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Care provision to children in the context of the life of nurses as mothers - an exploratory study

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ABSTRACT

Aim: To understand the process of providing child care in the life of mothers working as nurses. **Methods:** An exploratory descriptive study with a qualitative approach and “snowball” methodological technique in order to select 10 nurses/mothers. Data collection occurred from November 2011 to January 2012 through semi-structured interviews and content analysis. **Results:** Two categories were found: [1] experiences of motherhood and maternal nurses; [2] professional practice and the process of raising children. **Discussion:** The personhood of the act of providing care, derived from the experience of being a mother, was evidenced by the anguish observed due to the need of delegating the care of the child in order to devote attention to patients. **Conclusion:** Women suffer the pressure related to their profession and to the proper care which sometimes can not be implemented, in their lives and in the provision of care to their own children.

Descriptors: Maternal-Child Nursing; Mothers; Child Care; Work.

INTRODUCTION

The rearing of children is a process embedded in a family context, permeated by values and beliefs unique to each family, as well as the perceptions about their child and the role of women and men in this situation⁽¹⁾.

Children require care, attention and affection to grow healthy and protected. For this, the presence of parents is a major factor in the establishment of affection relations, as well as in the education process. Also, the parents are a significant part of the social support network and are the providers of care to the children^(2,3).

Although this ideal represents almost a consensus in society, we can see a transformation in the relations between parents and children, which has been modifying the assignment of roles nowadays. The traditionally structured family with mother, father and children is giving way to a variety of settings, reflecting the transformation undergone by contemporary society.

While in the past having a big happy family was synonymous with *good status*, today it depends, in most cases, on the professional life and financial gain of the maintainers of this structure⁽⁴⁾. Thus, we can see a transformation of society, with the deconstruction of various paradigms and concepts established⁽⁵⁾.

Due to the financial demands, parents spend much of their day away from home and leave their children in the care of grandparents, babysitters or early childhood education centers. This "absence" is becoming increasingly common and reflects, in different ways, in the educational and behavioral context of children⁽⁶⁾.

Not infrequently, the change in family education dynamics generates a sense of frustration among mothers with regard to the full exercise of their maternal role. The women face the dilemma of having to work, and at the same time, because of their condition as mothers, they do

not want to fail in the attention to their children, regardless of their age.

Tiba (2010)⁽⁷⁾ states that having a job is a problem for the women who become mothers, but survival ends up being more important than the education of their children. Thus, three options remain for these mothers: grandparents, babysitters and institutions of early childhood education.

The current scenario is a diverse set of influences that result in an increasingly complex process of education and training of individuals in society. The family background, the experiences and educational practices in childhood are directly linked to the social skills they must develop later⁽⁶⁾.

Historically, the profession of nursing has always been linked to the female figure, either in terms of its roots (linked to the actions of the religious groups protecting populations which are vulnerable due to poverty and disease), or due to the almost immediate association between the concepts of providing care and exercising the women's role, especially mothers'. This fact is directly linked to the social role assigned to women: the mother who raises, nurtures and educates.

In this scenario, there are some questions related to these nurses/mothers: do they feel guilty for not being with their children? How many hours a day do they spend with them? How do they reconcile the social roles they play? How do they evaluate themselves in this process? What feelings do they experience when delegating the duties of care to others? How do they see the participation of their husband/partner in education? How does their nursing training influence motherhood?

This study aims to help in clarifying this issue and providing material for reflection on nurses' professional practice and its impacts on the quality of life of their family, especially

when it comes to their dedication to the younger children. We also seek to understand the process of providing child care into the life of nurses/ mothers.

METHOD

This analysis is part of the research "Mothers/nurses: the process of caring for children in the context of life and work," aimed to understand the process of raising children in the life context of mothers who work as nurses. This is a descriptive and exploratory qualitative study.

This style of approach is linked to investigations of groups and segments delimited and focused, of social stories from the perspective of the actors and of different relationships and analysis of speeches and documents⁽⁸⁾. Although the subjects enable a better understanding of a little-known phenomenon, data found can not be generalized to other populations different to the one assessed.

The location of data collection was the city of Maringá, located in the northwestern region of Paraná State, with a total area of 488 km² and a population of 357,007 inhabitants⁽⁹⁾. The subjects were 10 mothers working as nurses, with children aged between six months and six years old. We opted for mothers with only one child to expose their first experience in dealing with the social roles of mother and nurse professional and adaptations implemented to maternity care in this context. The age limit selected was determined for the purpose of retrieving more recent memories, allowing the inclusion of a more detailed description of the experience in the process of raising children, from birth to the present situation.

Because this was a qualitative study we opted, for convenience, to use a purposeful sampling in order to select the "rich information"

cases on the topic and the ones most likely to answer the central question. The purposive sample used was a sampling by criteria, i.e., we selected individuals most likely to offer information relevant to the topic and according to the criteria mentioned above and considered important for the understanding of the subject⁽¹⁰⁾.

