



QUALITY OF POSTPARTUM NURSING CARE IN A MOTHER'S VIEW
QUALIDADE DA ASSISTÊNCIA DE ENFERMAGEM NA PERCEPÇÃO DE PUÉRPERAS
CALIDAD DE ATENCIÓN DE ENFERMERÍA EN LA PERCEPCIÓN DE LAS PUERPERALES

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ABSTRACT

Objective: to learn from the perspective of the new mother on the quality of postpartum nursing care. **Method:** descriptive study, conducted from December 2009 to November 2010, with 384 recently cared for new mothers in the Inpatient Accommodations in a public maternity hospital in Manaus/AM/Brazil. In the data collection a semi-structured interview was used, as well as for the analysis, descriptive statistics and assumptions of the content analysis technique, after the approval of the research project by the Ethics Committee of the Federal University of Amazonas, Protocol CAAE No, 0234.0.000.115 -09. **Results:** qualities which the professionals should possess: education (25.71%), attention (22.08%) and patience (10.39%); characteristics that the new mothers considered that nursing professionals are lacking: humanization (24.68%), attention (21.04%) and responsibility (14.29%). **Conclusion:** weaknesses were revealed in the healthcare and demonstrates that the principles related to the humanization of healthcare are not being implemented at the studied institution. **Descriptors:** Women's Health; Ensuring the Quality of Healthcare; Nursing Care.

RESUMO

Objetivo: conhecer sob a ótica das puérperas a qualidade da assistência de enfermagem. **Método:** estudo descritivo, realizado de dezembro de 2009 a novembro de 2010, com 384 puérperas assistidas no setor de Alojamento Conjunto em uma maternidade pública de Manaus/AM/Brasil. Na coleta de dados foi usada a entrevista semiestruturada e para análise, a estatística descritiva e os pressupostos da técnica de Análise de conteúdo, depois da aprovação do projeto de pesquisa pelo Comitê de Ética da Universidade Federal do Amazonas, CAAE nº 0234.0.000.115-09. **Resultados:** qualidades que deveriam existir nos profissionais: educação (25,71%), atenção (22,08%) e paciência (10,39%); características que as puérperas consideraram faltar no profissional de enfermagem: a falta de humanização (24,68%), de atenção (21,04%) e de responsabilidade (14,29%). **Conclusão:** evidenciaram-se fragilidades no atendimento e se infere que os princípios relacionados à humanização da assistência não estão sendo implementados na instituição estudada. **Descritores:** Saúde da Mulher; Garantia da Qualidade dos Cuidados de Saúde; Cuidados de Enfermagem.

RESUMEN

Objetivo: conocer la perspectiva de las puerperales de la calidad de los cuidados de enfermería. **Método:** estudio descriptivo, realizado entre diciembre de 2009 noviembre de 2010, con 384 puerperales asistidas en el sector de Alojamiento Conjunto en una maternidad pública en Manaus/AM/Brasil. La recolección de datos se utilizó entrevistas semi-estructuradas y análisis, estadísticas descriptivas y los supuestos de la técnica de Análisis de contenido, después de la aprobación del proyecto de investigación por el Comité de Ética de la Universidad Federal de Amazonas, protocolo - CAAE 0234.0.000.115-09. **Resultados:** cualidades que deben existir entre los profesionales: educación (25,71%), atención (22,08%) y la paciencia (10,39%), características que las puerperales consideran la falta de enfermería profesional: la falta de humanización (24,68%), la atención (21,4%) y responsabilidad (14,29%). **Conclusión:** se presentaron deficiencias en la asistencia y se infiere que los principios relacionados con la humanización de atención no se están aplicando en la institución estudiada. **Descriptores:** Salud de la Mujer; Garantía de la Calidad de la Asistencia de Salud; Cuidados de Enfermería.

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INTRODUCTION

In the history of Brazilian public healthcare, for woman this has been based on mother-infant care, that does not meet all of the women's needs, with a view for reducing it to the role player and mother, ensuing from actions focused on the woman outside of pregnancy and postpartum periods. Therefore, the perspective of the woman only as a mother can be manifested throughout the years.

