Registered nurses’ experiences of educating newly delivered mothers in breastfeeding in Yogyakarta, Indonesia
An interview study

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Abstract

Background: Exclusively breastfeeding a child during the first six months of life reduces the risk of mortality by 14 times. 42% of mothers in Indonesia breastfed their infant exclusively in 2012. It is the registered nurses’ responsibility to provide information about consequences of their decision to the patient.

Aim: The aim of this study was to investigate how registered nurses describe how they provide patient education about breastfeeding to newly delivered mothers and how registered nurses experience their role as a patient educator.

Method: It was an empirical, qualitative study based on a focus group interview with four registered nurses and two midwives. The interview was based on a semi-structural interview design. The focus group interview was transcribed and analyzed using a qualitative content analysis.

Result: Three major themes were found in this study, “strategically using different techniques while educating”, ”patient and family centered care” and “the registered nurse as a significant source of knowledge”. The first theme describes how the registered nurses used different techniques to encourage the mothers to breastfeed. The second theme describes the importance to include the entire family in the education and to adjust the education depending on the patient. The third theme describes how the registered nurses saw themselves as significant sources of knowledge and that it was their responsibility to provide evidence-based knowledge.

Discussion: All registered nurses and midwives described the importance of evaluating the education. Families had a great influence over the patient in the Indonesian culture, hence, it was crucial to involve them in the education. The registered nurses felt that they were in the right position to give crucial information and education about breastfeeding.

Keywords: patient education, patient teaching, nursing role, nursing, breastfeeding.
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INTRODUCTION

Interest

The authors are interested in global development questions, especially in ways to reduce infant mortality. Breastfeeding is a simple and crucial method of reducing the risk of infant mortality. Many mothers in developing countries do not breastfeed their infants. According to Ogbuanu, Probst, Laditka, Liu, Baek and Glover’s (2009) study reasons for not breastfeeding were that the mothers had to return to work or school. Other reasons were that mothers did not receive any education or support about breastfeeding. Therefore the authors wanted to explore how registered nurses (RN) describe how they provide patient education about breastfeeding to newly delivered mothers and how the RNs experience their role as a patient educator in a hospital setting in Yogyakarta, Indonesia.

Indonesia

Indonesia is a country located in Southeast Asia. It has an estimated population of 251,5 million people making it the fourth most populated country in the world. Indonesia consists of 13 600 islands and the population is unevenly distributed over the islands. The official language is Bahasa Indonesia but the two most commonly spoken native languages are Javanese and Sundanese. The capital city is Jakarta and the population as of 2010 was 9,2 million people. The climate of Indonesia is tropical and the average temperature ranges between 23-31 °C (Swedish national encyclopedia 2014).

Indonesia became an independent country in 1949. It is a republic country ruled by President Joko Widodo and the government. Both men and women officially have the same political rights and are equal in education and employment; however, there is a lack of equality within the marriage (Swedish national encyclopedia 2014). Women have full voting rights and the same equal civil rights and freedom as men. Even though women and men are equal to the law, women need their husband’s permission to acquire a passport, work at night or to terminate a pregnancy (Landguiden 2014). Indonesia has valuable assets in natural gas, oil and minerals. They also have a well-functioning agriculture and a growing industry sector. This creates the potential for a balanced economy (Swedish national encyclopedia 2014).

During the last 20 years the proportion of the lower socio-economic class people in Indonesia has decreased and the middle class has grown. The health care system continues to expand, yet the expansion is barely able to keep pace with the population growth (Swedish encyclopedia 2014). The health care has been improved the last fifty years by building more health care centers in the rural areas. Access to clean water and vaccination programs has also been improved during this time. Remaining health problems are child malnutrition and high maternal and infant mortality. In 2004 a new social insurance system was introduced which should include free health care, life and accident insurance, retirement pension, sick leave compensation and unemployment coverage. The insurance is planned to be completed in 2019, however, the social
insurance is underfunded and only around half of the population is covered so far (Landguiden 2014).

Yogyakarta
Yogyakarta is a city situated on the south coast of the island Java. There were 726,100 people living in Yogyakarta in 2010. The city is located in an agricultural area and it is an important cultural center with traditional production of handicrafts and textiles. Yogyakarta also has pharmaceutical and tobacco industries, and two universities. The city has good railway and road links (infrastructure) and comprehensive tourism (Swedish national encyclopedia 2014). One of the universities in Yogyakarta is Universitas Gadjah Mada, which is the biggest and oldest university in Indonesia. Universitas Gadjah Mada was built in 1949 and has today 55,000 enrolled students (Universitas Gadjah Mada 2014).

