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Heideggerian Hermeneutic Phenomenological Study of Lived Experiences of Nursing Care during Childbirth

Nicholas Yakubu Danzima*, Bismark Nantomah, Vivian Kapio Abem

Abstract

Studies have confirmed that the nurse, during delivery, is the deciding factor whether the woman would have positive or negative birth experience. However, there is no literature on the lived experiences of nursing care rendered during childbirth in the context of Ghana. Hence this study was to discover women's lived experiences of nursing care during childbirth. A Heideggerian phenomenological method was conducted on 10 women who had given birth. Data analysis was done using Diekermann, Allen and Tanner's method. Analysis revealed three main themes: (1) Being-in-the-world of pregnant women in labor with emotional, physical, and informational support needs (2) Encounter with the health facility and practices and needing pampering and nice communication (3) Wishing for an environment of congenial and cordial relationship during childbirth. It is recommended that health professionals incorporate the themes emerged from this study into the plan of care for women during childbirth.

Keywords: Childbirth; Labor; Lived experience; Nursing care; Phenomenology

Introduction

The lived experience between individuals in a mutual relationship that is intentional and results in nurturing from one person to the other in a particular place and time is known as nursing care [1]. However, there are conflicting views on what is the right way of this nursing care during labor from various studies, perspectives of women who experience nursing care during labor, perspectives of nurses and midwives on the ideal care and what actual happens during labor and delivery. The manner in which the nurse, relatives and of cause the obstetrician interpret and handles birth influence the decisions made by a woman during pregnancy, labor and birth. The care received by a woman in labor and childbirth, if it is to be considered satisfactory, and of quality must take into consideration women decisions, preferences and their choices [2]. Quality care is necessary because internationally, quality of care especially during labor and delivery is considered crucial part of the health care agenda towards reducing maternal and newborn mortality and morbidity, which is yet to be achieved [3]. Further, evidence from research has it that providing access to essential interventions is not enough to reduce maternal mortality rather access to skilled birth attendance coupled with essential obstetric services that are of high quality and effective is what achieves reduction in maternal and newborn mortality and morbidity [4,5].

The specific problem in this area of research is a general lack of research on the lived experiences of women during labor and childbirth which is a crucial component of quality of care. This research gap exists especially in

Affiliation:

Ph.D., Lecturer-School of Nursing and Midwifery, University for Development studies, Ghana

***Corresponding author:**

Nicholas Yakubu Danzima, Ph.D., Lecturer-School of Nursing and Midwifery, University for Development studies, Ghana.

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the northern region, and by extension the whole of Ghana. Therefore, this research aims to discover and evaluate the type and quality of nursing and midwifery care rendered to women during labor and childbirth in the context of Ghana. And to identify the best kind of care suitable for women as they deem it through their experiences and stories, beliefs and value systems during labor and delivery in a complex, fast changing, and technologically driven healthcare where knowledge is fast evolving. This is important because the current contextual situations and prevailing circumstances do not favor the traditional birth attendance way of care during delivery and even the scientific practice of birthing because the process of delivery is usually structured according to the understanding of the health care provider, protocols and standards of the institution and not based on what the woman in labor and birthing feels, her values, preferences and experiences.

