

# Triangular Interaction of Decision Making for Breastfeeding a New Infant- Centered Care Model

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# 1 Triangular Interaction of Decision Making for Breastfeeding a New Infant-Centered Care Model

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## Abstract

To date, breastfeeding baby in hospitals is still a serious issue. The present study is aimed to investigate nurse-mother interaction in making decision on whether to breastfeed baby with low birth weight in a hospital. This qualitative study administered the grounded theory approach. For data collection, focus group discussion was implemented. Informants were selected with purposive sampling technique from three hospitals located in East Java Province, Indonesia. The validity test was satisfied with triangulation on sources, method and setting. New findings obtained from the study were classified into four categories, such as interaction, decision making, support and obstacles. The four categories form a triangle-shaped model of interaction. The first interaction is between nurse and spouse/family. The second one is between spouse/family with the mother. The third interaction is between mother and nurse. Support and obstacles may happen in every interaction. Decision making of breastfeeding mediated by the triangular interaction indicates that care is centered on infant. Nurses can improve the decision making quality of breastfeeding by minimizing obstacles and optimizing support in every flow of interaction.

**Keywords:** *Breastfeeding, decision making, interaction, infant-centered care.*

## Introduction

Breast milk is the best food for infants. Breastfeeding infants with low birth weight (LBW) is a top priority because these infants commonly have poorer condition compared to infants with normal birth weight. However, when LBW infants are cared in a hospital, an undeniable problem happens, that is breastfeeding. Previous

studies mention obstacles when breastfeeding infants during their stay in hospital, such as: 1) maternal and neonatal complication; 2) lack of quality and quantity in breastfeeding education; 3) hospital infrastructural obstacles for breastfeeding; 4) lack of privacy for breastfeeding mothers; and 5) lack of surveillance of baby care policy implementation in hospitals.<sup>(1),(2),(3)</sup>

Breastfeeding in hospitals is a challenge. Breast milk as an integral nutrition for babies is within mothers who stay apart from them. Separating mothers from their babies require therapeutic interaction mechanism enabling babies to receive breast milk continuously. The mother-nurse interaction is supposed to be not superficial interaction, but more on experience in developing relationship as a team who care for the babies. Goal achievement theory by King (1992) indicates that the

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interaction process is influenced by perceptions of nurse and patient, goals, needs and values.<sup>(4),(5),(6)</sup>

The mother-nurse interaction should start from the very first contact of baby caring. The interaction is principally aimed at fulfilling baby's need, that is to improve its bio-psycho-spiritual health.<sup>(7)</sup> However, the interaction commonly experiences problems, such as: 1) limited time for nurses to get to know patients and their families; 2) existence of opportunistic communication; 3) parents misunderstanding about nursing.<sup>(8),(9)</sup> Such problems result in delayed decision making for breastfeeding. Even worse, there will be an imbalance between breast milk supply and need; thus, low breastfeeding. The present study is aimed at discovering an appropriate model for nurse and mother interaction in making a decision of whether breastfeeding low birth weight infants in hospitals.

### Materials and Method

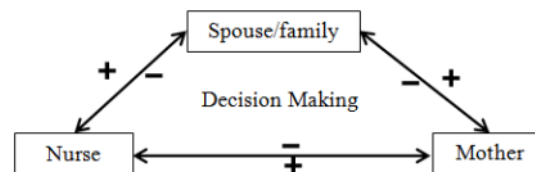
This qualitative study administered grounded theory approach. This approach was considered appropriate because the study intended to investigate and understand the behavior in mother and nurse interaction in decision making. Field data becomes the grounded data to explain the real problem and to develop the theory.

**Participant:** 25 informants were selected purposively as samples consisted of three heads of perinatology room, five team chiefs of baby care, two implemented nurses and 15 mothers. The criteria determined for mothers as participants was to have a baby with low birth weight being nursed in baby care room starting from at least day two of care. An informant of the present study must be between 20 and 46 years old. The birth weight of born babies had to be between 1000 grams and 2400 grams. The nurse informants in the study aged between 28 to 47 years old, all nurse informants were female.

**Data Collections:** The data collection was performed in three hospitals located in East Java Province, Indonesia in August 2019. The main data collection technique administered was focus group discussion. FGD was done in every regency in three stages. The first FGD was done with the parents group, the second with the nurse group and the final stage was done with nurses and parents altogether. Other data were obtained from multiple sources, such as observation, field notes and literature review.

