The Power of Persuasion: How the perceptions of labor and delivery nurses impact the health care decisions of childbearing women

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Purpose/Aim: The World's estimated birth rate is currently 20.05 live births per 1,000 population, or over 130 million live births worldwide per year. Many of these births are occurring in hospitals worldwide where labor and delivery nurses are providing the primary source of care to the laboring woman. Giving birth is a powerful life event leaving a lasting impact on the childbearing woman. Each woman's birth experience is different resulting in varying birth preferences and expectations. Differences in expectations and perceptions of informed laboring women and registered nurses can lead to dissatisfaction. Research has been completed on the perceptions of women during the birth experience and perceptions of nurses providing supportive care to laboring women, but there is a lack of research comparing and contrasting the difference and similarities between these two groups. The purpose of this qualitative descriptive study was to identify, compare, and understand differences in perceptions and expectations between laboring women and registered nurses who provide care.

Background Information: Birth is a life changing event that can leave a lasting impact on women. Studies have reported positive birth experiences when women felt in control, when effective communication occurred, when power was shared related to decision making, and when women felt supported, valued and treated with respect by nurses and other clinicians. Conversely, women with a negative birth experience felt a lack of support and control, reporting lower satisfaction rates. The strongest predictor of patient satisfaction is the quality of care provided by nurses. Nurses bring to the laboring process knowledge, skill, past clinical experience, their own bias, and the nurses' own personal birth experiences. Because of the expertise and experience of nurses, numerous studies have indicated that decision making control is often not shared.

Methods: A purposive, convenience sample of twenty (20) women who recently had a birth experience in three birthing units in the western United States and seventeen (17) Labor and Delivery nurses from five (5) hospitals were interviewed. Interviews were audio-taped and transcriptions analyzed for common themes.

Results: Indications of a successful and positive birth experience were identified along with key differences in providing labor support were identified between childbearing women and nurses. Unrealistic birth expectations by patients and unrecognized actions by nurses create a gap between expectations and actual care received. Barriers to providing

supportive care were identified by nursing staff. Issues of control, predictability, confidence, efficiency, and calculability were identified by both childbearing women and nurses.

Implications: Nurses all over the world need to give a higher level of care and support, while women need to be better prepared in order to have a more positive birth experience. Nurse's own personal biases, experiences and attitudes must be examined in order to provide optimal care. Women's choice to birth in the manner she desires needs to be supported and respected by nurses in order to ensure a more positive and satisfying outcome.