of the categorized material and to a critical reflection of the results, in order to articulate the results obtained with the theoretical reference of Nursing care and puerperium, in order to base, compare and theoretically discuss the results of the research aiming to answer the research question.

To preserve the anonymity of the deponents, a free and informed consent form was given, which included information about the project, the authors' names and contact numbers, and, above all, the guarantee that the puerperal woman would not have her name revealed, so a code (E1, E2 ..) was used in its place, guaranteeing their confidentiality.

The study complied with the formal requirements contained in national and international standards for research involving human subjects.

## RESULTS AND DISCUSSION

To present the results of this research, the profile of the participating women and the characteristics of the research site will be initially briefly outlined, followed by the understanding of the puerperal women about nursing care in the joint accommodation.

Regarding the brief profile of the group of 14 postpartum women participating in the study, their age ranged from 19 to 34 years. As for the marital situation, seven of them reported being married, the others were civilly single. As for basic formal education, three mentioned having completed the elementary education, ten had finished high school and one had higher education. As for the occupations, the majority referred to being a housewife, while two work in agriculture and one is a bus collector. They also revealed that they have an average monthly income of a minimum wage.

The deponents hospitalized in the joint accommodation revealed through the testimonies, that they were welcomed by the nursing team, which proved to be collaborative. However, attention was focused on technicality, that is, with emphasis on technical procedures, in addition to the care centered on the newborn, which directed us to the

category: "Nursing care as attention: advances, obstacles and challenges"

### **Nursing care as attention: advances, obstacles and challenges**

Some deponents revealed been satisfied with the improvement of the physical space and growth of the institution in the last years, compared to previous hospitalizations as evidenced in the speech of the following deponent:

"It evolved quite a lot from six years ago". And complements: "They used to come, didn't say hi, nowadays they havethis opening, to come, to ask, to answer and to welcome us" (E7).

To that end, in referring to current experience women indicate a more qualified care with regard to care. As can be seen in the following speech when asked about suggestions regarding the care practiced by the nursing team:

*I can't think of any suggestion, just to tell the girls to continue the way they are, because they treat the children with a lot of affection. You know it's not because of obligation, it's because of care, they do it because they like it (E11).*

Despite advances in physical space and also in relation to the attention of the nursing team, the presence of a care centered in the techniques and procedures to the detriment of a holistic attention is still strong.

Following, the speech of the deponent (E1), when asked about the care provided by the nursing team in the Joint Accommodation:

"It was good, as I did cesarean, they put on aprobe, then they came and bathed the baby, helped me shower and did the dressing on the cesarean section" (E1).

Therefore, even though the nursing team is receptive and resolute of immediate needs, technicity and the biomedical model are present to the extent that technical care is prioritized.

However, it is important to emphasize that although these care are focused on biological aspects, these come according to the needs of some of the deponents, so it is important to have a sensitive look at the subjectivity of each subject surveyed. In this respect, it is possible to observe a certain dichotomy between the respondents with regard to nursing care, demonstrating the view of care in a different and unique way, as evidenced by the statements of the following deponent:

"The girls are coming all the time to see if everything is all right, pressure, temperature, it's good, they talk, come here, yesterday I asked one of them a lot of questions" (E8).

This response demonstrates satisfaction with the attention received. While to (E7):

"The girls have done everything for the better, but I believe that the Hospital could have more employees, because

sometimes they are attending there on the other side, and don't attend here" (E7).

The testimony of the deponent (E7), demands a greater need of human resources or a better dimensioning of the nursing personnel in the place, to reach a more qualified care.

According to the deponents, the technical care is important, however for others it is fragmented as noted in the speech of another deponent, when asked about the nursing care received in the joint accommodation:

*Ah, attention, right? What matters is the attention, the person arrives, and the postpartum is a bit complicated. Not that it is for me, but it happened to someone who was arriving, one has to be a bit more sensitive to treat the woman at this stage after the birth (E4).*

In view of the following deponent the care practiced by the nursing team is welcoming, but basic:

"Look, I think they seek to promote the basichere, that's the only thing I tell you, very few people for the demand they have, it takes a long time to come and change the saline. It's the basic!" (E7).

Just as in the speech of the subsequent deponent:

"If you ask something they will answer the basic, minimum of the minimum" (E6).