Background to the study

Childbirth in Ghana in the past thousand years ago and more has always been conducted by traditional birth attendance (TBA). Their knowledge, herbal medicines and practices/training were handed down to them from their forefathers and mothers [6]. Even though scientific medicines and practices were introduced about a hundred years ago, more and more people are choosing these new practices over the traditional mode of delivery. This has led to a situation where the traditional mode of delivery has been questioned, criticized, and condemned for its religious way of doing things leading to a division between the TBAs, nurses and doctors, who are using the scientific way of delivery. However, due to economic, psychological, cultural, and social factors, the change from the old way of conducting birth to the current scientific mode will not cause extinct of TBA's. The current situation is that the two modes of delivery are the sources of maternal care in Ghana and most African countries and by extension the less developed countries. In the past people used to choose just one way of delivery even after the scientific mode of delivery was introduced but now the situation has changed where people combine both modes of delivery and hence the automatic need for the two modes of delivery to be dependent on each other. In addition, it is necessary to combine both because there are woefully inadequate orthodox health services. Also, the TBA'S pay attention more to peoples values, tradition, culture, belief systems and religion in rendering care, less expensive and brings services to the door steps of their clients compared to the formal health service delivery in Ghana [6]. Childbirth experience has immediate as well as long-term positive or negative, physical and psychological effects on women's life, well-being, and health [7]. Both positive and negative experiences can affect the transition to motherhood. Negative birth experience can be a traumatic experience and increases the risk of negative health outcomes, such as postpartum depression [7, 8]. This calls for ways to be instituted so that childbirth can always lead to a positive birth experience. The current situation in this area of studies is that, the studies are mostly done outside of Ghana. In addition the few that are done in Ghana on this topic have used ethnographic methodology, example the study done by [9]. Also, studies like [10] though done in Ghana, focused on pain management during childbirth and another study on understanding the initiation and practices of TBA'S in Ghana's health care practices [6]. The problems with the current studies are that they are not able to elicit the lived experiences of a phenomenon/concept like nursing care during labor and childbirth from the perspective of those who have lived it. Against this background therefore, it is important to study the lived experiences of women regarding the concept of nursing care rendered to them during labor and childbirth using a Heideggerian phenomenological study since this can unveil the true essence, understanding and depth of the phenomenon of nursing care experienced during childbirth. This study will contribute to the body of knowledge in this area of study and help improve quality of health care services during labor and birthing, thus improve reduction in maternal and child mortality and morbidity. This is because research evidence has it that improving quality of care during pregnancy, labor and birthing reduces maternal and child morbidity and mortality [4, 5].

Material and Methods

A qualitative interpretive phenomenological method guided by Heidegger's philosophy was used to conduct this study. The motivation for using Heideggerian hermeneutic phenomenology is that it has tenets and concepts such as temporality, Dasein, everyday ordinariness, being with, being in the world, encounters with entities, spatiality etc embedded in it, which is capable of revealing the meaning of everyday ordinary human existence and thus experience for the woman in labor and childbirth who has experienced nursing care [11]. This is because it allows the researcher to explore a phenomenon experienced by participants from their emic perspective in detail. Based on this philosophy, focus was placed on the idea of the nature of human existence, the care structure and that of being [11, 12]. This is in line with the philosophical stance of Heidegger that human beings are embedded in the world in which they live and hence cannot be separated from that world [12] This study was to explore and unravel the meaning of everyday ordinary human existence with Heidegger's view of the human being in their world, living on an everyday ordinary level as he stressed that it is in this ordinary everyday existence that meaning of existence can be found [11,12].

Setting, Sample, and recruitment

The study was conducted in a Teaching Hospital in 2020, after an ethical approval was obtained. Data was collected between August and October, 2020. Ten participants were

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recruited from the Labor ward and postnatal clinic of the hospital through purposive sampling, purposive sampling was used to ensure that participants had experienced the phenomenon under study that is nursing care during labor and delivery. The 10 participants were selected in consultation with the Doctor and Nurse in charges of the labor ward using their medical records to ensure that they were qualified under the criteria being used; for example, to confirm their ages, type of delivery etc. The participants were approached and rapport created after which study aims and objectives were explained to them. The first participant was interviewed on the 5th of August, 2020. The interviews were done by four of the researchers in this study. The hospital was commissioned on the 24th of February 1974, as a regional hospital but is currently the teaching hospital for the medical university and health colleges in the region where it is located. It has a bed capacity of 800 and roughly a staff strength of about 2800. It has various departments and specialty areas which include Orthopedics department, Urology, gynecology, plastic surgery, Neuro-surgery, Pediatrics etc.

Inclusion and exclusion criteria

The inclusion criteria were (1) Having experienced normal child birth for at least the past six months (2) Being able to speak English or Dagbani (3) Being 18 years and above and exclusion criteria were (1) Birth through a caesarian section (2) those who could not speak English or Dagbani (3) Pregnant women with co-morbidities. In all 10 participants aged 22 to 35years were interviewed to reach data saturation, that is the point where no new information or categories were generated despite continued interviews. This data saturation by the 10th interview collaborates [13], who posits that methodological study sheds further light on the problem of specifying and demonstrating saturation, and their analysis of interview data showed that code saturation (i.e. the point at which no additional issues are identified) was achieved with 9 interviews and this actually reflected in our study, though code saturation occurred in our study by the tenth interview.

