

MATERNAL ROLE CONFIDENCE: CONCEPT PAPER

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Abstract

The purpose of this concept paper was to determine a concept analysis on Maternal Role Confidence of during the early postpartum period. A concept analysis using Walker &Avanti was done. Eight articles were systematically reviewed to define and clarify maternal role confidence. The following search engines were used as data sources: google scholar, PubMed, Biomed central and www.opendoar.org. Attributes of maternal role confidence include the following, maternal intrinsic role, ask for help, and identifying baby cues. The attributes were identified to standardize care. Despite the dynamic nature of maternal role confidence, the provided definition of maternal role confidence facilitate a clearer understanding of what maternal role confidence is.

Key Words

Maternal role, confidence, maternal intrinsic role and concept analysis



Introduction

1. Significance of maternal role confidence

Successful adaptation to the maternal role provides the mother with confidence and satisfaction in her ability to nurture and care for her infant. It involves conceptualization and enactment of a responsive mothering role and is demonstrated through the establishment of a new identity and maternal role behaviours (Rubin 1984, Mercer 1985). Successful adjustment leads to satisfaction in the mothering role that can be expressed through self-confidence, self-esteem, competence, mastery and role gratification (Mercer and Ferketich, 1994).

Lack of maternal role confidence is linked to negative and social outcomes such as delayed cognitive development, poor social interaction, delayed growth and poor weight gain in infants (Mercer, 1995). Dissatisfaction occurs when there is difficulty in maternal functioning (Tulman and Fawcett 1991, Troy 1999). Role strain and depression occurs in the absence of maternal role confidence. Children of women who experience difficulties adjusting to motherhood may experience failure to thrive, abuse, neglect and impaired cognitive development (Murray & Cooper 1997, Logsdon et al. 2006)

1.1 Objective

The objective of the paper was to determine a concept analysis on Maternal Role Confidence.

1.2 Materials And Methods

Walker & Avanti concept analysis model was utilized to guide this paper.

1.3 Data Sources

The following search engines were used as data sources: google scholar, PubMed, Biomed central and www.opendoar.org.

1.4 Discipline of Search

Broom 1993 has however remarked that what is name perceived maternal efficacy in psychology is called maternal confidence in nursing and does not exist in medicine. This inconsistency between definition of the concept and its use in research strongly suggest that either the concept was not as mature as it seemed or there was confusion between two or more concepts

1.5 Study Selection

Literature review was done to find out whether Maternal Role Confidence was clearly defined and also to determine the other different meanings. A literature search of 20 articles was reviewed and different meanings of the concept were identified. Literature search was done in two weeks from 1 August, 2016 to 15 August, 2016

1.6 Results

All reviewed articles assisted in the defining of the concept. However different variations were observed giving room for discussion and clarification of the concept.

Seventeen articles were dropped because they were ambiguous and had limited information about the subject. Five articles by (Barkin, Wisner, Bromberger, Beach, & Wisniewski, 2010; Emmanuel, Creedy, St, Gamble, & Brown, 2008; Kim, 2005; Koniak-Griffin & Verzemnieks,

1991) B(Congden, 2016; Dahlberg, Haugan, & Aune, 2016; Roll & Cheater, 2016; Maehara et al., 2016; Nakamura et al., 2015; Sriyasa, Akerlind, & Akhavan, 2013; Ra & Lim, 2012; Liu, Chen, Yeh, & Hsieh, 2012; Barkin et al., 2010; Emmanuel et al., 2008; Lee & Shin, 2007; Miles, Holditch-Davis, Schwartz, & Scher, 2007; Flacking, Ewald, Nyqvist, & Starrin, 2006; Jang, 2005; Kim, 2005; Mercer, 2004; Secco, 2002; Proctor, 1998; Lin, Lee, Lee, Chou, & Fu, 1994; Koniak-Griffin & Verzemnieks, 1991; Laufer, 1990; Walker, Crain, & Thompson, 1986b; Walker, Crain, & Thompson, 1986a; Shand, 1985; Lawson & Wilson, 1979)Arkin, J.L., Emmanuel, E., Kim, J.S., Secco, L., Koniak-Griffin, did not clearly explain maternal role confidence hence were dropped. Two articles by Ra, J.S and Flacking, R. focused on separation anxiety of mothers and preterm infants in Neonatal Intensive Care Unit, One article by Le(Lee & Shin, 2007)e, S. B., focused on effects of Kangaroo Care on anxiety and maternal role confidence while one article by Miles, M.S., focused on depressive symptoms in mothers of preterm infants. One article by Meizer, R.T. talked about a woman confidence in general and was also dropped while one article by Proctor, S. focused on perceptions of women and midwives concerning women's beliefs about quality maternal services .One article by Walker, L.O., focused only on breastfeeding in developing maternal role while one article by Congolen, K.A. focused only on education and was therefore dropped. One article by Lin, R. S. was dropped because he focused on maternal confidence in diabetes mellitus. Hence a few articles eight were adopted because they specified attributes and antecedents.

