

The educator nurse in the immediate puerperium in joint accommodation from the Peplau's perspective

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ABSTRACT

A study with a qualitative approach aimed to comprehend the learned orientations of puerperium women in joint accommodation and to discuss the actions of the educator nurse from the perspective of Peplau's Theory. Twenty-seven women composed the sample according to the following criteria: to be 18 years or older; to be in puerperium; to have stayed with the baby in a joint accommodation during her stay in the maternity. The data collection occurred from June to July 2014. After analyzing the interviews, three categories emerged and its subcategories: orientations provided by the nurse about newborn care; orientations related to puerperal women care; the memory of puerperal women about received orientations. Results evidence demonstrated listening being the instrument identified as the most used therapeutic action by nurses and the roles developed by the puerperal women needs, attending to the dynamic of the interpersonal relationship, making them more autonomous and satisfied in their care.

Descriptors: Postpartum Period; Rooming-in Care; Nurse Midwives; Nursing; Nursing Theory.

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INTRODUCTION

Physiological and emotional changes resulting from the pregnancy period lead women to a vulnerability context during the postpartum, like discomfort, insecurity, anxiety, and inexperience regarding the care with the newborn (NB). Because they understand these fragilities, hospital institutions propitiate a proper space in their infrastructure to welcome the mother/child, the joint accommodation (JA)⁽¹⁻²⁾.

In this scenario, the educator nurse contributes to maternal-infant health promotion, affection prevention, woman's empowering, NB care, orienting about physiological alterations, emotional and psychological changes, needs to develop the infant. Thus, promoting health in the sensitivity expression, subjectivity, and environmental inter-subjectivity, stimulating the care, providing to woman protagonism, respecting her citizenship, human and family rights⁽³⁾.

A study conducted in the South of Brazil identified that health professionals are essential in the qualified attention in the direct contact and interpersonal relationships, social, emotional and subjective aspects that involve the woman in the pregnant-puerperal cycle. The educator nurse fundamentals actions based on care theories to which they grant scientificity to the profession with a unique role in the effective puerperium resolution⁽⁴⁾.

Corroborating with this study, qualitative research was developed in the cities of Atalaia and Mandaguari/PR with pregnant women in the prenatal assistance in Basic Health Units (BHU) during March to April 2014. Facing the complexity of pregnancy, delivery, and puerperium, they identified the nurse when assisting women during prenatal, needs to consider psychological and subjective aspects to favor the maternal/fetus attachment and mother/baby bond⁽⁵⁾.

Facing these considerations, our study was grounded in the Theory of Hildergar Elizabeth Peplau. In her book published in 1952, the therapeutic potential is in the people/people relationship that directly influences the attention by individual interactions. The theory aims to explain the interpersonal process involving individuals/nurses, relating the cause and effects of this interaction, presenting how and why the constituting elements relate⁽⁶⁾.

Peplau's Interpersonal Relations Theory involves four steps: orientation, identification, exploitation, and resolution. In the orientation phase, the nurse introduces herself and guides the user who starts to comprehend the health issue. In the identification, the user develops the ability to deal with her problem beneficially. In the exploitation, the user deepens in the interpersonal relationship with the nurse to obtain benefits to her health and full practice of services offered to her. In the resolution that not always coincide with the user's full recovery, the gradual liberation occurs from the identification with the nurse, with the autonomy strengthening to act on her health⁽⁶⁾.

To back up and justify this study, we searched for scientific production of the last five years about the theme in the database of the Health Virtual Library (*Biblioteca Virtual em Saúde - BVS*): Lilacs, Medline, Scopus, and Cinahl. There was a lack of studies about Peplau's Interpersonal Relations Theory referred to the educator nurse in the JA.

The study relevance is based on considering the theme able to subsidize care actions for the mother/child during the puerperal phase, to develop qualified and humanized assistance when investigating the communication

being evident. Health professionals, especially nurses, need to be prepared to deal with puerperal women in JA, to develop multidimensional assessment considering the physical and emotional aspects, making them empowered with knowledge and capable of providing integral care to the NB. From the knowledge gap identified, we questioned: what are the learned orientations by puerperal women in JA?

Therefore, our objective was to comprehend the apprehended orientations of puerperal women in joint accommodation and to discuss the actions of the educator nurse from the perspective of Peplau's Theory.

METHODS

A qualitative descriptive study based on the Peplau's Interpersonal Relationship theory, which methodologically follows four steps: (1) orientation, (2) identification, (3) exploitation and (4) resolution, which overlap and interrelate at the measure that the process evolves in the direction to a solution⁽⁶⁾.