Trying to overcome this weakness, in the year 1983, maternal-infant health was recognized as a priority since the introduction of the Program for Integral Assistance for Women's Health (PAISM), thus broadening the list of health actions designed to plot the female population, with emphasis on pre-natal care as its impact and transcendence in the perinatal outcome.¹⁻²

Aware of the importance of pre-natal care in the perinatal outcome and in the reduction of maternal mortality rates, the Ministry of Health (MOH) in the year 2000 had launched the National Program of humanization in Prenatal and Birth (PNHP), proposing criteria markers for the performance and quality of care in pregnancy, in addition to providing financial incentives to municipalities that join this program, based on the premise that the lack of perception of women's rights and the fundamental aspects of humanization were the basis for the bad care, and having the understanding that it was essential to propose changes in the health care model. Even acknowledging the limitations of a vertical measure, MS took the decision to launch a strategy where issues of humanization and rights were seen as structuring principles.³

In 2011 a strategy was launched "Rede Cegonha" ("Stork Network") composed by a set of measures to ensure proper care, insurance and humanized to all Brazilians, by the Public Health System (SUS), from the confirmation of the pregnancy, prenatal and postpartum, until the first two years of the baby's life. The measures provided for in the Stork Network cover obstetric care to women with a focus on pregnancy, childbirth and postpartum as well as child care, however does not provide assistance to women undergoing abortion.⁴

Women's health is considered as something much greater than pregnancy and postpartum. Biologically, the postpartum period is the period during which unfold all involuntary manifestations after delivery, additionally occurring important changes that last until a

full recovery of the body to the pre-pregnancy conditions.⁵

Associated with the biological changes, in the new mother, changes can also occur resulting from the social condition change with the arrival of motherhood and a new family member in addition to psychological changes. In this period, the new mother has moments of dependence the on nursing care offered to her and the baby; decisive moments for the nurse can guide the care that takes into account the needs of both.

Faced with the emerging needs in this period, arises the concern with the quality of care. Historically, the adequate quality of health care was linked to professional standards and financial resources. Managers are more attentive and anxious to assess patient satisfaction in relation to the care received, becoming an indispensable aspect in the process of the producing and administering of services.⁶⁻⁷

In terms of the quality management of nursing services, it is a tool that the professional should use during their praxis, which offers an exceptional opportunity for improvement in the relationship between people, where the needs of the patients should be examined and treated as care priorities.

Certainly, improvement in quality of care involves several factors; among them is the permanent technical training of health teams with views in the resolution of more prevalent problems, in addition to the commitment of the patient's needs. In this sense, the nursing team's qualification during care in the postpartum period is essential, whereas this period is a special phase in the life of the woman and her child.⁸

It is expected that this study will contribute to the provision of data to promote the assessment in the quality of the care provided and the identification of individual and collective needs. This information will enable the planning and execution of programs that encourage the care of women in their real needs.

In this context, this work aims to:

- Learn from the perspective of the postpartum mother on the quality of nursing care.
- Identify the professional qualities prioritized by these postpartum mothers.
- Identify the weaknesses present during the nursing care.

METHOD

Descriptive study conducted in a public maternity hospital in Manaus /AM/Brazil, a reference for high risk pregnancy care. A large scale Hospital accredited by the World Health Organization/WHO as; Amigo da Criança (The Child’s Friend). It is responsible for approximately 750 births per month, approximately 9000 deliveries per year, with 186 beds, being that 106 are in shared rooms.

For the determination of the minimum sample size, a specific formula was used⁹ considering that the approximate number of live births in this maternity ward was approximately 9,000/year, and the tolerable error of 5%, reaching a sample calculation of 383 pregnant women. As inclusion criteria the following was used: pregnant, over 18 years of age, admitted in the share room sector for at least 48 hours after delivery; able to speak and oriented at the time and place and accepted to take part in the study, by signing the consent form. Therefore, they became part of the sample, 384 postpartum mothers recently cared for in the shared room sector during the period from December 2009 to November 2010.

For data collection a form by means of semi-structured interview was applied and subdivided into two parts. The first related to socio-demographic data that defined the profiles of mothers in this study. The second part contained two research questions: What are the qualities that you expect from professional nursing? Which of the above mentioned qualities were not identified during your hospitalization?