1.7 Concept Analysis

Concept are tools developed to organize reality (Morse, 1995). Concept analysis is a process that seeks to come up concrete attributes of a given concept but putting in place a clear and practical

definition that will guide operation for the purpose of improving interaction through effective communications among health workers as they execute their caring role (Walker & Avanti, 2005). Although we cannot claim to know the meaning of a concept, there is need to draw a more accurate portrait that enables us to make order of what is observed. The aim of this paper is to explore and describe the experiences faced by first time mothers in taking care of their infants in the first month of life. Therefore there is need to clarify what maternal role confidence is and what it is not. First time mothers must strive to balance two competing roles that is the parental role and their previous roles. First time mothers require a greater amount of time for education and social life and this contributes, in large part to their growth and development.

This concept analysis will use Walker & Avanti which has the following steps.

Step 1 selecting a concept

Step 2 Determine the aim and purpose of analysis

Step 3 Identify uses of concept

Step 4 Determine the defining attributes or characteristics

Step 5 Constructing model case

Step 6 Borderline

Step 7 Identify antecedents and consequences

Step 8 Defining empirical reference

1.8 Definition Of Maternal Role Confidence

Maternal confidence has been identified in the literature as essential variable in the adaptation to motherhood and to the maternal role (Mercer, 1986; Walker, Crain, & Thompson, 1986).

Rubin (1977) defined maternal role attainment as both the process of “binding in,” wherein a mother becomes attached to her infant and as a process of maternal role identity, which is how the mother sees herself in the role and how comfortable she is in this role.

The maternal role means to establish the maternal identity and to perform acts based on the needs of a baby ([Mercer, 2004](#)).

According to the above definitions there are variations in the definition of maternal role confidence. Mercer does not bring out the concept of role confidence in the definition, while Rubin talks of one attribute which is bonding. The definitions in literature does not include some of the factors that contribute to maternal confidence such as age, social support, parity, knowledge, birth experience. Therefore it is not clear what is meant by maternal role confidence.

In view of this, a concept analysis is needed to have a clear definition

1.9 Defining Attributes

Attributes according to Walker & Avanti (1995) are defined as characteristics that constantly appear in relation to the central phenomena even when seen from different perspectives. The following attributes were identified after analysis of the articles intrinsic maternal role, identifying baby cues, ask for help and organized.

Intrinsic maternal role

According to this paper intrinsic maternal role is whereby the mother does not need external push to be able to feed the baby or change the baby, she will be having an inner self drive.

Identifying baby cues

This is when the mother is able to realize the needs of the baby by just observing the behaviour of the baby.

Ask for help

According to this paper a mother is forthcoming and quickly asks for help when she is not sure of what to do.

Organized

Being organized is when the mother is able to plan her day and activities for the own self-care and that of the baby.

Maternal role confidence

Antecedents	Attributes	Consequences
Age	Intrinsic maternal role	Maternal satisfaction
Knowledge	Ask for help	Mother baby relationship (bonding)
Parity	Organized	Healthy baby
Social support	Identifying baby cues	Happy family

2.0 Identifying Antecedents And Consequences

According to Walker & Avanti (2005), antecedents are what must occur before the concept being described takes place. In this paper antecedents are age, knowledge, parity and social support. According to Willinck and Cotton, 2004, mothers with limited social support are likely to have more difficulty adapting to new motherhood.

