

**CROSS SECTIONAL STUDY ON ASSESSEMENT OF
PARTURIENT NEED OF COUNTINOUS NURSES LABOR
SUPPORT IN LABOR WARDS IN PUBLIC HOSPITAL UNDER
ADDIS ABABA CITY ADMINSTRATION HEALTH BUREAU.**

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Abstract

Introduction: Supporting women at delivery is an essential part care during labor. The term 'labor support' refers to continuous non-medical care of a laboring woman. It includes physical comforting such as touching, massaging, bathing, grooming, applying warmth or cold; and emotional support such as continuous companion reassurance, encouragement, anticipatory guidance, information provision, and non-medical advice. Labor support and care may also involve procedures and facilitation of communication between the woman and staff to assist her in making informed choices .Furthermore; it may comprise emotional support for woman's partner.

Objectives: To assess parturient need and satisfaction of continue nurse support in labor wards in Public Hospital under Addis Ababa city administration Health Bureau.

Methods: Institutional based descriptive quantitative cross-sectional study was employed. The study was conducted in Hospitals under Addis Ababa City Administration Health Bureau. The data collection was carried out using structured questionnaires filled by trained student nurses. Data was be analyzed using EPI 3.04 and transformed to SPSS version 16.00 in the computer for further analysis.

Result: About 91.1% of need women continuous nurses support during labor. The women rated the most important supporting nurses' behavior were emotional need followed by tangible support.

Conclusion: the nursing behaviors that tap into emotional support were found to be the most important. Emphasizing the emotional dimension of the process of labor in addition to the

technical aspect can be very important. To maintain high standards of professional quality care in reproductive health, nurses need to recognize helpful nursing support behaviors to laboring women.

Key words: - continuous labor support, satisfaction, need,

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Acronyms

AA: Addis Ababa

AAHB: Addis Ababa Health Bureau

APGAR: Appearance, pulse, grimace, activity, respiration

NGH: Nongovernmental hospital

OR: odds ratio

WHO: World Health Organization

1. Introduction

Back ground

Childbirth is a significant event in the lives of women and their families. It is a critical time in the human development that transforms women into mothers. Women remember their childbirth for the rest of their lives (1).

Child birth defined as: expulsion of the fetus, placenta and membrane through uterus .this process is exciting and anxious to the women and significant other (2).

Child birth brings physiological, psychological and social changes to women. Physiological changes include contraction of the uterus and the cervix softening and opening .the fetus descends through the pelvis and the mother helps push the fetus. This process can be divided into four stages. The first stage begins with cervical opening and ends with complete dilation of cervix this first stage of labor composed of three phases: latent, active and transition phase. The second stage begins with complete dilation and full effacement of the cervix and ends with birth of the baby. The third stage begins with the birth of baby and ends with expulsion of placenta. The fourth stage of physical recovery for the mother and baby. It lasts from the delivery of placenta through the first one to two hours after birth (2).

Child birth brings psychological changes in the women during labor many women develop anxiety and fear concerning injury of fetus and themselves during labor and birth; fear of institutional procedure; fear of pain & fear impending irreversible life styles changes created by birth of baby (2, 3).

Child birth also brings social changes. Women's cultural and individual values influences how she views and copes with child birth. Culture also influences how the women behave during labor. There is currently a growing recognition that the aim of health care in child birth is to provide to the mother and her new born with lowest possible level of intervention that is compatible with safety (3).

Supporting women at delivery is an essential part care during labor. The term 'labor support' refers to continuous non-medical care of a laboring woman (1). It includes physical comforting such as touching, massaging, bathing, grooming, applying warmth or cold; and emotional support such as continuous companion reassurance, encouragement, anticipatory guidance, information provision, and non-medical advice. Labor support and care may also involve procedures and facilitation of communication between the woman and staff to assist her in making informed choices .Furthermore; it may comprise emotional support for woman's partner (1, 4).

The mere physical presence of a support person is not enough. That person must also provide supportive activities, which encompass both physical comfort measures and emotional support (4).

Physical comfort measures should be provided in response to the woman's own needs and wishes. These will vary from culture to culture, and from individual to individual. Her supportive companion may, for example, walk with her, massage her back, offer food and fluids help her to find a comfortable position, or assist her with a bath or shower. He or she can provide analgesic measures, such as counter pressure, cold with an ice pack or heat with a hot water bottle to

painful areas of her body. The companion can help the woman to use breathing patterns that may help her relax, or other rituals that she may have practiced during the pregnancy (4).

Emotional support may include maintaining eye contact, and providing information, praise, and encouragement. The supporting companion can help ensure that the woman understands the purpose of every procedure and the result of every examination, that she is kept informed of the progress of her labor, and that she is praised for her efforts and encouraged to continue (4).

The extent to which support may be seen as an integral component of care during childbirth depends on the orientation of the caregivers (3). Some professionals may give priority to the technical tasks of caring for a woman in labor. Others may feel that technical tasks and emotional/physical support are intimately related in helping the woman to progress successfully throughout labor, and cannot be separated. Modern technology may make support difficult for caregivers who hold the latter view, as their time and attention may be distracted away from the woman towards the monitor or the intravenous drip (5).

Numerous research studies show important benefits to mothers and babies of continuous labor support by a loved one, friend, or nurses. Labor support is a safe and effective practice with no negative side effects, yet the Supporting women in labor has many advantages like having shorter labors, reduced need for oxytocin, anesthesia, analgesia, instrumental deliveries, and a cesarean section. Furthermore, Anxiety, postpartum-depression, postpartum-bleeding, postpartum fever, low Apgar score of neonates, and prolonged infant hospitalization can be also decreased. Such advantages were seen among ethnically diverse populations (6, 7, 8, 9).

The quality of support that they are given during labor has an enormous effect on their perceptions of their childbirth. It was reported that women had higher expectations for nursing care and they actually report that they receive (3).

Source of support for women during labor can be from family, doula, friends, husband, nurses and midwives. (1,4,8).

Providing continuous support from Nurses or midwives involves a willing interaction between nurse and patient that requires trust by the patient, and a giving of self (engagement, attentiveness, time, awareness of the encounter) by the nurse. Presence defined as both a physical “being there” and a psychological “being with.” Outcomes of presence, similar to being with woman, are considered to be positive, social, spiritual, psychological, or physical outcomes or interactions (3)

The quality of support that women receive during labor and delivery is critical for continued wellbeing of the entire family and Women’s satisfaction with the childbirth experience suggests that continuous support can make a substantial contribution to this satisfaction. Nurses are in a position to assess the needs for these women and influence the amount of support that is provided praise and encouragement (10).

Statement of the problem

During the natural course of childbirth, a woman's functional ability is limited and she is unable to control her body's natural physiologic process. The intrapartum patients thus rely on the clinical assistance of the nurses and the clinical staff (11).