BACKGROUND

Facts about breastfeeding
Breast milk is balanced to support healthy development and growth of infants, making it the ideal food for them. Breastfeeding has additionally been shown to benefit the health of the newly delivered mother. Exclusive breastfeeding during the first six months of life provides all of the energy and nutrition the infant needs during that time. Research indicates that breastfeeding infants up to six months are the optimal for the child’s health. Protection against infectious diseases and chronic conditions is given through breast milk. It reduces the risk of catching childhood diseases such as diarrhea and pneumonia, which are endemic to this region as well as accelerating the recovery time from illnesses (World Health Organization 2014). According to Lamberti, Fischer Walker, Noiman, Victora and Black (2011) several studies show that not breastfeeding increases the risk of diarrhea prevalence and diarrhea mortality among infants.

Shetty (2014) explains that breastfeeding also reduces the risk of leukemia and childhood obesity. It has also been shown that mothers who do not breastfeed have a greater risk of breast cancer, ovarian cancer and type 2-diabetes. Some mothers choose to give their infants formula milk instead of breast milk. Since formula milk is expensive many mothers choose to dilute it with water which decreases its nutritional value.

Infant mortality related to breastfeeding
Infants who are not breastfed have an increased risk of infant mortality (Chen & Rogan 2004). Exclusively breastfeeding a child during the first six months of life reduces the risk of mortality by 14 times (UNICEF 2014). In recent years the infant mortality in Indonesia has decreased. The infant mortality ranges from 26 per 1000 live births in urban areas to 40 deaths per 1000 live births in rural areas. The mortality rate among children under five years ranges from 34 to 52 deaths per 1000 live births (Ministry of Health 2012).
During 2007, 32% of mothers in Indonesia breastfed their infant exclusively. In 2009 a law was enacted which stated that mothers had to exclusively breastfeed their children or give them milk from donors or milk banks during the first six months of life. In 2012, 42% of mothers breastfed their infants exclusively. This indicates that implementation and enforcement of the law has been poor (Shetty 2014).

According to Shetty at the World Health Organization (2014), several reasons exist as to why mothers do not breastfeed their child in Indonesia. The main reason is a lack of knowledge but cultural, economic and personal reasons also play a role. The primary information source to mothers are health care workers who may be misinformed or have little information about breastfeeding themselves. This presents a challenge to RNs in educating and supporting mothers in breastfeeding. Other information sources available to mothers are village health care centers and community-based workers but the problem is that they are not covered by regulations that support exclusively breastfeeding. These regulations only apply to formal health care workers.

**Patient education in nursing**

When a patient has to make a decision about their care it is crucial that the nurse respect and support the patient’s choices. However, it is also the RN’s responsibility to share information about the consequences of one decision or the other. It is not just about respecting the patient’s choice but to give the patient the conditions required to make the best decision for her or him (Birkler 2007, p. 146). According to Bergh, Persson, Karlsson and Friberg’s (2014) study RNs consider patient education as their responsibility; primary care nurses feel more responsibility for patient education than hospital care nurses and municipal care nurses. Hospital care nurses expressed that patient education was given when the patient expressed the need of information. They also expressed that there was not enough time for patient education.

Wiklund (2003, p. 151, 157-158) describes that the relationship is important while learning because the learning process takes place in interaction with other people. People have an increased tendency to assimilate what is heard from people whom are seen as meaningful to them on a personal level. As a RN it is important to be aware that a caring relationship is always asymmetric which means that the RN is, with his or her profession and knowledge, always in a position of power. The RN and the patient are both involved in the caring relationship’s creation. As the person in a power position, the RN also has the most responsibility. The RN has to ensure that the relationship is created so that it becomes a power source and not a threat to the patient.

In Ferguson, Ward, Card, Sheppard and McMurtry’s (2013) study, patients described that respect for the patient has to be shown in order to enable a positive relationship between the patient and the healthcare professional. The patients explained that they felt respected when the healthcare professional had an interest to get to know the patient and when the patient felt that they were being listened to. They did not feel respected when they and their family were not involved in the care and the decision making. By involving the patient and their family, a trusting relationship can be created which makes the patient feel safer in their care. The patients found it important that healthcare professionals communicated effectively and provided information in the care. They also...
explained that they expected the doctors to give them diagnostic information and the RNs to give them care information.

To care for a patient the RN needs to understand the patient’s life-world. Focus has to be on the patient’s world and how health, disease, suffering and caring affect each individual patient in his or her life. The life-world theory is fundamental in caring science. The RN needs to acquire adequate knowledge and have the ability to understand the life-world of the patient to be able to provide optimal care. It is also important to make the patient involved in their care (Dahlberg & Segesten 2010, pp. 126-127). In order to offer good care and meet the needs of the patient it is crucial to see the patient from their perspective, which implies an overall understanding for the patient’s position. The learning should be organized and structured in relation to the patient’s story. In this way, the patient’s story becomes the tool for the selection of knowledge that the patient needs to acquire in order to achieve good care (Ekebergh 2009, p. 116).