Social support provides essential resources and facilitates change for new mothers (Meleis et al, 2000). Those most at risk of poor social support include women without partners, and those from low income ethnic minority and recent immigrant groups (Barclay & Kent, 1998, Logsdon et al, 2000).

Age

Mothers below the age of nineteen (19) had a low perceived maternal role confidence in comparison to mothers above 19. Similar findings were observed in the study of Mercer et al., 2004, indicating that the adolescent mother is more likely challenged by physical emotional and

cognitive demands and problem solving required for competent infant care. Maternal role is increased with age this is the mothers mature with age are able to tackle with difficulties and are comfortable with their role.

Education

The mothers with higher education perceived themselves significantly more competent in their maternal role (Gilmore et. al., 2007).

Parity

According to Mercer, R.T et al. (2004), there was no significant difference in maternal role competence of prim parous and multiparous mothers. Reported previous experience in mothering was not an advantage.

2.1 Consequences

Consequences are what follow from an instance of the concept (Rodgers, 2000).

2.2 Constructing a model case

A model case is an ideal that encompasses all the attributes or traits of the concept of interest (Walker & Avanti, 2005). The following is an ideal model case of maternal role confidence.

Mrs. L. is a 25 year old woman who delivered her first baby and is in post-natal ward. She lies next to her baby admiring the baby and frequently checks on her baby and asks for help on how to attach the baby to the breast and how to change diapers. She quickly picks up the baby when she cries and cuddles her. Her bedside area is tidy and her items are neatly arranged.

Analysis

The cases of Mrs. L demonstrates all traits and characteristic of maternal role. The nurses are assisting Mrs. L in information and care of the baby on breast attachment and position when feeding baby and cord care. Despite the fact that she is a first time mother she shows interest in caring for her baby and she has intrinsic motivation towards the needs of her baby.

2.3 Borderline Case

The borderline case has some of the critical attributes for the concept of interest, but not all of them.

Mrs. A is a 20 year old and has just given birth to first child. She frequently asks for help though she does not attend to the baby when the baby cries and waits to be told to change nappies and feed the baby. Her surroundings are neat and tidy.

Analysis

Mrs. A does not demonstrate all the attributes for maternal role confidence. However she asks for help and is well organized.

2.4 Contrary Case

A contrary case does not include all the attributes.

Mrs. B is a 16 year old mother who has given birth to her first child and is admitted in postnatal ward. She has undergone a very difficult delivery. She does not want to hold the baby and sits far away from the baby. She often cries when the baby cries and waits to be told to change nappies and feed the baby. She is unkempt and baby's clothes are all over the place.

Analysis

Mrs. B does not have all the attributes of maternal role confidence and baby is developing nappy rash.

2.5 Empirical Referents

Empirical referents are classes or categories of actual phenomenon that by their existence or presence demonstrates the occurrence of the concept itself (Avanti & Walker, 1995). Goosen 1989 defined empirical referents as measurable, observable or verified components of the concept.

Intrinsic Maternal role

This is internal motivation of the mother. It is seen when the mother lies next to her baby, talking to her baby having eye to eye contact with the baby and smiling always ready to pick the baby up. The mother does not wait to be told to change nappies or to feed the baby.

Ask For Help

The mother who asks for help is seen by calling nurses and where nurses are not visible she walks to the duty room to ask for help. As the nurses are explaining this is the mother who looks attentive and can be seen nodding her head or even to ask for clarification where she is not sure.

Organized

An organized mother is seen by maintaining clean surroundings. Baby's clothes are neatly stacked and she feeds her baby in time. Before bathing her baby she assembles all baby's items first.

Identifying Baby Cues

The mother is able to attend to the baby like checking the nappies to see whether the baby is dry and putting the baby on the breast when the baby cries.

Conclusion

Intrinsic maternal is the major attribute of maternal role confidence special care and attention is needed in the motivation of mothers during transition to motherhood. With better social support mothers were more comfortable and satisfied with their role. Thus mothers need adequate support from family friends and health professionals for caring of their infants as well themselves. Education and support by nurses and family throughout the period of postpartum and infancy helps the mother to increase competence in her maternal role. Thus, achievement of competence in maternal role promotes positive parenting behaviours which further promote child development.

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