

Support as a Concept and with a Focus on Childbearing

Stina Thorstensson¹ and Anette Ekström^{2*}

¹School of Life Sciences, University of Skövde, Skövde, Sweden

²Associate professor and An Editorial Board member for Journal of Nursing and Care, School of Life Sciences, University of Skövde, Skövde, Sweden

Support is an important but complex concept of caring that often is studied but not always defined. For researchers as well as professionals it could be important to gain a deeper understanding for the concept. Support has been described as an interactive process that affects wellbeing and health of the individual. Support is linked to the attachment process and social roles [1]. Attachment will affect both the individual ability to interact with other people but also the individual ability to trust other people [2]. Both the ability to provide (i.e. provider) and the ability to receive (i.e. recipient) support are affected by the persons' age, experience and the social environment [1,3]. The offered support can be emotional, appraisal, informative or practical described as follows; Emotional support promotes a sense of safety and belonging. Appraisal support promotes reassurance of ability and competence. Informative support is offering information to help solving the actual problem and practical support is practical help in solving the actual problem. Support that is perceived as positive by the recipient is more likely to have a positive impact and the emotional part of support is described as most important for support to be experienced as positive. The environment where the support is offered will affect the quality and perception of support [3].

Non-judgemental attitudes are described as important aspects of support. In order to offer adequate support it is not only necessary to consider if support is needed but also what kind of support and when this support is needed [4]. The provider might have difficulty with interpreting what support needs the recipient has [5] but the provider may also be unwilling to provide the support which is required. The provider might hesitate because of fear of doing wrong or inflicting harm [6] or stress might cause the provider to cease offering support [7]. Support can be offered from the individuals own network or lay persons (social support) as well as professionals (professional support) [3].

For researcher as well as professionals it is important to differentiate between social and professional support [8] and care interventions with professional support should aim to strengthen social support [9]. Social support is offered within the social net-work and requires reciprocity and relationships, while professional support does not require reciprocity in the same way and is directly available from professionals in the society. Professional support is also limited by the professional domain and professional knowledge [9] for example childbearing and midwives.

Professional support can be empowering. Empowerment can be considered both a process and an outcome [10]. As a process empowerment will strengthen individuals and it is an important aspect of supportive midwifery or nursing care [11]. This empowering process can be described as a partnership where professionals have power with the individual instead of professionals having power over the individual [12]. When professionals as midwives and nurses act empowering they can have a significant impact on the lives and health of many individuals and families [11].

To act empowering professionals need to consider the possible distinction between to "care for" and to "act supportive" as these verbs are etymologically different. To act supportive could etymologically be understood as the provider having "trust in the capacity" of the recipient expecting that the recipient will "take charge". Suggesting that

the provider mainly provide means for the recipient that will enable or strengthen the recipient to cope with the situation, empowering the recipient. While to "care for" could etymologically be understood as the provider expecting to "be responsible for" and the recipient to be "taken care of" [13]. Having trust in the recipient will promote strength i.e. be empowering [11] while to "care for" may inflict a sense of knowing what is best for the individual mainly from the health professionals point of view [10].

Nurses and midwives offer professional informational support as an important part of their work [3]. However, first time mothers want more focus on emotional support than informational support, from health professionals, during the childbearing period [14,15]. The health professionals personal attitudes influence the quality of support they offer [16,17]. Attitudes are based on feelings to and a varying degree of knowledge about a specific phenomenon [18]. In order to change attitudes a professional training with a combination of evidence based lectures and reflection are of importance [19,20]. In a process-oriented training program (including evidence based lectures and reflection), health professionals attitudes to support during childbearing changed in a positive way. Healthcare professionals increased their scores in facilitating behaviour and reported a decrease in their regulating behaviour [21]. In addition as a result of the training program for midwives and the postnatal nurses, mothers were more satisfied with both the emotional and informative support during the first nine months postpartum [17] as well as a perceived stronger relation and feeling for the baby, a better preparation for the baby's needs, parenthood and breastfeeding [17,22,23].

Health professional support, aims to be empowering, facilitating and a positive development for the individuals' ability to cope with challenging or stress-full situation in life, such as childbearing. In order to empower individuals it is essential that professionals support is sensitive for the individuals unique needs in the specific situation [3,24].