The selection process used was the methodological technique of chain or "snowballing" research⁽¹¹⁾, in which each participant was asked to indicate someone of her professional or social life to join the study. According to this strategy, the first respondents indicate others, who in turn indicate others, and so on.

We considered as the primary subject the one who was first contacted and approached regarding participation interest. As previously pointed out, this one was chosen by the criterion of convenience. From this, the other contacts were made by phone or personally as indicated by the primary subject.

Data collection occurred from November 2011 to January 2012 and was done by conducting interviews with a semistructured script. The information was collected with no predetermination about the quantity of participating subjects, because the number of individuals was determined by data saturation and especially by achievement of the goals previously established.

We registered reports pertinent to the thematic development using a digital recorder. The records were later transcribed in order to preserve the accuracy of the information.

The data underwent descriptive and analytical processing with the technique of content analysis, in the form of thematic analysis⁽¹²⁾. The data found was passed through three basic steps:

1. Pre-analysis, corresponding to the organization itself and aims to systematize the initial ideas and make them operational;

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2. Exploration of the material, as the systemic administration of decisions, either by coding, discount or enumeration;
3. Treatment of results, aimed at establishing relationships between the experienced reality and the intuition and reflection, deepening the connections of ideas and formulating basic proposals for changes in the boundaries of specific and general structures⁽¹³⁾.

The research was discussed and approved by the Standing Committee on Ethics in Research Involving Human Subjects at the State University of Maringá (COPEP / EMU) under Register ID 263/2011. To ensure anonymity, participants were identified with the letter E and with Arabic numerals according to the sequence of interviews.

RESULTS

The current age of the mothers (at the time of collection) ranged between 29 and 46 years; and the age of mothers at the birth of the child was between 25 and 39 years. Most participants were married; two mothers had a common-law union; one mother was single and one divorced.

The monthly family income was R\$1,800 to R\$15,000. Five families had an income of less than R\$5,000, and four earned over R\$10,000 monthly.

Regarding the children's age and gender, the age group was between eight months and six years, 50% of each sex. The parents' ages ranged between 29 and 46 years.

The practice of exclusive breastfeeding (EBF) ranged from four to six months and breastfeeding (BF), from four to 28 months. Only three mothers reported having exclusively breastfed their children up to six months, as recommended by the Ministry of Health. When asked about the reason that led to the early introduction of foods,

most referenced the need to return to work and shortage of milk production.

Regarding the specific objective of this study, the reports of the participants, once analyzed, led to the following main themes:

1. Experiences of motherhood of mothers/nurses;
2. Professional practice and the process of raising children.

Experiences of motherhood of mothers/nurses

The discussion scope of this category is the experience of motherhood from the perspective of professional nurses. From this perspective, most mothers reported a very active role of the couple in the care and education process of their children.

I listen to my daughter a lot. She has plenty of space here at home to tell how she is feeling, what she thinks is important, and we try to meet her needs, both myself and my husband. (E1)

I always try to do the best [...] me and my husband, and my whole family, we're always thinking about the best for him. After he was born, we live for him [...] everything we do is thinking about him. (E7)

In all the reports we can observe the parents' will to contribute to the education of individuals with good character, worthy and with principles of family and society. Furthermore, in the exercise of their roles as providers, we observe the sense of responsibility and concern to do everything possible to provide a better quality of life and well-being for children.

In this process of education, mothers cited the importance of imposing limits to the children as an inalienable family role:

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We do everything to actively participate, we establish rules at home, there are limits. We educate them, not the school [...]. (E1)

I have full participation. There are mothers who say "oh, I work and I can't argue with him, I can't ground him." I think we have to discipline, I know my role as a mother; I had a daughter and I know it is with her that I have to worry. (E9)

Since I can't stay longer with her, I try to have a quality time when we're together. I try to educate, I often say 'no', which is difficult ... The father can't say 'no'. (E10)

The issue of these limits arises in the reports as something inherent to the role of the mother and the exercise of the responsibility of raising children.

With respect to the period devoted to the children, most mothers reported missing spending more time with the kids.

I push myself a lot because I'd like to be with him, to participate more in his education. Because staying only at night is not the same like when I'm with him on Saturday and Sunday (E2)

I evaluate my participation as positive, but I think if I worked less, if I could spend more time with her, surely it would be much better for her. Being there is also important. (E4)

Even considering the need for greater uptime and dedication to the children, the mothers reported that the quality of time spent with children is more important than the amount of time.

