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# **Nurses' experience of supporting and caring for women with postpartum depression: A interview study**

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## **Abstract**

**Background:** Nurses play an important role in the early identification and prompt treatment of postpartum depression, they provide women with postpartum depression a most effective way to help them recover quickly and go back to their happy home. However, there are also few people aware of this kind of disease.

**Aim:** To describe nurses' experience of supporting and caring for women with postpartum depression.

**Method:** Six registered nurses from psychiatric departments of one hospital in China participated in semi-structured interviews in 2017. Data were collected in June 2017. Data were analyzed using qualitative content analysis.

**Results:** The results of the study point that nurses faced a lot of challenges in the experience of nursing postpartum depression, but the nurses have been trying to provide better service to the patients. From the results of this study, the authors summarized a theme, "Struggling between inner will and external and internal circumstances".

**Conclusions:** The participating nurses wanted to provide quality care for the patients with postpartum depression, but there were many external factors that resulted in their failure to achieve their inner goals, and the nurses did not feel confident and satisfied with nursing work. Hospital need to provide professional training to nurses about how to care the women with postpartum depression. Besides, nurse managers need to properly arrange nursing tasks, and increasing the number of psychiatric nurses. Finally, Nurses need to enhance professional abilities of humanistic care.

**Key words:** care, experience, nurses, postpartum depression, support.

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## 摘要

**背景：**护士在产后抑郁的早期识别和及时的治疗中发挥着重要的作用，他们用最有效的方式来帮助产后抑郁患者迅速恢复并且回到自己的快乐的家庭。然而，现在很少有人会通过了解护士护理和支持产后抑郁患者的护理体验来关注产后抑郁。

**方法：**在 2017 年，作者对中国浙江省一家医院的六名精神科注册护士进行了半结构化访谈。研究数据收集于 2017 年 6 月，文中数据分析采用定性研究的内容分析法。

**结果：**研究表明，护士在产后抑郁症的护理过程中面临着许多挑战，但护士们一直在努力为患者提供更好的服务。本研究旨在探讨护士对产后抑郁症患者的看法和经验。根据研究结果，作者总结出一个主题：“护士内在意志与内外在环境的斗争”。护士希望为产后抑郁症患者提供更好的护理。然而，由于缺乏专业知识和缺乏外部支持，护士们不能达到自己预期的目标。

**结论：**参与此研究的护士希望为产后抑郁症患者提供优质护理服务，但有许多外在和内在因素导致她们未能实现自己的内在目标，导致护士对现阶段的护理工作没有特别的信心和满足感。医院需要对护士进行专业培训，指导护士如何护理产后抑郁症患者。此外，医院管理者需要合理安排护理任务，增加精神科护士的数量来减轻护士的工作量，采取措施减少护士消极情绪。最后，护士自身还需要提高人文关怀的专业能力。

**关键词：**护理，经验，护士，产后抑郁症，支持。

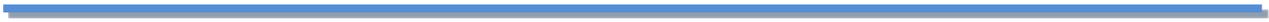
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# 1. Introduction

## 1.1 Postpartum depression

### 1.1.1 The incidence of PPD

Postpartum depression (PPD) is an urgent affairs in the global health agenda (World Health Organization [WHO], 2008). PPD is an international phenomenon, which is considered to be the most common complications of childbirth (Mann, *et al.*, 2010). Postpartum depression (PPD) occurs in 5% to 25% among all mothers, and women with high risks reached as high as 40% to 60%, such as low income, high working pressure and exposure to family violence. PPD affects 11–19.8% women in Asia including Hong Kong (Dominic *et al.*, 2001). And women who suffered form depression are at the age of 15 to 44 are mostly related to reproductive (Chung *et al.*, 2004, World Health Organization [WHO], 2008 ). A large part of the depression patients are affected by social factors. Postpartum depression is associated with young maternal age, not being married, not having completed secondary school, serious family conflict, not having enough money to buy food, having a lot of bills they couldn't pay, or trouble associated with illicit drugs, alcohol or gambling (Yelland *et al.*, 2010).

### 1.1.2 The definition of PPD

PPD is defined as a special syndrome (American Psychiatric Association, 2016). It's not “postpartum pain,” or PTSD, although some patients may describe some symptoms which are the same as post-traumatic stress disorder (American Psychiatric Association, 2016). Postpartum depression becomes the source of many women having difficulty adjusting to life after childbirth and taking on the responsibility of raising children (American Psychiatric Association, 2016). PPD as a major depressive disorder is defined in the “Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision” (DSM-IV-TR) according to primary diagnostic criteria— five or more of the following symptoms occur in two weeks, and secondary diagnostic criteria are symptoms started within 4 weeks postpartum: (1) feel sad or empty by subjective report or appears tearful by others' observation most of the day nearly every day; (2) have no interest in all or almost all activities most of the day nearly every day (subjective report or observed by others); (3) weight loss quickly, maybe 5 percentage of body weight in a month when not

dieting or appetite increases or decreases nearly every day; (4) feel exhausted nearly every day; (5) feel worthless or excessive or unsuitable nearly every day; (6) can't think or concentrate themselves, or behave indecisively nearly every day; (7) have the thoughts of suicide or commit suicide. The degree of depression ranges from mild transient depression to neurotic or psychotic depressive disorders (Leung *et al.*, 2013).