Continuous support during labor enhance normal labor processes and thus reduce use of obstetric interventions and Continuous labor support is a remarkable element of maternity care that offers well-established benefits and has no known downsides (12) .

Continuous labor support is practiced in different parts of the world. In Ethiopia, it is neither practiced well nor researched in-depth (13). Laboring women receive inadequate or no emotional support during labor and delivery in hospital settings related restrictive policies on supportive companionship. This has lead to failure of laboring women to appreciate the quality of intrapartum care they receive at hospitals and positive perceptions of their childbirth.

Significance of the study

In Ethiopia continuous *labor support is not considered as essential part of care during labor and women right to choose source of support.*

Continuous labor support neither practiced well nor researched in-depth. The focus of this study was to begin to identify supportive nursing behaviors that are perceived as most helpful during the labor process in laboring women. Therefore the result of the study will help as a baseline data for further large scale studies and if the current practice is not helpful, this study may determine what changes need to be made.

This research also may provide guidelines for policy makers to including a close relative on the labor unit to support a woman during labor and delivery when requested by the laboring women in such a way that it does not compromise the desire of other women who do not want to have companion, privacy and clinical care.

2. Literature review

Historically and cross-culturally, women have been attended and Supported by other women during labor and birth. However, since the middle of the 20th century, in many countries (in both high-income and low- and middle-income countries) as the majority of women gave birth in hospital rather than at home, continuous support during labor has become the exception rather than the routine (5).

Continuous labor support is a key element of normal birth and for taking the position that all laboring women should have access to this important care practice. At a time when many laboring women are overtaken by a number of interventions each procedure leading to other interventions used solely to monitor, prevent, or treat side effects. Continuous labor support is a jewel of a care practice that has major, well-established benefits and no known downsides. These benefits appear to help protect women from being swept away in a cascade of interventions (14).

Based on scientific evidence, the World Health Organization recommends that the parturient should be accompanied by people she trusts and with whom she feels at ease, possibly her partner, a friend, a *doula*, a nurse or midwife (8).

common elements of this care include emotional support (continuous presence, reassurance and praise), information about labor progress and advice regarding coping techniques, comfort measures (comforting touch, massage, warm baths/showers, promoting adequate fluid intake and output) and advocacy (helping the woman articulate her wishes to others) (4,9).

Benefit of Continuous labor support

Two complementary theoretical explanations have been offered for the effects of labor support on childbirth outcomes. Both explanations hypothesize that labor support enhances labor physiology and mothers' feelings of control and competence, reducing reliance on medical interventions (5, 6). The first theoretical explanation considers possible mechanisms when companionship during labor is used in stressful, threatening and disempowering clinical birth environments. During labor women may be uniquely vulnerable to environmental influences; modern obstetric care frequently subjects women to institutional routines, high rates of intervention, unfamiliar personnel, lack of privacy and other conditions that may be experienced as harsh. These conditions may have an adverse effect on the progress of labor and on the development of feelings of competence and confidence; this may in turn impair adjustment to parenthood and establishment of breastfeeding, and increase the risk of depression. This process may to some extent be buffered by the provision of support and companionship during labor.

The second theoretical explanation does not focus on a particular type of birth environment. Rather, it describes two pathways -enhanced passage of the fetus through the pelvis and soft tissues, as well as decreased stress response - by which labor support may reduce the likelihood of operative birth and subsequent complications, and enhance women's feelings of control and satisfaction with their childbirth experiences. Enhanced fetopelvic relationships may be accomplished by encouraging mobility and effective use of gravity, supporting women to assume their preferred positions and recommending specific positions for specific situations (4, 5).

Studies of the relationships among fear and anxiety, the stress response and pregnancy complications have shown that anxiety during labor is associated with high levels of the stress

hormone epinephrine in the blood, which may in turn lead to abnormal fetal heart rate patterns in labor, decreased uterine contractility, a longer active labor phase with regular well-established contractions and low Apgar scores. Emotional support, information and advice, comfort measures and advocacy may reduce anxiety and fear and associated adverse effects during labor (7, 8). Recently continuous support has been viewed as a form of pain relief, specifically, as an alternative to epidural analgesia, because of concerns about the deleterious effects of epidural analgesia on labor progress (15).

Cochrane Review on effects of continuous labor support clarifies that, when compared to labor support from hospital staff, stronger and more positive effects were evident when the person providing continuous support was not a regular member of the hospital staff and came into the facility exclusively to provide support to the laboring woman. Compared to women who did not have continuous labor support, those who received focused support from an outsider experienced impressive benefits with respect to several important outcomes. Women who received focused labor support were

- 26% less likely to give birth by cesarean section,
- 41% less likely to give birth with vacuum extraction or forceps,
- 28% less likely to use any analgesia or anesthesia, and
- 36% less likely to be dissatisfied with or negatively rate their birth experience. (4,7)

In a 2007 review¹ of 16 recent studies involving more than 13,000 women from 11 countries, researchers found that women who received continuous labor support were more likely to give birth without cesarean, vacuum, or forceps; were less likely to use pain medications; were more likely to be satisfied with the birth experience; and had slightly shorter labors. Other studies

show that mothers have enhanced bonding with their infants, have more successful breastfeeding, have decreased postpartum depression, and have a higher overall satisfaction with their birth, infant, and partner after the baby is born (8).

Continuous nurses labor support and women's satisfaction

Labor and birth are very demanding for every involved. The laboring mother needs physical, emotional and informational support during labor. Having someone with laboring at all time, keeping her well informed, reminding her to change position and urinate frequently, encouraging her and such as these needs in labor.

This support can be done, based on scientific evidence reported by the World Health Organization that the parturient should be accompanied by people she trusts and with whom she feels at ease, possibly her partner, a friend, a doula, a nurse or midwife(6) .

A randomized clinical trials conducted in Mexico found that Nursing support reduced the duration of labor (16).Also study conducted in Indonesia found that use of nursing support during labor can assist labor women in coping with difficulty situation during labor and delivery. The study also shows that nursing support during labor is effective method for helping mothers to deal with labor pain (17).

Research conducted to compare to nurses' labor support with usual intrapartum nursing care had found that one to one nursing labor support had 56% reduction in caesarian birth (17).

Investigators also have found an inverse association between labor stress and nursing support. Classic studies have indicated that women who received support during labor, regardless of type,

had significantly lower rates of cesarean and forceps deliveries, shorter labors, and reduced rates of use of analgesia compared to women who did not receive (10).

In order to understand what type of support parturient women need, several descriptive studies were conducted outside Ethiopia. These studies have examined the nursing behaviors women considered important and supportive in helping them cope with and adapt to the process of birth in order to assure a positive experience. Several common themes of supportive behaviors, as described by women, are remarkably consistent throughout the studies: presence of the nurse, the nurse's acceptance of the laboring client as a unique individual with particular needs, respect for the client's birth plan, emotional support, and instructional information about labor (18). Studies also affirmed that the intrapartum nurse will often be the deciding factor in whether the woman has a positive or negative experience during childbirth (19).

