LIVED EXPERIENCE OF NURSES CARING FOR ADOLESCENTS DURING THE IMMEDIATE POSTPARTUM PERIOD

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The rate of births to adolescent mothers has increased over the past few years, with 329,797 babies born to women 15-19 years old in 2011 alone (Center for Disease Control and Prevention, 2013). While it is important to consider the developmental stage of the adolescent mothers and their perspective, it is also important to consider the perspective of the nurses caring for this population during the immediate postpartum period. The purpose of this qualitative study was to explore the nurses’ perspective caring for the adolescent mother during the immediate postpartum period. Ten nurses participated in the study and were interviewed. Qualitative data analysis revealed three main themes: consideration of context, a respectful approach, and a frustrating, yet satisfying, challenge. The themes were supported by the lived experience described by these nurses. The knowledge generated from the nurses’ perspective caring for this population helps to provide recommendations for practice and research in order for health care professionals to make decisions about caring for adolescent mothers.
DEDICATION

I dedicate my thesis work to my family, many friends, and mentors. A feeling of special gratitude to those who provided me words of encouragement and a push for tenacity. “Education is the most powerful weapon which you can use to change the world” (Mendela, 2003).
# TABLE OF CONTENTS

Dedication........................................................................................................................................................................... ii

CHAPTER I

Introduction................................................................................................................................................................................. 1
Background................................................................................................................................................................................ 1
Purpose..................................................................................................................................................................................... 2
Research Question.................................................................................................................................................................... 2
Significance............................................................................................................................................................................... 2
Summary.................................................................................................................................................................................. 3

CHAPTER II: Review of Relevant Literature.......................................................................................................................... 4

Summary................................................................................................................................................................................... 10

CHAPTER III: Method.................................................................................................................................................................. 11

Design.................................................................................................................................................................................... 11
Setting and Sample................................................................................................................................................................. 11
Data Collection....................................................................................................................................................................... 12
Data Analysis........................................................................................................................................................................... 13
Criteria of Rigor....................................................................................................................................................................... 15
Credibility................................................................................................................................................................................. 15
Dependability......................................................................................................................................................................... 15
Confirmability......................................................................................................................................................................... 15
Transferability....................................................................................................................................................................... 16
Ethical Considerations............................................................................................................................................................ 16
CHAPTER I: Introduction

Background

The number of births to adolescent mothers in the United States is on the rise. According to the most recent data, 329,797 babies were born to women 15-19 years old in 2011 alone (Center for Disease Control and Prevention, 2013). The term “adolescence” includes several years of a child’s life. Adolescence is defined as children aged 11-years-old until 21-years-old (Duncan, Hagan, & Shaw, 2008). This group can be further defined as: early adolescence children aged 11-years-old to 14-years-old, middle adolescence children aged 15-years-old to 17-years-old, and late adolescence children aged 18-years-old until 21 years-old (Duncan, Hagan, & Shaw, 2008). The increased need for specialized and individualized care for adolescents during pregnancy, delivery, and postpartum by nurses remains a pertinent issue due to their stage of development (Peterson et al., 2007).

Adolescent pregnancies continue to be a major concern for health care workers and society in general (Sauls, 2010). DeVito (2007) describes the period of adolescence as a “transitional period between childhood and adulthood, characterized by biological, psychosocial, and social changes” (p. 16). Peterson, Sword, Charles and DiCenso (2007) suggest that postpartum nurses have an important role in assessing adolescent mothers’ knowledge, addressing their learning needs, and informing them of available community resources. Most research surrounding adolescent pregnancy has been focused on prevention, yet there has been limited research on the actual experience of these new mothers or the experience of the nurses caring for these new mothers.
According to Sauls (2010), a shift from a negative focus to one that addresses the positive experiences of pregnancy, childbirth, and mothering for those adolescents who choose to continue their pregnancies is needed. Erikson (1968) describes one of the adolescent developmental tasks as forming a sense of identity that defines who they are and what kind of person they will become. The postpartum nurses caring for these new mothers provide brief intense care starting at birth of the newborn until day two to four after birth. It is therefore important to understand the nurses’ experience because there may be rewards or challenges to be discovered. The results of this study may provide insight for other nurses caring for this population in postpartum period.

**Purpose**

The purpose of this research was to describe and understand the lived experience of nurses caring for adolescent mothers during the immediate postpartum period.

**Research Question**

What is the lived experience of nurses caring for adolescent mothers during the immediate postpartum period?

**Significance**

There is limited research conducted from the perspective of the nurse caring for the adolescent mother. With an increase in the number of births to adolescent mothers, it is important to understand what nurses experience as they care for this population during the immediate postpartum period. The immediate postpartum period is defined as the time of initial hospitalization after birth until discharge. This research provides insight into the experience of caring for these new mothers and highlights rewards and
challenges posed. Nursing care and attitudes of nurses during the postpartum period may have a significant impact on the experience of these new mothers. Peterson and colleagues (2007) report that “studies of satisfaction with inpatient postpartum care have shown that adolescent mothers are less satisfied than adult mothers” (p. 201) demonstrating a need for further research in this area. Fostering a positive relationship between the adolescent postpartum mother and the nurse in the immediate postpartum period may have a positive impact on the adolescent as she navigates through a major transition in her life.

Summary

In this chapter the background and purpose for this study were presented. Prior to this study, few studies were found that focused on the perspective of the nurse’s experience caring for adolescents during the immediate postpartum period. The knowledge gained from this study may assist health care professionals, and more directly, the nurses caring for this population and ultimately benefit patients. In the following chapter a review of literature that further supports the significance of this study will be presented.
CHAPTER II: Review of Relevant Literature

The relationship between the nurse and the adolescent mother may be described differently depending on the perspective taken. The relationship can be described from the perspective of an adolescent mother or from the perspective of the nurse.