Pugh, Serwint, Frick, Nanda, Sharps, Spatz and Milligans (2010) showed in their study that newly delivered mothers who received breastfeeding education and support were significantly more likely to breastfeed their infants. Ekebergh (2009, pp. 62-63) describes that when educating a patient it has to be more than methods and techniques. The methods and the techniques must be adjusted for what is educated. It is important to make conscious decisions regarding education strategies to be able to become a good support in the learning session. The education creates a relationship that enables a participated learning.

**PROBLEM**

Two of the RN’s responsibilities in caring are to promote health and prevent illness among individuals (International council of Nurses 2012). Further it is the RN’s responsibility to make sure that patients have knowledge and skills to influence their choices and behavior in their care (Insulander & Björvell 2013, p. 137). In Indonesia 42% of mothers breastfeed their infants exclusively (Shetty 2014) and in some areas in Indonesia the infant mortality is up to 40 deaths per 1000 live births (Ministry of Health 2012). Research state that exclusively breastfeeding a child during the first six months will reduce the risk of infant mortality by 14 times (UNICEF 2014). Therefore it is important to explore how RN educate newly delivered mothers in breastfeeding since this is a pivotal step to take in order to reduce infant mortality. The interest was to study how RN describe how they provide patient education about breastfeeding to newly delivered mothers and how RNs experience their role as a patient educator.

**AIM**

The aim of this study was to investigate how RNs describe how they provide patient education about breastfeeding to newly delivered mothers and how RNs experience their role as a patient educator in a hospital setting in Yogyakarta, Indonesia.
METHOD

Data
The study was an empirical, qualitative study based on a focus group interview with four RNs and two midwives. Kvale (2014, p. 191) explains that a focus group interview provides a rich collection of views on the subject and highlights the different opinions. The focus group interview in the present study was based on semi-structural interview design. The study had an inductive approach which means, according to Lundman and Hällgren Graneheim (2012, p. 188), that it is an unprejudiced analysis of texts based on someone’s experiences. The interviewed participants in this study had between 10 and 33 years of experience working as a RN or a midwife. The average years of experience were 18 years. They were all females and working with newly delivered mothers in a hospital setting. There were no drop-out among the participants and everyone completed the interview.

Data collection
RNs and midwives were recruited by using a convenient sample. Borg and Westerlund (2006, p. 26) describe a convenient sample as when asking people close to you or colleagues to participate in a study. The participants in this study were recruited with the help of Universitas Gadjah Mada whom had cooperation with the hospital. Inclusion criteria for the study were: RN or midwife, working in a hospital setting and working with educating newly delivered mothers in breastfeeding. A consent letter was sent to the participants before the focus group interview was held (appendix 1). There was an interview guide with semi-structured questions (appendix 2). The group interview was held in a hospital setting in Yogyakarta, Indonesia. It was held in Bahasa Indonesia and translated to English by an interpreter. The interview was recorded with a dictaphone and later transcribed. The authors changed the English in the transcribed interview to more correct English. The group interview lasted for approximately two hours. The transcribed material was seven pages long.

Data analysis
The interview was transcribed and analyzed using Lundman and Hällgren Graneheim’s qualitative content analysis. Lundman and Hällgren Graneheim (2012, pp. 187-188) explain that qualitative content analysis is focused on examining and interpreting texts, for instance transcribed interviews. Further they describe that a text, which is to be analyzed, must be seen in its context. The interpretation of the texts must be done with consciousness of existing culture and living conditions.

The transcribed texts were read and reread several times by both authors to get an overall context of the interview. After that, the authors read the interview together and discussed similarities and differences. The authors identified meaningful units that were condensed. The condensated meaningful units were then designated with codes. The codes were compared for differences and similarities and were sorted in different subthemes. The authors reached consensus and then formulated a theme based on the text as a whole and the authors interpretation of the latent content.
Table 1. Example of text analysis.

<table>
<thead>
<tr>
<th>Meaningful unit</th>
<th>Condensed meaningful unit</th>
<th>Code</th>
<th>Subtheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Like I said before, registered nurses have a significant role, not only as an educator, but also as counselor and motivator.”</td>
<td>RN’s significant role as an educator, counselor and motivator.</td>
<td>The RN being an educator, counsellor and motivator for the mother.</td>
<td></td>
</tr>
<tr>
<td>“Registered nurses have an important role for patients and their family. The registered nurses have a role as a connector between the newly delivered mothers and their family regarding nutrition and information related the mother’s and the baby’s health.”</td>
<td>RN has an important role as a connector between the mother and the family.</td>
<td>Linking the family and the mother together in the teaching. Involvement of the whole family.</td>
<td>The RN’s different roles as an educator.</td>
</tr>
<tr>
<td>“It’s important to give the right knowledge to newly delivered mothers and we are in the right position to give information regarding nutrition, the right position of breastfeeding and postpartum care.”</td>
<td>RN is in the right position to offer information and the right knowledge.</td>
<td>RN provide knowledge to the mother and provide knowledge at the perfect timing.</td>
<td></td>
</tr>
</tbody>
</table>