We developed the study in a School Maternity in the Northeast region of Brazil. The sample had inclusion criteria: to be 18 years or older; to be in the puerperium; to have stayed with the baby in the JA during the maternity stay. We excluded those who presented cognitive characteristics impeding the collection besides the physiological or emotional conditions obstructing the interview progression. Twenty-seven women composed the sample of the ones who returned to the nursing consultation during postpartum. We fully transcribed the speeches and categorized them by the codename "E" to keep the user's anonymity⁽⁷⁾.

We collected data in June to July 2014 with information obtained through semi-structured interviews in two steps: the first was about the socioeconomic and obstetric profile and, the second was built based on Peplau's Interpersonal Relationship Theory, containing questions referring to the interaction process and following the instructions, communication, and performance of the nurse's actions. We collected the data in the study location, in a reserved room, averaging 25 minutes of duration, using a digital recorder to capture the user's dialogues⁽⁷⁾.

We analyzed the socioeconomic and obstetric aspects using descriptive statistics with simple and absolute frequencies. To examine the reports, we used the content analysis technique in the thematic modality defined as a group of methods and descriptive analysis of the content of messages reported that, after being organized, comprehended the following phases: data codification; data categorizing and interaction of thematic nucleus⁽⁸⁾.

After analyzing the results, three categories emerged and its sub-categories grounded in Peplau's Theory and authors who address the theme.

- Category 1: Orientations provided by the nurse about newborn care.
 - Sub-categories: Breastfeeding; Care with the umbilical stump; Sunbath.
- Category 2: Orientations related to puerperal women care.
 - Sub-category: Rest.
- Category 3: Memory of puerperal women about received orientations.
 - Sub-categories: Much information; Satisfaction.

The study met the ethical precepts of the resolution nº 466/2012 of the National Health Council, approval of the health institution directory and, Ethics in Research Committee of the Trairí Health Sciences Faculty (FACISA); CAAE nº 30488514.2.0000.5568; participant's signature of the Free and Informed Consent Term and voice recording term. We coded the participants in abbreviations (E1, E2, E3,...E27) to guarantee their secrecy.

RESULTS

The socioeconomic and obstetric characterization revealed 48% puerperal women were between 19 and 24 years and 41% between 25 and 32 years. The monthly income was two minimum wages (70%), and the marital status of most of them was consensual union (59%). The complete high school was predominant (37%). Regarding obstetric data, 81% had one or two living children, and vaginal delivery for the current pregnancy was the most frequent (68%).

The analysis of reports referring to the question about the study object resulted in the following categories and sub-categories.

Category 1

Orientations provided by the nurse about newborn care

In this category and sub-categories, we can observe the relationship of the first step of Peplau's theory, which is **Orientation**, when the educator nurse notes the help needs of the user/family in the JA incorporates knowledge as values, culture, and pre-conceived ideas through the educational relationship. In this step, the user incorporated her knowledge through the help, as noted in the testimonials of these sub-categories:

- Breastfeeding

I received orientations daily, the nurse came to tell us how we should breastfeed, to hold the baby and bring to the breast, to let the baby open the mouth to put the breast tip, to know if the baby is eating he moves the cheeks (E1).

- Care with the umbilical stump

During the bath time, they told us to clean the baby's belly button six times a day after to apply alcohol in the belly button more than three times a day until it falls off (E23).

- Sunbath

They told us to do sunbath very early in the morning, to cover the eyes and to stay 30 minutes every day, that it is good for the baby (E10).

Category 2

Orientations related to puerperal women care

In the second category with Rest as a sub-category, we observe the relationship of the testimonials with Peplau's step two, that is, **Identification**, when the user starts to know how to deal with the difficulties reacting and identifying her limitations, taking on the optimistic attitude and self-care. In this case, the user responded well to difficulties starting the knowing how to deal, adopting attitudes and knowing how to self-care, when exposing themselves in these speeches:

They asked me not to hold weight, to not make an effort, to rest until I take off the stitches (E14).

A lot of rest during confinement. To not have intercourse before the time, only after the confinement and to take pills not to get pregnant soon (E15).

Category 3

The memory of puerperal women about received orientations

The third category meets the third Peplau's step, that is, **Exploitation**, making these women listen, correctly or incorrectly interpret the nurse's orientations. Having as first subcategory **Much information**, we identified that through these speeches, this information directed cumulatively and in great quantity, negatively influenced the assimilation of users regarding the help for wellbeing, as observed here:

There were many orientations [...] she said many things, but I don't remember what she said! (E24).