**The Adolescent Mother’s Perspective.** SmithBattle (2003) conducted a longitudinal study interviewing adolescent mothers and their perspectives of the nursing care they received and their experiences. The researcher found that caregivers’ attitudes and the way they speak to adolescents determines much of how the adolescent mother perceives the care. SmithBattle suggested that understanding how patients perceive the care given is of great importance in that the relationship with health professionals can empower or diminish adolescent mothers.

In another study SmithBattle (2003) described this relationship from the perspective of a 16-year-old new mother who reported “how professionals’ reliance on the ‘rule book’ imposes experience-distant categories that dismiss teen mothers’ perspectives and failed to take into account the family worlds and social contexts that shape their lives” (SmithBattle, 2003, p. 369). This new mother felt that professionals often labeled new adolescent mothers as “teen moms”. It is easy to see that there is often a stigma associated with being an adolescent mother. The 16-year-old new mother notes “that the teen mother feels stigmatized when clinicians ignore what is meaningful to her, her parenting legacies, and the social context” (SmithBattle, 2003, p. 371).

Peterson and colleagues (2007) conducted a study with the purpose of describing satisfactory and unsatisfactory experiences of postpartum nursing care from the
The study was conducted in Canada using the transcendental phenomenological approach with a goal of sampling adolescent mothers who could provide rich accounts of a recent experience with inpatient postpartum nursing care (Peterson et al., 2007). The participants were recruited through a weekly community drop-in program and more specifically from two program sites, while following eligibility criteria. Peterson and colleagues (2007) state that eligibility for the study was based on 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 two months, (b) were between 15 and 19 years of age, and (c) spoke English.

The data collection consisted of interviews conducted between one week and two months after the birth of their infant (Peterson et al., 2007). The interviews were described by Peterson and colleagues (2007) as a series of questions including open-ended questions, close-ended questions, and a global question to determine overall satisfaction with their nursing care. Four themes were extracted from the data to describe satisfactory nursing care. The themes were described as friendliness, patience, respect, and understanding individual needs (Peterson et al., 2007). In contrast, four themes were extracted from the data to describe unsatisfactory nursing care experiences. These themes were too serious, rushed, judgmental, and not understanding individual needs (Peterson et al., 2007). The data provided insight into the care that was provided in the hospital setting.

Adolescents described their supported needs from nurses as focused on being treated with respect and being cared for, providing direction for their support person, and
guiding them through the experience (Peterson et al., 2007; Sauls, 2010). When adolescents were treated with respect and the nurse met their individual needs they valued the experience and responded in a positive manner which translated as satisfaction (Peterson et al., 2007; Sauls, 2010). Theroux (2007) found that “adolescents described experiencing anxiety while in the hospital and felt nervous and scared” (p. 505). She also states that “adolescents were most satisfied with when they participated in their own care; their participation was facilitated by the development of the nurse-adolescent relationship” (Theroux, 2007, p. 505).

DeVito’s (2007) study focused on the transitional period of an adolescent pregnancy to birth. The adolescent’s perception of care may be perceived differently depending on the adolescent’s relation to the transition and stage of development. Using a descriptive correlational design, DeVito (2007) examined self-perception of parenting. The purpose was to describe levels of social support for the adolescent and relationships with others. Using pre-determined tools, the Norbeck Social Support Questionnaire (NSSQ) and What Being the Parent of a Baby is Like-Revised Instrument (WPL-R), DeVito (2007) measured emotional and tangible support for these adolescents. The results of the study found that a difference of age in adolescent mothers was important because “younger and older adolescents may be different in emotional maturity and emotional support opportunities” (DeVito, 2007, p. 19). “It is reasonable to believe that younger adolescent mothers may have more negative self-perceptions of parenting because they lack the emotional and social maturity and the identity formation that adult mothers possess” (DeVito, 2007, p. 19). The adolescent mothers’ needs may be different
and it is important to determine whether younger or older mothers differ in self-perceptions of parenting is important (DeVito, 2007). Peterson and colleagues (2007) focused on adolescents in the postpartum period as a whole instead of dividing the “adolescent age” into separate groups.

Social and emotional support for adolescents in the postpartum period may be a factor in their satisfaction or dissatisfaction with nursing care. In a cross-sectional study conducted via surveys, Bowman (2006) found that “the involvement in maternal and newborn care that the adolescent mothers expect from their mothers and the involvement that the mothers of the adolescent mothers expect to provide their daughters and grandchildren are congruent” (p. 211). Understanding a person in this way is the basis of clinical judgment and sets up care that is tailored to the meanings, concerns, and practical circumstances of the person and her family (Benner & Wrubel, 1989).

In another study, Montgomery (2003) described the developmental needs of pregnant adolescents and noted that chronological age did not always represent maturity level and an additional developmental assessment may be needed. She describes early adolescence (the period between eleven and fifteen years of age), adolescents in this phase of their life as often present-oriented and self-centered (Montgomery, 2003). She found that simple language and visual representation of concepts was useful during this phase. During middle adolescence, the individual begins developing more abstract thinking and may be able to understand consequences of current behaviors for later outcomes (Drake, 1996). This study highlights the need for the nurse assess the adolescent’s individual learning needs and sometimes simplify the language used when
teaching the adolescent mothers. Montgomery (2003) also states that written materials for adolescent mothers “should be appropriate for the educational level so that the adolescent does not view them as ‘babyish’ or that she is receiving care that is different from that provided to others” (p. 251).

Montgomery (2003) states that “the postpartum period is often overwhelming for the new adolescent mother” and that “many adult mothers are overwhelmed with this life transition; thus, adolescents are at particular risk during this time period as they have fewer resources and life experiences to cope with stressful life periods” (p. 254). The adolescents may also have less experience caring for infants and young children in general (Montgomery, 2003). She also found that physical needs during the postpartum period are similar to those of adult women (Montgomery, 2003). “Emotional needs of a postpartum adolescent can be significant. The adolescent will need general emotional support for her new role as any new mother does, but adolescents generally have additional needs” (Montgomery, 2003, p. 254).