Peer review of interview guide and pretesting

The semi-structured interview guide was reviewed by two Professors in phenomenology at the school of Nursing and Midwifery, Tehran University of Medical sciences in Iran. This was after the guide was put together by another two experts in phenomenology in Ghana based on literature review and their experience. This guide was pre-tested on some few women who had delivered and the guide was fine-tuned before it was finally used for this study. The pre-tested participants were not included in the final study.

Data collection

All interviews were recorded following permission from the participants, some were done via a telephone call whilst others in a quiet place in the labor ward, and postnatal care unit. Semi-structured face to face interviews were conducted for those in the ward and postnatal care unit. The interviews begun on the 5th of August, till 19thSemptember 2020, for the first set of interviews and then the second group by telephone interviews were done from 1st to 15th of October, 2020 based on the availability of participants. When saturation was reached and no new information was being gathered the interviews ended. The interviews lasted between 30 to 45 minutes and were each transcribed verbatim afterwards. Taking into consideration the methodology and philosophy guiding the research study, the following among other questions were asked to answer the research question: What are the lived experiences of being a woman in labor and childbirth who have experienced nursing care? **Interview questions:** 1. How will you explain that experience of receiving nursing care during childbirth? 2. What is your experience of encountering the health facility and its structural functions and processes? and 3. "Could you please explain further what you mean by that?"

Data Analysis

The hermeneutic analysis begun with each team member reading each interview text several times alongside listening to the audiotapes. In stage two, transcripts were analyzed in more depth so that significant words and statements could be extracted. The researchers highlighted meaning units on the left side of each transcript (Appendix 2). We then identified relational themes (Appendix 3) as we read the generated text from the previous stages and not individual text.

The research team supported the themes emerged by referring to the verbatim transcripts to ensure that no data had been ignored or added from elsewhere, by performing member checks. From this point the research team then begun to compare and interpret the relational themes that is those themes that were identified across multiple texts more fully. At this stage, the rationale is to validate the interpretations and make sure findings and interpretations are a true representation of participants' experiences and not researchers' bias. Again, the researchers immersed themselves in the data, audiotapes, and transcripts through the hermeneutic cycle, by revisiting several times leading to an in-depth understanding of each participant's lived experience of nursing care during childbirth.

Trustworthiness of the study

Rigor helps to determine the trustworthiness of data. Four criteria used to assess rigor in qualitative research are (a) credibility, (b) transferability, (c) dependability, and (d) confirmability [7,14]. Credibility in this study was achieved through prolonged engagement with participants, persistent observation of participants during interview, triangulation of data sources, peer debriefings, and member checks. The researcher created a conversational environment conducive for prolonged engagement by assuming a position of genuine

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attentiveness and openness that allows the unrestricted flow of information between the participants and the researcher. Transferability was ensured through a rich description of the setting, participants, and themes. The researcher provided a deep, vivid description of the study process, collaborator relationship, and study context which enable others to determine how the findings may apply to other groups. In order to ensure dependability, a log containing a detailed chronology of all research activities was maintained, narratives were transcribed verbatim, and a reflective journal was used to examine potential bias of the researcher. Confirmability was ensured by ensuring that content and findings are indeed from the study data and not the beliefs and biases of the researcher [15]. Data was sent back to the participants for them to confirm that findings were coming from them and truly represent their experiences.

Authenticity

According to Lincoln and Guba, trustworthiness criteria alone to make a study rigorous is not enough since it takes into consideration only issues that are important from the view point of a positivist paradigm [14]. From the positivist point of view, the standard measure hinges on methodology and ignoring issues of empowerment, accountability, power, representation, and pluralism. To fill this gap, Lincoln, and Guba, put forward the concept of authenticity. Authenticity captures the impact of context, taking care of extra internal naturalistic criteria [16]. The constituents of authenticity according to Lincoln and Guba include, fairness, ontological authenticity, educative authenticity, catalytic authenticity, and tactical authenticity.

Fairness: fairness is assumed to be the most important of all the criteria of authenticity. To achieve fairness the researchers ensured that, competing factors that establish and form reality alongside undercurrent value structures were accessed, analyzed and interpreted, and were considered in fashioning the inquiry end results [16]. To further consolidate fairness in this study, the same detailed interview guide was used for all participants, though there were probing questions that differed from participant to another. In addition, the theoretical framework used for the data analysis of all interviews was the same.