For data analysis, descriptive statistics and

Table 1. Distribution of the postpartum women according to age, marital status and educational level. Manaus. 2010.

| Variable | Age Group | | | | | | | | | | P-value* |
|-------------------------|----------------|--------|---------|---------|---------|--------|-------------|---------|-------|---------|----------|
| | Up to 20 years | | 21 - 30 | | 31 - 40 | | 41 and over | | Total | | |
| | n | % | n | % | n | % | n | % | n | % | |
| Marital Status | | | | | | | | | | | < 0.0001 |
| Single | 80 | 43.96% | 80 | 43.96% | 21 | 11.54% | 1 | 0.55% | 182 | 47.40% | |
| Married | 48 | 24.24% | 106 | 53.54% | 42 | 21.21% | 2 | 1.01% | 198 | 51.56% | |
| Separated | 1 | 33.33% | 0 | 0.00% | 1 | 33.33% | 1 | 33.33% | 3 | 0.78% | |
| Widowed | 0 | 0.00% | 1 | 100.00% | 0 | 0.00% | 0 | 0.00% | 1 | 0.26% | |
| Total | 129 | 33.59% | 187 | 48.70% | 64 | 16.67% | 4 | 1.04% | 384 | 100.00% | |
| Schooling | | | | | | | | | | | < 0.0002 |
| Illiterate | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 1 | 100.00% | 1 | 0.26% | |
| Grade School Complete | 27 | 51.92% | 15 | 28.85% | 10 | 19.23% | 0 | 0.00% | 52 | 13.54% | |
| Grade School Incomplete | 66 | 48.53% | 50 | 36.76% | 18 | 13.24% | 2 | 1.47% | 136 | 35.42% | |
| High School Complete | 15 | 11.11% | 93 | 68.89% | 26 | 19.26% | 1 | 0.74% | 135 | 30.99% | |
| High School Incomplete | 21 | 38.89% | 27 | 50.00% | 6 | 11.11% | 0 | 0.00% | 54 | 14.06% | |
| College Complete | 0 | 0.00% | 2 | 33.33% | 4 | 66.67% | 0 | 0.00% | 6 | 1.56% | |
| Total | 129 | 33.59% | 187 | 48.70% | 64 | 16.67% | 4 | 1.04% | 384 | 100.00% | |

Source: Research Data

In the possession of the responses, was the study of the text code for the identification of the words "defining terms". Subsequently, the responses to question 1 and 2 were faced,

simple assumptions of the content analysis technique was used, thus being that a study was done on the code of the text by enumeration of the total number of words present or "occurrences". This way it was possible to identify words "defining terms" that provided revealing information for an understanding of the phenomenon under study.¹⁰

The research project was approved by the Research Ethics Committee at the Federal University of Amazonas, CAAE Protocol No. 0234.0.000.115 -09 and complied with the recommendations of Resolution No. 196/96 of the National Health Council (NHC).

RESULTS

The sample was characterized by women of reproductive age, in the age range from 21 to 30 years 187 (48.7%), followed by those with up to 20 years 129 (33.6%), the majority stated that they were married 198 (51.56%). As to the qualification it highlights that most of the women had only completed elementary school 137 (35.58%) with a large proportion of those who had paid employment 287 (74.7%). It highlighted that, even having such as inclusion criterion, age greater than or equal to 18 years, the proportion of young pregnant women, between 18 and 20 years was very significant 129 (33.6 %) and the age was a determining factor of marital status and educational level, the younger, the greater the proportion of unmarried women, with less education and consequently lower the chance of having a paid employment (Table 1).

which allowed to identify a gap between the profiles expected by these postpartum mothers and found/experienced during their hospitalization, these gaps were identified as

weaknesses in the care.