Addressing the nursing care provided to adolescent mothers, Montgomery states that “the nurse should plan to repeat instructions often and reinforce content during the adolescents’ postpartum hospital stay” (Montgomery, 2003, p. 255). Also, the nurse should not assume caregiving for the infant, nor should the nurse allow the newborn’s grandmother to assume full responsibility (Montgomery, 2003, p. 255). Furthermore, Montgomery (2003) states that it is important for the adolescent mother to feel connected to the newborn and adequate as a mother to the infant.

The previous studies were focused on different aspects of the adolescent’s
perspective regarding nursing care, satisfaction of care, and perspective of parenting. It is also important to review the current literature from the nurse’s perspective of caring for adolescent mothers.

**The Nurse’s Perspective.** A study from New Zealand by Breheny and Stephens (2007) examined the constructs of caring for adolescent mothers by nurses and nurse midwives. They found that the health care providers drew upon “developmental” and “motherhood” discourses to position adolescent mothers as problematic. The “developmental” discourse positions young mothers as “adolescents” who are naive, distracted, and self-centered, and hence unable to mother correctly. The health professionals also employed a “motherhood” discourse that attributes certain behaviors to “good mothers” (p. 112).

Similarly, one Canadian study examined quantitative data regarding caring for adolescent mothers from the nurse’s perspective. Peterson and colleagues (2012) described the purpose of this study “to determine whether hospital based perinatal nurses with expertise in adolescent mother-friendly care identify the need for improvement in the nursing care of adolescent mothers admitted to hospital for birth and postpartum” (p. 360). Through examination of previous research, Peterson and colleagues (2012) found that “this potential gap in the quality of care from this perspective is required to inform the design of relevant interventions to address the gap in practice” (p. 360). Staff nurses were selected as experts to fill out the survey by nurse managers in eight perinatal units. The results of the survey showed that the selected nurses rated their own skill higher than other nurses on their unit and related it to clinical and life experiences as well as an
ability to develop rapport with adolescents (Peterson et al., 2012, p. 358). Peterson and colleagues (2012) concluded that there is “a minority of perinatal nurses that have expertise in adolescent mother-friendly care” (p. 358) and suggests a need for more research from the perspective of the nurse caring for adolescent mothers.

Summary

In summary, several studies have shown that how the adolescent mother perceives the care given is of great importance in terms of how she feels about the nurse and her care. Themes induced from one study describe satisfactory and unsatisfactory from the perspective of the adolescent mother. Another study describes the transitional period of an adolescent from pregnancy to birth. A majority of these studies were conducted from the perspective of the adolescent mother and examined perceptions of her care. However, there is a need for more research that examines the nurse’s experience of caring for adolescent mothers. This study contributes to the current data that is from the nurses’s perspective and provides information on the lived experience of nurses working with the adolescent population during the immediate postpartum period. It is anticipated that a better understanding of nurses’ experience of caring for adolescent mothers will provide additional insight into how to best meet the needs of these patients.
CHAPTER III: Method

Design. A qualitative phenomenological approach was used to conduct this study. With the focus on human experience, phenomenology focuses on that which can be directly known because all knowledge is grounded in human experience (Husserl, 1970 as cited by Polit & Beck, 2012). The results of this research will provide a rich description of the lived experience of nurses caring for adolescent mothers in the immediate postpartum period.

Setting and Sample. A New England tertiary hospital served as the setting for this study. Specifically, the inpatient postpartum unit is a 33-bed unit in a 419-bed facility. This hospital is the largest in the state and high risk postpartum patients are referred here from the two neighboring states.

Purposive sampling of nurses employed in the inpatient postpartum department was done. Purposive sampling is defined as a non-probability sampling method in which the researcher selects participants based on those who will be the most informative (Polit & Beck, 2012). Sampling began with volunteer informants and was supplemented with new participants through snowballing (Polit & Beck, 2012). Snowballing is a type of convenience sampling in which the selection of participants is through referrals from earlier participants (Polit & Beck, 2012). In qualitative research, a sample is considered adequate with respect to the relevance and completeness of the information obtained. A sample is considered adequate when data has reached saturation, as in “to the point at which no new information is obtained and redundancy is achieved” (Polit & Beck, 2012,
Inclusion criteria for participation are employment as a nurse working primarily on the inpatient postpartum unit, working at least as a “per-diem” nurse on the unit, and having worked on the unit in the past six months. Per-diem status is defined as working at least the minimum number of hours (288 hours per rolling calendar year) required to maintain status of per-diem on that specific inpatient unit. Participants who met the criteria were invited to voluntarily participate in the study. The participants were invited via a poster displayed in the central conference room on the unit and at the nurse’s station (Appendix A). The poster described the significance and purpose of this study.

The sample consisted of ten participants. The participants’ total years of nursing experience ranged from two and a half to 42 years, with an average of 15 years of experience. Experience was defined as any time working as a nurse. The participants’ total years of nursing experience working in the specialty of mother baby ranged from one year to thirty-four years, with an average of 10 years of experience in this specialty.

Data Collection. In qualitative research, the researcher is the instrument. Data collection for this study were collected through face to face interviews with the participant. Participants were interviewed only once. Interviews were audio taped to facilitate accurate and thorough data collection. The researcher also took field notes, as long as it did not distract the interviewee. The interviews were all conducted in the solarium before or after the nurse’s shift so as not to distract the nurse from her patients. The space was private and quiet and without interruptions. Demographic data were also collected from the participants including their total years of nursing experience and their
total years of nursing experience in the specialty of mother/baby. The researcher asked the following questions: What has your experience been like working with adolescent mothers during the immediate postpartum period?; How do you approach caring for the adolescent mother?; and What do you feel you contribute to caring for this population during this time in their lives? Participants were also asked if they had any thoughts in general about caring for this population.

