

Pregnant Women Life Quality Concept & Phenomenology

Abedi G¹, Babamiri F², Rostami F^{1*}

¹ Health Sciences Research Center, Mazandaran University of Medical Sciences, Sari, Iran

² Mazandaran University of Medical Sciences, Sari, Iran

Corresponding Author: Farideh Rostami

Health Sciences Research Center, Mazandaran University of Medical Sciences, Sari, Iran

Email: Rostamimaskopaii@gmail.com

Abstract

Life quality is a multi-lateral concept which should be analyzed from different aspects and angles. The present research is a study of the life quality concept and phenomenology of pregnant women visiting Sari-based health & treatment center in 2010. This research was performed with a phenomenological approach on 25 pregnant ladies in their 4th month to 9th month of pregnancy, during 51 sessions visiting health & treatment center in Sari. Data was collected via semi-structured interviews. Upon verification and correction of extracted data, thematic codes were drawn. Besides, the health & treatment centers excerpter's comments during two discussion sessions with the experts from head-quarters were obtained and family health suggestions were given afterwards. Participants considered special meanings for appropriate care, having enough information, physical health, psychological health, social health, accessing facilities and resources sufficiency regarding their experiences. Life quality is a subjective assessment & people themselves are the best judges about their living quality. But sometimes there are conditions that make this judgment difficult. In these special cases, health care providers & experts group are able to give all meaning a unique termination.

Key words: phenomenology, life quality, pregnant women

Introduction

During pregnancy period, many biological chemical, physiological, & anatomic changes occur in women's bodies (1). The changes are beyond their control & they're considered the first changes that make them vulnerable both physically & mentally (2). As defined by WHO, "Life quality" is people's image about their position in life regarding cultural context & value systems they're living in, considering their goals, expectations, standards & concerns (3).

Living quality encompasses people's different physical, mental & social wellbeing & comfort aspects. These aspects are measurable during pregnancy and measuring living quality is important for health care policy makers & administrators to plan for mothers & babies health care and to understand & digest its necessity (4).

According to a study by Abaszadeh et al., there is a significant relationship between the aspects of life quality & life satisfaction, social performance & mental health, so that individuals who don't feel satisfied in life have 2.15 times higher chance to have a low quality life (5).

Based on study results by Hueston & Kasik-miller about pregnant women during pregnancy, higher physical pain, poorer physical performance & performance limitations due to more physical problems are seen but in mental dimension of living quality examined by sf-36 scale, no change was observed (6).

However, another study showed that pregnancy & parturition are along with remarkable variations both in mental & physical health conditions, also normal pregnant women's social performance and liveliness is less than other people in society (7).

Mc Millian and Mandzuk have introduced 3 indicating features for life quality as the following:

- Individuals perform a subjective assessment of their life
- Individuals determine their life satisfaction which is associated with physical, psychological and social aspects

Object measurements can be used as supplementary for individual's subjective assessment (8). In pregnant women group, the studies on living quality generally have been done through general tools to measure special related factors. However, so far, no theoretical explanation & accurate definition of this group living quality has been proposed in Iran. Concerning this, authors believe that in tool making studies only 15% of research cases have explained basic concepts such as living quality accurately & based on reference perspectives. Without theoretical explanation of the concept, the proposed definitions are not scientifically qualified enough, lucid & obvious. Second, without accurate information about the concept, it's impossible to determine reliability (9). Iranian cultural & social differences with other cultures make it necessary to analyze this concept specifically. Also if it's due to utilize living quality as an index (criterion) for health care actions in this group, more studies must be conducted in this regard and its dimensions have to be analyzed. This study aims to explain the concept & life quality constituents in pregnant women.

Method

This qualitative study with a phenomenological approach has been conducted in 25 pregnant women during 51 sessions from 4th to 9th month of pregnancy referring to sari- located health & treatment center. The study lasted from September 2010 to January 2010 and samples were collected according to goal- based & accessible sampling. Before starting every interview, the reason to record the interview, voluntary participating, keeping information & interviewees identity confidential have been explained to them & their conscious consent & permission to tape record their voice was gained. Personal information like age, pregnancy time, education level, job & etc, has been collected from available records in the health & treatment center. Mothers were asked general questions with open & interpretative answers. All individuals have been interviewed separately; also, 10 mothers, belonging to a health & treatment center, have participated in a group- oriented interview session to verify the validity of data (10). In group oriented interview, the participants were given a list of extracted subjects from the interviews & were asked to debate about them & to add the issues ignored in their mind.