Ontological authenticity: ontological authenticity is "the degree to which each participants' and researcher's previous constructions are enhanced and developed, in order that parties have more information, and become experienced in its use, and get their awareness enhanced" [16]. In order to achieve this criterion, the researcher's interpreted assertions and revelations made by respondents of this study and creating audit trails that demonstrate participants increase in awareness and comprehension of the world and, the researcher's increase in his own subjectivity.

Educative authenticity: educative authenticity is "the level and magnitude to which participants and researchers have better knowledge, cognizance, and patience of the constructions others have besides that of their own stake holding group" [16]. To achieve this, the researchers interpreted communications of participants and leaving an audit trail showing recordings of respondents increase in knowledge and awareness of constructions outside their stake holding group.

Catalytic authenticity: catalytic authenticity is "the magnitude at which action is initiated and enhanced by the research being under taken". [14,16]. To achieve this, the researchers used communications from respondents and stakeholders concerning their interest and desire to turn their enhance understanding into action.

Tactical authenticity: Tactical authenticity is "the level at which empowerment is given participants to take the action(s) proposed by the researcher. [16]". To achieve this researcher together with study respondents, examine the magnitude of empowerment that developed during the research. The researchers also ensured this by employing techniques such as, negotiations and confidentiality and paid attention to the kind of data that was collected, interpreted, and reported as well as employing detailed and concise consent forms and member checking.

Ethical approval and consent form

This research was approved by the managers and the research ethics committee of the hospital where the study was done. Participants were approached on one-on-one and the study aims and objectives were explained to them. After understanding and agreeing to participate they were then made to sign a consent form which was also explained to them. Moreover, all participants were assured that their identities would remain confidential during the analysis and reporting of the data to protect their privacy. They were also made to know that they can willingly withdraw from the study at any time if they so wish without any consequences. Verbal permission to record the interviews was taken before each interview. Each interview took an average of 30-45 minutes to complete. Also, all methods of the research were performed in accordance with the relevant guidelines and regulations by the Declaration of Helsinki.

Results

The sample of this study consisted of 10 postpartum women aged between 22 to 35years as shown in (**Table3.0 below**). Analysis of the interview transcripts depicting the women's experience of nursing care rendered to them during labor and childbirth revealed three main themes which are presented in **(Table 3.1, also shown below).** From this interpretive process, the researcher's interaction with the world of the text from the perspective of women who have experienced nursing care during labor and childbirth, was

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defined by the formation of themes which are analyzed below in **table 3.1.**

"Being in the world of pregnant women in labor with emotional, physical and informational support needs"

The participants in this study's recount of existing in the world uncovered their sense of "thrownness" that is being brought into the world already existing with its norms, values, traditions, and culture which in turn exposed their sense of being changed from normal adult human beings in control of their lives to vulnerable pregnant women in labor who were no more in control of themselves and their existence due to the influence and impact of societal values and pregnancy. The health professionals (Dasein) who were rendering services and the health facility constituted the entities they encountered most. The participant's encounter with these entities during labor and childbirth resulted in two experiences. One experience was that of exposure to a ready to hand (useful service entity) that helped them to safe, comfortable, effective and successful childbirth. One of such quotes is below:

Participant 2 "Oh yes, a lot haven't you heard what I said the way the midwife handled me with love and empathy? She supported me physically to position myself in bed anytime I wanted to, and cleaned me and my baby well and made us comfortable".

On the contrary they also gave accounts of encountering service entities that show un-useful service entities which Heidegger terms as entities present at hand which did not help or support them in the process of delivery:

Participant 6 "I didn't deliver in that room, I thought maybe they could have supported me by holding me into the delivery room which I considered as care because by the time I was moving there I was weak but they didn't do that I had to walk to that room unsupported and lay down. That was what I thought they could have done"

Also, they encountered services that did not meet or help in fulfilling and achieving their care structure with regards to what is of concern or important to them:

Participant 8 "Humm the only thing I would have preferred and is important to me would have been for somebody to be rubbing my waist because that eases my pains and for me that is good care. And, to be updating me about the progress or otherwise of the labor but that did not happen" For this participant what was of significance and most important during delivery which Heidegger referred to as the "care structure" was for someone to support her physically by rubbing her waist because it reduces her labor pain and update her on the progress of labor by way of giving her information.