Following the interview, the researcher listened to the entire interview and checked for audibility and completeness. The audiotapes were transcribed and coded by the researcher. The length of the interviews ranged from two-and-a-half minutes to thirteen minutes. Data collection continued until saturation of data was achieved, which occurred when no new information was discovered in the interviews and no new themes were derived from the data.

Polit and Beck (2012) describe bracketing as “the process of identifying and holding in abeyance preconceived beliefs and opinions about the phenomenon under study” (p. 495). Bracketing can never be achieved totally, but researchers strive to bracket out the work and any presuppositions in an effort to confront the data in pure form (Polit & Beck, 2012, p. 495). The researcher focused on the participants’ responses to the questions without inferring any personal beliefs or opinions consistently in all interviews.

Data Analysis. Data analysis was done using Colaizzi’s procedural steps in phenomenological data analysis. All interviews were transcribed and read in their entirety. Through the transcription process, the researcher carefully listened to the data.
After the data were transcribed, the interviews were re-read several times. Beginning with the first interview, the researcher looked for themes and concepts. Individual words and significant phrases were focused on during the initial analysis. Coding was done to determine emerging themes and statements. Each significant statement was described in terms of its formulated meaning. Next, the formulated meanings were organized into themes (Table 1). Themes were referred back to original interviews to validate them and discrepancies were noted. After the emerging themes were identified, significant statements were drawn from the transcribed interviews and grouped into the themes to support each theme. The final step of analysis was to integrate the results into an exhaustive description of the lived experience of nurses caring for adolescent mothers during the immediate postpartum period. Participants were asked to review the findings as a final validating step (Polit & Beck, 2012). The participants validated the themes that emerged as well as the supporting subcategories. They felt that they could identify with the themes and subcategories and identified with the significant statements used.

Table 1. Themes

<table>
<thead>
<tr>
<th>Consideration of Context</th>
<th>A Respectful Approach</th>
<th>A Frustrating, Yet Satisfying, Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socio-economic Status</td>
<td>Teaching and Support</td>
<td>Frustration</td>
</tr>
<tr>
<td>Family Involvement and Support</td>
<td>Non-judgmental Approach</td>
<td>Satisfaction</td>
</tr>
<tr>
<td>Maturity Level</td>
<td>Respect and Compassion</td>
<td>A Challenge</td>
</tr>
<tr>
<td>Individual Needs</td>
<td>Providing Positive Reinforcement</td>
<td></td>
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<tr>
<td>Ensuring Close Follow-up</td>
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</table>
Criteria of Rigor

The rigor of this qualitative study was evaluated using the original criteria developed by Guba and Lincoln (1994). These authors suggested four criteria for developing the trustworthiness of qualitative research (Polit & Beck, 2012). The criteria included: credibility, dependability, confirmability and transferability.

Credibility. “Credibility refers to confidence in the truth of the data and interpretations of them” (Polit & Beck, 2012, p. 585). Three activities were included to ensure credibility. The first was that the participants knew the researcher and felt comfortable talking to her. Secondly, research findings were taken back to the participants to validate the lived experience of the participants interviewed. Credibility was also enhanced through the assistance of an expert qualitative researcher by examining the steps of the research conducted and the interpretation of the data.

Dependability. Dependability is determined by the credibility of the study and refers to the stability of the data over time (Polit & Beck, 2012). By performing the actions mentioned previously to maintain credibility and dependability was also ensured.

Confirmability. “Confirmability refers to objectivity” (Polit & Beck, 2012, p. 585). In this study, congruence emerges from participants validating the findings, peer and expert qualitative researcher assessment. The goal would be that the “potential for congruence between two or more independent people about the data’s accuracy, relevance, or meaning” (Polit & Beck, 2012, p. 585). Also, the use of a notebook was instituted at the beginning of the pre-proposal. This was used as an audit trail for this study. This proved helpful for a representative timeline of the study.
Transferability. The criteria of transferability refers to the probability that the study findings will have meaning to others who have experienced a similar situation. Polit and Beck (2012) describe transferability as “the potential for extrapolation, that is, the extent to which findings can be transferred to or have applicability in other settings or groups (p. 585). Transferability is not the responsibility of the researcher but it is the researcher’s responsibility to provide an adequate data base that makes it possible for those who wish to apply the findings to judge the transferability of the finds to other situations and settings (Guba & Lincoln, 1994.)

Ethical Considerations

Institutional Review Board approval was obtained prior to data collection. The researcher explained that the interviews and transcripts would be used only for this project and that all information obtained during the interviews would be confidential. Only aggregate data was used to report the data and all identifiers were removed from the data. Data was stored in a locked file in the researcher’s home. Consent was implied by participants’ participation in the interviews. Only the researcher and committee members had access to this data. Consultation throughout the study occurred between the researcher and committee members.

Limitations

The researcher conducted this study with a specific time frame in mind, the amount of data that was collected, and analyzed in this qualitative study was limited. The researcher chose to only use one mother baby unit in the state. Another limitation was that nurses verbally opted not to participate in this study due to the thought of being
audiotaped. It eliminated a number of nurses from the study who might have provided a different perspective than those who participated.

**Time frame**

The study was conducted over one academic year. Approval was sought in June, 2013 from the Institutional Review Board (IRB). Once approval was obtained from IRB, the hospital’s nursing research committee, and the unit’s nurse manager, posters were placed on the unit. Data collection began and was completed in August, 2013.

**Summary**

In this chapter, the processes of data collection and analysis were explained and the sample and setting were described. It provided a description of the sample and setting. Criteria of rigor in reference to this study were discussed and the ethical considerations were addressed. Limitations and time frame of this study were also described.
Chapter IV: Presentation of Findings

Data analysis revealed three main themes that describe nurses’ experience of caring for adolescent mothers in the immediate postpartum period. These themes were: consideration of the context; a respectful approach; and a frustrating, yet satisfying challenge.

