Utilizing Henderson's Nursing Theory in Childbirth Education

by Renece Waller-Wise, MSN RNC-OB CNS CLC LCCE CNL

Abstract: The American Nurses Credentialing Center has created a program where healthcare organizations can be recognized for excellence in nursing service. The philosophy of excellence in nursing care must include all settings in which nurses provide care, and the organization must show evidence that a nursing conceptual framework or theory of nursing is used as the basis for care. For nurses who work as childbirth educators in hospitals that are seeking to obtain Magnet status, utilizing a nursing theory is an important part of a childbirth educator's contribution to the recognition of nursing excellence. One nursing theory utilized by an organization seeking Magnet status is Virginia Henderson's theory, often called the "Definition of Nursing." Henderson's theory provides a concrete definition of nursing care and delineates specific areas in which nursing care is needed. This article will provide at least one example of content that could be provided in childbirth classes for each of Henderson's 14 basic human needs.

Keywords: Childbirth education, nursing theory, Magnet Recognition, Virginia Henderson's Definition of Nursing

Anne Jordan

The American Nurses Credentialing Center has created a program to recognize healthcare organizations for excellence in nursing service. The basis of the program is to reward hospitals that place a high emphasis on quality, safe, and professional nursing care by awarding Magnet status based on review of the entire organization. The philosophy of excellence in nursing care must be evident in all departments, units, and settings in which nurses provide care. In turn, focusing on high-quality nursing care fosters a positive work environment for all employees in the organization (Lundmark & Hickey, 2006; Wolf & Greenhouse, 2006).

One of the fundamental provisions of obtaining Magnet status is that the organization must show evidence of the use of a nursing conceptual framework or theory of nursing in practice wherever nursing care is provided. A nursing theory specifically provides a set of definitions, propositions and interrelated concepts that gives a systematic approach to view events by identifying relationships (Mensik, Martin, Scott, & Horton, 2011). Generally, the thought is that a single framework or theory would be used by all nurses within an

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organization as the basis for the care delivered. This is not necessarily an easy notion to put into practice, especially for settings such as in childbirth education, where the "patient" comes to the setting experiencing a normal life event of pregnancy and birth (Mensik et al., 2011). However, for nurses who work as childbirth educators in hospitals that are seeking to obtain Magnet status, utilizing a nursing theory is an important facet of a childbirth educator's contribution to this recognition of nursing excellence.

Utilizing a nursing theory or conceptual framework is important to hospitals that are or are on a journey to become Magnet recognized.

One nursing theory that could be utilized by an organization seeking Magnet status is Virginia Henderson's theory, often called the "Definition of Nursing." Henderson's theory provides a concrete definition of nursing care and delineates specific areas in which nursing care is needed (Pokorny, 2010). She defined nursing care as follows:

> *Nursing is primarily helping people (sick or well) in the performance of those activities contributing to health, or its recovery (or peaceful death) that they would perform unaided if they had the necessary strength, will, or knowledge. It is likewise the unique contribution of nursing to help people to be independent of such assistance as soon as possible (Henderson, 1978).*

Henderson's definition of nursing lends itself to use in childbirth education because it acknowledges that help is given to the well person that needs to gain knowledge to maintain health and function independently. In fact, Henderson (1978) provides a direct link to childbirth education in that she states that nursing care is providing "knowledge and confidence for the young mother." As part of Henderson's theory she describes 14 basic human needs (See Box 1). For nurses or childbirth educators using this theory, she asserts that the practitioner must be able to assess the patient's or client's needs in these 14 areas, and be able to provide care (Henderson, 1978; Pokorny, 2010). The remainder of this article will provide one example of content that could be provided in a childbirth series for each of Henderson's basic human needs.

Henderson's 14 Basic Human Needs

1. Breathe normally
2. Eat and drink adequately
3. Eliminate body wastes
4. Move and maintain desirable postures
5. Sleep and rest
6. Select suitable clothes; dress and undress
7. Maintain body temperature within a normal range by adjusting clothing and modifying the environment
8. Keep the body clean and well groomed and protect the integument
9. Avoid dangers in the environment and avoid injuring others
10. Communicate with others in expressing emotions, needs, fears, or opinions
11. Worship according to one's faith
12. Work in such a way that there is a sense of accomplishment
13. Play or participate in various forms of recreation
14. Learn, discover, or satisfy the curiosity that leads to normal development and health, and use the available health facilities

(Henderson, 1978; Pokorny, 2010).

