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Signature Vivian Evenson

Date August 1971

PATIENT'S PERCEPTION OF THEIR NEEDS DURING LABOR: A COMPARISON OF PRIMIPARAS AND MULTIPARAS

by

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ABSTRACT

Purposes of the study were threefold: (1) to determine what needs are perceived by patients during labor, (2) to determine whether or not there are differences in perception of needs between two groups of obstetrical patients during labor, one group experiencing labor for the first time and the other having prior experience, and (3) to investigate possible reasons for variations in individual perception if any are found. It was hypothesized that there are differences in the perception of needs between primiparas and multiparas during labor.

The investigator interviewed maternity patients in one Montana hospital. Fifteen primiparas and fifteen multiparas were interviewed on the second post-partum day to determine what they felt their needs had been during labor.

The results of the survey indicate that there is a difference in perception of needs between primiparas and multiparas during labor. These differences are reflected in comfort measures only.

Literature reviewed presented possible reasons for variations in individual perception.

CHAPTER I

INTRODUCTION

The nursing profession today is highly concerned with meeting the individual patient's needs. To do so there must be an awareness of the differences in perception of each person, and possible reasons for these differences.

Many theories have been advanced concerning how the patient expresses her needs during labor, and the patient's perception of the role of the nurse during labor and delivery. According to Travelbee, each individual is a unique human being, different in a unique way from every other human being. These differences are based not only on heredity and environment, but also on the life experiences he or she is subjected to, the way these experiences are perceived, and the reaction evoked.[1]

Needs of the individual woman in labor may be revealed by overt clues, or may be manifested covertly. Skill, knowledge, and judgement are required to anticipate and meet these needs.[2]

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[1]Joyce Travelbee, Interpersonal Aspects of Nursing. (Philadelphia: F. A. Davis Company, 1966), p. 29.

[2]Marian S. Lesser and Vera R. Keane, Nurse-Patient Relationships in a Hospital Maternity Service. (St. Louis: The C. V. Mosby Company, 1956), pp. 98-99.

Some women in labor perceive the role of the nurse as one of providing her bodily care and doing things for her that she cannot do for herself. Others may perceive the nurse as a human presence they need during labor, and that it is not necessary for the nurse to "do" anything. All seem to expect their progress during labor to be watched for signs of trouble by the nurse. Many also view themselves as part of the team and want the nurse to give guidance and information to them.[3]

The nurse must express an attitude of human interest in and an understanding of the woman in labor, regardless of how the patient views the nurse. The patient must be accepted as she is. An atmosphere of mutual trust must prevail between patient and nurse.[4]

To establish mutual trust one must understand that perception is the key concept in human behavior. What a certain stimulus means to an individual, the person's prior learning and assumptions, and the immediate physical events affect the way the individual perceives a situation.[5]

Another factor which could affect the person's perception of a

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[3]Ibid, pp. 99-107.

[4]Gerald Caplan, An Approach to Community Mental Health. (New York: Grune and Stratton, 1961), pp. 166-167.

[5]Stanley H. King, Perception of Illness and Medical Practice. (New York: Russell Sage Foundation, 1962), pp. 35-50.

situation is the complex hormonal change that takes place in the body from the time of conception through and after delivery. According to Caplan, there is a relationship between these normal metabolic changes in pregnancy and what he describes as a schizophenric type of behavior displayed by the pregnant woman. A chemical product found in the urine of the schizophenric has also been isolated in the urine of the pregnant woman.[6]

None of the theories or studies of maternity patients reviewed by this writer were concerned with what the individual patient perceived as being her own needs during labor. The researcher feels that this is a critical time for the maternity patient. As an aid to the nurse in meeting individual patient needs, she felt it would be of interest to carry out an investigation to determine how the patient perceives her own needs during labor, if there are any commonalities or differences in these patients' perception of needs, and possible reasons for variations in perception if any are found.

Statement of the Problem

There are multiple factors implicated in the individual's perception. One of these factors is purported to be experience.[7] From

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[6]Gerald Caplan, An Approach to Community Mental Health. (New York: Grune and Stratton, 1961), pp. 69-70.

[7]Alfred R. Lindesmith and Anselm L. Strauss, Social Psychology. (New York: Holt, Rinehart and Winston, 1969), p. 145.

this the problem arose: are there differences in the perception of needs during labor as expressed by primiparas and multiparas, and why are there variations if any are found?

Purpose of the Study

The purposes of the study were threefold: (1) to determine what needs are perceived by patients during labor, (2) to determine whether or not there are differences in perception of needs between two groups of obstetrical patients during labor, one group experiencing labor for the first time and the other having prior experience, and (3) to investigate possible reasons for variations in individual perception if any are found.

Hypothesis

There are differences in the perception of needs between primiparas and multiparas during labor.

Basic Assumptions

1. Patients are able to perceive their needs during labor.
2. Patients will be able to recall what their needs were during labor on the second post-partum day.

Methodology

A descriptive survey was conducted on maternity patients from one Montana hospital. The sample consisted of fifteen primiparas and

fifteen multiparas. These patients were interviewed on their second post-partum day to determine what they felt their needs were during labor. Data is presented showing a comparison of the yes and no responses made by primiparas with the responses made by multiparas. Statement responses are also presented.

Data was analyzed for perceived needs, and differences in perceived needs between the two groups studied. A review of literature was accomplished to provide a basis for investigation of possible reasons for differences in perception.

Limitations of the Study

Limitations to be considered are: (1) the investigator's ability to use the interview technique in data collection, (2) the availability of only a small sample, (3) the ability of the patient to remember accurately, and (4) the individual variance in patient reaction to pain and to medication given for pain.