Encounter with the health facility and practices and needing pampering and nice communication

With regards to Heidegger's tenet of "being with", this phenomenological study found that the study participants co-existed with structures, practices, procedures and processes and other people all of which impacted the meaning of their lived experiences as pregnant women in labor seeking care in the health facility [12]. Heidegger postulated that the "They" or "das Man" exist in the world of Dasein and thus have the influence to shape the opportunity of Dasein [12]. According to Heidegger, the 'das Man' is something that goes beyond interactions with other human beings or Dasein and thus acknowledging structures, practices and processes that can shape and influence human beings' existence [12]. Therefore, from Heidegger's stands being with and interacting with other human beings or Dasein goes alongside encountering other entities that influence Dasein's existence [12]. Participants of this study revealed through this phenomenological study that, their encounter with the health facility and procedures and practices impacted and influenced their lives which is aggravated or lessened based on how they were spoken to by health professionals. This is revealed in the following quote from participants:

Table 3.0: represents the demographic characteristics of participants.

Participant's Code.	Age In Yrs.	Ethnicity	Level Of Education	Gender	Region	Religion	Marital Status
1	22	Dagomba	Senior High school	Female	Northern	Muslim	Married
2	31	Dagomba	Senior High school	Female	Northern	Muslim	Married
3	26	Dagomba	Junior High	Female	Northern	Muslim	Married
4	24	Dagomba	Diploma	Female	Northern	Muslim	Married
5	31	Dagomba	illiterate	Female	Northern	Muslim	Married
6	35	Mamprusi	Junior High	Female	North East	Muslim	Married
7	29	Dagomba	Diploma	Female	Northern	Muslim	Married
8	24	Dagati	Bachelors	Female	Upper West	Christian	Married
9	27	Frafra	Diploma	Female	Upper East	Christian	Married
10	31	Kasina	Masters	Female	Upper east	Christian	Married
AVERAGE AGE	28yrs.						

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Table 3.1: representing meaning units, subthemes, and themes.

Meaning units	Subthemes	Themes
➢ They felt sorry for me and showed concern ➢ Frequent checks on me, monitoring me, standing by me, always available and the way she cleaned me nicely after delivery and supported me to walk to my bed. ➢ Please kindly lie down this way and not that way with a smile. Your labor is progressing well.	(a) Being sympathetic and empathic (b) Giving due attention and physical support (c) Give updates on labor progress and instructions in a friendly manner.	Being in the world of pregnant women in labor with emotional, physical, and informational support needs
➢ Your strong, you are good, well done, you're brave, you can make it, oh sorry for that mistake we committed when they use those words and congratulate you it encourages you. ➢ Teaching and explaining things without insulting or shouting and being sorry for their inadequacies.	(a) Giving complements, showering of praises, and apologizing for their inadequacies. (b) Avoidance of verbal abuse and conceding for their mistakes.	Encounter with the health facility and practices and needing pampering and nice communication
➢ They showed love, patience, and friendly atmosphere which we desire and love. ➢ Being interactive, being nice, and getting to know you which makes you feel at home ➢ Didn't frown their faces, they were laughing, they were smiling and accepted us, that which we long for.	(a)Being warm-hearted (b)Establish good rapport (c) Being welcoming and receptive.	Wishing for an environment of congenial and cordial relationship during childbirth.

Participant 5 "What I don't like about this hospital is what I went through when they were bringing me to the first floor. I was so angry and "mad" why because how can a pregnant woman in labor who is already exhausted be told that the lift is spoiled and so she must walk through the stairs to the first floor. And as if that is not enough the nurse will be yelling, insulting and being impatient with you that you are not walking fast. This single particular experience made me regret for coming here"

Participant 3 "Hmmm I don't like their practice of imposing the collection of items from pregnant women in labor because it gives oxygen to corruption, this is because they collect over and above what they use on us and another thing, the way they do vaginal examination. It is very painful and discomforting to me almost like the pain during child birth and yet they do it too frequent whether you like it or not ……...they do most things without our consent"

Participant 4 "For me they have a certain protocol I don't like; can you imagine your husband is not allowed to come in with you into the place where you deliver? I wish my husband was with me because he can do a lot for me during this time and so that is my concern and something that is dear to my heart" This participant's quote reflects a construct by Heidegger known as "being toward "This construct reveals what a participant cares so much about or what is of concern to them depicting the participant's "structural totality of being in the world". In this study the meaning participant 4 ascribed to what mattered to her was the presence of her husband in the delivery room with her.

