

Qualitative Health Research

<http://qhr.sagepub.com>

Adolescents' Perceptions of Inpatient Postpartum Nursing Care

Wendy E. Peterson, Wendy Sword, Cathy Charles and Alba DiCenso

Qual Health Res 2007; 17; 201

DOI: 10.1177/1049732306297414

The online version of this article can be found at:
<http://qhr.sagepub.com/cgi/content/abstract/17/2/201>

Published by:



<http://www.sagepublications.com>

Additional services and information for *Qualitative Health Research* can be found at:

Email Alerts: <http://qhr.sagepub.com/cgi/alerts>

Subscriptions: <http://qhr.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Citations <http://qhr.sagepub.com/cgi/content/refs/17/2/201>

Adolescents' Perceptions of Inpatient Postpartum Nursing Care

Wendy E. Peterson

University of Ottawa, Ontario, Canada

Wendy Sword

Cathy Charles

Alba DiCenso

McMaster University, Hamilton, Ontario, Canada

The authors used a transcendental phenomenological approach to describe adolescent mothers' satisfactory and unsatisfactory inpatient postpartum nursing care experiences. They analyzed data from 14 in-depth interviews and found that adolescent mothers' satisfaction is dependent on their perceptions of the nurse's ability to place them "at ease." Nursing care qualities that contributed to satisfactory experiences included nurses' sharing information about themselves, being calm, demonstrating confidence in mothers, speaking to adolescent and adult mothers in the same way, and anticipating unstated needs. Nursing care was perceived to be unsatisfactory when it was too serious, limited to the job required, or different from care to adult mothers, or when nurses failed to recognize individual needs. In extreme cases, unsatisfactory experiences hindered development of an effective nurse-client relationship. These findings illustrate the value of qualitative inquiry for understanding patients' satisfaction with care, can be used for self-reflection, and have implications for nursing education programs.

Keywords: *adolescent mother; patient satisfaction; postnatal care; nursing care; phenomenology*

Approximately 15,000 infants were born to adolescent mothers aged 19 years or less in Canada during the year 2003 (Statistics Canada, 2005). Adolescent motherhood is associated with poor outcomes, such as an increased likelihood of low-birthweight infants (Fraser, Brockert, & Ward, 1995), premature and stillborn infants (Smith & Pell, 2001), a reduced likelihood of breastfeeding or vaccinating infants (Luman, McCauley, Shefer, & Chu, 2003; Nolan & Goel, 1995; Wambach & Cole, 1999), and less involvement with and responsiveness to their infants compared to adult mothers (Parks & Arndt, 1990).

Various health programs are effective in reducing some of the negative outcomes associated with adolescent pregnancy (Koniak-Griffin, Anderson, Verzemnieks, & Brecht, 2000; Koniak-Griffin, Verzemnieks, et al., 2003; NHS Centre for Reviews and Dissemination, 1997; O'Sullivan & Jacobsen, 1992; Scholl, Hediger, & Belsky, 1994; Scholl, Miller, Salmon, Cofsky, & Shearer, 1987; Slager-Earnest, Hoffman, & Beckmann, 1987). However, pregnant and parenting adolescents' underuse of available programs can compromise the effectiveness of these services (O'Sullivan & Jacobsen, 1992;

Scholl, Hediger, et al., 1994). Among other factors, adolescent mothers' poor past experiences with providers, negative attitudes toward providers, and dissatisfaction with provider interactions have been identified as barriers to health program usage (Kinsman & Slap, 1992; Teagle & Brindis, 1998). Therefore, improving adolescent mothers' satisfaction with their health care might be an important strategy for fostering their future use of health care programs.

Authors' Note: We thank all the mothers who participated in this study. We also acknowledge Barbara Davies, RN, PhD; Faye Brooks, RN, MScN; Nancy MacNider, BA, BScN; and Cathryn Fortier, RN, BScN; for facilitating access to the community program through which participants were recruited. And finally, WEP thanks Nicola Day, RD, and Margaret Nicholls for their support with participant recruitment. The Canadian Institutes of Health Research (CIHR) Strategic Training Program—Transdisciplinary Understanding and Training on Research—Primary Health Care (TUTOR-PHC) and the Ontario Ministry of Health and Long-Term Care provided financial support for preparation of this manuscript. Dr. DiCenso's Nursing Chair is funded by the Canadian Health Services Research Foundation and the Canadian Institutes of Health Research, and the Ontario Ministry of Health and Long-Term Care. The findings and conclusions are those of the authors, and no official endorsement by the Ministry is intended or should be inferred.

In this study, we focused on adolescent mothers' experiences of and satisfaction with inpatient postpartum nursing care. Postpartum nurses have an important opportunity to assess adolescent mothers' knowledge, address their learning needs, and inform them of available community resources. A highly satisfactory experience might improve adolescent mothers' compliance with health teaching and use of recommended resources (Kyngas, Hentinen, & Barlow, 1998; Litt & Cuskey, 1984).

Studies of satisfaction with inpatient postpartum care have shown that adolescent mothers are less satisfied than adult mothers (Lena et al., 1993; Peterson & DiCenso, 2002; Sullivan & Beeman, 1981). However, prior to making recommendations for improving adolescent mothers' satisfaction, we need further understanding of their satisfactory and unsatisfactory experiences. The purpose of this study was to describe satisfactory and unsatisfactory experiences of postpartum nursing care from the perspective of adolescent mothers. Furthermore, we sought to understand the meaning of these experiences for adolescent mothers. The study addressed the research question, How do adolescent mothers perceive and describe their experiences of satisfactory and unsatisfactory inpatient postpartum nursing care?

Method

Study Design

We used the transcendental phenomenological approach as described by Moustakas (1994). The goal of this method of inquiry is to provide a description, rather than an explanation, of phenomena (Moustakas, 1994). This description emerges from multiple accounts of individuals who have had direct experience with the phenomenon. The intended result is a description that is common to those with exposure to the phenomenon (Cohen & Omery, 1994).