Definition of Terms

For purposes of this study, the researcher has defined the following terms:

1. Perception - the process by which the human being interprets his internal and external environment.
2. Need - anything that is wanted or desired by the patient.
3. Normal labor - the processes by which the pregnant woman

delivers a normal infant, during which there are no complications or untoward events.

4. Primipara - married woman having just given birth to her first child.
5. Multipara - married woman having just given birth to her second (or more) child.

CHAPTER II

REVIEW OF LITERATURE

Introduction

In reviewing literature, no previous studies were found relating specifically to patient's perception of their needs. Because of this lack of research the literature included in this paper covers theories of the determinants of perception found in other fields of study. Many theories have been included because each presents a plausible explanation of factors influencing perception, and gives reasons for differences in individual perception. Research supports the theories presented.

The researcher feels that the wealth of information available in other fields of research should be drawn on to promote insight into why patients perceive needs as they do, and to provide possible reasons for any individual differences in perception.

Perception is a complex phenomenon in the human being. It is defined by Bartley as the sensory response to a stimulus[8], by Lindesmith and Strauss as "the ways in which organisms respond to the stimuli picked up by their sense organs"[9], and by Lundberg *et al.* as

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[8]Howard S. Bartley, Principles of Perception. (New York: Harper and Row, Publishers, 1969), p. 446.

[9]Alfred R. Lindesmith and Anselm L. Strauss, Social Psychology. (New York: Holt, Rinehart and Winston, 1969), p. 145.

"one's becoming aware of and interpreting environmental stimuli that impinge on the sense organs".[10]

Scientific, psychological, and sociological aspects of perception were reviewed for use in this paper. An attempt was also made by the writer to find some specific material from the field of education, but none was found.

A Systems Approach to Perception

The input to the nervous system that evokes conscious sensation is distinguishable from the input that evokes perception. Detecting something can occur without sense impression.[11]

The first thing a person perceives is the environment. This is the source of all stimulation. The components of the environment determine what is perceived, and how it is viewed.[12]

Stimulation from the environment comes through matter in a solid state, gravity, electromagnetic radiation, light (both ambient and radiant), the atmosphere, people and other living things. The social and cultural environment evoked from the natural environment. Knowledge

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[10]George A. Lundberg, *et al.*, Sociology. (New York: Harper and Row, Publishers, 1968), p. 260.

[11]James J. Gibson, The Senses Considered as Perceptual Systems. (Boston: Houghton Mifflin Company, 1966), pp. 1-2.

[12]Ibid, pp. 7-8.

and language rest on the sensitivity of the individual's sense organs to the symbols developed in a given culture.[13]

Perception, then, has to do with the environment, proprioception with the body. Imposed stimulation is forced on a passive organism. Imposed perception arises through the skin, nose, mouth, ears, and eyes when a stimulus is applied to them. Imposed proprioception occurs when parts of the body are moved. Obtained stimulation comes with activity. Obtained perception arises from the sense organs when they are adjusting to and exploring the environment. The active senses are referred to as perceptual systems. Obtained proprioception takes place when the individual uses any of the body's motor systems.[14]

The systems of perception and adaptive behavior are: (1) The basic orienting system. The apparatus of the inner ear is sensitive to the forces of acceleration. This is specific for the direction of gravity, force, and body movements. This system works with all the other perceptual systems and provides a frame of reference for them. (2) The auditory system. This system consists of the outer ear (auricle), the external auditory canal, the tympanic membrane, the middle ear and its mechanical linkage, and the inner ear with the cochlea containing the actual receptors. Both the auditory and basic

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[13]Ibid, pp. 8-29.

[14]Ibid, pp. 31-45.

orienting system have dual bilateral apparatus. (3) The haptic system, a complexity of sub-systems. It has no "sense organs" but has receptors in tissues throughout the body. The hands and other body members are active organs of perception by touch. Sub-systems of the haptic system are: cutaneous touch, haptic touch (exploratory activity), dynamic touching (weight and mass), touch-temperature, and touch-pain. (4) The taste-smell system. The nose and mouth combine to make a super-ordinate system. This is primarily an ingestive control system which tests for solubility, volatility, temperature, texture, consistency, and shape. With increasing discrimination, orientation to odor becomes possible. (5) The visual system. This system combines with all the other systems, and overlaps with all of them. Information is available to the system in the structure of ambient light. This is presumably the reason the visual system developed.[15]

Interruptions or failures in any one of these systems could produce a distorted or faulty perception. This is one reason for individual differences in perception that must be taken into account in determining why one patient perceives needs differently from another.

Psychological Approaches to Perception

"The general doctrine of sense perception is that we never see or

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[15]Ibid, pp. 54, 134, 152.

otherwise perceive directly material objects, but only sense-data (our own ideas, impressions, and percepts)".[16]

Tangible objects may appear different to different persons, or to the same person in a different situation. The individual's perception of the object is determined by the situation and the state of the observer. There is no difference in the kind of perception the individual has of material objects and the intangible.[17]

Use of the word "perceive" indicates that what is perceived really exists. The perceiver can name, classify, and characterize what is perceived.[18]

Theoretical approaches to variables affecting perception include: theories of conditioning and learning which deal with perception as response, gestalt theory with its stress on "pure" perceptual laws, and theories of motivational dynamics.[19]

Some perception is innate and some acquired. Perception can be learned. The basic neural systems for perceiving are present at birth,

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[16]J. L. Austin, Sense and Sensibilia. (London: Oxford University Press, 1962), pp. 1-2.

[17]Ibid, pp. 6-22.

[18]Ibid, pp. 84-100.