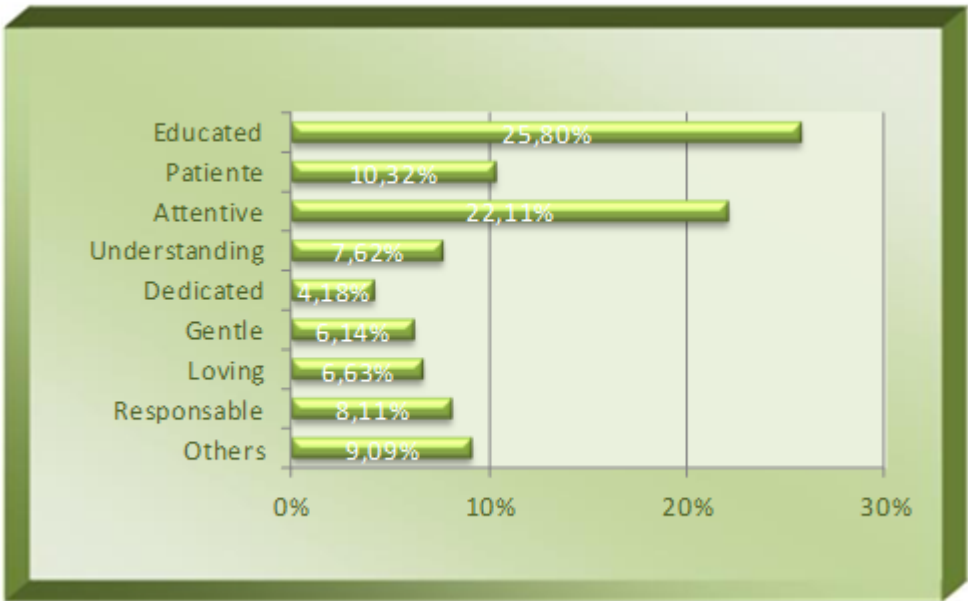


Figure 1. Qualities expected from professional nursing according to the postpartum women. Manaus, 2010.

Regarding question 1 "What are the qualities that you expect from the nursing professional?" 407 words "defining terms" were obtained, cited by 384 postpartum women (Figure 1). Thus, it was identified that they wanted to make sure that the nursing professionals were educated 105/407 (25.80%), attentive 90/407 (22.11%) and 42/407 patients (10.32%). It highlighted that 37/407 (9.09%) were included in the category of "other", because it is the sum of the various qualities cited by the postpartum mothers, that alone were insignificant because of a low citation frequency. In general, the postpartum mothers noted more characteristics towards interpersonal relationships of cordiality and respect, in detriment to technical questions. Below are some testimonials:

The nursing staff should be attentive, gentle, polite. (P13)
Patient, friendly and cheerful (good humor),

educated. (P25)
Must be more attentive, understanding and if possible have a good dialog. (P55)
Must be educated, humble. (P82)
Patients, educated, competent in their profession, attentive. (P143)
Be more humble, kind, provide quality assistance. (P158)
Attentive, responsible regarding care (medications, dressings). (P358)

For the second question "How did you experience nursing care during your hospitalization" the mothers noted characteristics that they considered lacking in professional nurse that cared for them. Hence 517 words "defining terms" were obtained and their distribution is shown in Figure 2.

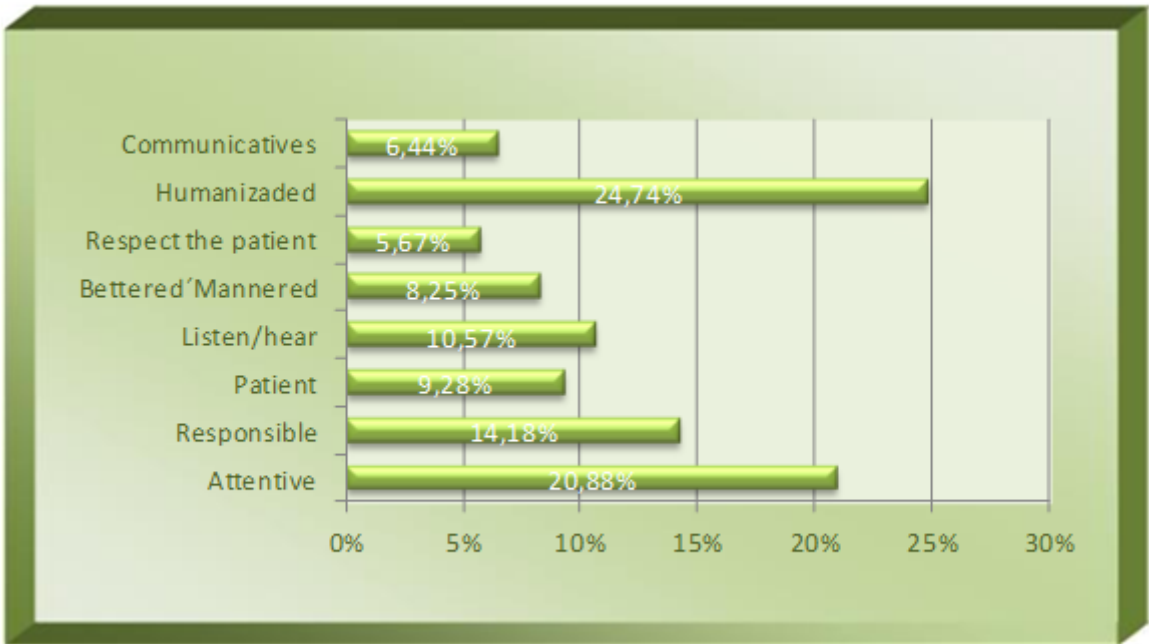


Figure 2. Lacked characteristics in professional nursing. Manaus, 2010.