**Trustworthiness**

A pilot interview with a newly graduated registered nurse was conducted before the group interview to test the questions. The pilot interview was conducted to find out whether the questions answered the aim of the study and to see if the questions were too broad or narrow. The nursing education in Indonesia seemed similar to the nursing education in Sweden hence the questions did not need to be altered.

Qualitative content analysis aims to describe variations (Lundman and Hällgren Graneheim 2012, p. 198). The participants in this study had large differences in work
experience, which should increase the opportunities to get the area illuminated from different experiences. According to Lundman and Hällgren Graneheim (2012, p. 198) trustworthiness is how useful and transferable the result is. Transferability is to what extent to which the result can be transferred to other groups and situations. A detailed description of the analysis is required to strengthen the reliability of the result. In this study, the authors explained in detail the process of the analysis. Both the authors have read through all of the transcribed texts and discussed it together, which increased the reliability of the result.

**Ethical considerations**

The study was conducted according to the ethical principles in the Declaration of Helsinki (World Medical Association 2015). An ethical approval from Universitas Gadjah Mada was received.

**RESULT**

From the data analysis three major themes could be identified from RNs and midwives who were working with newly delivered mothers in patient education. The three themes were “strategically using different techniques while educating”, “patient and family centered care” and “the registered nurse as a significant source of knowledge”. These themes were consistent with the aim of the study.

Table 2. Presenting themes and subthemes.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
</tr>
</thead>
</table>
| Strategically using different techniques while educating | * Using different techniques to encourage the mother.  
* Evaluating and repeating the education |
| Patient and family centered care           | * Individualizing and adjusting the education  
* Linking mother and family to the same knowledge level |
| The registered nurse as a significant source of knowledge | * The registered nurse’s different roles as an educator  
* Providing evidence-based knowledge |

**Strategically using different techniques while educating**

The theme describes how RNs and midwives educated newly delivered mothers, what kind of techniques they used and the importance of evaluating, supervising and doing follow-ups of the education. The first subtheme “using different techniques to encourage the mother” describes how they educated using oral, visual, written education and encourage practicing. Further it describes how the education was given individually and in group. The second subtheme “evaluating and repeating the education” explains
how all RNs and midwives emphasized the importance of evaluating and doing follow-ups of the education the mothers were given.

**Using different techniques to encourage the mother**

Some RNs described that they gave education in breastfeeding individually and in group. In the postpartum ward they have a room where the RNs educate the mothers in breastfeeding in a group discussion. The RNs also educate the mothers at their room and they practice breastfeeding.

“We educate the patients through group discussion once a week, every Friday. We also provide individual information in the ward every day, adjusted to the patients’ need.” (RN 3)

The RNs and the midwives described that they gave oral education to newly delivered mothers in breastfeeding. It was described that in the education session they experienced that they try to encourage the mothers to practice breastfeeding after the oral education was given. It was midwives who gave the first oral education directly after delivery of the infant in the labour ward. Furthermore, the mothers also practice breastfeeding for the first time in the labour ward. The RNs experience that the time is limited in the labour ward which makes the timing important and RNs believed the time had to be used effectively. The RNs educate the mothers in breastfeeding and help them practice in the postpartum ward.

“One hour after giving birth newly delivered mothers must begin practice breastfeeding. The midwives educate how to breastfeed using oral information for approximately two hours, the time is limited.” (Midwife 1)

In order to encourage mothers, the RNs used different sources of information, for example oral, written and visual. Some RNs explained that they had posters on the walls encouraging mothers to breastfeed their infant for the first six months of life. The posters were attached in the hallway in the labour and postpartum ward.

The midwives working in labour ward described that they give the newly delivered mothers oral education and practice directly after delivery. Because of limited time, they experienced that the timing of giving the education in the labour ward is essential. RNs in the postpartum ward are expected to follow-ups and educate the mothers further in breastfeeding.