[19]James S. Bruner and Leo Postman, "Perception, Cognition, and Behavior", Perception and Personality. James S. Bruner and David Krech. (New York: Greenwood Press, Publishers, 1968), pp. 16-18.

and continue to develop for a long period of time after birth. The extent to which perception depends on learning is unlimited when the information to the perceiver is unlimited. Perceptual learning is a process of differentiation; information is picked up, registered in the brain, and adjusted to.[20]

Learning by association is a stimulus-response theory, which is generally described as the increased capacity of a certain stimulus to elicit a certain response. Learning by insight is a spontaneous reorganization of the phenomenol field when certain facts about an object are disclosed. It is suggested that perceiving is related to remembering and recognizing in that a particular pattern of cells respond to a particular stimulus more readily after the experience.[21]

One perceives meanings of objects and events which do not come through the eye at the moment of perception, but rather are furnished by a memory function. There are two steps to this recall: (1) a process of recall by similarity where the present perception makes contact with the memory trace of a similar process which occurred in the past, and (2) recall of the content in this trace.[22]

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[20]James S. Gibson, The Senses Considered as Perceptual Systems. (Boston: Houghton Mifflin Company, 1966), pp. 266-270.

[21]Ibid, pp. 270-275.

[22]Hans Wallach, "Some Considerations Concerning the Relation Between Perception and Cognition", Perception and Personality. James S. Bruner and David Krech. (New York: Greenwood Press, Publishers, 1968), pp. 6-7.

In a behavioral theory of perception, exploratory activities are considered to be responses. Perception is then biased by the needs that motivate appropriate action. By this theory, one should perceive only the things that produce pleasant consequences and lead to satisfaction.[23]

Readiness to perceive is dependent upon stimulus inputs which have been sorted, identified and given meaning in the brain. These afferent stimulus inputs are organized into categories which are most likely to be accessible to the individual if he has dealt with a similar event previously. The category is also more accessible if the need-state of the individual requires it. Failure of perceptual readiness occurs if the appropriate category has not been learned, or if there is interference by a more available category preventing the use of the proper one.[24]

The brain's capacity limits the number of tasks that can be performed at the same time, so some of the information that has been presented has of necessity been discarded. Novel stimulus, intense stimulus, and high-pitched noises are most likely to be perceived and categorized. Noise may also produce failures in perception. If

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[23]Ibid, p. 282

[24]James S. Bruner, "On Perceptual Readiness", Readings in Perception. David C. Beardslee and Michael Wertheimer. (New Jersey: D. Van Nostrand Company, Inc., 1958), pp. 686-724.

irrelevant information is passed, intake of information may be interrupted.[25]

Increasing the amount of information given to an individual will not increase the amount of information he assimilates. There is a limited capacity to absorption of information.[26]

"Living organisms emit behavior: they have input. Unlike the output of some machines, the output of organisms is dependent upon the energy impinging on them - that is, upon their input." To the extent that an organism responds to input from the environment, or from its own behavior, it is said to contain a perceptual system.[27]

Classical experiments of perception are well suited for fields in which there is similar behavior of all the subjects. These subjects have an accurate vocabulary and are able to describe their experience after it has occurred. This does limit the experimenter's ability to determine the effects of other bodily functions on perception, and the effects of perception on other functions.[28]

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[25]D. E. Broadbent, Perception and Communication. (New York: Permagon Press, 1966), pp. 36-37, 106, 138-139.

[26]Ibid, p. 17.

[27]William N. Dember, The Psychology of Perception. (New York: Henry Holt and Company, 1960), p. 24.

[28]D. E. Broadbent, Perception and Communication. (New York: Permagon Press, 1966), pp. 7-8.

Motivation, cognition, and emotion, general psychological characteristics of an individual that influence his perceptions, are most important in highly ambiguous situations, and least important in well-structured ones. It is commonly felt that in the well-structured situation, perception is determined by the nature of the situation.[29]

"In the last analysis the organization by the person of these systems of response may be what we actually mean by personality." This is assuming that each response system, including perception, is a representation of the individual's unity.[30]

Sociological Approaches to Perception

"Perception refers to one's becoming aware of and interpreting environmental stimuli that impinge on the sense organs."[31]

The way new impressions are received depends on one's expectancies which have been determined by previous experience. These expectancies determine selective attention and selective perception. What is perceived, then, is influenced by the individual's needs, interests,

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[29]H. A. Witkin, "The Nature and Importance of Individual Differences in Perception", Perception and Personality. James S. Bruner and David Krech. (New York: Greenwood Press, Publishers, 1968), pp. 145-146.

[30]George S. Klein and Herbert Schlesinger, "Where Is The Perceiver In Perceptual Theory"? Perception and Personality. James S. Bruner and David Krech. (New York: Greenwood Press, Publishers, 1968), p. 32.

[31]George A. Lundberg *et al.*, Sociology. (New York: Harper and Row, Publishers, 1968), p. 260.

capacities, past experiences, general body condition (fatigue, anxiety, fear, illness), the physical nature of the stimuli, the extensiveness of communicative contacts, and the nearness of events in time and space.[32]

Goffman says that the individual's perception of what is proper conduct to maintain 'face' affects his perception of what his needs are. During any activity the individual takes into consideration the effects of his actions on his place in the social world beyond.[33]

"The term face may be defined as the positive social value a person effectively claims for himself by the line others assume he has taken during a particular contact."[34]

Social Psychological Approaches to Perception

The relationship between social processes and perception are the concern of the social psychologist, who deals with the matter of per ception as something that is determined by the state of the perceiver which is, in turn, influenced by social factors.[35]

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[32]Ibid, pp. 261-262.

[33]Irving Goffman, Interaction Ritual. (New York: Doubleday and Company, Inc., 1967), pp. 7-8.

[34]Ibid, p. 5.

[35]Howard S. Bartley, Principles of Perception. (New York: Harper and Row, Publishers, 1969), pp. 421-422.