Sampling

We purposefully sampled adolescent mothers who could provide rich accounts of a recent experience with inpatient postpartum nursing care (Baker, Wuest, & Stern, 1992; Patton, 1990). Participants were recruited through a weekly community drop-in program that is offered at multiple sites in a large city in Ontario, Canada. Specifically, the sample was selected from attendees at the two program sites open to women aged 25 years or younger and who are pregnant or have an

infant below 6 months of age. Attendance at the groups is irregular, with some mothers participating more consistently than others.

The primary purposeful sampling strategy was criterion sampling (Patton, 1990). Eligible mothers were those who (a) were expected to deliver during the data collection time period or had given birth and been discharged from an inpatient postpartum unit within the previous 2 months, (b) were between 15 and 19 years of age, and (c) spoke English.

Saturation of themes reflecting satisfactory care was reached before saturation of themes reflecting unsatisfactory experiences. At this point in the recruitment process, a second purposeful sampling strategy, intensity sampling, was used to select mothers who expressed some dissatisfaction with their experience (Patton, 1990). We operationalized intensity sampling by asking mothers interested in participating to rate their postpartum nursing care using a laminated card with numbered descriptors ranging from dreadful (1) to excellent (7). Mothers were invited to participate if their response was less than excellent. We interviewed 14 adolescent mothers before saturation of both satisfactory and unsatisfactory care themes was achieved.

Data Collection

Ethical approval for the study was obtained from the McMaster University Research Ethics Board. Data collection occurred between January and November 2003.

A poster that described the study purpose and invited participation was displayed at each site. One of the researchers, WEP, attended the programs to describe the study verbally and to assist with holding infants and other tasks. Her participation allowed adolescents to get to know her and to indicate an interest in the study verbally.

Participants were interviewed between 1 week and 2 months after the birth of their infants. This time frame allowed mothers time to recover from the birth and yet not so much time that their ability to accurately recall events was diminished. Interviews conducted at the program sites were scheduled either just prior to or during the unstructured portion of the program, in consultation with the program facilitators. When mothers did not attend the program after their expected due date, they were interviewed at another location and time of their choice.

Participants were fully informed of the nature and purpose of the study, and written consent for participation was obtained. The interview consisted of

(a) broad, open-ended questions from a semistructured interview guide designed to elicit detailed descriptions of mothers' postpartum nursing care experiences in their own words; (b) 16 closed-ended questions to collect descriptive data; and (c) a global question to determine overall satisfaction with nursing care. Examples of the open-ended questions are "Tell me about the nursing care during your stay on the postpartum unit" and "How did the nurse(s) make you feel during that time?"

The open-ended portion of the interviews was audiotaped. During this portion of the interview, we used probes to encourage the provision of rich information. Some of the probes were based on the results of an earlier survey comparing adolescent and adult mothers' satisfaction with postpartum nursing care (Peterson & DiCenso, 2002). For example, when appropriate, participants were encouraged to elaborate on their comments regarding nurse availability and their understanding of information provided by nurses. Other probes were detail-oriented questions and elaboration, clarification, and contrast probes (Patton, 1990). Based on the ongoing analysis, the interview guide was modified several times by adding probes as an informal strategy of member checking, and deleting probes that were not producing relevant data. The modifications to the guide as the study progressed and individual participants' varying ease with conversation meant that each interview followed a slightly different course. Participants were given a \$20 grocery store coupon in appreciation for their time.

Data Analysis

The audiotaped interviews were transcribed verbatim. We used NVivo 2.0 software to facilitate management of data and the emergent analysis. Our data analysis was conducted concurrently with data collection, and we followed the modification of the Stevick-Colaizzi-Keen method of analysis described by Moustakas (1994).

For each transcript, we coded statements that described the participant's main ideas about what happened, why it happened, and how she felt, as meaning units of the experience. Meaning units were clustered into themes that described related experiences. Some themes were directly related to the participants' postpartum experiences and others captured contextual data.

After reviewing these themes and rereading the transcripts, we wrote three types of descriptions of each participant's experience. First, a summary that reduced the data to that which was relevant to the research question, described what happened, and

included verbatim examples was written (textural description) (Moustakas, 1994). Second, the exercise of imaginative variation was used to reflect on "how did the experience of the phenomenon come to be what it is?" (Moustakas, 1994, p. 98). From this reflection, a more interpretive description of each participant's experience was written (structural description). Subsequently, a description of the essence of each individual's experience was written (textural-structural description). The essence of the experience refers to the essential quality that makes the experience what it is (Moustakas, 1994).

The next analytical step was to create "a composite textural-structural description of the meanings and essences of the experience, integrating all individual textural-structural descriptions into a universal description of the experience representing the group as a whole" (Moustakas, 1994, p. 122). Lists of positive and negative experiences and their associated meanings were created from the 14 textural-structural descriptions. The meaning statements were clustered into themes. Through our careful reflection on these themes, the universal essence of the participants' experiences emerged. This final analytical process was confirmed through our reconsideration of the fit between the universal essence and each of the 14 textural-structural descriptions.

Several strategies of member checking were used. We carried out "interweaving" by checking information from a previous interview with the next participant (Krefting, 1991). Second, when two mothers were interviewed on two occasions, the opportunity was taken to verify our interpretation of their initial description of the experience. Finally, formal member checking was conducted. The themes of satisfactory and unsatisfactory nursing care experiences were reviewed verbally with 3 participants. Despite attempts to include more participants, many could not be reached for member checking. Nevertheless, member checking was confirmatory. Mothers indicated agreement and contributed confirmatory anecdotes while listening to WEP verbally describe the themes. Throughout the analytical process, the meaning units, themes, descriptions and member checking were regularly reviewed with the three co-investigators (WS, CC, and AD).

Findings

Participants

Seventeen eligible mothers volunteered to participate in the study. However, 2 of these mothers were not

interviewed, because data saturation with respect to positive experiences had been reached and they had rated their nursing care experience as excellent (7) on the global satisfaction question. One other mother decided not to participate after three failed attempts to meet for an interview because she was too busy with her baby. Therefore, the final sample consisted of 14 adolescent mothers between 16 and 19 years of age.