In a study carried out by Bryanton, Fraser-Davey, & Sullivan found that emotional nursing support behaviors such as making the woman feel cared about as an individual, giving praise, appearing calm and confident, assisting in breathing and relaxing, and treating the woman with respect were the most helpful to laboring women (18). Consequently, a replication of the study found that informational support in the form of praising the woman was reported to be the most helpful nursing support behaviors during labor among Chinese women (19).

A systematic review of the best available research finds that the following four factors make the greatest contribution to women's satisfaction in childbirth:

- having good support from caregivers
- having a high-quality relationship with caregivers

- being involved in decision-making about care
- Having better-than-expected experiences, or having high expectations (15).

Study conducted in Brazil on support women by companion her choice during child birth and satisfaction revealed that Support also increased satisfaction with the care received during labor and delivery. When the women received support from nurses Support also increased satisfaction with the care received during labor and delivery (16).

In Ethiopia there is no research conducted to assess parturient need of continues nurses support and women satisfaction from nursing care in labor ward.

3. Objectives

General objective

- To assess parturient need of continuous nurse labor support in wards and women satisfaction from usual nursing care in public Hospitals under Addis Ababa City Administration Health Bureau.

Specific objectives

- To assess parturient need of continuous support
- To determine women satisfaction from usual nursing care.

4. Methods, materials and procedures

4.1. Study area and period

The study was conducted in Addis Ababa which is the federal capital City of Ethiopia from October 2010 to April 2011. Based on the 2007 Census conducted by the Central Statistical Agency of Ethiopia (CSA), Addis Ababa has a total population of 2,739,551, of whom 1,305,387 are men and 1,434,164 women.

The city has 10 governmental hospitals, from which five hospitals are managed under Addis Ababa administration health bureau. The remaining hospitals are managed under Ministry of Health and one under Addis Ababa University.

The study was conducted purposively selected public Hospitals under Addis Ababa Administration Health Bureau.

Hospitals managed under Addis Ababa Health Bureau 3 were selected depending on the service they provided. Which were Gandhi memorials, Zewditu memorial and Yekatit 12 Hospital.

The study was conducted from October 2010 up to April 2011.

4.2. Study design

Institutional based descriptive cross-sectional study was employed. This research was designed to study parturient need of continuous Nurse's labor support.

4.3 Source population

All women who gave birth in Addis Ababa city.

4.4 Study subject of this study were Women who admitted and gave birth at the time of data collection in selected hospitals.

4.5. Sampling technique and procedure

All women who delivered in three hospitals at the time data collection and meet the inclusion criteria (women who were volunteer to participate in the study, and both the laboring women and their fetus had no complications) were included in the study.

4.6 Sample size determination

Using a single proportion cross-sectional formula the sample size calculation considered the following assumption:-

Expected prevalence 50 % since there is no study done on the area on the topic

Confidence level 95%

$$n = \frac{z^2 p (1-p)}{d^2}$$

$$d^2$$

Where n = sample size

P = prevalence

d = marginal error

$$n = \frac{(1.96)^2 \times 0.5(1 - 0.5)}{(0.05)^2}$$

$$(0.05)^2$$

$$= \frac{3.84 \times 0.25}{0.0025} = 384$$

$$0.0025$$

To increase precision 5 % was added making the total sample,

$$19.2 + 384 = 403$$

4.7 Data Collection instrument

The data collection was carried out using structured questionnaire. The questionnaire has 4 parts.

The need assessment part was assessed by using Bryanton Adaptation of the Nursing Support in Labor Questionnaire—Adolescents (BANSILQ-A) filled by trained student nurses.

The Bryanton Adaptation of the Nursing Support in Labor Questionnaire (BANSILQ) measured nursing support during labor. The BANSILQ has 25 items that assess nursing support behaviors using a 5-point Likert scale, rating from very important to not important at all. The nursing support behaviors were categorized into three categories: emotional (e.g. treated me with respect, made me feel cared about as an individual), tangible (e.g. made me physically comfortable, assisted me in breathing/relaxing) and informational (e.g. explained hospital routines, familiarized me with my surroundings). The reported alpha reliability for the BANSILQ was .93 and had content validity.

Satisfaction part was assessed using questioner adapted from study conducted in Cameron. The questioner has four indicators to determine patients' satisfaction with nursing care: Nurses' ability to inform patients, Nursing concern and care, Nursing skill and competence, and a restful atmosphere provided by the nurse and the coordination of care.

Specifically for the purposes of this study, a third and fourth instrument developed after an extensive literature review. The third instrument elicited demographic data such as age, race, marital status, and socioeconomic status. The fourth instrument was used to obtain relevant information from clients related to parity, type of delivery, previous place of delivery and time spent in labor ward.

One week before undertaking the data collection the instrument was tested. After the pre-test some questions were omitted and some were modified or reformulated to adapt to the local conditions

4.8 Inclusion and exclusion criteria

4.8.1 Inclusion criteria

- Women who agreed to participate in the study.
- Both laboring mother and their fetus without complication.

4.8.2 Exclusion criteria

- Women who gave birth with still birth or their fetus has complication.
- Women who had post partum complication.

4.9 Variables

4.9.1. Dependent variables:

- Women need
- Satisfaction

4.9.2. Independent variables:

- Socio demographic factors (age, gender, educational status, occupation, marital status, income).
- Past obstetric history.
- Nurse's supportive behavior.

4.10 Data Analysis

Epi-info 3.05 version and SPSS version 16 statistical soft were employed for data entry and analysis. Microsoft excel was also applied for producing charts. All data were coded in terms of numbers. The analysis included checking errors and describing the collected data by numerical summary measures tables, chart and measures of association, all of which are instruments for interpretation of the collected data.

4.11 Data quality Assurance

The quality of data was assured by properly designing and pre-testing of the questionnaire, proper training of the interviewers to avoid hypothetical bias, proper categorization and coding of questionnaires.

4.12 Ethical clearances

The following procedures was undertaken to ascertain ethical issues;

- Approval was granted from Institutional Review Board (IRB) of Addis Ababa University, College of Health Science, Department of nursing and Midwifery.
- Ethical clearance was sought from AA City Health bureau.
- Permission from directors of the selected Hospitals was sought

- Informed verbal consent was obtained from entire participants. Participants were informed that privacy and confidentiality will be maintained. At individual level after explaining the purpose of the study verbal was obtained from all participants prior to their participation in this study.
- The study units' culture, language, beliefs and value were respected.
- The study subjects were informed that the study process will have no harm to them and confidentiality will be kept.
- Any study participants who are not willing to be included in the study were not forced to be included in the study.