There seems to be three aspects of social influence. First is the influence of other people on the individual. We are not always aware that these influences are working, or to what degree our own personal needs and value systems are involved. The second aspect deals with the perceptual properties of social situations. This may pertain to a physical property of a physical item, such as its shape. The third aspect is that of individual differences. When one is looking at individual differences, there is a problem of the degree to which these differences are caused by social interaction.[36]

Man is influenced by the social environment as much as by the physical environment. Intelligence is affected by social life through language, the content of interaction, and the rules imposed on thought. From infancy on, the multitude of relationships a human experiences subjects him to the rules, signs, and values of the society in which he lives. Anything above the mental level of the individual is not assimilated by that person.[37]

Six proposals pertaining to the directive-state theory of perception have been given. These are: (1) that bodily needs determine what we will perceive; (2) reward and punishment are also relative to what we will perceive, and these will influence the threshold of our

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[36]Ibid, pp. 421-422.

[37]Jean Piaget, The Psychology of Intelligence. (New York: Humanities Press, 1950), pp. 150-159.

recognition of certain items; (3) our own values determine our threshold of recognition and are part of the personality of the perceiver; (4) the degree of perception of an item is relative to the social value involved, that is, the social value of that item; (5) the personality features of the perceiver impinges upon his perception in a way that is consistent with his personality; (6) perception of a disturbing item that causes an overt reaction will have a longer lasting effect than reactions to neutral items. Disturbing items are more apt to be misperceived radically.[38]

One can also look at the determinants of perception as belonging to two categories, the structural and the behavioral. The structural category includes the stimulus, sense organs, neural pathways, and the cortical area of the brain containing the sense modalities. Bodily factors here are viewed as relatively unchangeable. In contrast to the structural category is the class of behavioral determinants, which involves the structural elements as well as "higher-level" processes. The behavioral elements deal with the performance of the individual when meeting new sensory material.[39]

There has not been much work done in the area of perception and

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[38]Howard S. Bartley, Principles of Perception. (New York: Harper and Row, Publishers, 1969), pp. 423-424.

[39]Ibid, pp. 424-425.

suggestion, that is, if perception is altered under such social conditions as whether or not other people are present.[40]

Bartley views perception as the sensory response to a stimulus, and that perception is modifiable. He, as did Gibson, describes perceptual systems, looking, listening, touching, tasting-smelling, and a form of basic orientation. Not only must internal equilibrium (homeostasis) of the body be maintained, but the bodily comfort also. This latter involves a sensory aspect which may be viewed as the sixth perceptual system.[41]

The basic orienting system has to do with orientation to up and down and to the plane of the ground. The auditory system deals with what is heard, acoustical events. The haptic system keeps the organism in touch with the environment. This system involves detection and movement of its own physical properties as well as the external. Several mechanisms are involved in the taste-smell system. They are the gustatory, olfactory, touch, temperature, and occasionally pain. The performance is one of obtaining information. The visual system is designed to provide for perception and utilization of information. The system for seeking and maintaining bodily comfort is directed toward the organism itself. The activity is perceptual and should

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[40]Ibid, pp. 442-443.

[41]Ibid, pp. 446-453.

be looked upon as expressing the activity of the system. The difference between this perceptual system and the others is that no specific sense modality has been isolated for expressing overall bodily comfort.[42]

There are additional aspects of the organism to its surroundings to be considered. One is the fact that perception is selective, and another is the organization of the response itself. A third aspect is the length of time and the conditions under which the perceptual response is maintained at a given level. Expectancy also plays a role in perception. One perceives what he has been told would occur.[43]

"The higher human mental functions are complex reflex processes, social in origin, mediate in structure, and conscious and voluntary in mode of function." Man's mental processes are influenced by the people around him.[44]

Highly complex mental processes of man are the result of his ability to communicate through the use of language.[45] Man lives in a cultural as well as physical environment. Responses to the physical

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[42]Ibid, pp. 451-455.

[43]Ibid, pp. 459-461.

[44]A. R. Luria, "The Social Nature of Higher Mental Processes", Readings in Social Psychology, Alfred R. Lindesmith and Anselm L. Strauss. (New York: Holt, Rinehart and Winston, 1969), pp. 33-36.

[45]Alfred R. Lindesmith and Snselm L. Strauss, Social Psychology. (New York: Holt, Rinehart and Winston, 1968), p. 144.

environment are influenced by the cultural.[46]

Culture is a condition and product of language. Meanings of objects and events are different in different cultural groups. "The existence of symbols makes possible the deliberate recollection and expectation."[47]

Perception is influenced by the stimuli picked up, interests, needs, and past experiences of the individual. The volume of stimuli an individual receives from within his body and the environment is so large that one must be selective in which stimuli to pay attention to and which to ignore. What an individual perceives is involved inferences, interpretation, and judgement.[48]

"The facts are that perception is selective, that motivation and needs sensitize one to specific stimuli or sometimes lead to distorted perception, that stimuli are often misinterpreted, and that perception of the same situation may vary from individual to individual; but these facts should not cause one to ignore the further fact that reality sets limits to perception." Perception is limited by what is actually

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[46]John Dewey, Logic: The Theory of Inquiry. (New York: Holt, Rinehart and Winston, 1966), pp. 42-59.

[47]Ibid, p. 30.

[48]Alfred R. Lindesmith and Anselm L. Strauss, Social Psychology. (New York: Holt, Rinehart and Winston, 1968), pp. 145-146.

present in the environment.[49]

When one learns to perceive he becomes more discriminatory with respect to the environment. When the individual's self-esteem is involved perception is more likely to be distorted or misinterpreted through ignoring or misperceiving the things that are damaging to the ego.[50]

Some other factors influencing perception are: group influences on perception, perceptual interferences such as preoccupation with a given point of view, and unusual perceptions.[51]

"While minds and selves are essentially social products, products or phenomena of the social side of human experience, the physiological mechanism underlying experience is far from irrelevant - indeed is indispensable - to their genesis and existence; for individual experience and behavior is, of course, physiologically basic to social experience and behavior: the processes and mechanisms of the latter (including those which are essential to the origin of minds and selves are dependent physiologically upon the processes and mechanisms of the former and upon the social functioning of these."[52]

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[49]Ibid, p. 147.