Wishing for an environment of congenial and cordial relationship during childbirth

This theme falls under the tenet which Heidegger expressed as 'care' (sorge), which does not represent emotional care but the structural totality of being in the world. He analyzed the care structure as the human being's or Dasein's fundamental completeness of existence [12]. Elementary, what Heidegger was saying is that, the care structure reveals that, which is of so important to Dasein or the human being. In other words, he refers to it as the human being, being cautious, careful of consequences and watchful of danger. This is especially uncovered in the human being's future directionality that is their desires, aim and ambitions. In this study, the care structure expressed by participants was that during labor and childbirth they longed and desired an environment that is accepting, caring, welcoming, cordial, friendly and loving, all of which reveals how cautious, careful and watchful of danger, participants were in the situation and context of being in labor and childbirth. These were expressed in the following statements by participants:

Participant 2 "I felt safe in such an environment because the way the madam (midwife) treated my husband and myself on arrival made me feel that I was in safe hands. It made me feel that some friends are more than relatives because we hadn't even arrived and the madam (midwife) quickly met us and with smiles welcomed us, took our bag from us and opened it and looked for the necessary things I needed for the delivery and explained things to us. So, this action made us happy and I would always wish and desire that kind of treatment and environment during childbirth in future".

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Participant 8 "The relationship between you and the staff where there is no shouting but friendly atmosphere. There should be that love, care and concern towards you. It should be a relationship where you feel at home. Every woman will wish that when in labor there would be no shouting on her from the midwife and so this is my desire and wish for my future deliveries"

Participant 7 "Hymn well, what I will describe as good care is when I came the way they received me and then how the nurses were interacting with me is something that I really appreciated and I am very happy. When I came, you know some of them will see you they won't smile, and they will frown their faces but immediately I came with my husband they started, oh let's help her, let's do this and that for her, she is in labor, go and change your dressing then they started laughing and saying; this one 'dear' you won't give birth now, like in the form of jokes and they were all laughing and smiling with us. Yeah, it was something that I felt, like I was with people. So, it was easing my pain somehow. I therefore, wish and long for this kind of environment in future childbirth".

Discussion

Being in the world of pregnant women in labor with emotional, physical, and informational support needs, was the first theme that emerged from participant's narrations. This theme is congruent with [17]. Research evidence shows that women can suffer psychological problems during labor and child-birth [18]. This calls for the need for psychological support for the women in labor. The participants in this study emphasized a lot about support in their statements and is the reason why healthcare providers should take into consideration the emotional, physical, and informational support needs when planning for the care of women in labor. The participants stated that physical support such as helping the laboring woman to walk or position herself, cleaning up the woman nicely after childbirth and physically keeping the woman comfortable are important aspect of good nursing care. They also noted that informational support like updating the woman on the progress of labor and teaching the woman things she does not know regarding the process of labor is also very important for them. In this regard a research by [19] found that among the categories of support, emotional is the most important followed by informational and lastly by physical support. One of the themes that the participants of this study experienced during childbirth and in the process of being taken care of by the nurses and midwives was; encounter with the health facility and practices and needing pampering and nice communication. They emphasized that communicating to them in a nice way devoid of verbal abuse, insults and being shouted at, lessens the pain and frustrations caused by the inadequacies of the infrastructure and health personnel. Study by [20] showed that poor support and communication during labor and birth is associated with a higher rate of postnatal mental health problems including postnatal depression and post-traumatic stress disorder. This underscores the importance of good, effective and a nice way of communicating with women in labor and childbirth and hence confirms the findings of this current study which found that women in labor abhorred being spoken to anyhow, insulted or being shouted at. In addition, according to [21] the dignity of a patient may be threatened if the midwife's communicative behavior sounds authoritative. The findings in this study were that women abhorred being shouted at and insulted which also confirms what studies indicate that nurses have been relating poorly to patients in ways that affect their dignity such as ignoring patients and talking to patients in harsh manner. Further the current study is in line with a qualitative study which used focus group discussions with women and men including health staff to determine perceptions of delivery care in Nigeria [22], which revealed that majority of the women in four groups in two communities abhorred the communicative behavior of hospital staff toward patients, stating rudeness, shouting and scolding as instances.