4.13 Operational definitions

Continuous labor support: - continuous non-medical care of a laboring woman. It includes physical comforting such as touching, massaging, bathing, grooming, applying warmth or cold; and emotional support such as continuous companion, reassurance, encouragement, anticipatory guidance, information provision, and non-medical advice. Support during childbirth can be provided by the professionals responsible for the clinical care of the woman in labor, by other individuals specifically designated to provide support other than clinical care, or by the woman's partner, family, or friends.

Satisfaction: - full fill the need or want. Client satisfaction will be measured based on the summary questions. Affirmative answer to these questions in this study will be considered as women satisfied from the Nursing care they received.

Need: - require something in order to have success or achieve goal.

If the total scores $\geq 60\%$ value indicate women need nurses as labor support provider

Nurse: - person trained to look after sick or injured people

Nurses' support during labor: - nurses activities for laboring mother including emotional support, physical support, and informational support.

Doula: a Greek word referring to trained and experienced non-medical personnel who provide physical, emotional support, and informational assistance and support to mother before, during or after child birth

5. Result

5.1 Participant characteristics

Socio demographic data

Table 1 socio demographic characteristics of women delivered in public Hospital under Addis Ababa City Health Bureau Administration Addis Ababa, Ethiopia, April 2011. (n=403)

Characteristics	frequency	percent
Age		
Less than 18	1	0.2
18 – 25	156	38.7
26 – 34	218	54.1
≥ 35	28	6.9
Marital status		
Single	39	9.7
Married	361	89.6
Separated	2	0.5
Widowed	1	0.2
Ethnicity		
Gurage	105	26.1
Amhara	169	41.9
Oromo	79	19.6
Tigrie	25	6.2
Others	25	6.2

Educational status

Illiterate	63	15.6
1 - 6	94	23.3
7- 12	195	48.4
Technical & Vocational	27	6.7
Higher education	24	6.0

Religion

Muslim	102	25.3
Orthodox	257	63.8
Protestant	40	9.9
Catholic	3	0.7
Others	1	0.2

Occupation

Government employee	25	6.2
House wife	177	43.9
Unemployed	66	16.4
Private business	125	31.0
Others	10	2.5

Income

No income	252	62.5
Less than 200	13	3.2
200 – 250	7	1.7
251 – 500	39	9.7
501 – 999	55	13.6
≥ 1000	37	9.2

The socio demographic characteristics displayed on the above frequency table 1

The age of the participants ranged from 17 to 47 and a mean (+SD) of 26.2 (+ 5.5). More than half of 403 women (n=218, 54.1%) were between 25-34 years of age. 156 (38.7%) and 28 (6.9%) women were ranged from 18 to 25 and ≥ 35 years of age respectively. The majority were ethnically Amhara (n=169, 41.9%) followed by Gurage (n=105, 26.1%) and Oromo (n=79, 19.6%). The marital status of the women were 361 (89.6%) married and 39 (9.7%) never married or single. Concerning religious affiliations of the women were orthodox (n= 257, 63.8%), followed by Muslim and protestant (n= 102, 25.3%), and (n= 40, 9.9%) respectively.

Greater than the half of participant attended more than elementary school 195 (48.4%) were between 7-12 grade, 27 (6.7%) graduated from technical and vocational school and 24 (6.0 %) graduated from higher education and 63(15.6) were illiterate.

As far as occupation is concerned 177 (43.9%) and 66(16.4) were house wife and unemployed respectively. On the other hand 125 (31%) participant were private employee and smallest size (n= 25, 6.2%) were Government employee. Therefore, majority of women didn't have their own income (n=252, 62.5%). 55 (13.6%) of women had income between 501-999 birr and 39 (9.7%) between 250-500 birr. The rest participant income were more than 1000 birr and less than 200 37 (9.2 %) and 13(3.2 %) birr per month respectively.

5.2 Obstetric history

Table 2 obstetric history of women delivered in public Hospital under Addis Ababa City Health Bureau Administration Addis Ababa, Ethiopia, April 2011. (n=403)

Characteristics	frequency	percent
Parity		
Primigravida	231	57.3
Multi gravid	172	42.7
Place of delivery previous child*		
Home	31	18.1
Health facilities	141	81.9
Mode of delivery		
Spontaneous vaginal delivery	250	62.0
Caesarean section	143	35.5
Vacuum/ forceps	10	2.5
Time spent in labor ward (hours)		
0-4	139	34.5
5-8	90	22.3
9-12	73	18.1
≥13	101	25.1

*includes only multi gravid

Obstetric history of women displayed on above frequency table 2

Majority of the mothers were (n= 231, 57.3%) were primigravida and 172 (42.7%) multi gravid. out of 172 mothers 31(18%) gave their previous delivery at home and 141 (82%) gave birth at health facilities. the most common (n= 250, 62.0%) mode of delivery was spontaneous vaginal deliveries followed by cesarean deliveries 43(35.5%). The duration in labor wards were 139 (34.5 women spent 1-4 hours and 101(25.1%) spent more than 12 hours.

5.3 Nursing Support and the BANSILQ

Possible scores on the BANSILQ could range from 25 to 125. The scores on the BANSILQ, ranged from 54 to 120 in this study. The mean score was 100.39 (SD= 14.6). Higher scores on the BANSILQ indicate more support need from nurses during labor.

403 parturient were interviewed using the BANSILQ-A, they rate the nursing support behaviors according to their perceived need, ratings for each supportive behavior were ranked from most important to not important at all. The top three most important behaviors were “praised me” ($M = 4.84, SD = 0.384$), “made me feel cared about as individual” ($M = 4.80, SD = 0.41$), and “treat me with respect” ($M = 4.79, SD = 0.42$).

The **Table 3** presents the top 10 important behavior. Mean scores for all 25 supportive behaviors ranged from 4.84 to 2.47

Supportive behaviors	Mean	standard deviation
1. Praised me	4.84	0.38
2. Made me feel cared as individual	4.80	0.41
3. Treat me with respect	4.79	0.42
4. Appear calm and confident	4.76	0.56
5. Provide sense of security	4.73	0.58
6. Recognize when I'm anxious	4.73	0.59
7. Assisting me breathing and relaxing	4.70	0.62
8. Touched me	4.63	0.62
9. Make me physically comfortable	4.62	0.73
10. Support the way like my family	4.29	0.85
And working together		

Out of the 25 supportive behaviors, some were identified by the women as not important.

1. "Explaining hospital routine" ($n = 152, 37.7\%$);
2. "Familiarizing me with my surroundings" ($n = 49, 12.2\%$)
3. "Communicating my needs/wishes" ($n = 30, 7.4\%$); and
4. "Tried to carry out my wishes" ($n = 30, 7.4\%$);
5. "Attempted to lessen demands on me" ($n = 28, 6.9\%$)

Further analysis revealed that of the three supportive categories—emotional support, informational support, and tangible support—parturient perceived need emotional support. (Treated me with respect, made me feel cared about as an individual), behaviors as being most helpful. Tangible support, such as “assisted me in breathing/relaxing” and “made me physically comfortable,” was second in importance .Informational support, which includes such behaviors as “taught me how to breathe and relax during labor pains” and “explained hospital routines and procedures,” was least important .