[50]Ibid, p. 148.

[51]Ibid, pp. 149-152.

[52]George Herbert Mead, "Mind, Self, and Society", Readings in Social Psychology. Alfred R. Lindesmith and Anselm L. Strauss. (New York: Holt, Rinehart and Winston, 1969), p. 10.

"The reflexive character of self-consciousness enables the individual to contemplate himself as a whole; his ability to take the social attitudes of other individuals and also of the generalized other toward himself, within the given organized society of which he is a member, makes possible his bringing himself, as an objective whole, within his own experimental purview; and thus he can consciously integrate and unify the various aspects of his self, to form a single consistent and coherent and organized personality." By this same means he can intelligently reconstruct his personality whenever it is necessary for adaptation to the social environment.[53]

There is an interrelationship between wants and information the individual has. New or changed information may change or create new wants; new wants may lead to the search for new or changed information. In either case, cognitive change must take place.[54]

The multipara maternity patient will have more information regarding the labor process than the primipara. Because of this, the multipara may perceive needs or wants differently from the primipara.

Through learning, the human being develops specific wants. These wants, or needs, are centralized around promoting or defending the self

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[53]Ibid, p. 12.

[54]David Krech, Richard S. Crutchfield, and Egerton L. Ballockey, Individual in Society. (New York: McGraw-Hill Book Company, Inc., 1962), pp. 34-38.

(the individual as he sees himself). Some needs are directed toward achieving and maintaining feelings of self-worth. Other needs are selected because they fit in with the person's own view of himself.[55]

Factors involved in producing needs are: (1) the physiological state of the individual, hunger, thirst, fatigue; (2) situational cues received from the environment, especially the goal object actually present; (3) thought processes, cognitions. Major needs that influence the behavior of individuals in our society are affiliation, acquisitiveness, prestige, power, altruism, and curiosity.[56]

Additional Views of Perception

Increased interpersonal distance produces a barrier to a comfortable relationship and distorts verbal and nonverbal communication. Clear communication of meaning is very important, as well as the manner in which dependency needs are handled. 'Proper' physical distance of one person to another is learned in the family, and thus varies from person to person. One may feel uneasy because another person is too close or too far away. Inseperable from learning physical distance is psychological distance. We learn how closely we can relate to others

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[55]Ibid, pp. 72, 78, 79, 83.

[56]Ibid, pp. 58-86, 89.

and depend on them. This, too, is highly individualized.[57]

This individualized perception of what proper distance to another person is will affect the patient's perception of her needs in regard to the presence of the nurse during labor. Individual differences will be present.

A patient may perceive himself in a dependency situation he cannot tolerate, and will react with some behavior that promotes proper distance and safety. The underlying needs are out of awareness, and the patient may be excessively demanding or excessively cooperative, depending upon the need type. The level of interaction will be altered.[58]

"Perception by the individual depends upon a recognition of both his inner and outer world."[59]

The focal point for decision making is the self. It is the reason for the choices made. One's senses must be receptive to perceive facts from the environment which support the self, or ego.[60]

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[57]Titus P. Bellville, M.D., "Interpersonal Distance In Total Patient Care", American Journal of Obstetrics and Gynecology. 90:412 (October, 1964).

[58]Ibid, pp. 412-415.

[59]Halpert L. Dunn, M.D., Ph.D., High Level Wellness. (Virginia: R. W. Beatty, Ltd., 1961), p. 125.

[60]Ibid, pp. 125-128.

The individual must know himself and have a self concept consistent with what he really is. High-level wellness involves integrity of self. If one does not have a proper self-concept his perception of others will be distorted.[61]

Perception is also distorted by a closed mind. Fixations are planted in the mind and muscles so that other stimuli will not be perceived and acted upon.[62]

Pregnancy is a period of increased susceptibility to crisis. Biological factors interact with psychological, social, and environmental factors producing stresses that lead to disequilibrium in the general system and its subsystems.[63]

Most cases of anxiety and hysterics produced by these stresses disappear and are quickly forgotten after delivery of a healthy baby. It has been recognized that the emotional manifestations of pregnancy parallel to some extent the hormonal and general metabolic development.[64]

The least studied emotional manifestation of pregnancy is the radical shift in the expectant woman's intrapsychic equilibrium. This

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[61]Ibid, pp. 132, 211.

[62]Ibid, p. 94.

[63]Gerald Caplan, M.D., "Psychological Aspects of Maternity Care", American Journal of Public Health, January, 1957. pp. 25-31.

[64]Ibid, pp. 25-31.

begins about the middle of the second or beginning of the third trimester, and lasts until about four to six weeks after delivery. The alteration usually involves a shift between the ego and unconscious forces of the expectant mother. Repressed conflicts and fantasies are allowed to come into the conscious mind through a setting aside of the normal defense forces. Free-floating anxiety is almost always present, and is demonstrated in phobias and fearful forebodings.[65]

"Language and thinking are, after all, representatives of percepts and of images."[66] The schizophrenic has two peculiar mental processes, his errors in perception and his fantasy. They misconstrue their perceived datas, with a resultant fantacizing.[67]

The nurse, a human being, may be perceived as a category or stereotype due to her special type of education. Patients may not perceive and respond to the individual differences of nurses because of this stereotyping. Thus the nurse may be perceived as a servant, or means of assistance, by the patient, eliminating the possibility of a human to human relationship.[68]

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[65]Ibid, pp. 25-31.