**Evaluating and repeating the education**

Several RNs and midwives felt an importance of repeating the education, doing follow-ups and evaluating the education given. They described that it was important to supervise and to check up to see if the mothers had understood and were able to breastfeed in the right way. The RNs experienced that misperceptions were common hence, follow-ups are important to prevent this.
“We evaluate the process regularly, especially for first-time mothers because sometimes, they lack of motivation. We educate newly delivered mothers and their family together, to prevent that they have the wrong information and misperception about the baby’s nutrition.” (RN 1)

It was mentioned by the RNs that they did follow-ups of the infant’s and the mother’s condition two times after delivery of the infant. The first time three days after delivery, when the mother was still in the postpartum ward, and the second time a week after delivery. This to make sure that the mother’s and the infants’s condition were well, for example that the breastfeeding was working out, but also to evaluate if more education or practice were needed.

Some RNs described their experience of using an informed consent which was a checklist to make sure that education about breastfeeding was given and how it was given. For example if oral education in positioning of breastfeeding was given. Afterwards, both the mother and the RN who educated the mother had to sign the informed consent. This to make sure that the education was given and that the mother had understood it. They felt that the informed consent was a good tool in their education to mothers.

**Patient and family centered care**

The theme describes how the RNs and the midwives adjusted the education depending on the patient and the importance of involving the entire family in the education. The first subtheme “individualizing and adjusting the education” explains how the RNs and the midwives adjusted the education depending on the mother’s need and previous knowledge. The second subtheme “linking mother and family to the same knowledge level” describes how RNs and midwives experienced the importance of involving, not only the patient but the entire family in the education to prevent the mother from receiving the wrong information.

**Individualizing and adjusting the education**

The RNs and the midwives explained that they tried to adjust the education depending on the patient. The RNs experienced an importance of adjusting the language when educating the patient. There are a lot of local languages in Indonesia that are very different from each other and hard to understand. However, almost everyone speaks the national language Bahasa, hence, sometimes the RNs and the midwives have to adjust the language. Furthermore, they described that education was also adjusted depending on the mothers previous knowledge and how many times the mother had given birth.

“When we educate, we adjust the education depending on the patient, such as how many times she has given birth and her previous knowledge. We try to make both the newly delivered mother and her family involved.” (RN 3)

The RNs narrated that they experienced that first time mothers often needed more education and support. They experienced that first time mothers often practiced
breastfeeding in the wrong way. Further, mothers who did not have any or little breastfeeding experience also needed more education. They explained that it is important with continuity within the care of the patient, especially if there are problems within the care of the mother and the infant to help identify the needs.

**Linking mother and family to the same knowledge level**

The RNs and the midwives experienced an importance of involving the patient and the patients family in the education about breastfeeding. They experienced that by involving the family, misperceptions could be avoided. The midwifes explained that in Indonesia there were many local beliefs and rituals regarding the nutrition of the mother and the infant. Further the midwifes described that they tried to remove those myths and that she believed that it was the RNs’ and the midwives’ responsibility to remove those myths.

“Regarding nutrition for the mother and the baby, we try to remove negative myth that has existed for a long time, such as that newly delivered mothers are not allowed to eat egg, tempe, tofu and oily food or anything which contains high level of protein... Our job is to straighten the wrong beliefs.” (Midwife 2)

Some RNs explained that in the postpartum ward it was common for the whole family and relatives to accompany the mother throughout the hospital visit. They felt that RNs have an important role as advocators between the patient and the family. It was described that families and relatives are very involved in each other’s lives in the Indonesian culture. Therefore they are sometimes affected by their beliefs and advice. This was experienced to be another reason why it was important to include the family in the education, to prevent the mother from receiving the wrong information.

“When we face difficult families. It is common that young patients are influenced by their mother’s beliefs and knowledge. (Midwife 2)

“My patients follow my recommendations when they are in the hospital, but when they go home, I cannot guarantee it, because it’s possible that they get other advises and recommendations from their family members at home.” (RN 1)

**The registered nurse as a significant source of knowledge**

The theme describes how RNs and midwives experienced that they had significant roles in different ways and their responsibilities. The first subtheme “the registered nurse’s different roles as an educator” describes how the RN takes on different roles while educating and working with newly delivered mothers. The second subtheme “providing evidence based knowledge” explains how RNs and midwives feel that it is their duty to provide mothers with evidence based knowledge.
The registered nurse’s different roles as an educator

The RNs and the midwives believed that the RNs have a significant role in many perspectives. All together they described the RNs as a source of knowledge and as an educator, motivator, counsellor and a connector between the patient and the family. The RN was described as a connector between the patient and the family, to ensure that the patient and the family get the same information about the infant’s nutrition.

“Like I said before, registered nurses have a significant role, not only as an educator, but also as a counselor and motivator.” (RN 1)

“Registered nurses have an important role for patients and their family. The registered nurses have a role as a connector between the newly delivered mothers and their family regarding nutrition and information related to the mother’s and baby’s health.” (RN 2)

It was highlighted that the RNs have an important role as a motivator since some mothers do not have enough motivation to breastfeed. The hospital where the RNs worked aimed for exclusively breastfeeding the infant during the first six months of life. The majority of the RNs and the midwives believed that they had a significant role in reaching that aim, since they are an important source of knowledge. Further they believed they were in the right position to promote the infant’s health by providing essential education regarding breastfeeding and nutrition.