Breathe Normally

Breathing is an automatic response that is easily adapted to conscious control; therefore controlled breathing techniques are easy to learn. Rather than learn rigid rules about how to breathe, women should use techniques that are individualized, and "feel right." Breath holding should be avoided. Slow, deep breathing techniques are often useful to aid in relaxation, decrease stress, enhance body awareness, improve oxygenation, and decrease pain perception. Focusing on breathing is a means to block out other distractions that impede the natural flow of labor. As labor progresses, contractions become stronger and the work of labor is more intense, some women may find that faster and shallower breathing patterns are more helpful. Forty-nine percent of women report using breathing techniques during labor; however, controlled breathing is most effective when used with other comfort techniques. For women in constrained

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birth settings, controlled breathing techniques may be the only non-pharmacologic strategy that is available. Beyond childbirth, controlled breathing is a skill that can be used across the lifespan to decrease stress, promote body awareness, and maintain focus (Lothian, 2011).

Eat and Drink Adequately

To be adequately prepared for the process of labor, women need to be adequately hydrated and have energy reserves supplied. Some hospitals and birth centers allow women unlimited access to food and liquids during labor (Perez, 2006). The American Society of Anesthesiologists (ASA) recommends that clear liquids be given to women with low-risk pregnancies during labor, and they report that there is no substantial evidence that supports fasting from solid food during labor (ASA Task Force on Obstetric Anesthesia, 2007). Likewise, the World Health Organization recommends that women's oral intake not be limited during labor. Carbohydrate intake, either in liquid or solid form, does decrease maternal ketosis during labor, thus increasing hydration and energy reserves. Research indicates that there is no negative impact on fetal outcomes from carbohydrate consumption during labor. Women who eat solid food during labor may experience more nausea and vomiting during labor, but this has not been associated with unfavorable birth consequences (Sharts-Hopko, 2010).

Eliminate Body Wastes

The elimination of both stool and urine affects the labor process. The onset of labor may be signaled by the passage of several soft bowel movements. The exact mechanism for this is not clearly understood, but may be a natural way to clear the rectum allowing more room for the baby's descent. Passage of stool may also occur during the second stage of labor as the fetal head places pressure on the rectum. Urinary bladder distention adds to the discomfort experienced during labor. During labor, emptying the bladder every one to two hours helps to prevent bladder distention and aid in comfort. Later in labor it is important to avoid bladder distention, as a full bladder may prevent the fetal head from descending (Davidson, London, & Ladewig, 2012; ICEA, 2011).

Move and Maintain Desirable Postures

During labor it is beneficial for women to change positions. In fact, if given the choice most women will respond to pain by moving, which decreases their pain sensation and allows for the baby to find the easiest and best pathway through the pelvis. Women may walk, sway, dance, kneel, sit, lean forward, lie down, or find other postures of comfort during labor. Upright positions allow gravity to aid in the descent of baby. Moving freely has been shown to aid in strengthening contractions thus shortening labor, relieving discomfort thus decreasing the need for pain medications, and decreasing the need for operatively assisted births. Women undergoing regional anesthesia are able to assume a variety of positions, and should change positions to aid in the descent of baby (Adams & Bianchi, 2008; Romano & Lothian, 2008; Simpkin, & Bolding, 2004).

Sleep and Rest

A women's ability to cope with the pain of labor may be influenced by a lack of sleep, and there are several factors that combine to increase fatigue prior to the onset of labor. Sleep disturbances often occur during pregnancy and become more common in the third trimester. Specifically, studies indicate a steep decrease in sleep quality in the 5 days prior to the start of labor, even if labor is induced. Women should be taught means to ensure adequate sleep and rest near the end of pregnancy. Some measures that can be employed to increase sleep and rest are regular bedtimes, relaxation and complementary therapy aids, low lighting during mid-sleep wake times, dietary changes, and positioning techniques to support the gravid uterus and extremities (Beebe, & Lee, 2007).

Select Suitable Clothes; Dress and Undress

Clothes worn during labor should be comfortable. Some women may want to wear a hospital gown, while others may select their own clothes to wear during labor. If women select to wear their own clothes it should be of a variety that will allow for easy access for assessments of the baby and the progress of labor. If women are wearing their own clothing they should be aware that the clothing may become soiled, so that they are prepared to either launder or discard the items. A woman may select different forms of dress and undress depending on her level of comfort and modesty (ICEA, 2011).

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Maintain Body Temperature within a Normal Range by Adjusting Clothing and Modifying the Environment

Pregnancy increases a woman's basal metabolic rate because there is increased physiologic activity and heat produced by the growing fetal-placental component. At the same time, as part of the changes of pregnancy, women add on more fat stores. The combination of these factors increase a women's perception of heat, making them feel warmer than they were in the pre-pregnant state (Smith, 2000). Add to that the work of labor, and many women report feeling hot while in labor. Some women may choose to take off clothing during labor. This is especially true if they become sweaty, or they plan to use hydrotherapy during labor (ICEA, 2011).