[66]S. J. Beck, Ph.D., "Errors in Perception and Fantasy in Schizophrenia", Language and Thought in Schizophrenia. J. S. Kasarin, M.D. (New York: W. W. Norton and Company, 1964), pp. 9, 101.

[67]Ibid, p. 101.

[68]Joyce Travelbee, Interpersonal Aspects of Nursing. Philadelphia. F. A. Davis Company, 1966. p. 48.

"Sick" status is determined by prognosis. That is, when the prognosis is unknown or serious the individual is defined as sick, and a particular set of role expectations is assigned him, designed to protect and insulate. When the prognosis is known and not serious, the individual is assigned the impaired role with its behavior expectancies which are designed to maintain normal activities. These social prescriptions will affect one's perception of the events occurring in the role assigned.[69]

Pain is so subjective that it defies universal definition, and it is interpreted from different professional points of view. To the biologist pain is a sensory signal that warns the individual when harmful stimuli threaten injury. To the sociologist, pain is a tool of learning and social preservation. To the physiologist, pain is a sensation like sight and hearing. To the physician pain is a message to be decoded, interpreted, and acted upon.[70]

Perception of pain is also influenced by cultural attitudes, age, sex, race, autonomic nervous system, circulatory change, skin temperature, sweating, anxiety and fear, training, bias, inattention, lethargy, suggestion and emotion, warmth and cold, and diurnal variation. Moreover, the threshold for perception of pain can be raised

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[69]Gerald Gordon, Role Theory and Illness - A Sociological Perspective. (New Haven: College and University Press, 1966), pp. 97-100.

[70]"What is Pain?" Briefs, Vol. 23, No. 2. February, 1969. pp. 28-30.

as much as forty-five percent (45%) by loud noise, auto suggestion, hypnosis, or other distraction.[71]

To increase the mother's self-esteem and promote her self-confidence we must help her have a successful birth experience, and she must perceive this. If she feels disappointed at her performance at any point, we need to help her view the labor more objectively and see that her response was appropriate.[72]

The mother's self-esteem and self-confidence will affect her perception of needs during the current labor and each consecutive labor.

There is no doubt in the mind of the writer that perception is indeed a complex phenomenon. It involves the interrelationship of physiological, biological, psychological, and sociological factors, which determine the individual's perception. The relationship of these factors produce the unique individual.

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[71]Ibid.

[72]Elizabeth Hosford, R.N., C.N.M., M.A., "The More Meaningful Childbearing Experience". Briefs, Vol. 31, No. 8. October, 1967. pp. 126-127.

CHAPTER III

METHODOLOGY AND ANALYSIS OF DATA

Selection of Sample

The sample used consisted of fifteen primipara patients and fifteen multipara patients in one hospital in a city in Montana. Both groups ranged in age from twenty to thirty-five years. All had a normal labor and delivery, and normal baby, as determined by the hospital staff. The length of labor acceptable for the study ranged from eight to eighteen hours. Each patient had received only one injection of the same medication, same dosage, during labor.

Patients ruled out of the study were: unwed mothers, Rh negative mothers, those delivering by cesarean section, any complications - such as placenta previa or post-partum hemorrhage, mothers separated or divorced, mothers having a previous miscarriage or abortion, and any one the doctor or hospital nursing personnel felt should not be interviewed, for any reason.

Collection of Data

Data was collected during the period of time between January 11, and March 12, 1971.

Patients selected for the study were interviewed on the second post-partum day to determine what they felt their needs had been during labor. (The second post-partum day was selected because most of the

maternity patients at this hospital were discharged that evening). The interview technique was used in two ways. The initial portion of the interview was informal. The investigator introduced herself and explained the purpose of the visit. The patient was then given the opportunity to volunteer her perception of her needs during labor while engaged in informal conversation with the investigator.

The second portion of the interview was the administration of questions by the interviewer. The questions were formulated around items most frequently mentioned on a preliminary survey done in November, 1970 (see Appendix A for preliminary questionnaire). Also used were items from maternity nursing textbooks that were expressed as being most supportive to the woman in labor.[73]

Analysis of Data

Ten primiparas and eleven multiparas resided within the city; five primiparas and four multiparas resided on ranches. Eleven primiparas and three multiparas had attended pre-natal classes. Average length of labor for the primipara was fourteen hours, for the multipara eleven hours.

During the informal portion of the interview most of the patients, twelve primiparas and fourteen multiparas, expressed as their greatest

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[73]Ernestine Wiedenbach, Family-Centered Maternity Care. (New York: G. P. Putnam's Sons, 1967), p. 291.

needs "to get it over with", and to "have the pain stop". The majority of the patients expressed the need to have the nurse situated so they could see her, although she did not have to be in the same room. Most patients said they needed their husband with them. Comfort measures, such as ice chips, cold cloth on forehead, or back rub were not mentioned in informal conversation. Very few needs were presented in this part of the interview, as noted above.

Responses to the individual questions used in the structured portion of the interview are as follows: (see Appendix B for sample data collection guide).

Question 1. Did you need or want to be informed of your progress?

	Yes	No
Primipara	10	5
Multipara	5	10

Responses to this item indicate that fewer multiparas perceive being informed of their progress as a need than primiparas. This may be due to the multipara's prior experience.

This does not disprove Lesser and Keane's theory that all maternity patients want their progress watched for signs of trouble.[74] The responses merely indicate that they did not feel the need to be informed of their progress.

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[74]Marian S. Lesser and Vera R. Keane, Nurse-Patient Relationships In a Hospital Maternity Service. (St. Louis: The C. V. Mosby Company, 1956), pp. 98-99.

Question 2. Did you need or want to have what was done explained to you?