References

1. Kahn RT (1980) Antonucci, Convoys of the life Course: Attachment, Roles and Social support. Academic Press, New York.
2. Cassidy J (1999) The nature of the child's ties. In: Cassidy J, Shaver PR (Eds) Handbook of Attachment: Theory, Research, and Clinical Applications. The Guildford Press, New York.
3. Langford CP, Bowsher J, Maloney JP, Lillis PP (1997) Social support: a conceptual analysis. J Adv Nurs 25: 95-100.
4. Oakley A (1994) Giving support in pregnancy; the role of research midwives in a randomized controlled trial. In: Robinson S, Thomson AM (Eds) Midwives, research and childbirth. Chapman & Hall, London.

*Corresponding author: Anette Ekström, Associate professor, School of Life Sciences, University of Skövde, Skövde, Sweden, E-mail: anette.ekstrom@his.se

Received May 23, 2012; Accepted May 25, 2012; Published May 27, 2012

Citation: Thorstensson S, Ekström A (2012) Support as a Concept and with a Focus on Childbearing. J Nurs Care 1:e109. doi:10.4172/2167-1168.1000e109

Copyright: © 2012 Thorstensson S. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

5. Hertfelt Wahn E, von Post I, Nissen E (2007) A description of Swedish midwives' reflections on their experience of caring for teenage girls during pregnancy and childbirth. *Midwifery* 23: 269-278.
6. Shumaker SA, Brownell A (1984) Towards a theory of social support: closing conceptual gaps. *J Soc Issues* 40: 11-36.
7. Hupcey JE (1998) Clarifying the social theory-research linkage. *J Adv Nurs* 27: 1231-1241.
8. Logsdon MC, Davis DW (2003) Social and Professional Support for Pregnant and Parenting Women. *MCN Am J Matern Child Nurs* 28: 371-376.
9. Hupcey JE, Morse JM (1997) Can a professional relationship be considered Social Support? *Nurs Outlook* 45: 270-276.
10. Oudshoorn A (2005) Power and Empowerment: critical concepts in the nurse-client relationship. *Contemp Nurse* 20: 57-66.
11. Hermansson E, Mårtensson L (2011) Empowerment in the midwifery context - a concept analysis. *Midwifery* 27: 811-816.
12. Labonte R (1994) Health promotion and empowerment: reflections on professional practice. *Health Educ Q* 21: 253-268.
13. Ernby, B., Nordstedt etymologiska ordbok 2008, Rotolito, Lombarda Italien: Nordstedts Akademiska förlag.
14. Razurel C, Bruchon-Schweitzer M, Dupanloup A, Irion O, Epiney M (2011) Stressful events, social support and coping strategies of primiparous women during the postpartum period: a qualitative study. *Midwifery* 27: 237-242.
15. Ekström A, Widström AM, Nissen E (2003) Breastfeeding Support from Partners and Grandmothers: Perceptions of Swedish Women. *Birth* 30: 261-266.
16. Sauls DJ (2002) Effects of labor support on mothers, babies and birth outcomes. *J Obstet Gynecol Neonatal Nurs* 31: 733-741.
17. Ekström A, Widström AM, Nissen E (2006) Does continuity of care by well-trained breast feeding counselors improve a mothers perception of support? *Birth* 33: 123-130.
18. Zanna M, Rempel JK (1986) Attitudes a new look at an old concept. University Press, Cambridge, NY.
19. Jerlock M, Falk K, Severinsson E (2003) Academic nursing education guidelines: Tool for bridging the gap between theory, research and practice. *Nurs Health Sci* 5: 219-228.
20. Thorstensson S, Nissen E, Ekström A (2008) An exploration and description of student midwives' experiences in offering continuous labour support to the woman/couple. *Midwifery* 24: 451-459.
21. Ekström A, Widström AM, Nissen E (2005) Process-oriented training in breastfeeding alters attitudes to breastfeeding in health professionals. *Scand J Public Health* 33: 424-431.
22. Thorstensson S, E Nissen, Ekström A (2012) Professional Support in Pregnancy Influence Maternal Relation to and Feelings for the Baby after Cesarean Birth; an Intervention Study. *J Nursing Care* [Epub ahead of print].
23. Ekström A, Kylberg E, Nissen E (2011) A process-oriented breastfeeding training program for health professionals to promote breastfeeding *Breastfeeding Medicine*. *Breastfeed Med* 7: 85-92.
24. Bäckström CA, Wahn EI, Ekström AC (2010) Two sides of breastfeeding support: experiences of women and midwives. *Int Breastfeed J* 5: 20.
25. Bäckström C, Hertfelt Wahn E (2009) Support during labour: first-time fathers' descriptions of requested and received support during the birth of their child. *Midwifery* 27: 67-73.