Women satisfaction from nursing care

Nursing Care Findings

According to the data collected, Nurses' Attitude on Admission 228 (56.6%) women were welcomed in a friendly manner, and 82 (20.3%) and 93(23.3) women said nurses admitted them in very unwelcoming and unwelcoming manner respectively.

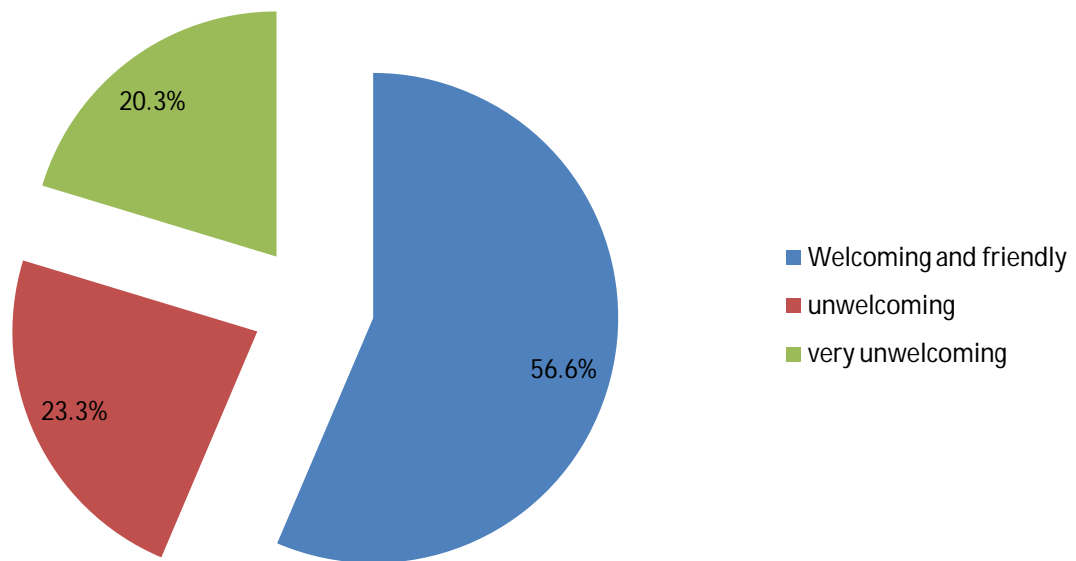


Fig.2 Nurses' attitude during admission

Concerning provision of comfort, a majority 263(65.1%) said the nurse provided them with comfort measures while they feel pain and discomfort. With most of them giving words of comfort, 54 (20.5%) were given analgesics and another 149(8.3%) said they had psychological support which made them feel more comfortable. Most of the patients (n= 261, 64.6) received teachings on how to breathe in and push. 325 (80.4%) said the maternity ward was clean. As for the time spent with patients, 240 (59.4) said nurses spent their time with them. 46.4% said nurses spent time with them during emergencies or when called, 39.3% said nurses spent all time with them while only 14.3% said nurses spent time with them at regular intervals. In this study, 294 (72.8%) of the respondents said the nurses did not help them to interpret the meaning of their feelings to them.

Women satisfaction

Four indicators were used to determine patients’ satisfaction with nursing care: Nurses' ability to inform patients, Nursing concern and care, Nursing skill and competence, and a restful atmosphere provided by the nurse and the coordination of care.

RATING	Ability to give information (%)	Care and Concern (%)	Skills and Competence (%)	Restful atmosphere (%)
Very Good	35.7	38.6	35.2	39.7
Good	39.7	49.6	41.9	40.7
Fair	15.9	10.2	16.4	16.4
Poor	8.7	1.5	6.5	3.2
Total	100	100	100	100

The majority 160 (39.7%) rated the nurses' ability to pass on information was good, 144(35.7%) as very good, 64 (15.9%) as fair and 35(8.7 %) as poor. For Nursing care and concern, 200 (49.6%) rated it good and 156 (38.6) as very good while 41 (10.2%) rated as fair and 6 (1.5%) rated as poor. As concerns the skill and competence of the nurse, a majority 169 (41.9) rated it good and Also a large proportion 142 (35.2%) rated it very good and 66 (16.4%) and 26 (6.5%) rated as fair and poor respectively. Most respondents (n=164, 40.7%) rated nurses' ability to provide a restful and quiet atmosphere as being good and. 160 (39.7) rated as very good.

Table 4: Need of continuous nurses labor support and socio-demographic characteristics of women delivered in public Hospital under Addis Ababa city health bureau Administration Addis Ababa, Ethiopia, April 2011.(n=403)

Variables	population	Nurses support		Crude OR (95% CI)	Adjusted OR (95%CI)
		Need	Not Need		
Age					
17-25	157	152	5	3.62(0.815 -16.112)	3.302(0.69 - 15.7)
26-34	218	194	24	1.017(0.285-3.63)	0.90(0.24 -3.32)
≥35	28	25	3	1.00	1.00
Ethnicity					
Amhara	169	155	14	1.00	1.00
Others	234	215	19	0.655(0.31-1.36)	1.780 (0.671-4.717)
Marital status					
Never married	39	36	3	1.00	1.00
Others	364	330	33	0.624 (0.143 -2.27)	0.96 (0.20 - 4.63)
Religion					
Orthodox	257	235	22	0.69 (0.313 -1.561)	0.64 (0.25 -1.60)
Others	146	131	11	1.00	1.00
Educational status					
Illiterate	63	58	5	4.286(1.09-25.4)	4.388 (0.94 - 20.42)
Primary	93	89	5	6.500(1.67-16.4)	7.946 (1.70 -37.1)
Secondary	196	181	15	2.397(0.99 -5.79)	2.81 (1.05 -7.55)
Tertiary	51	42	9	1.00	1.00
Occupation					
House wife	176	163	13	0.339 (0.75 -1.54)	0.42 (0.08-2.02)
Others	151	135	16	0.228 (0.51-1.019)	0.46 (0.09-2.27)
Unemployed	76	64	2	1.00	1.00

** Significant at P< 0.05

Table 5 women nursing care satisfaction and socio-demographic characteristics of women delivered in public Hospital under Addis Ababa city health bureau Administration Addis Ababa, Ethiopia, April 2011.(n= 403)