Consideration of the context is characterized by the nurse’s attention to socio-economic status, family involvement and support, maturity level, individual needs, and ensuring close follow-up. A respectful approach is characterized by teaching and support, non-judgmental approach, respect and compassion for the adolescent, and providing positive reinforcement. A frustrating, yet satisfying challenge, is characterized by the nurses’ feelings of frustration, perception of challenges, and satisfaction in caring for this population.

Consideration of Context

These nurses consider many factors when meeting and caring for the adolescent mother during the postpartum period. They used assessment skills based on their nursing experience to know what things to consider in caring for this population.

Socio-Economic Status. Many participants stated that they consider the socio-economic status of the adolescent mother and one nurse stated “there tends to be, in my experience, at least on this unit, a socio-economic correlation between the teenage parent and where they are at in their lifestyle.” Considering what background the adolescent was coming from was important to several of the participants. One nurse said: “if they
are coming from a background that isn’t solid, in terms of someone not giving them support, love, and care, then they need more support with a new baby”. Another nurse stated that “some of the bigger things that they need help with we can’t fix here: housing, lack of education, lack of money.”

**Family Involvement and Support.** These nurses also considered the family involvement and support provided to the adolescent mother. One participant stated “while they’re still adolescents, you have their parents come in and their parents want to take care of their child and their grandchild. So, the parent/grandparent wants to know exactly what’s going on to the patient and to the baby”. The family involvement and support provided to the adolescent was not always experienced as a positive interaction, one participant stated “they might have a lot of family around and a lot of support systems, whether they are positive or negative.” Another nurse stated, “Actually redirecting their family members who always want to feed the babies for them, to help the mom meet her goal breast feeding. I find that that can be more interfered with than others at times.”

**Maturity Level.** The maturity level of the adolescent mother was mentioned by the majority of participants. There were two different perspectives of maturity. Some thought that the mothers were: “a natural” and some nurses described the mothers as “all about them”. One participant stated:

It all depends on the maturity level of the adolescent. I’ve had one patient in particular who, to me, is a very mature adolescent. She has that “natural instinct”
where she immediately wants to hold her baby. She wants to do the right thing for the baby by doing skin-to-skin, she heard that skin to skin was best so she keeps wanting to do skin to skin.

Another participant stated:

I find there is a huge variety of how they react to motherhood or to delivery and a lot has to do with how independent they were before they got pregnant. And what perhaps their relationship is with their mothers because some are very childlike and their mother does everything and they have even if they live on their own are still kind of deferring to their mothers. Some have gotten independent and have their own critical thinking skills.

These participants felt that the maturity level of the adolescents and the display of self-absorption were important to consider when taking care of this population. Considering where the adolescent is at during their development was important. One participant stated:

I’ve had experiences where “it’s all about them”. They think “the baby is crying but I need to go to sleep or I need to eat, I need to do this, I need to shower, I’m texting right now, I’m on the phone right now, baby is gonna have to wait”.

They’re not really receptive to the education that we want to provide to them.

The participants considered that some adolescents had more experience with babies than others, “some kids you walk in there and they’re a natural and they’ve been around a lot of babies and sometimes the fathers are better.”
Individual Needs. Many of participants mentioned consideration of the individual needs of the adolescent during the postpartum period, particularly in the areas of teaching and coping skills. Several nurses described their consideration of the individual needs of the new mother. One participant stated:

You try to help them decide so they can handle stress or the baby crying when you’re not there. I try to go in and see how they assess things and how they’ve assessed what’s going on, how do they feel about things? I do an assessment with them first and then ask them what their expectations are and then make a plan with them on where they’re gonna go.

Another participant stated: “I definitely want to know initially what they want out of the experience here. What they are looking for help with, what they feel confident in and what they have for experience or support people with experience.” Many of the participants expressed consideration of the individual needs of the adolescent during this time. A participant stated:

When I first go into the room that their needs are relatively the same at first, as any other woman who has just had a baby, any couple who has just had a baby, the education is the same. Once I’ve been in there for a while you really start getting involved with their care, then the education piece now comes down to their level.

Nurses considered the socio-economic status, family involvement and support, maturity level, and individual needs of the adolescents during the immediate postpartum
Ensuring Close Follow-up. Follow-up care was mentioned by almost all of these participants. They wanted to make sure close follow-up with services and applicable resources were provided to the adolescent mothers. One participant stated:

I think listening and making sure that they have good follow-up because we have them such a short time. I really try to encourage them to be hooked into a center for single mothers or the VNA, someone who is gonna be consistent in their life to be able to check in on them and see how they are doing and support them and do anticipatory guidance they need, and to reinforce to them that they are doing a good job.

Another participant supported this concept by stating that “trying to make sure they’re hooked up with all the services they need, whether it’s psychological or spiritual or schooling or financial or housing.” The majority of these participants provided and ensured close follow-up with local resources or services.

A Respectful Approach

Nurses in this study described facilitation of care for the adolescent mother during the immediate postpartum period. They provide teaching and support, a non-judgmental approach, respect and compassion for the adolescent, and positive reinforcement.

Teaching and Support. Teaching and support provided to the adolescent was mentioned by all participants. It was often described as their major role in caring for this population.

One participant stated:
They tend to be a little bit shell-shocked, because when you become a mother, it’s a huge deal and as a teenager, I can’t imagine myself taking that on. They tend to need a lot more sort of assistance with general baby care and cues to feeding and diapering.

Several of the nurses described their teaching role as a nurse as an important part of their job. One participant stated “my role as a nurse is really critical in terms of the basics of baby care, infant care, and you know, what to look for when you go home and how do you begin to take care of this child like going forward once you leave here.” Another participant stated that she “teaches them how to take care of the baby. Feeding is always the biggest thing. Feeding the baby, whether they are breast feeding or bottle feeding. I would say that surprisingly a good amount of them actually breast feed.”