All the interviews were conducted by a fixed expert & continued until they got to enough richness & data saturation. Depending on mother's conditions, interview lasted 60-90 minutes &

group- oriented interview kept on for 3 hours. After complete recorded interviews implementation, the ambiguous cases were analyzed more accurately in subsequent meetings. All interviews were coded line by line and the basic codes were identified.

To analyze data, analysis containing a method with 7- Folded steps as:

1. Formulating the research questions to get the answer.
2. Choosing the sample & sampling.
3. General scheme of coding process.
4. Executing coding process.
5. Defining the classifications.
6. Determining validity
7. Analyzing the coding process was used (11).

To verify & correct extracted data & codes, health & treatment center experts' comments during 2 sessions & also headquarters family health experts views have been utilized after reviewing the executed interviews.

Findings

Participants' mean age was 25 ± 4 , pregnancy months mean was 6 ± 2 & pregnancy time mean was 2 ± 1 . In pregnant women's view, living quality is defined as age concept, affected by appropriate care, having sufficient information, physical, mental & social health & accessing facilities & resources adequacy.

Appropriate care

Of the basic themes extracted from participants' experiences was "appropriate care", which itself covers subjects such as "being supported", "congeniality", "cheerfulness", "effective relationship" and satisfying needs. An example of participants' statement is as the following:

«.... Here nobody is important at all. Everyone is busy doing his/her job & ignores you, they are not patient at all to sympathize with you, and they answer you through words..... "Nobody cares your wellbeing... they don't have pleasant feeling about you, it seems they don't have a correct perception of our rights, they don't pay the due attention to us... they don't have time, my work is not over yet & she starts taking to another.....».

Having enough Information

Throughout history, awareness & having enough information has had a great role in human life quality & quantity promotion & improvement.

Enhancing knowledge can determine individual's needs in various fields & by increasing their expectation, it can encourage them to try hard to achieve their desires & meet their needs. Knowledge subject has been extracted from the participants as the following theme:

"I don't know... I don't know at all what life quality means... I just know that all should assist us, I want them to care me...I know that I & my baby should be healthy, we should be high-spirited". On the whole, though all participants acknowledged that they didn't have knowledge in the field of life quality, it could be understood from their statements that they had little but imperfect information to provide life quality in this period.

The participants were asked about health and what aspects of health does life quality include? Their answers were the building blocks of physical, psychological & social concepts; the most common statements are as the following:

“When you are healthy, your body is energetic and doesn’t get tired soon, your body doesn’t pain... to be able to work well & do my own tasks, not to need other ones to do them for me, health means soundness it means healthy physical, mental, visual & hearing condition and not to have problems related to them... anyway, health means all family members should enjoy wellbeing, my husband, my children & myself... it means to have relaxation, comfort, joy, a good house & life & to feel relieved....”

“.....when sometimes I argue with my husband, I think it’s the end of the word, nobody understands me... I can’t sleep until morning. They can’t work you out at all, & expect you to do their tasks like before, you should be flawless. Could they be this way? When they got cold, they thought world ended, lets alone to be this way. In pregnant women’s view, health refers to having physical power, happiness, and healthy physique & generally speaking not to be sick, serving the family, getting along with other people.

Pregnant ladies considered comfort & welfare as another part of health concept as the basis for appropriate performance. Some themes extracted: “.....life quality means yours being comfortable in every aspect, life tranquility, intra family peace, to have convenience in every aspect.....” Living quality is to make you close to god, to increase spirituality, to be nice to people & people be nice to, to enjoy good condition in your life, good food, clothes & housing”. “Life quality is when you give birth to a healthy child, O god, is it possible? What do you think of my child? What can it look like? I referred to a Sonographer, he said my child is a boy, my husband got very happy, he loves me a lot since that time, he does most of the errands himself, but it makes no difference to me to be a boy or girl. What matters more is to be healthy from all aspects”.