It is therefore crucial to consider the concept of pampering and nice communication when planning for the care of women in labor and delivery. This is imperative because mental health problems including postnatal depression and post-traumatic disorder can be reduced or mitigated against in these women if their care takes into consideration the way they are being communicated to especially when their pain, frustration, suffering and dissatisfaction of services are aggravated by inadequacies of health facilities and staff. Hence effective and nice way of communicating is vital in maternal care and in the labor ward. It is worthy to note that the findings of pampering, which these women love to experience during childbirth is a new finding and is considered as good nursing care and is unique to this study which has not been published in past research findings. Another theme or concept that emerged according to the participants' narrations in this study was; wishing for an environment of congenial and cordial relationship during childbirth. They emphasized that the relationship created by the health staff is important in a safe and successful childbirth. They were of the view that even though they and the midwives are not known to one another it is important that when they come seeking their professional help, they should treat them as if they already know one another. Most of them emphasized the importance of warm reception and creating friendly, cordial, and congenial atmosphere. This made them feel they were being accepted and welcomed and are free to express themselves and ask questions without fear or intimidation. In respect of this, research have been conducted to demonstrate how standard of care and relationship, are of foundational to a woman's birth experience. For example, [23], conducted a systematic review and the finding was that health care

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providers show more negative attitude than positive ones and this affect clients satisfaction and positive experiences of labor and childbirth and hence call for support for women during labor and childbirth. Also, studies conducted by [24, 25], pointed out that the anxiety of childbirth is mostly a determinant on past negative experiences of care, and that excellent relationships with caregivers is central to positive experiences. Similarly [26, 27] state that anxiety of a woman's child birth is mostly from previous negative experiences and a major element is the absence of quality in the relationship with care givers. All these research findings confirm why the participants in this study considered congenial, friendly, and cordial relationship with staff to be a contributory factor to successful and positive childbirth experience. Walsh and Downe, also emphasized what child bearing women expect, stating that major concerns for women are having a safe birth, having a relationship from care givers that are supportive and being treated with dignity and respect (Walsh et al, 2004). All the mentioned studies above regarding the importance of the relationship between the midwives and the woman in labor agrees with the current study where the participants said cordial and good interpersonal relationship between them and midwives is good care to them and important to positive birth experience. It is therefore important that midwives, nurses, doctors, and other healthcare workers when planning the care for women in labor and childbirth take into consideration the kind of relationship that should exist between them. This relationship should be none other than one of supportive, friendly, acceptance, cordial, and good interpersonal relationship.

Conclusion and Recommendations

Research should be conducted to find out more reasons apart from abuse, why pregnant women always want to delay in the house and report to the hospital late when in labor because this practice is dangerous to both mother and baby, and a mixed method should be used to study this. The clarion call to nurses and midwives and other health care professionals is that they should take into consideration these experiences when planning for the care of these women. Also, it was noticed that nurses and midwives kept on telling women in labor that they should bear the pain as it is because there is nothing, they can do about it, this practice must stop because midwives can teach women, pain relief techniques or strategies to reduce labor pain.

Study's strengths

Using qualitative methods enabled us to explore and understand the emic perspectives of women's experience of delivery care services during childbirth. Triangulation by using different data collection techniques, i.e., in-depth interviews, observation, field notes along with the use of multiple interviewers and different categories of participants increases the validity of the results.

Limitations/Weaknesses of study

This is a qualitative study and so could be overly subjective. This study is in the context of Ghana and hence cannot be said to be generalized to other countries. The scope of the study is focused only on experience of care during labor and childbirth and so may not reflect experiences of care during other stages of pregnancy.

Statement of Authors' contribution

N.Y.D conceived the idea and conceptualized the study, and collected the data with , V.A. K N.Y.D, V.A.K and N.B, analyzed the data and reviewed the manuscript. All the authors' read and approved the manuscript, and are also the funders of the research work collectively.

Declarations by authors

Conflict of Interest

None declared

Ethical Approval

Ethical approval was granted by the hospital where the study was done

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