Many of the participants described constant reminding and reviewing of the adolescent mothers to care for their babies. For example, one participant stated “Just trying to reassure and reaffirm and re-articulate what needs to happen. A lot more reminding and reviewing and dropping hints. You know ‘maybe the baby is hungry’.”

**Non-judgmental Approach.** Almost all participants described providing care for the adolescents using a non-judgmental approach and that it was important to them. One participant described her care and said “I don’t really approach them any differently than when I care for any other patient. They’ve just had a baby, they’re a woman.” Other
participants described wanting to know the patient’s situation before assessing or passing any judgment and one participant stated “kind of figuring out what their situation is before you judge them is the best way.” Another participant described her care and said:

They’re all so different. I hate to just put them all in a one box, so I don’t like to make assumptions, they call come from different places, they have different levels of support. And we only see them in this tiny time in their lives and it’s so new and they’re exhausted and it’s probably just hitting them that they’re parents.

Another participant stated “I don’t think I really approach them any differently. I think that my approach is the same and as time goes on, you individualize the care then I think it may change but my approach is the same.” Another participant reflected on her perception caring for the adolescent mother and stated:

I try to put myself in their position and think how maybe they would feel and take one little aspect of their care at a time and not try to overload them with information. I try to talk to them instead of their parents in the room and make sure they are getting their questions answered.

It seemed important to the participants to explain their thoughts about non-judgmental care for the adolescent mothers during this time.

**Respect and Compassion.** Participants in this study used statements that describe how they treat adolescents during the immediate postpartum period. The majority of the participants used statements describing how they respect these patients. One participant stated “I think they want to be respected for their knowledge base and
where they’re coming from too. I try to have the belief that everyone tries to do the very best they can. So I have that belief in people and adolescents.” Supporting this statement, another participant stated:

We should try to treat them with respect, they’re someone’s mother now and I acknowledge that it’s the toughest job you’ll ever have and it’s okay to ask questions and that you may not know all the answers and you may make some mistakes and that’s okay too.

Validating the adolescent’s new role and the challenge that it brings was a common statement regarding respecting the adolescent mother. Another participant stated “sometimes I feel like they are in that situation because people haven’t treated them like an adult and haven’t given them choices.” This participant suggested that treating the adolescent like an adult is respectful.

Participants also described themselves as showing compassion for these new adolescent mothers. One participant stated:

I really try to be really understanding and compassionate and commend them on their strengths and what they are good at. And also, try to be an ally not a parent to them, not authoritative. And I think my age works to my benefit in that way because they see me more as a peer than someone who’s in their fifties and sixties or closer in age to their parents.

Differences in ages of nurses was common and those who were closer in age to the adolescent thought that it was easier to relate to the adolescent mothers. Also, one participant spoke about how she has adolescent daughters and stated “I feel like I’m very
patient and understanding. I have adolescent daughters. I know how they feel without having to be postpartum and I imagine it’s a million times worse.” Supporting this statement, another participant stated “I think the compassion and understanding is maybe the biggest thing, non-judgment, judgment-free kind of care, which is hard sometimes.” For the most part, these participants demonstrated understanding and compassion with this population.

**Providing Positive Reinforcement.** Providing positive reinforcement and instilling self-confidence was described by a majority of the participants. “Sometimes I feel like a teacher or a parent where I’m like ‘good job, good job!’ but I feel like that this age group needs that positive reinforcement, so I give them a lot of positive reinforcement” said one participant. Another participant stated “I try to give them confidence, self-confidence and knowledge, and encourage patience and I can’t contribute to patience but I can encourage them to be patient and that everything they do isn’t crucial and affecting baby forever.” These concepts were validated by the majority of these participants. “I’m hoping that I give them the skills and confidence that they can do this because I know and I think they also know that this is a very challenging thing for them to embark on” said one of the participants.

**A Frustration, Yet Satisfying, Challenge**

**Frustration.** Frustration was experienced by the majority of the participants caring for adolescent mothers during the immediate postpartum period. One participant illustrated frustration when she said:
I think I’m a little bit frustrated and not necessarily this population particularly, although this population would need it most, parenting classes, if you are pregnant, whether you go to Planned Parenthood or you go to an OB or primary care, you do a parenting class. Not a childbirth or breast feeding class, a parenting class.

Another participant expressed frustration when she said:

26

I think when I was new at this I would get frustrated with them, like they don’t wake up when their baby is crying or their baby has needs or they send their baby to the nursery. They’re not as involved in the care and want other people to do even the small things that they should really be doing themselves.

Satisfaction. Caring for adolescents and perceiving it as a rewarding experience was also common among the participants interviewed. Feeling like a mother or mothering the adolescent mothers was a common concept as well. One participant said “I think they are very rewarding to work with. It’s like molding clay. They have the ability to change at that age.” Another said “I actually like working with them, I think I’m good with them because I have teenagers.” and “I think it’s a great opportunity that we have to really make a positive impact on their lives.”

These concepts and feelings were discussed in many of the interviews.

Several of the participants perceived that the adolescent appreciated their care. One participant said:

I think that sometimes you don’t know what kind of effect you’ve had until later because they’re not, sometimes their own insecurity, they’re not able to thank you
the same way someone else would bring you chocolate to the nurse’s station but I think they do appreciate things and often later they’ll say things or you’ll see them the next day or see them later and they’ll tell you so. Just because they don’t react in the way that is socially acceptable adults but smiling and giving you eye contact, doesn’t always mean they don’t appreciate it.

**A Challenge.** The perception of caring for adolescents as a challenge was mentioned by the majority of the participants. “They can be really, really challenging and I find the best way to help them is to again, figure out what they have for support at home, what they’re going to do when they’re back at school” said one participant.