	Yes	No
Primipara	9	6
Multipara	7	8

The differences in responses between primipara and multipara are not great. This indicates that both groups perceive explanations of actions as a need.

Question 3. Did you need or want to have your back rubbed?

	Yes	No
Primipara	7	8
Multipara	11	4

Responses to this item indicate that more multiparas perceive the back rub as a need than do primiparas. This could indicate that this need was learned by previous experience. It might also indicate the behavior expectancies these women view as part of the labor process, and their own role in that process.

Question 4. Did you need or want to have a relative stay with you?

	Yes	No
Primipara	12	3
Multipara	10	5

Responses to this item indicate that both the primipara and multipara view having a significant person with them during labor as a need. All patients responding yes to this question stated it was their husband they wanted in the labor room.

Question 5. Did you need or want to have your contractions timed?

	Yes	No
Primipara	4	11
Multipara	2	13

Responses to this item indicate that most patients do not perceive this as a need. However, one multipara did state that she would like to have a clock in the labor room to keep her occupied.

Question 6. Did you need or want to have someone hold your hand?

	Yes	No
Primipara	9	6
Multipara	11	4

Responses to this item indicate that most of the patients in both groups perceive this as a need. Eight of the primipara and all of the multipara patients responding yes stated they wanted their husbands to perform this function. One primipara assigned this to the nurse.

Question 7. Did you need or want to have the nurse stay with you?

	Yes	No
Primipara	3	12
Multipara	1	14

Responses to this item indicate that in both groups most of the patients did not perceive the nurse's continued presence a need. This may be due to their perception of the nurse's role in the situation. It may also indicate the nurse is not establishing a good helping relationship with these patients.

Question 8. Did you need or want to know everything was going right?

	Yes	No
Primipara	10	5
Multipara	10	5

Responses to this item indicate there is no difference between the primipara and multipara in viewing this as a need.

Question 9. Did you need or want ice chips to moisten your mouth?

	Yes	No
Primipara	4	11
Multipara	9	6

Responses to this item indicate that more multiparas perceive ice chips as a need during labor. This could indicate that this need was learned through experience. All multiparas responding yes had been offered ice chips during a prior labor, only two responding no.

Question 10. Did you need or want a cold cloth on your forehead?

	Yes	No
Primipara	6	9
Multipara	12	3

Responses to this item indicate that most multiparas perceive this as a need. All of the multiparas in the study had been offered a cold cloth for their forehead during a previous labor.

Question 11. What did the nurse do or say that made you comfortable during labor?

Some patients had more than one comment in answer to this question, others had none. Content of the comments are listed in two categories, those given by primiparas and those given by multiparas.

Primipara responses: one indicated the nurse telling her everything was going to be "o.k." helped. She also thought being told what the baby's heart beat was during labor helped. Another primipara indicated she liked the reassurance and contact of the nurse holding her hand. Two patients liked the 'coaching' done by the nurse. Another liked having the nurse come right away with the "shot" when she needed it. Thirteen of the fifteen primiparas said the nurse was around where they could see her. One said she was helped by the nurse talking to her. This patient said she felt the nurse cared about her. Another primipara said the nurses were nice and she enjoyed having them near her. One liked to have the nurse rub her stomach and back. One said the bath right after delivery was good. The last primipara

to respond appreciated having the anesthetist talk to her and encourage her.

Multipara responses: three multiparas mentioned the nurse's reassuring manner, that she was calm and gave confidence. One patient, a registered nurse, appreciated not being treated as if she knew everything. Two multiparas said the back rub was most helpful. Three others liked to have both their stomachs and backs rubbed. Ten multiparas said the nurse was around where they could 'see' her. One patient said she just wanted to get it over with and the best thing the nurse did was tell her she was "ready to go". The last multipara responding appreciated being shown her baby right after delivery.

There were only two responses to this question common to both the primipara and multipara. Three multiparas and one primipara liked to have their stomachs and backs rubbed. Most of the patients in both groups wanted the nurse visible to them.

Question 12. Did you have to ask for this?

Only one patient, a primipara, responded yes to this question. She had asked for a "shot" for pain.

Question 13. Was anything done that made you uncomfortable or that you did not like during labor?

There were a few yes responses to this question.

Primipara responses: one did not like the pressure of the fetal monitor on her abdomen. One primipara said it would be better if

the same nurse could stay with you through labor and delivery. She felt it was difficult to get used to another person when the shifts changed. Another patient said no one had informed her that her own doctor was out of town, and she did not know the doctor who delivered her baby. One primipara said she did not want an anesthetic but was forced to take it.

Multipara responses: one multipara said no one informed her of what anesthesia she was to receive, and what she was given was not what she expected. Another said she did not like getting phone calls in the labor room. One other patient wanted to know more about the medications she was given, especially after delivery. She wanted to know what the "shots and pills" she had were for.

There were no responses common to both the primipara and multipara in regard to this question.

Responses to both question number eleven and question number thirteen were highly individualized. This is shown by the small number of common inter and intra group responses.

Question 14. Do you feel you received the things you needed during labor?

All patients in the study answered yes to this question.

The data seems to support some of the theories found in the review of literature. The way some new impressions are received does seem to depend on the expectancies one has due to previous experience,

as indicated by responses to questions 1, 3, 9, and 10.

Perception does seem to be selective, and limited by what is actually present in the environment, as witnessed by responses to all of the questions.

There seems to be a relationship between the perception of needs of the individual and the information she has. New wants are created by changed information. This is indicated in responses to questions 1, 2, 7, 9, and 10.

Different perception of needs between primiparas and multiparas were found mainly in comfort measures. This is shown in the responses given to questions 3, 9, and 10.