**Data analysis:** The data analysis of the present study was done in four stages. The first stage was coding to identify keywords. The following stage was concept building. The researchers gathered codes with similar data thus possible for categorization. Later the researchers created interrelated categories and built the concept. The third stage was categorization, that is to categorize interrelated concepts with the theory. The final stage was theorizing, in which the subject was explained by strengthening the existing theory.<sup>(10)</sup>

**Findings:** The first stage of analysis successfully identified 70 keywords. These keywords were categorized following the content similarity thus forming a concept. The second stage of analysis resulted in 19 concepts. The interrelated concepts were arranged in a category. The following stage found four categorization, such as: interaction, decision making, support and obstacle. The concept of relationship, communication and information exchange formed the interaction category. Furthermore, the concept of choices, negotiation, distributed discussion, decision and commitment were wrapped up in the decision making category. The concept of being emotional, informational, instrumental and transporter formed the support category. Finally, the concept of complication, parent's difficulties, breast milk production, infrastructure, distance, finance and lack of support were grouped in the obstacle category. Following these four categories, in the stage four of analysis a triangular interaction model was integrated involving reciprocal relationship of nurse, spouse/family and mother. Direct interaction is in making decision for breastfeeding. It can be seen that the reciprocal relationship of every subject involved is influenced by the support and obstacle factors (Fig 1.)



Keterangan:

- Obstacle
- + Support

**Figure 1. Interaction Triangle in Decision Making**

Figure 1 describes the stages in the triangular interaction of decision making between nurse and mother/spouse/family. The first stage of interaction occurs between nurse and spouse/grandparents/family

on day 1–2 of care. The second stage occurs between spouse/grandparents/family and mother on day 3–4. The third interaction is between mother and nurse on day 5 or longer. Support and obstacles may happen in every interaction.

Interactions consist of three concepts (1<sup>st</sup>-3<sup>rd</sup> concept), they are relationship, communication and information exchange. The first concept, the relationship, is the continuity of interaction between two or more people aimed at facilitating the process of getting to know each other. A positive relationship occurs when two parties involved in the interaction benefit from each other due to the harmonious reciprocity. This concept was formed in the first hand due to the interdependence in the nurse-parents interaction.

The second concept is communication. Communication and Interaction are two of the most frequently collocated words despite their differences. On the one hand, communication refers to the acts of sharing information, while on the other hand interaction is an extended term to which communication includes. A poor communication from a nurse will weaken the interaction impact.<sup>(11)</sup> Actually, a quality communication tends to lead to individual communication, where communication in particular focuses on the patient/family condition. Being a nurse requires a well-trained communication skill so that the intended message can be successfully delivered.<sup>(12)</sup> The whole process of nurse-parents interaction requires communication, begins with assessment, planning, implementing and evaluating.

The final concept is information or message exchange. Information exchange is a stage in analysis of decision making<sup>(13)</sup> and an integral element in shared decision making.<sup>(14),(15)</sup> The present study empirically proves that there are three lanes of information exchange. The first one is information exchange between nurse and spouse/family, followed by that between spouse/family and mother and ended with information exchange between mother and nurses. In every information shared by nurses, the context must fit to knowledge, situation and awareness about information relevance with the situation faced.<sup>(16)</sup> The information shared from mother/father/family must be in accordance with reality. Dishonesty may lead to misperception and decrease intervention. The three aforementioned contributed to the formation of interaction category. Interaction, communication, roles and decision making are essences in nursing.

The second category is decision making, comprised of five concepts (4-8<sup>th</sup> concept) such as choices, negotiation, distributed discussion, decision and commitment. Decision making is defined as taking one action among other alternatives. The fourth concept, choice, means that there is more than one available alternative action. The three alternatives in breastfeeding LBW are if baby is stable and has a good suckling reflex, direct breastfeeding is possible. If baby has poor suckling reflex, indirect breastfeeding (through feeding tube) is suggested. Finally, for unstable baby, breast milk needs to be stored in a reservoir. These alternatives are important when considering mother and baby's condition.<sup>(17)</sup>

The following concept is negotiation, that is the process of bargaining by reasoning together in order to achieve a mutual agreement. The data which supports this concept is the need of breast milk for LBW babies need mother's presence, while they are separated. When mother does not breastfeed, the need for breast milk will not be fulfilled. The separation of mother and baby and inadequate breast milk are two situations which require negotiation. It plays a fundamental role in nursing<sup>(18)</sup> and in making a decision. In this study, negotiation flows through three paths. The first one is when spouse/family negotiates with the nurse asking for postponement for the mother's presence. Secondly, the negotiation takes place from mother to her spouse/family asking for some time to rest and recover before breastfeeding. The final negotiation is between mother-spouse-family to the nurse on duty to decide on the most applicable action for the condition.