Supporting this concept, another participant stated:

> It’s challenging, it’s definitely a good challenge here because you get the other end of the spectrum where they’re like in their forties and I find that the mothers in their forties are very similar to the mothers in their teens. They have their priorities and their minds set. Whereas the ones in their forties have lived their life, and so they have life experiences to bring to the table whereas these teenagers have hardly any but they still have their mindset.

**Summary.** In this chapter, the findings from the study were presented. The first theme, consideration of context, was characterized by socio-economic status, family involvement and support, maturity level, individual needs and ensuring close follow-up. The second theme, respect and reassurance, was characterized by teaching and support, non-judgmental approach, respect and compassion for the adolescent, and providing positive reinforcement. The third theme, a frustrating, yet satisfying, challenge included
descriptions of frustration and satisfaction in caring for this population. All of the participants had cared for and adolescent during the immediate postpartum period and mentioned difficult and satisfying aspects of the experience. In the next chapter, the findings will be discussed and recommendations for clinical practice and future research will be presented.

28

CHAPTER V: Discussion and Recommendations

“Nurses are increasingly engaged in disciplined studies that benefit nursing and its clients, and that contribute to improvements in the entire healthcare system” (Polit & Beck, 2012, p. 3). Nurses play a key role in emphasizing research designed to guide nursing practice and to improve the health and quality of life of nurses’ clients (Polit & Beck, 2012). Looking forward into the future of health care, “nurses are accepting the need to base specific nursing actions and decisions on research evidence indicating that the actions are clinically appropriate, cost-effective, and result in positive outcomes for clients” (Polit & Beck, 2012, p. 3).

Qualitative study designs often involve merging together various data collection strategies, is flexible, tends to be holistic, requires researchers to be intensely involved, requires the researcher to be the research instrument and involves ongoing analysis of the data to discover themes and meaning (Polit & Beck, 2012). With this in mind and the desire to provide effective and efficient care to clients, nurses who care for adolescents during the immediate postpartum period have a unique experience. In a review of literature, it was found that there were few studies conducted from the perspective of the
Discussion. The lived experience of nurses caring for adolescents during the immediate postpartum period encompassed three themes: consideration of context; a respectful approach; and a frustrating, yet satisfying, challenge. Participants’ accounts of their experience exemplified these categories and the sub-categories that defined their experience. When asked what their experience was like working with adolescent mothers during the immediate postpartum period, many of the participants described considering the socio-economic status of the adolescent, family involvement and support, maturity level, individual needs, and how to ensure close follow-up after discharge. When asked how the nurses approach caring for the adolescent mother, many of the participants replied that teaching and support, using a non-judgmental approach, being respectful and compassionate, and providing positive reinforcement was important to them. When asked what they felt they contributed to caring for this population during this time in their lives many of the participants replied that caring for this population was frustrating, satisfying, and challenging all at the same time.

The findings in this study were similar to findings in the study conducted by Breheny and Stephens (2007) who examined the constructs of caring for adolescent mothers by nurses and nurse midwives. They found that the health care providers drew upon “developmental” and “motherhood” discourses to position adolescent mothers as
problematic. The “developmental” discourse positions young mothers as “adolescents” who are naive, distracted, and self-centered, and hence unable to mother correctly. The findings from this study were similar to the findings of Breheny and Stephens as many of the participants expressed views that the adolescents were often self-absorbed and focused on themselves versus their newborn. Similarly, Breheny and Stephens (2007) found that “the adolescent focusing on their individual needs” was a common theme in their research regarding the nurses’ perspective of caring for adolescents during the immediate postpartum period. Furthermore, the findings in this study provide evidence that the nurses interviewed provided satisfactory care as described by the adolescents in the study by Peterson and colleagues (2007). The themes from the adolescents’ perspective included friendliness, patience, respect, and understanding individual needs (Peterson et al., 2007).

In another study, Theroux (2007) found that “adolescents were most satisfied with when they participated in their own care; their participation was facilitated by the development of the nurse-adolescent relationship” (p. 505). Although from a different perspective, the findings in this study were similar to findings in Theroux’s study. The findings in this study provide evidence that the nurses interviewed did indeed promote self-care of the adolescent, which was an important finding in Theroux’s study. Participants in this study expressed that they routinely assessed the skills of the adolescent and provided education for the adolescent. The participants also described the act of reassuring, reaffirming, and re-articulating educational elements to the adolescent mothers regarding self-care or newborn care.
Providing education for the adolescent mother on how to care for her newborn is a main focus of nurses caring for this population. There are approaches to educating adolescent mothers that have been identified as useful for nurses caring for this population. Montgomery (2003) states that “the nurses should plan to repeat instructions often and reinforce content during the adolescents’ postpartum stay” (p. 255). The nurse should not assume knowledge of caregiving for the infant, nor should the nurse allow the newborn’s grandmother to assume full responsibility (Montgomery, 2003, p. 255).

Furthermore, Montgomery (2003) states that it is important for the adolescent mother to feel connected to the newborn and adequate as a mother to the infant. It is important for health care professionals to provide anticipatory guidance for adolescent mothers regarding the antepartum, intrapartum, and postpartum experience. Information regarding their postpartum experience would include how long the typical stays for mothers and newborns are, explain rooming in with the newborn, and that they should have a support person to stay with them.

**Recommendations for Practice.** In addition to acknowledging that the nurses caring for this population consider many aspects of the adolescents’ life while providing care, there are recommendations for practice that arise from the findings of this study as well from the literature. The first recommendation directly abstracted from the findings of this study includes orientation of new hires to the postpartum unit who will be caring for this population. The findings from this study can provide a basis for educating nurses about the specific needs of this population and important areas of assessment and intervention. Specific needs of this population include consideration of: socio-economic
status, family involvement and support, maturity level, individual needs, and ensuring close follow-up. A respectful, non-judgmental approach is also important and should be emphasized as part of all nursing activities.