The majority of mothers were 18 or 19 years old ($n = 10$), primarily English speaking ($n = 9$), born in Canada ($n = 10$), and had not yet completed high school ($n = 9$). Two were from visible minorities. All the participants were unmarried; however, 11 mothers had some involvement with their baby's father. Thirteen of the participants were first-time mothers. There were equal numbers of male and female infants born to participants.

All mothers had been inpatients on one of four postpartum units in three hospitals in the same city. In all four of these units, registered nurses or registered practical nurses typically care for 4 to 6 mother-infant pairs, and although there are well-baby nurseries, mothers are encouraged to keep their infants with them in their room. Thirteen participants had delivered vaginally, and one mother had an emergency cesarean delivery. Mothers' postpartum length of stay ranged from 1 to 3 nights. The majority of mothers roomed in with their infants ($n = 12$) and breastfed while in hospital ($n = 13$).

Maternal responses to the global question, "How would you rate the nursing care that you received on the postpartum unit?" (1 = *dreadful*, 7 = *excellent*) ranged from 4 (*fair*) to 7 (*excellent*). Five mothers found it difficult to provide a global rating because of the variation in care between individual nurses. Two mothers would not give a global rating of nursing care. Instead, they rated the nursing care provided by individual nurses, and these scores ranged from *dreadful* (1) to *excellent* (7).

Half of the mothers were interviewed within a month of delivering their infant (range 7 to 58 days). Seven participants were interviewed at one community program site and 4 at the other site. At their request, 2 participants were interviewed in their apartments and 1 at the group home where she was living. The length of the interviews ranged from 30 to 90 minutes. In two cases, participants completed their accounts during a second interview the following week. All interviews were conducted privately.

Context

Adolescent mothers described feeling many emotions during their postpartum stay. Participants recalled the "high" of having given birth, the amazement of becoming a mother, and the excitement of meeting their infant. Some described bonding with the infant immediately, whereas for others, it had taken time.

These adolescent mothers felt considerable anxiety in the hospital. They described feeling nervous, scared, and shy for various reasons, such as worry about their infants' health or safety, nervousness with infant care, dislike of hospitals, and fear of having their infants apprehended by a child protection agency.

Satisfactory Nursing Care Experiences

Four themes common to satisfactory nursing care experiences emerged from the interviews. Experiences were seen as positive when nursing care was perceived as friendly, patient, respectful, and understanding of mothers' individual needs. These themes and, where relevant, identified subthemes are described below.

Friendliness

Adolescent mothers identified the friendliness of nurses as a factor that contributed to their satisfaction. Nurses demonstrated friendliness by the manner in which they carried out their work and by engaging adolescents in meaningful conversation.

Enjoying the work. Nurses who were perceived to be friendly carried out their work in a happy manner; they smiled, laughed, and joked with the mothers. They were perceived as being enthusiastic about working with new mothers and babies. Participants often interpreted the nurses' enthusiasm and happiness as meaning that the nurses loved their work. Describing what it was that she liked about her favorite nurse, one mother explained,

I just found her really friendly and like she just seemed just very uh . . . like I think she was really happy with her job you know, she just seemed really excited by [baby's name] and I could hear her in the room next to me being all excited about the baby over there. She just seemed like she really enjoyed working with babies and new moms and stuff.

It was important to the participants that nurses enjoyed their work, because it conveyed to them that

nurses had a genuine interest in, and concern for, mothers and infants. As one adolescent explained, a friendly nurse is "somebody that shows an interest in, you know, my baby and . . . me and seems, you know, excited about the . . . like somebody who seems to like their job really more than anything else I think is what's important." When nurses were happy and enjoyed their work, it reduced mothers' anxiety about being in the hospital "'cause it makes you feel comfortable when you're in there because you don't got anybody that's like mad around you or anything. They're in a happy mood as well as you are."

Beyond small talk. Friendly nurses stayed after the initial small talk and continued to engage mothers in conversations of more depth. There was a personal quality to these conversations. This quality is illustrated in the following quote from a participant's description of a nurse who she felt was "heaven sent" at a time when she needed her:

She made me feel comfortable she didn't make me feel like I was just another patient like, "OK we gotta do this, this, and this" and then start reading my chart again. No, she . . . "How's life?" and all this stuff. . . . She made me feel like a friend, instead of just another person that was gonna pass through with a couple of hours.

During these interactions, there was a mutual sharing of information. Sometimes there was an unstated characteristic of the nurse (e.g., being pregnant) that the mother perceived as something that she shared with the nurse. In some cases, this commonality increased the nurse's credibility, as the following quote illustrates:

She . . . I'd ask her that day like about pacifiers and stuff like that and she had had two sons before and she was like, "I don't recommend using them unless your baby has a strong sucking reflex. So don't worry about it." It was also nice, also getting like, a mom's kind of experience of the whole thing. 'Cause I didn't know about the other nurses, if they were moms, I'm guessing they were but I had already known cause she was pregnant and this was her third child. So it was nice.

Other "friendly" nurses volunteered personal information about themselves as is evident from this adolescent's description of her favorite nurse: "She was my favourite because she was really nice to me.

She had kids of her own and she had one when she was really young too, her oldest she had when she was younger." Nurses who went Beyond Small Talk by making time for conversation and sharing about themselves facilitated the development of rapport between the nurse and mother, which was perceived as friendliness.

Patience

Descriptions of satisfactory experiences included having the sense that the nurse would give mothers as much time as needed. Nurses demonstrated this characteristic by going about their work in an unhurried manner. The ideal nurse does "not make you feel like they only have two minutes to spend with you. [They] give [you their] full attention."

In addition to giving time, the nurse's demeanor was important. One mother described how her infant would cry when awakened for feedings. The infant's crying upset the mother, and she expressed appreciation for nurses who stayed with her throughout a feeding and were calm in their approach.

Yeah, yeah it's really hard to describe because she was . . . She didn't . . . like um she came in and checked up on me like all the time but um, she sat there through the entire feeding and helped out. And uh, and she didn't get all worked up when [baby] threw a fit you know, being woken up for a feeding. It was really helpful, she was really helpful. Yeah. I asked her everything. I asked her about pacifiers and I asked her about [unclear] It was really nice, I could ask her about anything.