It was pointed out as a limitation of the study the noises and clatter in the joint accommodation during some interviews. Likewise, it is mentioned that it was performed in a period of few obstetrical hospitalizations. These issues need to be rethought in other studies to allow more detailed and in-depth analysis.

The results indicate the need for nursing professionals to reconsider the practice of care in the puerperal period, valuing the singularities of the puerperal women, being such function inherent to the nurse and the team, it is up to them to get to know and to put into practice these prerogatives, discussing among pairs forms of construction that promote a breakthrough with regard to care for puerperal women that can go beyond technical care.

In relation to this, still in nursing practice it is evident that it is common to find attitudes focused on the traditional care model. The technician dimension of care becomes a priority in the care of puerperal women leaving a gap in the care process.<sup>6</sup>

Another important point that the statements of the deponents demonstrated is related to the nursing staff dimensioning, which in turn, is about the determination of the number and the composition of the team, among other criteria, by the type and complexity of the service provided, besides the nursing needs of the users.<sup>7</sup>

Sizing is one of the tasks of nursing management, and its application is intrinsically connected to the quality of nursing care provided. On the other hand, it is necessary that the hospital management has a sensitive view to the personal dimensioning in relation to the nursing team,



which facilitates to provide an integral and complete care according to the amount and needs of each hospitalized user.<sup>8</sup>

Nursing takes on a primary role in the exercise of care, given that it is provided for by law and encompasses a range of skills, including: manual or technical skills, critical thinking, besides knowledge and intuition. However, these competencies are not enough for the professional to achieve a qualified care, since it needs an affective, relational component, in a way that interacts, relates to the being cared for, either it is through words or through silence, through a touch, a look and a gesture.<sup>9</sup>

So it does not matter whether the care is macro or micro, but rather that care is seen beyond the attitude and deeds of human beings; the care comes before human attitudes, and therefore is in all situations and actions, "goes through the feeling that flourishes when we perceive the needs of the human being taken care of."<sup>10</sup>

Regarding prenatal care, it needs to be qualified, giving that it requires specific knowledge and skills, both in the physiological and sociocultural aspects. It is understood that when dynamism occurs in the relationships among nursing care actors, beliefs and values are appreciated which favors the involvement of the women in the care of her own health.<sup>11</sup>

Therefore, skilled and humanized prenatal care needs to play an important role in reducing maternal and infant morbidity and mortality, as well as showing other benefits to maternal and child health.<sup>12</sup> In this sense, it becomes evident the importance of nurses seeking to qualify themselves in order to improve their abilities to provide women with a skilled prenatal nursing consultation that addresses the real needs of the women and their families from a biopsychosocial perspective.

Therefore, it is necessary to understand that the puerperium is a period of emotional and systemic changes, being essential that the woman feels confident, calm and welcomed by the nursing team and the family. Thus, it is necessary for nurses and staff to be aware of the significant contribution of support, particularly of the family, which positively influences the puerperal process.<sup>13</sup> Hence, it is important that the nursing team is clear about the importance that care for women's health in the puerperium needs to encompass socio-cultural aspects and, moreover, should involve the couple and the family in care.<sup>14</sup> In the meantime, it is believed that Primary Care plays a relevant role in relation to what has been exposed previously, puerperium is intrinsically connected with prenatal care, that is, a prenatal qualified and complete will interfere positively in the puerperium.

Finally, it has been realized that man has acted more and more in his role of father, accompanying and supporting in the best possible way. Undoubtedly, the positive participation of the partner and other family members in pregnancy, childbirth and postpartum will

form a strengthened basis for building a good parent-child relationship in the future.

## CONCLUSION

The elements emerging from the understanding of puerperal women about nursing care received in the joint accommodation point to a technician care, fragmented and devoid of integral care, although attentive and according to the needs of some of the women.

In the same way, a care with an emphasis on technicality, fragmented and centered on the newborn, was noticed from puerperal speeches, which raises the need for nursing professionals to understand the postpartum event as a singular step in the life of the woman and family.

It is suggested that health professionals seek to reconsider the practice of care, valuing the singularities of the puerperal women, being such an inherent function of the nurse, being responsible for knowing and putting into practice these prerogatives, discussing among pairs construction forms that promote an advance with regard to the care of the puerperal woman which can go beyond the technical model.

Regarding the conclusions of the present study, we point out limits and possibilities, with the understanding of what is unfinished that occurs in researches, by virtue of the fact that the subjects' actions are in daily construction.

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