According to Figure 2, the mothers once more highlighted important interpersonal

characteristics for a good relationship, rather than technical and scientific skills. The lack of these characteristics was considered as

weakness in care. They highlighted the lack of humanization in care 96/388 (24.74%), care 81/388 (20.88%) and responsibility 55/388 (14.18%). In this sense, it was observed that the mothers cried for professionals who have the ability to listen to patients, to explain the procedures, dedication and love for the profession, respect for the patient, humanization, union among the team and understanding. Despite this, some mothers who have mentioned the technical-scientific preparation to address the procedures, especially for pain management. As mentioned in the testimonials below:

During care, they do not connect to people or do not care about our pain. (P33)

Lack respect with the patient, because at the time of birth several professionals speak many offenses, this is quite inhuman. (P43)

Lack responsibility on the part of the nursing team as to the procedures (giving medication for pain), they always say they are busy, without time. (P64)

They lack more competence with respect to nursing procedures and they need to have more love for the profession. (p142)

They do not give attention to patients, and treat them as if they were animals. (p269)

DISCUSSION

The results show that, according to the mothers, the expected profile is in accordance with that recommended by the Federal Nursing Council (COFEN) and public policies on humanized care. However, when these standards were compared with the nursing care received, inconsistencies were observed. These results demonstrate the need for nursing to include the technical and scientific skills associated with behavioral skills.

A study, which assessed the skills necessary for health professionals, it showed the technical-scientific competence as an important feature for humanization.¹¹ However, this must be permeated by respect, hospitality, interaction, valuing and individuality for the human being, in addition to the development of skills such as empathy and effective communication, which favor the psycho-emotional balance of patients.¹²

An aspect pointed out by the mothers in this study was the insensitivity of professionals while facing pain at the time of delivery. Studies show that labor is a difficult experience, marked by fear, pain and negative emotional aspects, therefore the role of the professional is essential.¹² In addition a study conducted in Salvador (Bahia) showed

dissatisfaction of postpartum women when calling for respect, safety, care, guidance and physical care.¹³

These data demonstrate the need to (re)think the role of the nurse and their team in society; it transcends the care of the sick body or simply preventing illness. A noteworthy point is the need to reflect on the training of new professional, which beyond intellectual and technical competence also needs social political commitment.¹⁴

Being the postpartum period is difficult for women, both in the emotional and physical aspects, the care offered by the nursing staff should encourage complete health for the mother / child, being that, care should be offered holistically, considering the women as bio-psycho-social-spiritual beings, with needs to be fulfilled. However, what was observed in this study was a fragmentation of care, which made it difficult to meet the needs of postpartum women. In harmony, studies with health professionals show that although there is concern from the professionals with the quality of patient care, still observed are; fragmented actions, not systematized and interaction difficulties with the team.^{11,15}

Also identified, was that the dissatisfaction of women is associated with the weaknesses of the professionals as well as team work and responsibility. This dissatisfaction was also observed in results of studies, which report that the team that provides assistance to women must operate in an integrated manner, showing attitudes and behaviors of respect and competence to the human being, it is expected to promote the construction of representations of humanization in professionals.¹⁵⁻¹⁷

In collaboration, the Prenatal and Birth Humanization Program (PNHP) which establishes the humanization of the care provided and respect for reproductive rights as main strategies for fostering the much desired quality of care.¹⁶ However, the panorama observed shows that women's healthcare has many weaknesses and challenges, therefore, there is a need to discuss public policies and their impact on the indicators of maternal and perinatal health.^{12,16,18,19} It is expected to implement new care strategies with the purpose of viewing care as a process based on the holistic model. After all, the external customer is the most important person for the entire hospital organization and should not be considered as a problem or as an intruder, but rather as an opportunity for the organization to demonstrate its true mission before the

society. Therefore serve them with quality means, earning space and visibility for the profession.

CONCLUSION

The results show unprepared professionals and who did not achieve proficiency in skills essential for care in the postpartum process. By these weaknesses in the care, it appears that the principles related to the users rights are not being properly implemented in the shared room sectors in this study institution.

Therefore, it is assumed that postpartum care needs professional involvement and commitment, based on technical, scientific and humanistic competences, since these attitudes are essential for a professional who works with human beings. Also concluded was the need to reevaluate the human resources training for nurses involved in this stage of a woman's life.

On the other hand, it was observed that the postpartum women are crying out for a care model based on precepts of humanization, elements that have not yet been incorporated into the routine of nursing professionals in the studied institution.

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