Keep the Body Clean and Well Groomed and Protect the Integument

Taking a bath or shower during labor may simply be a means of keeping the body clean and well groomed; however the use of water in labor has more far reaching effects. Hydrotherapy is generally defined as the use of water for the treatment of injury or as an aid in healing. When using warm water, circulation is increased, muscles are relaxed, tissues are softened, and healing is promoted. This in turn leads to pain relief by altering the pain neuropathways. The buoyancy of the water also aids in changes to the hydrostatic pressure thus aiding in feelings of being lighter in the water than out. This feeling of weightlessness can aid in changing positions while in the water, which in turn can have a protective effect on the skin (Kabler, 2000; Perez, 2006, Simpkin, & Bolding, 2004; Stark, Rudell, & Haus, 2008).

Avoid Dangers in the Environment and Avoid Injuring Others

During conception and prenatal development the fetus is at the most risk from exposure to environmental hazards; therefore ideally, education about environmental hazards begins prior to conception. It is known that there are chemical substances that are potentially hazardous to the fetus only at high levels, and others that pose a threat even at low levels. Some of the most common environmental hazards are methyl mercury, lead, pesticides, solvents, and products that contain chlorine. Tobacco smoke and nicotine exposure are also environmental hazards that can affect the health of both the pregnant woman and cause harm to her unborn child (Ondeck, & Focareta, 2009).

Communicate With Others in Expressing Emotions, Needs, Fears, or Opinions

The childbearing year is filled with decisions to be made on a vast number of issues. Learning to communicate with caregivers is a skill that can be enhanced by using the acronym "BRAIN: benefits, risks, alternatives, intuition, and next step." When gathering knowledge to make a decision the pregnant woman must first be aware of the benefits, risks, and alternatives to that decision. The pregnant woman must then look to her own intuition to identify what she perceives as her emotional response, her fears, needs, and opinion about the topic at hand. Finally, the next step must be taken to communicate with the healthcare provider the choice that has been made, after time is taken to consider all of the issues involved (ICEA, 2011).

Worship According to One's Faith

The act of giving birth is a profoundly spiritual experience. Many women see it as a time to grow spiritually and deepen their religions feelings, bringing them "closer to God." Worshiping one's faith in labor may take many forms, but may be seen as praying or reciting scripture (Fuller, 2012). The National Institute of Health data indicates that praying is the most commonly used form of complementary and alternative medicine used today in healthcare, and is one of the oldest and most commonly used techniques. Research on the subject indicates that those who engage in prayer tend to have fewer complications (Schaefer, Stonecipher, & Kane, 2012). Reciting scripture is also a commonly used form of religious expression, and may be used as affirmations, to change negative feelings into more positive ones to aid in coping with the process of giving birth (Perez, 2006).

Work in Such a Way That There is a Sense of Accomplishment

Each woman's experience of birth is truthfully hers and hers alone, but many women find the culmination of the process of birth to have a profound effect on them. The moment of birth is a time to be honored as reverent. Many women relate that the experience of birth is a powerful, life changing

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time as they shift from a focus on pregnancy to taking on a new mothering role to a new child (Malloy, 2011).

Play or Participate in Various Forms of Recreation

Role play is a teaching strategy that allows the pregnant woman to rehearse her response to a number of interactions. It is a form of simulation of a possible real-life event that may occur, and it allows the pregnant woman the opportunity to consider her responses to the situation. By rehearsing scenarios prior to birth, the ability to make choices and adapt to the situation at hand is enhanced (Fredrick, 2000).

Learn, Discover, or Satisfy the Curiosity That Leads to Normal Development and Health, and Use the Available Health Facilities

Childbirth education classes are a means for childbearing families to learn, discover, and satisfy their curiosity about pregnancy and birth. This process of education should be a time to empower with knowledge for a safe birth to occur in whatever health facility is chosen, whether hospital, birthing center, or home. The goal of the classes are not only to impart information about the physiological and psychological aspects of pregnancy and birth, but also to enhance communication skills, improve personal introspection, and provide value clarification (Perez, 2006).

Utilizing a nursing theory or conceptual framework is important to hospitals that are or are on a journey to become Magnet recognized. This article has demonstrated how childbirth educators can use a nursing theory or conceptual framework to provide the theoretical background on which to build a curriculum. Specifically this work incorporated Virginia Henderson's Definition of Nursing Theory as the framework on which to begin building a class curriculum.

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Renece Waller-Wise is a licensed perinatal clinical nurse specialist and childbirth educator at Southeast Alabama Medical Center in Dothan, Alabama. She is adjunct faculty in the BSN and MSN programs at Troy University, in Troy, Alabama.