Interpersonal distance is an individualized need, and a selective one. Most of the patients wanted their husband with them during labor, and did not feel they needed the nurse in the room. It seemed to be sufficient to have the nurse visible and available.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purposes of the study were threefold: (1) to determine what needs patients perceive as having had during labor, (2) to determine whether or not there are differences in perception of needs in two groups of obstetrical patients, one experiencing labor for the first time and the other having prior experience, and (3) to investigate possible reasons for variations in individual perception if any are found.

The sample used consisted of fifteen primipara and fifteen multipara patients in one hospital in a city in Montana. Both groups ranged in age from eighteen to thirty years. All had normal labor and delivery, and normal babies.

Patients were interviewed on the second post-partum day to determine what they felt their needs had been during labor. Both informal interview technique and a structured interview guide were used.

Conclusions

It was hypothesized that there are differences in the perception of needs of primiparas and multiparas during labor.

The findings partially support this hypothesis in that needs related to comfort measures (ice chips, cold cloth, and back rubs) were

different. More multiparas perceived these items as needs than did primiparas. As knowledge of comfort measures is mainly acquired through experience[75], it is felt by the investigator that previous experience influenced these patient's perception of these needs. Data from both the informal and structured portions of the interview show that the comfort measures generally administered by nurses are not perceived as needs until after they are administered.

Factors, in addition to experience, which determine individual perception (biological, physiological, and psychological) probably accounted for responses to items other than comfort measures.

Reasons for the differences in perception due to these additional factors are presented in the review of literature. The individual differences in perception found in the non-comfort measure responses are supported by the theories presented there.

The greatest need, and the most common, perceived by both the primipara and multipara was "to get it over" and "to have the pain stop".

Because of the sample size generalizations cannot be made from the findings. There are implications for nursing, however. Perception is a complex phenomenon, with a variety of determining factors. This must be taken into account when individualizing nursing care and

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[75]Alfred R. Lindesmith and Anselm L. Strauss, Social Psychology. (New York: Holt, Rinehart and Winston, 1968), p. 145.

in giving comprehensive care. While perception is individualized, a common perception prevailed in the study. Going through the process of labor is apparently perceived to be a 'husband-and-wife-go-through-it-together' function. This indicates that family relationships are important. These factors must not be ignored.

Multiparas expect more comfort measures and may respond in negative ways if they do not receive them. The primipara does not know what comfort measures may be of help to her, so she must be offered these by the nurse along with supportive care.

Neither the primipara nor the multipara groups seemed to know what a helping relationship was because nurses did not seem to be providing care other than comfort measures. If this is a generally prevailing perception of the role of the nurse, it would seem imperative that the nurse take the initiative and innovate changes in this perception.

Recommendations

After reviewing the findings of the study, the researcher feels there are several recommendations for further study.

1. The same study could be replicated, with the utilization of a larger sample.
2. Subjects of a similar study could be interviewed before labor commences to determine their prior expectations.

3. A follow-up study could be conducted on maternity patients who are initially interviewed on the second post-partum day. The second interview should be done six weeks post-partum.
4. Maternity patients could be studied after their first and second babies to determine if their perception of needs is different in the two situations.
5. A similar study could be made of maternity patients from several hospitals in different areas of residence (rural and urban) to compare regional similarities or differences of perception of needs.
6. A similar study could be made of maternity patients of different ethonic or racial groups to compare similarities or differences of perception of needs.
7. A similar study could be made correlating the maternity patient's perception of her needs with the nurse's perception of the same patient's needs.

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APPENDIX A

Sample of Preliminary Questionnaire

The following statements are part of a research project being done by Mrs. Vivian Evenson, a graduate student at Montana State University. Your cooperation in responding to the statements is appreciated.

Please mark an X in front of the response that is appropriate to your answer.

Age: _____Under 18 _____18-25 _____26-33 _____34-41 _____Over 42

Is this your first baby? _____Yes _____No

Where do you reside? _____In town _____On a farm or ranch

Did you attend pre-natal classes? _____Yes _____No

How long were you in labor? _____0-3 hours _____3-18 hours

_____Over 18 hours

The following statements refer to the time of labor.

During labor I needed:

1. To be informed of my progress

   _____Always _____Sometimes _____Never

2. To have what was done to me explained

   _____Always _____Sometimes _____Never

3. To have my back rubbed

   _____Always _____Sometimes _____Never

4. To have a relative or close friend with me

_____Always _____Sometimes _____Never

5. To have the contractions timed

_____Always _____Sometimes _____Never

6. To have someone hold my hand

_____Always _____Sometimes _____Never

7. To have the nurse stay with me

_____Always _____Sometimes _____Never

8. To know things were going right

_____Always _____Sometimes _____Never

9. To have the nurse listen to me

_____Always _____Sometimes _____Never

10. Physical comforts, such as ice chips to moisten my mouth, or a cold cloth on the forehead

_____Always _____Sometimes _____Never

11. Please list any other things that you thought were comforting or that you needed during labor.

12. Please list anything that you felt was not helpful to you during labor.

APPENDIX B

Sample of Data Collection Guide

Para

Age

Residence - town or country

Attendance at pre-natal classes

Length of Labor

1. Did you need or want to be informed of your progress?
2. Did you need or want to have what was done explained to you?
3. Did you need or want to have your back rubbed?
4. Did you need or want to have a relative stay with you? Who?
5. Did you need or want to have the contractions timed?
6. Did you need or want to have someone hold your hand?
7. Did you need or want to have the nurse stay with you?
8. Did you need or want to know everything was going right?
9. Did you need or want ice chips to moisten your mouth?
10. Did you need or want a cold cloth on your forehead?
11. What did the nurse do or say that made you comfortable during labor?
12. Did you have to ask for this?
13. Was anything done that made you uncomfortable, or that you did not like during labor?
14. Do you feel you received the things you needed during labor?