Nurses who gave time and interacted with mothers in a calm manner were perceived as patient. The presence of one of these qualities, without the other, was deemed less satisfactory as illustrated by the following quote from the above participant in regard to the care provided by another nurse that was perceived as less than excellent: "She was really, she was nice. She was calm. But she wasn't really there too much, I guess because she was trying to stay off her feet as much as possible. But, um yeah she was nice."

When nursing care was perceived as being provided in a patient manner, adolescent mothers were encouraged to interact with nurses and to participate more actively in their own care by identifying their needs. One mother described this effect well when she explained why she was more comfortable asking questions of some nurses:

Yeah some nurses were more, I guess, calm. So it was easier to talk to them than the nurses that were sort of rushing through every now and then . . . I mean when they rush through then its uh . . . you sort of forget the questions that you were gonna ask, in a way. I mean you just have so much on your mind because you just had a baby. So you don't remember all the questions that . . . It's easier when they sit and they ask you, you know, they're calm with you so that you're relaxed.

Respect

Adolescent mothers' descriptions of satisfactory experiences reflected a perception that nurses regarded them as responsible, capable individuals.

Showing confidence in me. Nursing behaviors that were perceived as demonstrating confidence in the adolescents' capabilities included complimenting them as parents. As one participant said,

It was great because we were getting compliments on how good of parents we are and like that just, you know, made me tickled pink you know like "Oh that's good—it's my first baby" you know, I never had brothers and sisters.

Sometimes nurses complimented mothers indirectly by indicating approval. A young mother commented, "I was doing very, very, very well like every nurse was very impressed with the way that I was handling myself and the way that I was moving around and trying to go for walks all the time." Reassuring comments and knowing when to "back off" were other strategies that nurses used to communicate confidence in the mother's abilities.

Treating me like a new mother instead of a teenager with a baby. Participants described themselves as new mothers rather than young or adolescent mothers. They did not consider their needs to differ from those of other new mothers and therefore expected their nursing care to be similar.

Mothers expressed being treated like a new mother rather than a teenager with a baby when they perceived that nurses considered them to be intelligent. One mother suggested that the perfect nurse would

explain things calmly but not like stupid because I'm not stupid, I might be young but you don't have to say like [unclear] and then this is like . . . you know like, I'm not stupid. You don't have to sugarcoat things for me just tell me straight up.

Adolescent mothers also expressed satisfaction with their care when they perceived it to be equal to that of new older mothers. The following quote illustrates how they observed other nurse-mother interactions to evaluate the degree to which their care was similar:

The nurse didn't treat me differently. . . . She talked the same to the other mom as she did to me. The other mom was a middle-age kind of woman maybe not middle-age, but, like around 30, 35. And she had just had a baby girl. And she [the nurse] didn't treat us any differently. She was nice, I liked her.

Respectful care was perceived as that which demonstrated confidence in the adolescents' capabilities and did not differ from the care provided to older mothers. One participant summarized her positive experience as one in which "I felt like I was a 35-year-old woman, I was married and you know."

Understanding Individual Needs

The adolescent mothers who participated in the study were a heterogeneous group. They had varied levels of social support, different levels of experience with child care, and unique prenatal and labor and delivery experiences. Their diverse circumstances resulted in varied physical, emotional, and informational needs that required individualized nursing care.

Nursing care that was responsive to individual needs contributed to patient perceptions of satisfactory experiences. Examples included basic pain relief and information needs:

It was really really good. Like the nurse I had, like I only had one nurse at that point. And she was really nice she told me everything she was doing before she did it, and like she gave me like any advice that I needed even though I have a child already she still went through everything just to be sure.

For various reasons, the adolescent mothers in this study did not necessarily express their needs to nurses. Some mothers described a fear of having their infant apprehended by a child protection agency. This fear resulted in a need to impress nurses with their parenting abilities, and therefore they were not always comfortable identifying their learning and emotional needs to the nurses. Other reasons for not sharing their learning needs with nurses included fear of being judged negatively by the nurses and a sense of powerlessness. For example, explaining why she did not ask about the tests being carried out on her

infant, one mother stated, "Well you're in a hospital they're going to do what they need to do anyways."

Satisfactory experiences were often characterized by the nurse's ability to anticipate the mothers' unique needs. The following quote describes how important it was to one mother that the nurses recognized her frustration with breastfeeding and normalized it by offering to help:

On the second day my colostrum wasn't filling him up so he cluster fed for four hours and . . . I got, uh . . . kind of upset . . . and uh, I needed a break so the nurses took him while I went for a walk around the hospital, just . . . it was very frustrating but . . . they were . . . extremely helpful.

Another mother, who expressed feeling extremely confused by all the advice she had been given, described a satisfactory experience with a nurse that recognized her need for direction. She explained that this nurse was helpful because

she was stern. She said ". . . you take the baby like this, you hold the head, you open, make sure the mouth is really [open], you just stick them on and hold her little neck, like make a second neck with your hand and you just stay there. You have to feed, like 10 to 15 on each side at least don't like 'OK 10 minutes' and take her off, do it until she has at least that much. Make sure to burp her and switch sides." I'm like "OK."

Nursing care that was perceived as satisfactory was responsive to mothers' stated and unstated needs. These experiences contributed to mothers' feelings of being understood by the nurses.

Unsatisfactory Nursing Care Experiences

Four themes common to unsatisfactory nursing care experiences emerged from the data and are described below. Experiences were negative when nursing care was perceived to be too serious, rushed, or judgmental, or reflected a misunderstanding of individual needs. In many cases, these themes of unsatisfactory care can be supported by the absence of satisfactory nursing care experience themes.

Too Serious

Adolescent mothers expressed dissatisfaction when they perceived that care had been provided in a manner that was too serious. One mother's description of a nurse that she remembered fondly because she was not so serious illustrated this theme well:

Participant: Like she wasn't always depressed or like look depressed or just super serious cause she was at work or something. She would like laugh . . .

WEP: Were some of the others the other way?

Participant: Yeah, they were all like you know "OK I'm at work so I have to be professional."