“It’s important to give the right knowledge to newly delivered mothers and we are in the right position to give information regarding nutrition, the right position of breastfeeding and postpartum care.” (RN 3)

Providing evidence-based knowledge

The RNs described that if a mother hesitated to breastfeed, insisting on giving formula milk, the RNs usually explained the importance and the positive aspects of breastfeeding for the mother and the infant. Many mothers in Indonesia wanted to give their infant formula milk because the formula milk looked fatter than breast milk and they wanted their infant to look fat and, according to their culture, healthier. The midwifes explained that it was the RNs’ and the midwives’ responsibility to remove cultural myths and to provide evidence-based knowledge.

“It is our duty to provide evidence-based knowledge about the mother’s and the baby’s health.” (Midwife 2)

The midwifes believed that if mothers received education in the right way, they will follow the recommendations regarding breastfeeding. They described that in their experience the mothers followed their recommendations because they knew it is was for the sake of their infant’s health.
DISCUSSION

Result discussion

Three major themes were found in this study, “strategically using different techniques while educating”, ”patient and family centered care” and “the registered nurse as a significant source of knowledge”. The result showed that RNs and midwives strategically used different techniques to encourage the mothers to breastfeed. Further the result showed that the RNs and midwives found it important to evaluate and do follow-ups on the education. They expressed that it was essential to include both the patient and the family in the education and to adjust the education depending on the patient. It emerged that RNs saw themselves as significant sources of knowledge, who took on different roles and whose responsibility it was to provide evidence-based knowledge.

RNs and midwives described how they strategically used different techniques when educating newly delivered mothers to increase the probability that mothers will understand the information. Onah, Osuorah, Ebenebe, Ezechukwu, Ekwuchi and Ndukwu’s (2014) study showed that it is important that the education is given many times. Tertiary education in breastfeeding makes it more likely that mothers choose to breastfeed their infants, compared to primary or secondary education. RNs and midwives in the present study explained that they often repeated the education, however, sometimes they experienced that they had limited time to educate. In these cases, they ended up only giving oral education. The authors found it interesting that even though the RNs experienced that time was limited, they prioritized to give oral education. Furber and Thomson (2010) discussed in their study that it is common that education is given through pamphlets instead of taking time and sitting down with the mother and giving the education orally. Further they describe that mothers in their study felt that by sitting down and communicating face-to-face, the mothers felt more supported.

The RNs in this study expressed the importance of breastfeeding since they were aware of the benefits. The hospital’s goal was exclusive breastfeeding among newly delivered mothers and the RNs saw it as a high priority and an important part to promote exclusive breastfeeding. Therefore RNs prioritized giving oral education even when time was limited. The RNs tried to encourage mothers to breastfeed by educating in several different ways to increase the likelihood that mothers choose to exclusively breastfeed.

The RNs and the midwives in the present study discussed the importance of doing follow-ups; supervise the mothers and evaluating the education given. In Kelo, Martikainen and Eriksson’s (2013) study the RNs evaluated the patient education using different methods to make sure that the patients had understood and they promoted patient participation. By promoting involvement of the patient and making them evaluate their knowledge, the patient felt that they had a sense of control over the situation. RNs in the present study expressed the importance of supervising mothers to make sure that the breastfeeding was working. The RNs described how they checked up on the mothers when practicing breastfeeding to ensure that everything was running
smoothly. Burns, Schmied, Fenwick and Sheehan (2012) further explain that midwives found it important to supervise mothers to see if they learned breastfeeding correctly. They saw the mothers as unknowing and themselves as a teachers. The way the midwives behaved made the mothers feel that they were being tested to see if they have learned and breastfed correctly. This continued supervision made some mothers feel that they were being doubted in their skill. The authors believe that follow-ups and supervision are essential when educating to certain that the patient has followed instructions and learned. The educator has to be aware of how they are perceived, it is crucial to not undermine the mother and take over the situation when supervising. Dahlberg and Segesten (2010, pp. 154, 200) describes that it is required to have an open and pliable approach to understand the patient’s life-world and situation. It can be hard to accomplish a good and caring communication in health care since there are still some paternalistic traits. It is important to speak with the patient instead of to, to achieve a caring talk.

Adjusting the education depending on the patient was something that RNs described to be essential. The RNs adjusted the education in several different ways and one was depending on how many times the mother had been given birth. The authors found this interesting, it seemed that RNs took for granted that mothers giving birth for the second time knew how to breastfeed. The authors believe it is important to evaluate the mother’s breastfeeding knowledge each time she gives birth to make certain that she has enough knowledge.