The sixth concept is distributed discussion, that is when discussion is indirect between nurse and mother, mediated through spouse/family. Whereas distributed discussion means dispensed discussion, resulting in three paths of discussion. The paths occur because the spouse needs to speak with his wife beyond the time and place of discussion with the nurse. Mother only discusses with the nurse once she receives the key information from his spouse/family. The decision making becomes effective when the need to discuss with different people is reached.<sup>(19)</sup> The core of the discussion is the need of breast milk for LBW. Any obstacles and available actions for breastfeeding are the topics of discussion.

The seventh concept is to decide or to ensure an option among others. Every activity in the process of decision making should eventually result in the best



choice. What it means by best is when the chosen action is a result of a thorough consideration expecting that the decision is approved by all parties involved. This chosen action is discussed after parents acknowledge the benefits and drawbacks of every available alternative. Breastfeeding for LBW includes several points to ponder, such as mother's health, breast milk production, baby stability and sucking reflex. Whereas an appropriate consideration improves decision quality, the decision is collectively made, that mother's decision is an agreement made with her family.

The eighth concept is commitment, that is an agreement to do something. Mother's commitment to her decision indicates a quality decision.<sup>(20)</sup> The quality decision must improve satisfaction and reduce regret. The keyword for commitment is mother's presence to breastfeed or to deliver the pumped milk. Such commitment costs earnestness of all parties to take their roles. It is evident that different people involved in breastfeeding have different roles. These roles apply when making a decision through the interaction triangle. Whereas commitment makes baby as the center for care in making a decision for breastfeeding (Fig.2).

Figure 2 shows that baby is the center of care which relies upon commitment of every party involved. The case of breastfeeding LBW has uniquely involved at least four major roles. Nurse plays the role as the leader and care designer, baby as the care receiver, mother as breast milk producer and spouse/grandparents/family take their role as transporter. Every involving party's commitment towards each role indicates the attitude of acceptance and approval of decision.

The third category is support. Support consists of four concepts (9-12<sup>th</sup> concept) such as emotional, informational, instrumental and transporter support. To be precise, family support occurs through the three interaction paths. The ninth concept emotional support is given along with family acceptance of mother and baby's condition, family's willingness to help fulfill the mother and baby's needs and family's presence around.

The tenth concept is informational support, in which spouse/family delivers information to the mother. They receive information first from the nurse during the first interaction. Internal negotiation between mother, spouse and family needs information and knowledge about breast milk and needs to be aware of their roles in breastfeeding. Should any disharmony occur, negotiation will fail.

Furthermore, the eleventh concept is instrumental support, it is about family's willingness to support financially for expenses incurred from the mother and baby care in the hospital. It is also about family's readiness to take shifts in looking after the mother and baby in the hospital. On the other hand, the twelfth concept is the transporter support. It is spouse/family's readiness and willingness to take mother or milk reservoir to the hospital where the baby is cared for. The fourth category is obstacle. This category consists of seven concepts (13-19<sup>th</sup> concept), such as baby's complication (13<sup>th</sup> concept), parent's difficulties (14<sup>th</sup> concept), breast milk production (15<sup>th</sup> concept), infrastructure (16<sup>th</sup> concept), distance (17<sup>th</sup> concept), finance (18<sup>th</sup> concept) and lack of support (19<sup>th</sup> concept). The obstacle category is found to occur in the three interaction paths.

## Conclusions

Based on the descriptions of the four categories mentioned in the study, it can be concluded it is important to implement the triangular interaction model in decision making of whether to breastfeed LBW infants. Interaction, communication and information exchange are strategic ways to help parents decide. What is fundamental in the decision making is collaborated information, distributed discussion, decision and satisfying commitment.

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