The mother quoted above continued with a comparison of care that was friendly with that which was too serious. According to her, the friendly nurse was able to determine "Like, you know, deep down how are [mothers] doing instead of just like [asking] 'OK are you OK?' Mothers say 'fine' instead of [the nurse] asking like you know, 'are you sure you're fine, how was your day?'" This participant suggested that the serious manner of the nurses hindered her from sharing all of the information she would have otherwise provided. Another mother expressed dissatisfaction with care that was perceived as too serious and suggested that nurses should

Participant: . . . lose the serious attitude. They take their job too seriously. They need to lighten up and get more into an easier mood.

WEP: So how do they show that . . . taking their job too seriously?

Participant: I don't know they just never smile, or never laugh, or never crack a joke once in a while. They're like "well do you need help?" "no" "OK well, bye then." "OK, well you're plain and simple," like geez.

Clearly, mothers expressed wanting further interaction with the nurses, but this interaction was sometimes limited when nurses were perceived as being too serious.

Rushed

Adolescent mothers realized how busy nursing work can be. They referred to rushed nursing care as the manner in which nurses provided care independent of the conditions of the postpartum unit. Rushed nursing care was perceived to be care that was limited to the job that had to be done:

She'd still come in and check us but she didn't stay and help with breastfeeding or uh that kind of stuff . . . she was just, you know quick with what she did. Did what she had to do and that was it.

Later in the interview, this mother provided another example of rushed care, describing how the nurse "checked the car seat . . . quickly. You know, tug tug, it's OK, it's tight alright bye. That kind of thing so yeah, it was quick."

Nurses who were rushed did not stay in the room long enough to help with problems that arose. One participant remarked,

I had a really bad nurse. It was really a nurse who . . . who, um it seemed like she never really came in the room. And she wasn't really there to help me out or anything. Like after getting [the baby] to be latched on she'd get up and leave. And that was a problem because she [the baby] liked to push me away. And she had really gotten into a habit of that. So um that was a big problem.

Rushed nursing care was often perceived as inadequate care. After experiencing a particularly bad night with one nurse, a mother described how she "couldn't stay another night and have that same woman take care of me." Explaining further why she left the hospital 24 hours early, she stated,

That was it, you know I could go home and get my mom to take care of him for free and she'd have more time and then I'd have more time to heal. And I healed probably a lot faster than I would have in there.

Judgmental

Adolescent mothers expressed dissatisfaction with nursing care that made them feel negatively judged based on their age. Nurses were perceived as judgmental when they behaved differently around adolescent mothers from how they did with older married mothers. One participant described overhearing nurses speak to her older roommate. This mother perceived a difference in the nurses' tone of voice and the content of their conversations, depending on to whom they were speaking. She interpreted this difference as meaning that the nurses were negatively judging her:

Some of the nurses were kind of bitchy though. 'Cause beside me I had a woman who was older, she was like in her mid- . . . late 20s. And I swear they're so much like "Oh that's nice, is this your first?" and everything. And then they're like "Oh your baby's cute" you know, and then they're like "Oh what's her name?" and like they're all "Do you have any other children?" "How's your husband taking it?" They didn't care about that for me. They just said "This is what you're gonna do." [When they were talking to the older mother] . . . they're being all nice and friendly and "Ahhhh." To me it's just like "Heh, we're going to teach you how to do stuff 'cause you probably don't know how to do anything." Yeah that's how it felt. And they're so really like uninvolved.

Experiences of being negatively judged were not limited to verbal comments. Judgment also took the form of a general attitude toward the mother. These experiences were most often limited to an individual nurse; however, some mothers spoke about how the nurses at certain hospitals were viewed as being more judgmental than those at other hospitals. The following quote describes how a nurse's behavior made one mother feel:

I was warned though, at the [hospital name], if you're a young mom you might get looked down on a little bit and I think that's what she was doing cause she knew I was young and . . . she thought I was stupid and . . . she wasn't that bad it's just . . . I don't know. I'd just had a baby I wasn't in the best of moods. And she just . . . I guess didn't understand. I didn't give her a hard time or anything but it seemed to me like she was giving me one.

When nurses were perceived as judgmental, adolescent mothers were inhibited from asking them for assistance. Several of the mothers described how they would rather have no nursing care than the judgmental care that they received. In response to a question about paging the nurse for assistance, one mother replied,

No. I didn't want to ask her anything. I . . . I honestly, whenever I saw her entering my room I'd rather her leave the room. Like cause I was so upset by the fact that . . . I . . . like . . . I can't even explain to you like her whole vibe of what she gave off it was like she didn't want to deal with me or something . . . and she felt superior to me or something. And I felt like I was a bad person for having a baby so young like honestly that's the way she made me feel. It was awful . . . it was the worst . . . [pause] It was really bad.

Not Understanding Individual Needs

Nursing care that was perceived as failing to recognize or demonstrate knowledge of individual mothers' needs was perceived as unsatisfactory. One mother described how her need to feel supported after making a difficult decision went unrecognized by a nurse:

Participant: Yeah, one really pissed me off because she was so . . . cause obviously I'm not breastfeeding right. She was so kind of gung-ho on getting me to breastfeed. And I did not, like I tried and tried and I started balling my eyes out because I couldn't. And uh...after trying so many positions I just said "listen, I'm going to formula feed." Cause every time I breastfeed I have to fill him up with formula anyways you

know, and I'm going through this emotional roller coaster over it, its hurting, so . . . and he wasn't latching on properly and so it was causing a lot of pain for my poor nipples. [laughs]

WEP: And she was trying to . . .

Participant: . . . persuade me to keep trying . . . she was just kind of very pushy. She's like "oh breast-feeding—this, it's so good because you know," blah blah blah.

Later in the interview, this mother explained that the nurse "kind of made me feel guilty about not wanting to breastfeed. You know, it's hard enough."

Another adolescent spoke about how her experience with one nurse made her feel that the nurse did not know what she had been through in labor and therefore did not appreciate the pain that she was experiencing postpartum. As a result, when this mother dropped her pain medication and could not reach it because of her limited mobility, she did not ask the nurse for another dose.