Variables	population	Satisfied	unsatisfied	Crude OR (95% CI)	Adjusted OR(95% CI)
Age					
17-25	157	74	83	0.677(0.30 -1.52)	0.67(.28 -1.59)
26-34	218	116	102	0.85(0.38 -1.88)	0.82(0.36-1.90)
≥35	28	16	12	1.00	1.00
Ethnicity					
Amhara	169	83	86	1.00	1.00
Others	234	123	111	0.87(0.58-1.29)	0.78(0.50-1.22)
Marital status					
Never married	39	20	19	1.00	1.00
Others	364	186	176	0.99(0.51-1.92)	0.83(0.40-1.70)
Religion					
Orthodox	257	136	121	0.99(0.51-1.92)	1.21(0.78-1.89)
Others	146	75	71	1.00	1.00
Educational status					
Illiterate	63	29	34	0.75(0.36-1.58)	0.91(0.38-2.20)
Primary	93	50	44	0.78(0.39-1.54)	0.90(0.39-2.07)
Secondary	196	107	89	1.05(0.57-1.96)	1.13(0.56-2.29)
Tertiary	51	27	24	1.00	1.00
Occupation					
House wife	176	88	88	1.30(0.75-2.23)	1.14(0.63-2.06)
Others	151	86	65	1.70(0.97-2.97)	6.82(0.74-62.2)
Unemployed	76	43	33	1.00	1.00
Income					
< 200	13	4	9	1.00	1.00
200- 1000	100	60	40	0.47(0.14-1.56)	0.08 (0.007-0.98)
≥ 1000	37	19	18	1.58(0.99 -2.53)	0.26(0.02- 2.40)
No income	253	123	130	1.11(0.55-2.22)	0.174(.017-1.75)

** Significant at P< 0.05

Significant relationship

The above table shows significant relationship between dependent and independent variables

Bi-variant analysis was done to look at relationship between independent variables of Socio – demographic characteristics with need of continuous Nurses labor support. On this model of analysis, educational status and occupation found were significantly associated with the need of women. After adjusting for all Socio – demographic characteristics, the need for nursing support was directly associated with educational status. Bi-variant analysis also used to assess relationship between satisfaction and socio demographic characteristics of women. After adjusting for all Socio – demographic characteristics, satisfaction inversely associated with monthly income.

6. Discussion

6.1 Women need of continuous nurses labor support

Labor support has been shown to be a corner stone of intranatal nursing care as reported it improve child birth outcome. Nurses are in a position to assess the needs for these women and influence the amount of support that is provided *praise and encouragement*. By knowing what behavior women find supportive, nurses may be able to improve the women childbirth experience. In order to promote a positive experience, nurses need to understand what the women require during childbirth. By understanding the women need, researchers can discern if the current practice of labor support is relevant and provides positive health outcomes in the women. If the current practice is not helpful, researchers must determine what changes need to be made. The focus of this study was to begin to identify supportive nursing behaviors that are perceived as most helpful during the labor process in laboring women.

The results of this study revealed that considerable high number of women 368 (91.1%) need nurses' continuous labor support. this finding was inconsistent (greater than expected) of other finding which report Nurses were cited as a major source of support for laboring women second only to husband/partner support[6].

This study gives some preliminary insight into the women need of nurse's supportive behavior. Women needs appear to center around emotional support and individualized care. The five top nursing behaviors reported as being most helpful during labor on the result of this study were, Praised me, made me feel cared as individual, Treat me with respect, Appear calm and confident, Provide sense of security. When compared to studies in which the BANSILQ was used and

reported by Callister in 2000; five of the top 10 behaviors (such as making the woman feel cared about as an individual, giving praise, appearing calm and confident, assisting in breathing and relaxing, and treating the woman with respect) (18) that women perceived as helpful were consistent with this study.

Further analysis was used in this study to compare the three categories of the nursing behavior, according to the parturient perceived need emotional support were being rated as the most.

Need of continuous labor was directly associated with increasing maternal educational status.

The possible explanation is while women educational status increase seeking knowledge during antenatal phase is high. so, they may have positive attitude towards continuous labor support.

6.2 Women satisfaction to the care

One of the problematic areas for this part study was the scarcity of reliable and valid instruments that could be used to accurately measure women intranatal nursing care satisfaction.

This study explores that majority of women were satisfied from nursing care consistence with most international studies that shows high levels of satisfaction. In this study Nursing care satisfaction was be explained by finding that women reported nursing care was (Nurses' ability to inform patients, Nursing concern and care, Nursing skill and competence, and a restful atmosphere provided by the nurse and the coordination of care) met.

According to the data collected, it could be seen that most of the women, were welcomed in a friendly manner. This implies that the nurses in this unit generally are soft and have a warm attitude towards their clients. This addresses the psychological aspect of care since knowledge and technical ability only are insufficient (17).

In this study, 35.7% women rated the nurses' ability to pass on information as v. Good. This implies that the majority were satisfied with the information they received. This is a true picture because if we relate it to the information they were given during this period, most of them (64.6%) were taught breathing techniques and many of them (36.4%) did not have explanations of what they were going through, the attitude of the nurse or mode of passing on the information too could be a factor which will rate the information as being satisfactory.

Although women in this study indicate that majority are satisfied with nursing care and concern. This could be explained by the fact that many women (65.1%) were given comfort measures during the pain and difficulty they went through and this result become consistent with majority of studies that showed nurses place more emphasis on task dimensions than the affective dimensions (19).

Result of this study indicate that concerns the skill and competence of the nurse, a majority rated it good meaning that they were fairly satisfied. Also a large proportion (35.2%) rated it very good implying that they were satisfied with the nurses' skill. This is in line with most studies which indicate that the nurse focuses on tasks (20).

Most respondents rated nurses' ability to provide a restful and quiet atmosphere as being good. This is justified by the 80.4% of the patients who acknowledged that the labor ward was clean for coordination of care; most of the respondents (40.7%) rated the teamwork spirit of the nurses as good, 39.7% as very good, this brings us to the conclusion that the respondents were satisfied with the coordination of care.

7. Strengths and limitations of study

7.1 Strengths

- Includes all hospital under Addis Ababa city Administration
- The study touched sensitive area in maternity care.
- The only research done in the area on continuous nurse's labor support.

7.2 Limitations

- Lack of recent similar studies to make adequate comparison.

8. Conclusion

In many countries, the presence of the father/partner and other support persons in labor is now a routine experience for laboring women. This is not necessarily true in our country, in which the importance of nursing support becomes paramount.

In this study nursing behaviors that tap into emotional support were found to be the most important. Emphasizing the emotional dimension of the process of labor in addition to the technical aspect can be very important. To maintain high standards of professional quality care in reproductive health, nurses need to recognize helpful nursing support behaviors to laboring women.