They said many things [...], but I just don't remember what they said because I was caring for the baby (E13).

In the sub-category **Satisfaction**, the fourth Peplau's step confirms the **Resolution**. The user's needs can be satisfied with the cooperative efforts and dedication of the nurse/user causing dissolution of the bond in the therapeutic relationship making the puerperal woman feel powerful in the self-care and care, making the difference in communication, as noted:

[...] I learned here to care for myself and my baby (E6).

[...] I understood everything that the nurse said, I am very satisfied. Now I do everything by myself, I learned, I know how to care for my baby and me, I go home happy and thankful (E9).

With their needs partially or satisfied, the puerperal woman reached dissolution of the bond of the therapeutic relationship in JA between them through cooperative efforts of the nurse/user⁽⁶⁾.

DISCUSSION

The study findings indicate the nursing care with the puerperal woman/NB in JA was based on orientations of the psychological, physiological and social needs through the interpersonal relationships as an educator.

The personal growth and development of the nurse/user come from the experienced interpersonal relationship, keeping the interaction and communication with the woman, considering the experimented changes that need special assistance. The JA arises with the intention to provide integral and qualified assistance to the mother/child, to build the bond between nurse/user, mother/NB, and nurse/family, prioritizing the puerperal woman as active subject. The interpersonal relationship values the active listening and co-participative treatment⁽⁹⁾, formalizing orientations regarding fundamental breastfeeding to the woman's previous knowledge.

It is opportune to note that orientations went beyond the needs referred by women, which is perceived in the subcategory **Much information**, considering that an excessive number of orientations in a short time space impairs the assimilation process when the information does not correspond the puerperal women's expectations.

The focus given by the nurse in NB care including information about breastfeeding, the importance of exclusive breastfeeding, correct breastfeeding technique and breastfeeding frequency was relevant. It is noteworthy that orientations are concentrated in the NB's advantages. There is a need for the professional to redefine his role emphasizing the breastfeeding advantages for the dyad. Within the breastfeeding benefits for

the woman, we rank the uterine involution, reduction of vaginal bleeding and reduction of breast and ovary cancer risk⁽¹⁰⁾.

The constant promotion of the maternal breastfeeding in the JA positively repercusses for the woman and NB, considering the breastfeeding process that pleasantly starts in the hospital context for both. Thus, the woman experiences the second Peplau's step, the **Identification**⁽⁶⁾. In this step, the therapeutic relationship intensifies, and the woman can practice received orientations, being capable of optimistically dealing with adversities, caring for the baby, identifying orientations about the cleanliness of the umbilical stump, putting them in practice under supervision.

Within the NB care, the cleaning of the umbilical stump was noted. Studies show the non-hygiene of the stump creates an infectious process and its cleaning prevents omphalitis, an infection caused by the accumulation of microorganisms which can evolve to sepsis that can lead the child to death⁽¹¹⁾.

A study of the umbilical stump cleaning showed that most puerperal women believed in the need to cover the stump with dressings, bands and did not know about adequate products for its hygiene. Notably, there are still specific populations which keep the cultural habits related to this practice, as to put bands on the stump, coffee, tobacco, among others⁽¹²⁾.

Another orientation noted by women refers to the NB's sunbath. However, there was no emphasis regarding the benefits of this practice, which contribute to the vitamin D synthesis and prevents neonatal jaundice. A study demonstrated that within the orientations for adequate care with the NB health, there is body and stump hygiene, breastfeeding importance and vaccines administration. This information is essential to obtain favorable conditions for infant growth⁽¹⁾. Therefore, the present study points gaps regarding orientations for NB integral care.

It is evident in the speeches that orientations are directed to NB care, being the self-care less importantly addressed. Rest was the most frequent orientation. There was not, however, concern in explaining the relevance of this action during puerperium, which can impair the women follow up to the next step **Exploitation**⁽⁶⁾, where the situation should be controlled and to extract all support needed from the service.

After the delivery, the woman goes through a state of tension and relaxation resulted from the physical effort; it can cause sleepness which demonstrates the need for rest. It is one of the fundamental practices during this period. The family members have an important role helping the woman with daily tasks, impeding her to perform chores, to facilitate her recovery⁽¹³⁾.

The role of the health educator nurse is to help individuals to adapt to their needs, to prevent complications, to perform prescribed therapies and difficulties faced by this population. The educational process is individual, and it occurs from people/people, modifying this process and making individuals to assimilate the experience that is being lived⁽¹⁴⁾.