I lost my medication—I didn't take it 'til the next morning. I didn't bother with her. I was in so much pain . . . I couldn't like—I wasn't functioning at all. I didn't even want to get up to the bathroom that's how bad [the pain] got.

When their needs were not recognized, adolescent mothers expressed feeling that their individual circumstances were misunderstood by nurses. This lack of understanding resulted in dissatisfaction with nursing care.

The Essence of Satisfactory Nursing Care Experiences

The essence of an experience is the common or universal quality without which it would not be what it is (Moustakas, 1994). Integration of the mothers' individual textural-structural descriptions of satisfactory and unsatisfactory experiences resulted in the following description of the essence of their satisfaction with postpartum nursing care.

Adolescent mothers are satisfied with postpartum nursing care when they actively participate in their own care. This participation is dependent on the establishment of a nurse-adolescent mother relationship in which the adolescent mother feels sufficiently "at ease" with the nurse to identify her needs and concerns. The initial development of this relationship is dependent on the nurse's ability to put adolescent mothers at ease and to encourage open communication.

Qualities of nursing care that foster adolescent mothers' comfort level with nurses include care that is provided in a manner that is friendly, patient, respectful, and understanding of mothers' individual needs. Friendly, patient care encourages adolescents to be at ease with nurses and to feel comfortable identifying their needs. Care that is respectful and understanding also facilitates their participation by normalizing their needs.

When some or all of these qualities are diminished or absent, care is perceived as less satisfactory. Unsatisfactory nursing care experiences are those that are provided in a manner that is too serious, rushed, or judgmental, or that reflects misunderstanding of mothers' individual circumstances. Such care deters adolescent mothers from asking questions of nurses. In extreme cases, unsatisfactory nursing care experiences can hinder the potential for an effective relationship because the adolescent mothers push nurses away. They close the door on communication by not asking for assistance and even refusing care.

Discussion

The findings from this phenomenological study contribute to our understanding of adolescent mothers' satisfactory and unsatisfactory postpartum nursing care experiences in two important ways. First, the meaning of specific nursing actions that influence adolescent mothers' perceptions of nursing care has been described. Second, we have explained the way in which these actions encourage or, alternatively, discourage adolescent mothers' participation in the development of an effective nurse-patient relationship, which, in turn, enhances or diminishes patient satisfaction.

These findings suggest that as with other inpatient populations, adolescent mothers' satisfaction is influenced primarily by the interpersonal dimensions of nursing care (Johansson, Oleni, & Fridlund, 2002; Lin, 1996; Wilde, Starrin, Larsson, & Larsson, 1993). Moreover, studies of other inpatient populations' perceptions of high quality nursing care have identified specific aspects of the interpersonal dimension of care that reflect those described in this study (e.g., mutual understanding, respect, trust, honesty, humor, kindness, empathy, and patience) (Bond & Thomas, 1992; Johansson et al., 2002; Wilde et al., 1993). Although fewer studies have focused specifically on patients' experiences with postpartum nursing care, there is evidence that providing nursing care to adult mothers in a friendly manner is important to them

(Bondas-Salonen, 1998; Tarkka & Paunonen, 1996). The congruence between this existing literature and the themes that we found to be common to adolescent mothers' satisfactory experiences suggests that the meaning attributed to satisfactory nursing care experiences is similar between adolescent and adult mothers.

Although less attention has been given to the study of patients' dissatisfaction, several researchers have reported findings that are consistent with those in this study, for example, dissatisfaction among postpartum mothers who perceived nursing care to be provided in a hurried manner and that did not meet mothers' individual needs (Hunter & Larrabee, 1998; Tarkka & Paunonen, 1996). Other researchers have reported perceptions of unequal care and provider stereotyping as sources of dissatisfaction among female patients and those who belong to ethnic minorities (Browne, Johnson, Bottorff, Grewal, & Hilton, 2002; Coyle, 1999).

Williams and Irurita (1998) concluded that nurses' and patients' perceptions of quality care were dependent on the development of a therapeutically conducive relationship in which patient needs were identified. Studies have shown that both nurses and patients contribute to the establishment of effective therapeutic relationships (Morse, 1991; Williams & Irurita, 1998). However, our findings suggest that adolescent mothers are often hesitant to join in the interplay required to establish mutual relationships, and responsibility for the initial relationship development rests with the nurse. Nursing care that was perceived as friendly, patient, respectful, and/or understanding promoted adolescents' comfort level with nurses and reduced their feelings of anxiety. Consequently, adolescents expressed feeling that they could talk with the nurses, they could "ask them anything," and they could learn. We propose that this feeling of being sufficiently "at ease" with nurses, which enables adolescent mothers to identify and communicate their needs to nurses, is the essence of their satisfaction with nursing care experiences.

In contrast, nursing care that was provided in a manner perceived to be too serious and/or rushed inhibited adolescents' interaction with nurses. When care was perceived to be judgmental, or when adolescent mothers' perceived that nurses misunderstood their needs, they intentionally avoided interaction with nurses and, in one case, refused further nursing care.

Findings from an earlier study identified adolescent mothers as being at risk for dissatisfaction with postpartum nursing care (Peterson & DiCenso, 2002). Based on the analysis of individual item scores

and responses to an open-ended question in that study, we hypothesized that the specific dimensions of nursing care with which adolescents were dissatisfied were nurse availability and events related to nurse–mother miscommunication. The findings from this phenomenological study provide insight into how adolescent mother satisfaction with these two dimensions of nursing care might be improved. The link between provider–patient communication and patient satisfaction has been observed with other patient populations (Jacobson, Richardson, Parry-Langdon, & Donovan, 2001; Shaw, Williams, Assassa, & Jackson, 2000). In the case of adolescent mothers, effective communication skills likely contributes to the nurses' ability to accurately assess individual adolescent's needs and intervene appropriately. Individualized care might result in an improvement in adolescents' perceptions of nurse availability. Therefore, interventions designed to improve nurses' interpersonal relations with adolescent mothers will likely foster adolescent mothers' satisfaction with multiple dimensions of nursing care.