Finally, the findings in this study must be interpreted with caution as a result of limitations. Gathering information convenience sampling may have limited the generalization of the results of this study. Collecting data from a more representative sample of laboring women would be beneficial. No controls were included to assess the truthfulness of responses; thus, participants could have responded in a socially desirable manner. Due to practical considerations, the method of instrument administration was not consistent across sites. Despite the fact that they were assured of anonymity and confidentiality, participants possibly responded differently based on the type of administration (e.g., a researcher asking the instruments versus the student nurse asking the questionnaire prior to discharge from the hospital). Further investigations would be helpful to maintain quality of care.

9. Recommendations

- For policy makers including continuous labor support in curriculum
- Further study with larger sample size is recommended to get adequate information about laboring mother need nurses' supportive behavior.
- Change hospital policy on restrictive policies on supportive companionship.

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12 Annexes

Annex 1 information sheet

ADDIS ABABA UNIVERSITY

College of Health Sciences

Department of Nursing and Midwives

Information sheet

You are invited to participate in a research study to be conducted by MSC student at Addis Ababa University, College of health science, Centralized school of Nursing. Please read the following statement and ask any unclear questions before you agree to participate.

1. Topic; ASSESSEMENT OF PARTURIENTS' NEED OF CONTINOUS NURSES LABOR SUPPORT IN LABOUR WARDS, IN PUBLIC HOSPITAL UNDER ADDIS ABABA CITY ADMINISTRATION HEALTH BUREAU,ADDIS ABABA, ETHIOPIA

2. Objective of the study; To assess parturient need of continuous nurse labor support in labor wards under Addis Ababa City Administration public Hospitals, Addis Ababa, Ethiopia. The information you provide will parturient need of continuous labor from nurses

3. Participation procedure and guide line

- a. The information you provide will be kept completely anonymous. That is, your name will not be on any of the forms.
- b. It will take about 15 minutes to complete the survey.

4. Participation benefits and risks

- a. Your participation in this study does not involve risk that are greater than those your experience in your daily life. You might feel some mild discomfort responding to some items on the questionnaire but again, the risk of discomfort is not greater than you might have in your working area or in other normal activities.
- b. You also may experience some benefits from participating on this project this benefit might be positive feelings from helping an important research study.
- c. No incentive will be given for participating in this study.

5. Right to refuse or withdraw; your participation is volunteer and there is no penalty for you not wanting to participate. This means that you are free to stop at any point or to choose not to answer any particular question or all the questions.

6. Right as a participant; you have a right to have any questions about this research project answered. Please direct any question to **Nebiha Hadra**

Centralized school of Nursing,

College of Health Science

Addis Ababa University.

Cell phone 251-911-74-42-18, e mail – nebihahadra@yahoo.com

Additional- institutional review board (IRB) committee of Addis Ababa University,

Medical faculty

Tel 0115-53-87-34

E-mail aaumfirb@yahoo.com

7. Agree to participate

Yes _____

No _____

Signature _____

Date _____

Signature of data collector _____

Annex 2 CONSENT FORM

Greeting; Good morning/Good afternoon

We are going to take few minutes on assessment of parturient need of continuous labor support in labor wards public hospital under Addis Ababa City Administration, Addis Ababa, Ethiopia. This questionnaire is present to you to obtain relevant information about nurses' perception and factors affecting perception towards nursing profession in order to have a better understanding. All information you give will be kept confidential and you are not going to be mentioned by name. Filling the questions is totally depending on your willingness and also you have the right to quite at any point through the course of administering the question. If you need more clarification you can ask the supervisor.

The research will be done with the collaboration of Addis Ababa University College of health science, Centralized school of Nursing.

PRINCIPAL INVESTIGATOR

Nebiha Hadra

Tel; 0911-74-42-18

Additional institutional review board (IRB) committee of Addis Ababa University,

Medical faculty

Tel 0115-53-87-34

E-mail aaumfirb@yahoo.com

We would greatly appreciate your response to us and like to thank you ahead for taking your time

Name & Signature of data collector; _____

Annex 3 Questionnaire

Addis Ababa University

College of health sciences

Department of nursing and mid wives

Questionnaire designed to assess parturient need of continuous labor support from nurses in labor wards, in public hospitals under Addis Ababa city administration health bureau, Addis Ababa, Ethiopia.

Part I

Socio demographic information

1. Age

2. Ethnicity Group

1. Gurage

2. Amhara

3. Oromo

4. Tigre

5. Other specify _____

3. Marital status

1. Single

2. Married

3. Separated

4. Divorced

5. Widowed

4. Educational status

1. Illiterate

2. 1-6

3. 7-12

4. 10+

5. Higher education

5. Religion

1. Muslim

2. Orthodox

3. Protestant

4. Catholic

5. Other specify _____

6. Occupation

1. Government employee

2. House wife

3. Unemployed

4. Private business

5. Other specify _____

8. Monthly income in birr

1. Less than 200

2. 200 - 250

3. 251- 500

4. 501- 999

5. 1000 and above

Part II. Obstetric history

1. What is your parity?

1. Primigravida

2. Multigravida

2. Where was the first place of delivery?

1. Home

2. Hospital

3. What was your mode of delivery?

1. Spontaneous vaginal

2. cesarean section

3. vacuum/forceps

4. How much time do you spent in labor ward?

1. 0-4 hours

2. 5-8 hours

3. 9-12 hours

4. ≥ 13

Part III. Assessment need of support

Nursing Behavior	1	2	3	4	5
1. Familiarized me with my surroundings.					
2. Supported the way my partner and I work together.					
3. Encouraged my partner's involvement					
4. Provided for my partner's physical needs					
5. Recognized when I was anxious, Listened.					
6. Appeared calm and confident.					
7. Provided distractions by talking to me.					
9. Gave me pain medication.					
10. Made me physically comfortable.					

11. Accepted what I said/did.					
12. Attempted to lessen demands on me.					
13. Touched me.					
14. Spent time in room.					
15. Provided a sense of security					
16. Tried to carry out my wishes.					
17 Communicated my needs/wishes.					
18 Assisted me in breathing/ relaxing.					
19. Instructed me in breathing/ relaxing					
20. Answered my questions truthfully.					
21. Kept me informed about my progress					
22. Included me in making decisions.					
23. Explained hospital routines					

24. Made me feel cared about as an individual.					
25. Treated me with respect					

Adapted from Journal of International Women's Studies the Bryanton Adaptation of the Nursing Support in Labor Questionnaire—Adolescents (BANSILQ-A)

Note

1. Not important
2. Neutral
3. Less important
4. Important
5. Very important

Part IV satisfaction to the nursing care

1. How did the nurse treat you on admission?

A) Friendly and welcoming B) not very welcoming C) unwelcoming

2) Nurse provides comfort and support during pain and discomfort?

A) YES

B) NO

If yes what did she/he do?

3) Were you taught how to breathe and how to push?

A) YES

B) NO

4) *Were you provided a clean environment?*

A) Yes

B) NO

5) *Did the nurse spend time with you in the labor ward?*

A) YES

B) yes

...