Another recommendation directly related to the findings of this study is to create an assessment tool designed specifically for this population based on the findings from this study. The assessment tool would be used by the nurse to gather information and initiate a conversation between the adolescent and the nurse. An assessment tool for this population would include specific questions such as: What is your comfort level regarding newborn care? Have you taken an educational class on newborn care? What needs do you feel you have regarding newborn care? Who do you consider the important people in your support system? An assessment tool of this nature would allow the adolescent to provide detailed information regarding her comfort level and individual needs through this transitional period in her life.

Adolescents described the need for respectful treatment, direction for their support person and guidance through their experience (Peterson et al., 2007). Peterson (2007) and colleagues also described that there are a “minority of perinatal nurses that have expertise in adolescent mother-friendly care”. This suggests a need for determination of skill level among nurses in the practice setting and education of nurses in the care of this population.

Additional recommendations for practice with this population that are derived from the review of literature are focused on the adolescent’s perspective of her healthcare. The adolescent’s perception of care impacts the efficacy of care including the experience, the adolescent’s satisfaction with care provided, and the overwhelming
amount of information provided during a critical time in the adolescent’s life.

Consideration of the overwhelming amount of information provided during this time is important. As previously mentioned, Montgomery (2003) states that “the postpartum period is often overwhelming for the new adolescent mother” and that “many adult mothers are overwhelmed with this life transition; thus, adolescents are at particular risk during this time period as they have fewer resources and life experiences to cope with stressful life periods” (p. 254). Nurses are in an ideal position to assess what the adolescent’s needs are and how the adolescent is coping during this transitional period.

Consideration of the adolescent’s perspective of her experience and satisfaction with care is critical. She is in a transition in her life that can shape her perspective of nursing care and view of health care in general. SmithBattle (2003) suggested that understanding how patients perceive the care given is of great importance in that the relationship with health professionals can empower or diminish adolescent mothers. When the adolescent felt empowered, she was more likely to feel confident and take charge during the postpartum period.

Peterson and colleagues (2007) and Sauls (2010) found that when adolescents were treated with respect and the nurse met their individual needs they valued the experience and responded in a positive manner which translated as satisfaction. Adolescents feeling respected and that their nurse is meeting their individual needs is
important. This dynamic is more likely to foster a trusting relationship between nurse and adolescent mother and facilitate effective care.

SmithBattle (2003) interviewed a 16-year-old new mother and noted “that the teen mother feels stigmatized when clinicians ignore what is meaningful to her, her parenting legacies, and the social context” (p. 371). It is important to be cognizant of the potential effect of nursing care on the adolescent’s perspective of health care. A negative experience could potentially impact the adolescent’s future interactions with the health care system and ultimately, impact the health of the adolescent and her child.

**Recommendations for Research.** The experience of nurses caring for the adolescent during the immediate postpartum period has been explored from the nurses’ perspective in this study and few other studies. The experience of adolescent mothers during the immediate postpartum period has also been minimally explored in the setting of an in-patient tertiary hospital setting. Understanding the adolescents’ experience from the adolescents’ perspective versus the nurses’ perspective during the immediate postpartum period needs further exploration. A study in the same setting but from the adolescent mother’s perspective would provide additional knowledge about the experience of this population.

The adolescent’s experience could also be further defined and explored based on stratifying different age groups, such as early adolescence, middle adolescence, and late adolescence to explore if there are differences in the perception of the nursing care. Developmentally, there are differences between early, middle, and late adolescence (Montgomery, 2003). Repeating this study, and interviewing nurses’ working directly
with adolescents in the immediate postpartum period, in different types of facilities, such as rural hospitals in New England would also provide additional knowledge or perhaps support the themes previously discussed in this chapter.

Another recommendation for research is to examine how nurses in different age groups perceive caring for this population or how adolescents perceive the care provided by nurses from different age groups. This might lead to additional knowledge that the adolescents may perceive care differently from nurses who are closer to their age group versus older nurses. From the nurses’ perspective, caring for adolescents may be perceived differently depending on the age of the nurse.

Peterson and colleagues (2012) described the purpose of their study was to “to determine whether hospital based perinatal nurses with expertise in adolescent mother-friendly care identify the need for improvement in the nursing care of adolescent mothers admitted to hospital for birth and postpartum” (p. 360). Peterson and colleagues (2012) suggested that there is a need for more research from the perspective of the nurse caring for adolescent mothers.

**Summary.** This study provided a qualitative view of the lived experience of nurses caring for adolescents during the immediate postpartum period. Few research studies have captured the experience from the nurse’s perspective. Ten nurses participated in this study and results of the data analysis yielded three themes that describe the lived experience of nurses caring for adolescents during the immediate postpartum period: consideration of context; a respectful approach; and a frustrating, yet satisfying, challenge. The experience caring for this population was similar among the
participants. Several recommendations for practice and recommendations for research were described.

As a profession, it is important to continue to add to the knowledge base of nursing. Nursing must examine its practice and continually add to evidence-based research to provide the best and most effective care for our patients and families. Incorporation of the knowledge of the lived experience of nurses caring for adolescents during the immediate postpartum period provides health care professionals with further insight into caring for this unique population.
References


Dear Shepardson 5 Co-workers,

I am conducting a qualitative research study this summer for my master’s program at the University of Vermont and am writing to invite you to participate. The purpose of the study is to understand the experience of staff nurses who care for adolescent mothers during the immediate postpartum period (birth to two to four days after birth).

The interview will be conducted in a private, quiet location on the unit, at a mutually agreeable time, and will likely take less than one hour. The interview will be audiotaped and you will only be interviewed once. Inclusion criteria for participation are:
employed as a nurse working primarily on the inpatient postpartum unit; working at least as a per-diem nurse on the unit; and employed on the unit during the past six months.

Please email me or schedule a time with me if you are interested in being a participant in this study and I will be happy to provide additional information.

Thank you for your time,

Student B

UVM FNP Student