Accessing Facilities & Resources Adequacy

Of the other extracted themes in this research is accessing facilities & adequate resources with sub- themes as “enough manpower”, decent doctor, enough space (for sitting) sufficient facilities like (water cooling system), proper scales & remoteness”. The major themes extracted in this respect are:

“...Sometimes it’s very crowded here, children & other ones noise gets on your nerve, there is no room to sit, don’t they have enough money to buy some chairs, and we’re always telling this to the midwife, she says managers should grant us money to purchase them. Once I lost my temper,... I decided to collect money from my relatives to buy some chairs, there’s no water cooling system here to drink water, they have a fridge, and they don’t suffer from the same problem in order to consider us...”

“...There are 2 staff members here who are not present at all sometimes, we get here all the way but we have to get back another day. The doctor is not here most of the time. He is late mornings, I can’t come late, I have to cook, take my child to school, and my husband gets back home from work...”

“... Look at this center, a small & very dirty one. They say it’s rented, they can’t rent a better place, they claim they are healthy but they have no facilities, it’s not a proper place...”

At the end, based on the emergent themes, from pregnant women’s experiences in this research & answering the study main question, life quality of this service customers group can be explained & interpreted this way: “ life quality means appropriate, multilateral, customer-

oriented care presented through a collaborative process, an effective relationship, & along with congeniality & support based understanding. To satisfy basic needs of pregnant women & to support them multilaterally in all aspects are the fundamental features of such caring and to present it is only achievable under adequate resources & the presence of a responsive system.

Discussion & Conclusion

In the present study, life quality includes its relativity & being affected by various factors such as expectation, attitude to life, and physical, psychological & social effects, adequate & proper care, having enough information, accessing facilities & resources adequacy which is congruent with the definition provided by WHO. World health organization defines life quality as an individual's thoughts of his/her life condition considering culture & value system he/she is living in and the tie between these perceptions & goals, expectations, standards & priorities he/she has in mind (13). Despite different definitions available, there is no definition yet to cover all different aspects of this concept. However, authorities in this field unanimously agree that life quality is a multi- dimensional, subjective & dynamic concept (13).

Mehraban (et al.,) wrote despite lack of a signal & clear- cut definition of life quality, it's possible to describe it via the following hypotheses:

- A. Its nature & structure cannot be seen and measured.
- B. Its multidimensional structure includes physical, psychological & social aspects of health.
- C. It's affected by personal experience & understanding of life and changed by life & time.

Thus life quality related to health is associated with health physical, psychological & social aspects which are obviously under the influence of individual's beliefs, expectations & perceptions. Every mentioned aspect can be measured from two subjective & objective dimensions. Though objective dimension is important in describing individual health level, his/her subjective expectations & perceptions state real life quality experienced (14). In pregnant women's view in this research, the basic themes extracted from life quality in this period, "proper & adequate care" emerged with themes such as " being supportive" " effective relationship" & "satisfying needs". " Proper care" in their eyes encompasses something beyond bodily attentions & physical presence & doing routine family health & obstetrician activities therefore, when a person as a customer views him/ herself as rightful, everything which seems necessary reveals itself in the form of need. Then through paying attention & reflection on the customers understood needs, it's possible to determine the scope of their expectations partially. This feeling of women understanding their needs based on their personal experiences during previous pregnancy period or the present one is regardless of being aware or unaware of the expectation considered for them organizationally (15).

The necessity of cheerfulness & congeniality considered as customer- oriented features which are the themes emerged in this study & the subset of proper care. This issue has been emphasized in many studies by others. Its customer's perception of service health care quality offered based on customers' needs along with cheerfulness & respect conserving being customer oriented, timely & rightly by an eligible & efficient person (16). "The right to receive care with respect & attention", also included in the main themes emerged in Murrey qualitative study, we can mention the right to receive favorable care which emphasizes the "care nature" & not its superficial facet more than before (17).

The focus on this issue in Water Worth & Locker findings is another verification seal for the present study findings about the importance & priority of respect, attention & cheerfulness plus other favorable (optimal) care aspects (18).