Several study strengths contribute to the trustworthiness of the findings. Our use of a well-described method of data analysis (Moustakas, 1994) and our audit records provide a detailed description of the decisions we made throughout data analysis and therefore contribute to the auditability of the study. Study characteristics that contribute to the credibility of these findings include (a) regular discussion and confirmation of the ongoing analysis between the authors that ensured the interpretation was not underpinned by only one theoretical or disciplinary perspective and (b) member checking with participants, which confirmed our analysis. However, the fact that we were able to contact only three mothers to participate in this process is a limitation of the study. Another limitation of this study is that participants were not assessed regarding their expectations of nursing care prior to admission, and some might have entered into their inpatient stay already feeling that they were going to be treated poorly. Finally, the participants were users of a community program and therefore the study did not include mothers who did not access the program. Given that previous unsatisfactory health care experiences can be a barrier to service use (Kinsman & Slap, 1992; Teagle & Brindis, 1998), mothers who did not use the program might have been less satisfied with their postpartum experience. In future studies, it will be valuable to assess participants' expectations of nursing care and include mothers who do not use available community programs.

Implications

We have described how specific nurse behaviors are perceived by adolescent mothers as contributing to satisfactory or unsatisfactory experiences of postpartum nursing care. Nurses can use these findings to evaluate their practice. It was evident from the interviews that one nurse can have an important positive (or negative) impact on an adolescent mother's experience. Our data include descriptions of participants' decisions to remain in hospital an extra day and to leave the hospital early based on their experiences with individual postpartum nurses.

Our findings contribute evidence that nurses who are perceived to enjoy their jobs enhance the quality of the patients' experiences. An association between nurse burnout and patient dissatisfaction has been reported elsewhere (Leiter, Harvie, & Frizzell, 1998). Therefore the provision of highly satisfactory nursing care is partially dependent on nurses' job satisfaction which is dependent on the supportive nature of the health care organization (Kangas, Kee, & McKee-Waddle, 1999). Supportive organizational cultures are those in which peers are encouraged to work collaboratively in an equitable and sociable environment. Kangas et al. suggest that these organizational characteristics contribute to nurses' job satisfaction through the development of professional self-esteem.

Our findings support the importance of teaching the art and skill of initiating and maintaining therapeutic nurse-patient relationships to nursing students. Leenerts (2003) has suggested that students entering schools of nursing today are from technology-rich educational environments and might require even more interpersonal skill development than previous student cohorts. However, teaching how to establish and maintain therapeutic relationships is challenging. Effective teaching strategies include encouraging the development of personal knowledge through exercises of self-reflection and formal educational sessions followed up with goal setting and peer reinforcement (Leenerts, 2003; Yeakel, Maljanian, Bohannon, & Coulombe, 2003).

The design, implementation, and evaluation of interventions to improve adolescent mothers' satisfaction with postpartum nursing care are next steps in this area of research. Subsequently, prospective studies can be designed to determine if there is a relationship between satisfaction and health service use and, ultimately, improved service use and health outcomes for this high-risk population.

References

- Baker, C., Wuest, J., & Stern, P. N. (1992). Method slurring: The grounded theory/phenomenology example. *Journal of Advanced Nursing, 17*, 1355-1360.
- Bond, S., & Thomas, L. H. (1992). Measuring patients' satisfaction with nursing care. *Journal of Advanced Nursing, 17*, 52-63.
- Bondas-Salonen, T. (1998). New mothers' experiences of postpartum care: A phenomenological follow-up study. *Journal of Clinical Nursing, 7*, 165-174.
- Browne, A. J., Johnson, J. L., Botorff, J. L., Grewal, S., & Hilton, B. A. (2002). Recognizing discrimination in nursing practice. *Canadian Nurse, 98*(5), 24-27.
- Cohen, M. Z., & Omery A. (1994). Schools of phenomenology: Implications for research. In J. M. Morse (Ed.), *Critical issues in qualitative research methods* (pp. 136-156). Thousand Oaks, CA: Sage.
- Coyle, J. (1999). Understanding dissatisfied users: Developing a framework for comprehending criticisms of health care work. *Journal of Advanced Nursing, 30*(3), 723-731.
- Fraser, A. M., Brockert, J. E., & Ward, R. H. (1995). Association of young maternal age with adverse reproductive outcomes. *New England Journal of Medicine, 332*(17), 1113-1117.
- Hunter, M. A., & Larrabee, J. H. (1998). Women's perceptions of quality and benefits of postpartum care. *Journal of Nursing Care Quality, 13*(2), 21-30.
- Jacobson, L., Richardson, G., Parry-Langdon, N., & Donovan, C. (2001). How do teenagers and primary healthcare providers view each other?: An overview of key themes. *British Journal of General Practice, 51*(471), 811-816.
- Johansson, P., Oleni, M., & Fridlund, B. (2002). Patient satisfaction with nursing care in the context of health care: A literature study. *Scandinavian Journal of Caring Sciences, 16*, 337-344.
- Kangas, S., Kee, C. C., & McKee-Waddle, R. (1999). Organizational factors, nurses' job satisfaction, and patient satisfaction with nursing care. *Journal of Nursing Administration, 29*(1), 32-42.
- Kinsman, S. B., & Slap, G. B. (1992). Barriers to adolescent prenatal care. *Journal of Adolescent Health, 13*, 146-154.
- Koniak-Griffin, D., Anderson, N. L. R., Verzemnieks, I., & Brecht, M. L. (2000). A public health nursing early intervention program for adolescent mothers: Outcomes from pregnancy through 6 weeks postpartum. *Nursing Research, 49*(3), 130-138.
- Koniak-Griffin, D., Verzemnieks, I. L., Anderson, N. L. R., Brecht, M. L., Lesser, J., Kim, S., et al. (2003). Nurse visitation for adolescent mothers: Two-year infant health and maternal outcomes. *Nursing Research, 52*(2), 127-136.
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy, 45*(3), 214-222.
- Kyngas, H., Hentinen, M., & Barlow, J. H. (1998). Adolescents' perceptions of physicians, nurses, parents and friends: Help or hindrance in compliance with diabetes self-care? *Journal of Advanced Nursing, 27*, 760-769.
- Leenerts, M. H. (2003). Teaching personal knowledge as a way of knowing self in therapeutic relationship. *Nursing Outlook, 51*(4), 158-164.
- Leiter, M. P., Harvie, P., & Frizzell, C. (1998). The correspondence of patient satisfaction and nurse burnout. *Social Science and Medicine, 47*(10), 1611-1617.