One RN expressed the importance of continuity within the care of the patient. She described that continuity makes it easier to identify the needs of the individual patient. The authors find it interesting that only one RN discussed continuity since they believe continuity is crucial within the care of the patient and while educating. They believe that continuity makes it easier to create a caring relationship. Wiklund (2003, p. 155) narrates that in within a caring relationship the patient can grow since he or she is given possibilities to express desires and needs. The caring relationship is the spaces where the caring occurs; it is within the caring relationship that learning take place.

The RNs and midwives experienced that they were a significant source of knowledge and they felt that they had a significant role in several different ways. They felt that they were in the right position to give crucial information and education about breastfeeding and how to promote the baby’s health. The authors believe that every situation and patient is unique and as a RN it is important to see each individual patient as such. In the present study, the goal of the hospital was exclusive breastfeeding and the RNs aimed for that. However, if a mother does not wish to breastfeed, it is crucial to respect her autonomy. Birkler (2007) argues that as per to the autonomy principle the RN has to guarantee that the patient independently make his or her decision. However, it is the RN’s responsibility to give the patient the conditions to be able to make the right decisions for him or her.

According to Burns et al.’s study (2012) midwives have an essential role in guiding, advising and supporting mothers in breastfeeding. They have a central role in promoting breastfeeding and to make certain that they could breastfeed. The authors found it interesting that the RNs took on several different roles and they had to be flexible. The
RN was seen as a connector between the family and the mother. In this study the RNs described family involvement as essential while educating. The RNs explained that in Indonesia, the family has a large influence on the mother and is often involved in their decision making. By including the whole family in the education, the risk that the mother received the wrong information from the family was prevented.

Methodological discussion

The authors made a thorough literature research for the background of the study before departing to Indonesia. This procedure was done in order to gain knowledge about breastfeeding, patient education and the country of Indonesia. The authors also used relevant literature from the nursing bachelor program in the background of the thesis. After arriving to Yogyakarta, Indonesia, the authors spent time in different hospitals observing and gaining knowledge about the health care system in Indonesia, as well as experiencing local beliefs and traditions among the people. Through this, the authors believed they received an increased comprehension of working as a RN in Indonesia.

Qualitative content analysis is a relevant form of analyzing method while examining and interpreting texts (Lundman & Hällgren Graneheim 2012, p. 187). Therefore, a qualitative content analysis was appropriate to achieve the aim of this study. The interview guide with semi-structured open questions was suitable since the aim was for the RNs to describe their experiences. The interview was made as a focus group interview and there were times during the interview that the participants spoke at the same time. Further some RNs spoke more than others which might have made less room to other participants to express their thoughts. This was a limitation to this study. Another limitation was the language since the RNs spoke Bahasa Indonesia and the authors needed an interpreter to translate the interview to English. The content was translated and the authors did not know if information disappeared during the translation or if there were language misperceptions.

The participants were recruited by a convenient sample with the help of Universitas Gadjah Mada. The authors were pleased with the sample of participants and a convenient sample was an appropriate selection method for this study. The participants were all females but varied in nursing experience and age.

The authors knew that the participants were in an exposed situation during the interview. They were in an exposed situations because they were in a group and might not express what they felt but also they did not understand what the interpreter translated to the authors. Therefore, the authors started the focus group interview with some small talk where they gave information about the study and asked the participants a few lighter questions to make the situation more relaxed. The authors tried to create an open atmosphere. The focus group interview were held at the participants´ work place which could have made the participants more relaxed since they were accustomed to the environment. Disadvantages with this could be that the participants experienced peer pressure from their colleagues or that they felt loyalty towards their employer. Kvale (2014, p. 170) explains that the interview should be held so that the interviewed person is encouraged to provide his or her life experiences.
Trustworthiness is how useful and transferable the result is. To make it easier to estimate the transferability, it is of value to give an accurate description of the study, the sample of participants, the data collection and the analysis (Lundman & Hällsgren Graneheim 2012, p. 198). Trustworthiness in this study were strengthened with a thorough description of the method and the analyzing process.

CONCLUSION

The present study showed that RNs provide patient education about breastfeeding in different ways depending on the situation. The RNs give oral, visual and written information and the education is given both individually and in group. The RNs adjust the education depending on the patient. The education was adjusted depending on what language the patient spoke and their previous knowledge. The study showed that the RNs found it important to evaluate and repeat the education to ensure that the mothers understood the education. The RNs explain that it was important to involve the entire family in the education to prevent them from receiving the wrong information. The RNs experienced themselves as significant sources of knowledge. They also experienced that they were in the right position to provide crucial education. They took on different roles while educating such as motivator, counsellor, educator and connector between the patient and the family. In the present study, the RNs saw it as their responsibility to provide evidence-based knowledge.