In the recent decades, the health section of health, cure & medical training department has achieved significant success in expanding health & cure services quantitatively. However, requests and claims by people for having a level of quantitative services are the serious challenges for today & future this department has to deal with. The quantitative expansion of health & cure centers, increasing various & complex services, & sometimes the presence of various plans & programs without providing & predicting sufficient human work force in harmony with standards are such challenges facing health system with numerous problems. These challenges result in the required responsibility & responsiveness. In health system & will make health system to rethink about the structure, goals mission, outputs & process, as a result, to respond to the customer's needs & expectations, the lucidity, responsiveness & promoting the quality of the present situation is imperative. In this study, deep data has been presented about people's life quality experiences in health aspect facing in a special period of life. It's perhaps possible to claim that the study findings stand for a sample of the voice of people who experience a phenomenon called pregnancy naturally in a period of life. This voice must be heard by service providers, particularly health section officials in order to know that rightful groups have talks & experiences to express about life quality that can be a huge source of information for making decisions & designing service providing methods.

Acknowledgements

This is to appreciate student research committee and university studies & Vice Chancellor Research and Information Technology for their financial support

References

- 1- Cunninyham F, Kenneth J, Steven L, Bloom J, Hauth L, Wenstrom K, et al. Williams obstetrics. 22th Edition, Mc Graw- Hill: UK, 2000.
- 2- Bennett R, Brown L, Myles text book for midwives, 13th Edition, Churchill Living ston:** USA, 2005.
- 3- World Health Organization. The world health organization quality of life assessment. World Health organ Tech Repser. 1995; 41(10): 1403-9.
- 4- Mirmohammad, M. Khakbazan, Z. Kazemnezhad, A. Abaszadeh, F. To compare of life quality and depression in normal and high risk pregnant women. Journal of nursing and midwifery, Tehran University of medical science (Haiate). 2007; 13: 35-42.
- 5- Abaszadeh, f. Bagheri, A. Mehran, N. life quality in pregnant women. . Journal of nursing anf midwifery, Tehran University of medical science (Haiate). 2009;15(1): 41-48.

- 6- Hueston W, Kasik –Millers. Changes in functional health statues during normal pregnancy, the gournal of family practice 1998; 46; 209-12.
- 7- Otchet F, Carey MS, Adam L. General health and psychological symptom status in pregnancy and the purperium: what is normal? *Obstetrics and Gynecology*; 94: 935-41.
- 8- Mandzuk L, Mc Millan DEA, concept analysis of quality of life, *J orthop Nurs*, 2005; 9; 12-8.
- 9- Gill TM, Feinstein AR. A critical appraisal of the quality of life measurements, *JAMA*, 1994; 272(8): 619 -26.
- 10- Edwards TC. Adolescent quality of life, part I; conceptual and measurement model, *J Adolesc*, 2002; 25: 276-86.
- 11- Hsieh HF, Shannon SE, three approaches to qualitative content analysis. *Aual Health Res*, 2005; 15(9): 1277- 88.
- 12- Strebert HJ, Carpenter DR. *Qualitative research in nursing advancing the humanistic imperative*. 4th Ed., Philadelphia; Lippincott co; 2007.
- 13- Leninger M. Quality of life from a trans- cultural nursing perspective, *Nurs Sci Quar*, 1994; 7(1): 22-8.
- 14- Mehraban D, Naderi GH, Salehi M. SF-36 questionnaire from measurement of quality of life for kidney replacement therapy in Iran, *Iran Journal*, 2000; 26(7): 25-8. [Persian].
- 15- Breinnan J, Shah T. Quality assessment and institutional change; Experience of countries, *High Educ* 2000; 40(3): 331-49.
- 16- General Medical Council (GMC). Outcome of consultation on review of tomorrow’s doctors. UK Medical schools – quality Assurance Results, 2009.
- 17- Murrey EJ. Struggling for dignity and respect; patients, beliefs of their rights while hospitalized in an acute care facility, Doctoral dissertation, University of Miami; 2003; (UMI No, 3081249).
- 18- Water worth S, Lucker K. Reluctant Collaborators. Do patients want to be involved in decision concerning care? *J Adv Nurs*; 1990; 15: 971-976.