- Lena, S. M., Marko, E., Nimrod, C., Merritt, L., Poirier, G., & Shein, E. (1993). Birthing experience of adolescents at the Ottawa General Hospital Perinatal Centre. *Canadian Medical Association Journal*, *148*(12), 2149-2154.
- Lin, C. C. (1996). Patient satisfaction with nursing care as an outcome variable: Dilemmas for nursing evaluation researchers. *Journal of Professional Nursing*, *12*(4), 207-216.
- Litt, I. F., & Cuskey, W. R. (1984). Satisfaction with health care: A predictor of adolescents' appointment keeping. *Journal of Adolescent Health Care*, *5*, 196-200.
- Luman, E. T., McCauley, M. M., Shefer, A., & Chu, S. Y. (2003). Maternal characteristics associated with vaccination of young children. *Pediatrics*, *111*(5), 1215-1218.
- Morse, J. (1991). Negotiating commitment and involvement in the nurse-patient relationship. *Journal of Advanced Nursing*, *16*, 455-468.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- NHS Centre for Reviews and Dissemination. (1997). Preventing and reducing the adverse effects of unintended teenage pregnancies. *Effective Health Care*, *3*(1), 1-12.
- Nolan, L., & Goel, V. (1995). Sociodemographic factors related to breastfeeding in Ontario: Results from the Ontario Health Study. *Canadian Journal of Public Health*, *86*(5), 309-312.
- O'Sullivan, A. L., & Jacobsen, B. S. (1992). A randomized trial of a health care program for first-time adolescent mothers and their infants. *Nursing Research*, *41*(4), 210-215.
- Parks, P. L., & Arndt, E. K. (1990). Differences between adolescent and adult mothers of infants. *Journal of Adolescent Health Care*, *11*, 248-253.
- Patton, M. (1990). *Qualitative evaluation and research methods*. London: Sage.
- Peterson, W. E., & DiCenso, A. (2002). A comparison of adolescent and adult mothers' satisfaction with their postpartum nursing care. *Canadian Journal of Nursing Research*, *34*(4), 117-127.
- Scholl, T. O., Hediger, M. L., & Belsky, D. H. (1994). Prenatal care and maternal health during adolescent pregnancy: A review and meta-analysis. *Journal of Adolescent Health*, *15*, 444-456.
- Scholl, T. O., Miller, L. K., Salmon, R. W., Cofsky, M. C., & Shearer, J. (1987). Prenatal care adequacy and the outcome of adolescent pregnancy: Effects on weight gain, preterm delivery, and birth weight. *Obstetrics and Gynecology*, *69*(3), 312-316.
- Shaw, C., Williams, K., Assassa, P. R., & Jackson, C. (2000). Patient satisfaction with urodynamics: A qualitative study. *Journal of Advanced Nursing*, *32*(6), 1356-1363.
- Slager-Earnest, S. E., Hoffman, S. J., & Beckmann, C. J. (1987). Effects of a specialized prenatal adolescent program on maternal and infant outcomes. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, *16*(6), 422-429.
- Smith, G. C. S., & Pell, J. P. (2001). Teenage pregnancy and risk of adverse perinatal outcomes associated with first and second births: Population based retrospective cohort study. *British Medical Journal*, *323*, 476-479.
- Statistics Canada. (2005). *Births 2003* (Statistics Canada Catalogue No. 84F0210XIE). Ottawa, Canada: Author.
- Sullivan, D. A., & Beeman, R. (1981). Satisfaction with postpartum care: Opportunities for bonding, reconstructing the birth and instruction. *Birth and the Family Journal*, *8*(3), 153-159.
- Tarkka, M. T., & Paunonen, M. (1996). Social support provided by nurses to recent mothers on a maternity ward. *Journal of Advanced Nursing*, *23*, 1202-1206.
- Teagle, S. E., & Brindis, C. D. (1998). Perceptions of motivators and barriers to public prenatal care among first-time and follow-up adolescent patients and their providers. *Maternal and Child Health Journal*, *2*(1), 15-24.
- Wambach, K. A., & Cole, C. (1999). Breastfeeding and adolescents. *Journal of Obstetric, Gynecologic and Neonatal Nursing*, *29*(3), 282-294.
- Wilde, B., Starrin, B., Larsson, G., & Larsson, M. (1993). Quality of care from a patient perspective: A grounded theory study. *Scandinavian Journal of Caring Sciences*, *7*, 113-120.
- Williams, A. M., & Irurita, V. F. (1998). Therapeutically conducive relationships between nurses and patients: An important component of quality nursing care. *Australian Journal of Advanced Nursing*, *16*(2), 36-44.
- Yeakel, S., Maljanian, R., Bohannon, R. W., & Coulombe, K. H. (2003). Nurse caring behaviors and patient satisfaction: Improvement after a multifaceted staff intervention. *Journal of Nursing Administration*, *33*(9), 434-436.

Wendy E. Peterson, RN, PhD, was a doctoral candidate in the clinical health sciences (nursing) program at McMaster University at the time of this study; she is currently an assistant professor in the School of Nursing, University of Ottawa, Ontario, Canada.

Wendy Sword, RN, PhD, is assistant dean (research) in the School of Nursing, McMaster University, in Hamilton, Ontario, Canada.

Cathy Charles, PhD, is a professor in the Department of Clinical Epidemiology and Biostatistics and a member of the Centre for Health Economics and Policy Analysis, McMaster University, in Hamilton, Ontario, Canada.

Alba DiCenso, RN, PhD, is a professor in the School of Nursing and the Department of Clinical Epidemiology and Biostatistics, McMaster University, in Hamilton, Ontario, Canada. Dr. DiCenso is also the Canadian Health Services Research Foundation/Canadian Institutes of Health Research Chair in Advanced Practice Nursing.