Further research

In the present study none of the RNs discussed the asymmetric position of power that exists between the patient and the RN. Further studies about how the RNs experience their caring relationship with the patient relating to patient education would be rewarding to explore. The authors believe it is crucial that RNs are aware of their position of power when caring for patients.

Implication

The present study enlightens the RNs` significant role as a patient educator. The result shows the importance of involving the entire family in the education and how essential it is to evaluate the education to ensure that the patient has understood. Therefore, the authors consider patient education as crucial when RNs are working with health promotion. If newly delivered mothers are given education about breastfeeding in the correct way, a higher proportion of mothers will hopefully breastfeed their infants and the risk of infant mortality might decrease. This is further supported by Chen and Rogan`s study (2004), which showed that breastfed infants have 21 % lower risk of mortality within the first year of life, compared to not breastfed infants.

ACKNOWLEDGEMENTS

The authors would like to give the sincerest thanks to Swedish International Development Cooperation Agency (SIDA) and University of Borås, Sweden, who gave the fantastic opportunity to write this bachelor thesis in Indonesia by granting a
scholarship. Thank you Dr. Linda Åhlström who supported and supervised the authors from Sweden while they were in Indonesia.

The authors would also like to thank Faculty of Medicine at Universitas Gadjah Mada. Special thanks to Mrs. Elsi Dwi Hapsari who helped making this bachelor thesis possible and hosted the authors in Yogyakarta and the opportunity to gain knowledge about the Indonesian health care system and culture. Also thank you Mrs. Melyza Perdana and Mrs. Widyawati at Faculty of Medicine at Universitas Gadjah Mada. Thank you Ms. Berlian Kusuma Dewi for the assistance with translating the interview to English.

A heartfelt thank you to everyone who has made this adventure possible. Writing this bachelor thesis in Indonesia has given the authors many new experiences and memories that they will never forget.
REFERENCES


APPENDIX 1

Consent letter to whom it may concern

The University of Borås in Sweden has an exchange program with Universitas Gadjah Mada in Yogyakarta, Indonesia. The aim is to make international contacts and to gain knowledge about other countries and cultures.

We are two students doing a bachelor of Science in Nursing from the University of Borås, the Academy of Care, Working Life & Social Welfare, in Sweden. We have granted a scholarship from SIDA (Swedish International Development Cooperation Agency) which makes it possible to write our bachelor thesis in Yogyakarta, Indonesia. The aim of this study is to investigate how RNs describe how they provide patient education about breastfeeding to newly delivered mothers and how RNs experience their role as a patient educator in a hospital setting in Yogyakarta, Indonesia.

We would like to ask you, working as a registered nurse or midwife caring for newly delivered mothers, to participate in our focus group interview. The voluntary participants will be interviewed and preferably recorded. The interview will be held in English if possible (when needed, we will use an interpreter). The interview will take approximately 1-2 hours and will take place at where most convenient for you. The interview will take place in March of 2015 in Yogyakarta, Indonesia.

The study will follow the ethical principles of the Universitas Gadjah Mada. It will also follow the Declaration of Helsinki, for example saying that:

“Participation by individuals capable of giving informed consent as subjects in medical research must be voluntary”

“The potential subject must be informed of the right to refuse to participate in the study or to withdraw consent to participate at any time without reprisal”

“Every precaution must be taken to protect the privacy of research subjects and the confidentiality of their personal information”

The result of the study is a part of our bachelor thesis and will be published at the University of Borås’s database. We will provide you a copy when the result is finished, if you are interested.

If you have any further questions, please contact us.
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Yours sincerely,
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Your approval (name and date): _____________________________________
APPENDIX 2

Interview guide
The aim of this study is to investigate how RNs describe how they provide patient education about breastfeeding to newly delivered mothers and how RNs experience their role as a patient educator in a hospital setting in Yogyakarta, Indonesia.

Question to warm up:
- How long have you worked as a registered nurse or midwife?

Main questions:
- How do you educate newly delivered mothers in nutrition for infants/breastfeeding? (Oral information? Written information? Media? Individual or group information? What do you think is the most effective tool?)
- How do you adjust the information/education depending on the patient?
- What are your responsibilities as a registered nurse in Indonesia, when it comes to educate newly delivered mothers regarding nutrition for their infants?
- When you meet newly delivered mothers, can you describe how you experience your role as an educator and a counsellor regarding nutrition for infants? (Significant role? Insignificant role?)
- Do you think your patients follow your recommendation? (Why, why not?)
- What is your view on registered nurses’ role as an patient educator?
- What are your reflections or/and experiences, as a registered nurse, of patient education? (Positive? Negative?)