If yes, how often did a nurse do this for you?

6) *Did the nurse help you to interpret the meaning of your feeling and showed concern?*

A) YES

B) NO

7) *Did the nurse help you to interpret the meaning of your feeling and showed concern?*

A) YES

B) NO

Please rate some things about the nursing care offered during your hospital stay in terms of whether they were very good, good, fair or poor.

s.no	Nursing care	very good	Good	fair	Poor
1.	Nurses' ability to inform patients				
2.	Nursing concern and care,				
3.	Nursing skill and competence				
4.	A restful atmosphere provided by the nurse and the coordination of care.				

13 Amharic version questionnaires

አዲስ አበባ ዩኒቨርሲቲ

ጤና ሳይንስ ኮሌጅ

ነርቲና አዋላጅ ነርስ ትምህርት ክፍል

ይህ መጠይቅ የተዘጋጀው የወላድ እና ቶችን ፍላጎት ያልተቋረጠ የነርቲቶ ድጋፍ በማዋለጃ ክፍል አዲስ አበባ የሚገኙ የመንግስት ሆስፒታል ወስጥ ለመገምገም ነው።

ክፍል አንድ

ተቁ		
1.1	እድሜ	
1.2	ብሔር	1. ጉራጌ 2. አማራ 3. ኦሮሞ 4. ትግሬ 5. ሌላ (ይግፁ)
1.3	የጋብቻ ሁኔታ	1. ያላገባ 2. ያገባ 3. ጋብቻ ፈርሶ በህግ ያልተለያየ 4. ባሏ የሞተባት 5. ፈት
1.4	የትምህርት ደረጃ	1. ያልተማረ 2. 1-6 3. 7-12 4. የቴክኒክና መያ ተመራቂ 5. ከፍተኛ ትምህርት
1.5	ሀይማኖት	1. መስሊም 2. ኦርቶዶክስ 3. ፕሮቴስታንት 4. ካቶሊክ 5. ሌላ (ይግፁ)

1.6	ስራ	1. የመንግስት ተቀጣሪ 2. የቤት እመቤት 3. ስራ የሌለው 4. የግል ስራ 5. ሌላ (ይግለፁ)
1.7	የወር ገቢ	1. 200 በታች 2. 201-250 3. 250-500 4. 501-999 5. 1000 በላይ

ክፍል ሁለት የወላድ ታሪክ

ተቁ		
2.1	ስንተኛ ልጅሽ ነው	1. የመጀመሪያ ልጅ 2. ሁለተኛና ከዛ በላይ
2.2	የመጀመሪያ ልጅሽን የት ነው የወለደሽው	1. ቤት 2. ሆስፒታል
2.3	በምን ዘዴ ነው የወለደሽው	1. በምጥ 2. በአፕራሲዩን 3. በመሳሪያ
2.4	ምን ያህል ሰዓት በ ማለጃ ክፍል ቆዩ	1. 0-4 ሰዓት 2. 5-8 ሰዓት 3. 9-12 ሰዓት 4. 13 ሰዓት በላይ

ክፍል ሶስት የድጋፍ ፍላጎት ግምገማ

ተቁ	የነርሶች አድራጎት	1	2	3	4	5
3.1	ከአካባቢ ጋር ማስተዋወቅ					
3.2	የቤተሰብን ተሳትፎ ማበረታት					
3.3	ልክ እንደቤተሰብ መደገፍና መተባበር					
3.4	የተሸበሩ ጊዜ ማወቅና ማዳመጥ					
3.5	የቤተሰብን ፍላጎት ማወቅና መሥጠት					
3.6	የተረጋጉና እርግጠኛ ሆነ ዉ መቅረብ					
3.7	መንፈስን በማወራት ማደስ					
3.8	ማበረታታት					
3.9	የህመም ማስታገሻ መድሀኒት መስጠት					
3.10	አካላዊ ምቹት መስጠት					
3.11	የምለወንና የማደረርገወን መቀበል					
3.12	ፍላጎትሽን ማዳመጥ መ					
3.13	በርህራሄ መንካት					
3.14	ብዙ ሰዓት ካቺ ጋር ማሳለፍ					
3.15	ደህንነት እንዲሰማሽ ማድተባበርን					
3.16	ፍላጎትሽን ለመፈፀም መሞከር					
3.17	ፍላጎትሽን ለማስተላለፍ መሞከር					
3.18	በምትተነ ፍሽበትና ዘና እንድትዩ መርዳት					

3.19	ጥያቄዎቻችን በሀቀኝነት መመለስ					
3.20	የምጥሽን ሁኔታ በየደረጃው መንገር					
3.21	ወሰኔ በመስጠት ማስተፍ					
3.22	ስለ ሆስፒታሉ ሁኔታ ገልፃ መድረግ					
3.23	አንድ ሰው ሊደረግለት የሚገባውን ድጋፍ በመስጠት ጥሩ ስሜት እንዲሰማሽ ማድረግ					
3.24	ከብር በመስጠት ህክምና ማድረግ					
3.25	እንዴት አየር መወሰድና ዘና እንድትዩ ማስረዳት					

ክፍል አራት ከሚረገጥላቸዉ ድጋፍ እርካታ ግምገማ

ተቁ		
4.1	" A JeúጋK< c=S Ö< ¼' ` f< > kvuM እ"Éf 'u` ;	<ol style="list-style-type: none"> 1. uT ÅeÅef" ucLT © G' ቀ 2. .u×U uT ÅeÅef G' ቀ 3. uT ÅeÅef G' ቀ
4.2	' ` f< ul ST < G" UÉf uT AcT < Gc N? ÉÖö > É` Ñ" ረ< G< M;	<ol style="list-style-type: none"> 1. አዎ 2. > ÅÅKU
4.3	አዎ ከሆነ S Md< G< U" > Å[N< L< G<	
4.4	' ` f< እ"Éf > ¼` S " < E" S Óóf እ"ÇKwi 'Ó[" ሐM";	<ol style="list-style-type: none"> 1. አዎ 2. > ÅÅKU
4.5	K=" MÆ uS Öuf c` f U± ¼J' ¼T` a KÍ j òM > Ó` }` a M";	<ol style="list-style-type: none"> 1. አዎ 2. > ÅÅKU
4.6	' ` f< N? Å† " < " uT` a KÍ j òM " " ^ Ö` > dMÖ` a M";	<ol style="list-style-type: none"> 1. አዎ 2. > ÅÅKU
4.7	"dKñ KU" ÅIM N?	
4.8	' ` f< uUØ N? ¼'u[i " eT` f እ"Éf NMB [É} " < i 'u` ;	<ol style="list-style-type: none"> 1. አዎ 2. > ÅÅKU

Declaration

I Nebiha Hadra hereby declare this thesis is my original work, has not been presented for a degree in any other university and that all sources of material used for the thesis have been dully acknowledged.

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