I think I'm much more present in my daughter's life than many mothers who stay at home all day, cleaning, cooking while her child sits in front of the TV. I think quality of time worth much more than quantity. (E4)

I think time is something that is worthwhile when we're together as well as quality. I have friends who stay home all day and don't stimulate their children that much [...] he (my son) has a perception of things that many kids of his age don't, it's the result of all attention that mother and father offer. (E8)

Mothers also say that the care provided to children by parents constitutes an essential aspect to stimulate their cognitive functions, contributing to the process of growth and full development of the child.

About the selection of the person or institution to delegate the education of the child while performing their professional role, we observed a crisis of feelings, including fear and insecurity, due to the need to "outsource" this task:

We think no one will know how to take care of them like us; neither the school nor the mother, nor the mother-in-law, because we just don't trust... You want to be close, you want to see. It's hard to go to work and leave my son with others because I am the mother, I must take care of him. (E3)

I felt insecure, afraid to hurt her, afraid to fall, afraid of not being around, afraid of her feeling afraid, missing her mother, feeling cornered, not being well treated, afraid of her getting hurt, afraid of abuse, afraid of many things. I used

to call the kindergarten every day, I made a list of phones, health plans. (E4)

When I drive to work and leave my daughter with a babysitter I keep thinking if she will treat her right, do the little things she likes. We get that feeling of loss, abandonment, of not being a mother. I feel guilty. When we have a child, we are the ones who have to take care of the baby. (E6)

This context makes children become victims of the workload assumed by the mother, both in terms of the physical and psychoactive needs they have of the mother, as a result of the high demands on attention and affection necessary for them to grow healthy and protected.

The process of reflection on the transfer of maternal care and the implications of this phenomenon within society extends to the entire female population that share the same dilemmas with the nurses/mothers about the optimal exercise of caring and educating children. In this sense, delegation of responsibilities should proceed in such a manner that complies with very specific necessity criteria and not be trivialized to the point of committing such a precious bond like that of mothers' and children's.

Professional practice and the process of raising children

We observed the representation and significance of the dedication by the mother/nurse, as well as the influences of their training on the exercise of the maternal role, especially with regard to the educational and care activities that women have in the family.

We also noted the influence of the knowledge gained in the professional training of participants about some views they expressed

about the act of providing care and educating, even at a personal level. Such influence appeared ambiguously between the participants: with a positive side, related to a feeling of greater security afforded by a set of knowledge about the health-disease process; and a negative, due to a greater pressure in relation to the fact that they are mothers with a specific training focused in health care:

The mother-nurse can take care of the child with a little more quality; we end up using the knowledge we have from the nursing training to provide care. It is a plus for the child. (E5)

There's more pressure on us, because "oh, but you're a nurse, then you can take it". When I was giving my son the vaccine, I cried. Even being a nurse, we want the others to be taken care of too. (E2)

Reports related to feelings of anguish due to a job marked by direct contact with diseases that might pose greater risk to the health and integrity of their family and especially their children also arose.

[...] The fact that you are in direct contact with microorganisms, we get immunity but we end up taking it home and the children are susceptible. (E2)

[...] That right we have of 15 minutes (to breastfeed) was not worth it, because I was in a hospital, there's hospital infection; until I get home, take a shower so I could nurse her I had already spent an hour (E6)

Moreover, the speeches presented the different feelings regarding the care, contrasting

the professional side (with the patient) and the personal (child with illness):

When I became a mother, I became the most neurotic person in the world and I think it's because I'm a nurse. Everything that happened to her I thought it would be "the" disgrace, the worst case I had ever read, that I had ever seen. (E1)

When she was sick and I had to leave her with her father or my mother and I had to take care of other children, this at some point made me think that I have to take care of others while my child needs care, but then I have a profession that is "to care". When I'm working with the donation of organs and tissues I'm providing care to others; when I intermediate organ donation I'm taking care of the people in the queue, I'm watching if everything is going well for them. It is "the care" that we're talking about, and this is being a nurse. (E4)

The understanding of the profession as a care-centered activity and the exercise of self-abnegation mitigate, in some ways, the possible guilt feeling experienced by participants and serves as justification to prioritize their attention for others.

In their speeches, participants revealed the fact that being nurses is not indicative of results of better preparation for attention to the children, nor does it protect them from living the anxieties and doubts that punctuate the experience of motherhood:

I couldn't breastfeed my daughter, I had to go back to work. And there I

was, taking care of mothers, telling them to not give the bottle to a toddler, while I was doing the same thing at home. I evaluate my role as not very good as a nurse/mother because I leave my daughter at school so I can improve myself as a health care professional [...] I'm not taking care of her the way I should. (E6)

When he was born I was just "mother", I wasn't a nurse anymore because, for the first child, the experience we have is like nothing else. (E8)

Regarding the mothers who had difficulty in the breastfeeding process, we noted the frustration due to the failure of BF practice, mainly because of their profession, which emphasizes BF as a demand and an indispensable factor for children's better health.