In the study, the forgetfulness facing the orientations during the permanence of puerperal woman in JA was clear. The testimonials revealed that the number of orientations influences their assimilation, women were not able to remember them all, they only referred to having many orientations. The communication is essential to consolidate the therapeutic relationship, it allows to identify the user's needs, facilitates the care and contributes to the adaptation in the postpartum period. The relevant role of the educator nurse becomes efficient

in the building of knowing/caring/educating/passing on with social actions in health, considering the transforming educational practice with recognition of the individual needs of these users involving the institution and team.

Resulting from all these difficulties, a study developed in the Northeast of Brazil with 190 puerperal women, identified the attention based in biological aspects and social performance for these mothers, require systematic and participative planning, communication of goals, strategies and actions, continuing education; considering the continuing assessment in the work process according to the Health Ministry, essential to prepare the health team to perform its attributions in the puerperium⁽¹⁵⁾

A study conducted with puerperal women admitted in an obstetric service in the North of Portugal found the quality of actions of nurses based on trust. It was pointed by the interviewed women about the care executed by these professionals. Women revealed difficulties with primary care regarding the breastfeeding, causing dissatisfaction. Despite these difficulties, there were contributions for better attention to puerperal women regarding actions of nurses. Now, without the direct support of these professionals, mothers perform self-care and care for their babies without orientations, demonstrating the success reached in the institution to the fourth step of Peplau's Theory that is **Resolution**^(6,16).

In most times, all this difficulty faced by the educator nurse is in the listening manner. The listening act relates to users feeling understood, associating the reflex of this comprehension with the understanding and care of the fundamental nurse. The attention has a series of requirements as a guarantee of privacy, satisfactory information about what is going to happen to her, professional ethics, respect for the differences and attention given to the user. It is understood that the listening action is not easy to people in general, it is also not easy to the nurse, considering the availability for this action, in the way to think and suspend pre-defined ideas⁽¹⁷⁾.

Listening is fundamental for interpersonal relationships, and the different attention demand, who listens is connected to sensorial channels, visualizes face expression of who is talking, listen to the voice tone, collects perception with what is truly behind a simple question: to listen to the non-verbal. When we listen to a person, we should be attentive and, before an answer, do not anticipate, only listen, meaning that who listens puts himself in a certain posture to only receive messages from the other, to codify, comprehend, analyze and adequately answer, according to the situation⁽¹⁸⁾.

It becomes indispensable to accompany the psychological, physiological and social needs of puerperal women. The nurse needs to develop health education actions centered in the care for the baby and woman's self-care. Therefore, it is evident that when assuming the educator role, the nurse allows the woman to know herself and develop around her needs. The nurse is guided in the constant communication and active listening through short, clear phrases, in the right moment when the mother is calm, rested, with the baby fed and thus, able to assimilate the nurse's orientations as educator, meeting the third step of the Peplau's theory, that is, the **Exploitation**⁽⁶⁾.

To establish and develop educational actions through direct communication with the puerperal women in the JA allowed to educate them to self-care, in the transformation of people involved in being active beings in the process; acting in a way to not restrict the attention to complaints, corroborating the educator/transformational role of the nurse in the social environment.

As the strength of the present study, we mention the lack of studies about the Peplau's Interpersonal Relations Theory about the educator nurse in the JA. Therefore, we highlight its relevance and scientific contribution to the obstetric and neonatal attention. Study limitations are related to the investigation being carried out in one maternity only, which does not mean that the reality encountered is the same as in other maternities of the investigated city. However, noted singularities by interviewed women revealed a rich universe of possibilities to comprehend learned orientations by them in JA and to discuss actions of the educator nurse from the perspective of Peplau's Theory.

CONCLUSIONS

The study found that learned orientations by puerperal women in JA were related to a good breastfeeding latch, breastfeeding frequency, exclusive breastfeeding, care with the umbilical stump, sunbath, rest, to avoid physical effort and delay of sexual intercourse. The data reflect the formation of bonds between nurse/women in the JA. Listening was the most used instrument as therapeutic action by nurses, and the developed roles were exercised according to the puerperal women needs, attending to the dynamic of the interpersonal relationship.

The study findings contributed to advance the scientific knowledge in the field, to the nursing care for the puerperal women/NB in the JA based on the orientations for the psychological, physiological and social needs through interpersonal relationships as an educator. The effective communication is relevant and needed during the care in JA, allowing women to report their questions, concerns and, from the understanding of their health state, to apply adequate interventions, aiming at the assistance/care quality.

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