[...] especially for us who work with it. You get ready for all that breastfeeding thing, all that expectation. During pregnancy, I did the preparation of the breast, nipple [...] And I had cracks, I had everything I wasn't supposed to have. (E9)

To exclusively provide the breast milk to the child until the sixth month of life, there was a great family support in the practice of BF in the life of one of the nurses/mothers.

[...] at breastfeed time, for example, my husband used to leave his job, take my son, he and the nanny, and get there in my job for me to breastfeed him. At night also, he used to leave early from class, get him, then my mother-in-law stayed with him there and brought him

to be fed, I nursed him and then he took him back home. (E7)

The fact that the mother is a nurse can positively contribute to the effectiveness of BF practice thanks to the knowledge gained during her course. In this case we can observe that the family, as a social support network, proved to be an essential factor in the BF process continuity and success.

DISCUSSION

The couple's effective participation in the child's life is an important element for the growth and development and their absence can reflect in both behavioral and educational levels. From this perspective, mothers' reports portray concerns related to the construction and maintenance of this link and the daily interactions that sustain this process.

It is important to note the relevance of the father's presence, cited by most women in this study. This finding leads us to think that the male behavior linked to the financial provision of the family only is giving way to a more participatory father role in family life^(5,13).

Continuous healthy interactions between children and their caregivers lead to better emotional and biological preparation for learning and development processes⁽⁴⁾.

With regard to the imposition of limits, while noting more condescending behaviors (justified by any sense of guilt due to work and to the fact that they can't remain at home), the interviewees reported full awareness of the importance of their role as a main resource of children's education. This perception is supported by other studies showing that the lack of limits of children today is the result of numerous activities that parents conduct (two or more employ-

ments, post-graduate programs) because they feel remorse for not giving adequate attention and thus they can't say "no"⁽⁶⁾.

It's important to observe that doing all the wishes of the children and keeping them happy all the time is not synonymous with good care, because this attitude can create the illusion that the world will always be good and it will make them get hurt when facing their frustrations⁽¹⁴⁾.

We identified conflicting and uncertainty feelings about the choice of the person or establishment for the delegation of child care.

This 'outsourcing' deals with the transfer of duties from parents to other people or institutions⁽⁶⁾. In this sense, it creates a gap when it comes to education, training, imposing limits and attention to the child. This scenario is configured mainly due to the intense activity cycle of the parents and especially the mothers, who take multiple tasks and accumulate mother, marital and professional roles^(5, 15).

The data collected demonstrated that the women feel divided between a mother "full-time" or not; however, the positive feelings connected with maternity overpass other roles, a fact in accordance with another study conducted in the state of Rio Grande do Sul⁽¹⁶⁾. This dilemma reflects a situation of the present, in which the conquest of a job is at the same time a great personal challenge and a social problem, as there are more graduates than jobs available.

Nursing has been recognized as an essential profession in society, but the financial issue continues to lag for professionals. For this reason, the search for expertise and the need of various employment relationships makes the life of this portion of the population even more troubled, directly influencing their availability of time and dedication to the child-rearing process.

With respect to the influence of the profession on raising children, mothers have ambig-

ous perceptions. While some consider that the knowledge derived from the profession means they are configured as facilitators, some become frustrated realizing that not everything they consider ideal is applicable to their reality.

The personal sense of the act of providing care, derived from the experience of being a mother plus the implications of this conjunction of roles, was evidenced by the manifestation of feelings of distress at having to delegate the responsibilities for the children to others, even when they are sick, to fulfill the commitments of professional activity; assuming the zeal for patients.

Thus the overload affecting most working women in balancing their roles of mother, wife and professional is evident. When the dedication is reflected as a work object, or more than that, as a philosophy that guides this "personal and professional being" (such as a nurse), it is natural that the burden increases more and more.

CONCLUSION

The difficulties faced with managing their social responsibilities, especially in the process of educating children, became evident. Notwithstanding the effective participation in the creation of the couple reported by the participating mothers, there is a need for a greater amount of time devoted to children.

These women still suffer their own pressures related to the fact that they are nurses and appreciate the proper and qualified care; however, sometimes it is not possible to be implemented at a personal level. And so, precepts highly prioritized in the practice of these professionals, as, for instance the advice of encouraging EBF, are not always met outside hospitals.

Considering the choice for the qualitative study, we didn't mean to generalize the findings

of this research to other realities; however, we expect to stimulate further research focused on the discussion of the contexts of nursing work, elucidating the limits and possibilities of integrating the various social duties performed by these professionals, without setting aside their quality of life and personal satisfaction. Given the lack of studies that emphasize aspects of the life of this group, we stress the importance of seeking new spaces for reflection on the subject.

Finally, this analysis leads us to reflect on the maternal role and its relationship to the work and life of female nurses, highlighting the difficulties experienced by them in the realization of being a mother, as opposed to their own thoughts and the ideal of caring inherent in nursing.

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