### 1.1.3 The symptoms of PPD

The degree of depression ranges from mild transient depression to neurotic or psychotic depressive disorders (Leung *et al.*, 2013). Because the degree of disease is different, the patient's symptom also differs somewhat. Symptoms of this disease may include reduced desire for sex, crying episodes, anxiety, and irritability, with its associated fatigue, cognitive impairment, loss of interest and motivation, makes it difficult to be a responsive parent (Myers *et al.*, 2013). Depression and anxiety are the most common symptoms of postpartum depression patients. Negative symptoms can affect stressful life events and social health issues (Yelland *et al.*, 2010). Patients may appear some social disorder, and loss of independence (Yelland *et al.*, 2010).

### 1.1.4 The negative effects of PPD

Postpartum depression (PPD) has a lot of negative effects, not only on patients themselves but also on their families. Patients have low quality of life. They seem to be very sad, depressed, and they often cry and insomnia (Tungchama *et al.*, 2017). And on the other hand, depression can also affect the mother's parenting ability. The patient is not willing to taking care of the child. The mother-child relationship is not satisfied (Tungchama *et al.*, 2017). When mothers suffer from serious postpartum depression, the children will suffer the adverse impacts of the mother and produce negative health consequences, such as reducing physical growth, problem behavior, child abuse, and lower IQ (Bogen *et al.*, 2010, Surkan *et al.*, 2012). Childbirth is a complex experience, which has a series of major changes related to couples, both positive and negative. Postpartum depression can also influence psychological condition of the husband at the same time, which can influence their relationship (Parfitt & Ayers, 2009). Their mental health will affect the parent-child relationship, the child behavior and emotional development (Parfitt & Ayers, 2009). In China, grandparents are usually the first choice to take care of children. Women with postpartum depression are often lack of communications with their in-laws, which

can also lead to in-laws conflict (the conflicts between puerperal women and their parents-in-law) (Zhao, *et al.*, 2017).

## 1.2 Nurses' roles

Nurses play an important role in the early identification and prompt treatment of postpartum depression (Segre *et al.*, 2010). The nurse's primary professional responsibility is to provide nursing care. The nurses promote an environment that the human rights, values, customs and spiritual beliefs of the individual, family and community are respected (International Council of Nurses [ICN], 2001, Segre *et al.*, 2010). Nurses should have good psychological quality, when they found patients appear bad mood or emergency situation such as optimistic, cheerful, stable mood and they can provide professional and sincere service (Segre *et al.*, 2010). They are not only carers but also supporters. And through the caring procedure, nurses should make sure that using technology and scientific advances are compatible with the safety, dignity and rights of people (International Council of Nurses [ICN], 2012). The nurses need to be personal responsibility and accountability for nursing practice and maintaining competence by continual learning in this postpartum depression area (International Council of Nurses [ICN], 2012). They also need to continue learning to develop their professional skills in order to provide more effective care to the patients. In the nursing area, nurses should sustain a collaborative and respectful relationship with co-workers (International Council of Nurses [ICN], 2012). Nurses need to ask all mothers if they have insomnia, depression, or decreases in appetite (Rush *et al.*, 2012). Using the Edinburgh Postnatal Depression Scale (a short questionnaire to indicate stress or depression) can help nurses to assess the patient's illness and make interventions for mothers at risk of PPD (Rush *et al.*, 2012). According to maternal and child health service program standard, it is suggested that nurses should provide additional consultations through home visits, clinic visits or telephone, provide information, advice, counseling and referral (Rush *et al.*, 2012). It's a very important aspect and don't forget to support and guide others to advance the conduct because sometimes others can think over what you don't think and do what you can't do. The final purpose is to provide patients with postpartum depression a most effective way to help them recover quickly and go back to their happy home, together with their lovely babies and family members.

### 1.3 The relationship between Neumans system model theory and postpartum depression

According to the Neumans system model theory (1994), person (client ) as a open system, may including the individuals, families, groups and communities (Alligood & Marriney, 2014). All kinds of stressors affect human's defenses in a different way. In Neuman's nursing theory, mainly includes three parts, the individual, the pressure source and human body's response when face the pressure of source and prevention (Alligood & Marriney, 2014). For delivery women, production changes her life. She became the mother of the role. In the beginning, women are difficult to adapt to the role. The environment around her will also be changed. Suddenly change will increase the risk of postpartum depression. A series of changes are the stressors which affect the mental health of women and result in the patients' bad mood. Research has shown that mothers have a higher probability of postpartum depression when their babies stay in the intensive care unit(ICU) (Chuffo *et al.*, 2015). The reason may be that they will be concerned on the health of children, and feel guilty (Chuffo *et al.*, 2015). As Neumans (1994) theory mentioned, the patient is a system. Nursing intervention is purposefully, which need to reduce or avoid the pressure of patients. The aim of nursing is to maintain and restore the balance of the body system through nursing intervention (Alligood & Marriney, 2014). Neuman believes that nursing intervention is accomplished through tertiary prevention (Alligood & Marriney, 2014). Primary prevention, includes health education, protection of susceptible people, early detection of diseases, etc (Alligood & Marriney, 2014). Secondary prevention refers to early diagnosis, treatment and nursing measures (Alligood & Marriney, 2014). Tertiary prevention means that preventive measures should be taken to restore the system balance and return to primary prevention, such as prevention of complications, rehabilitation exercise, and so on (Alligood & Marriney, 2014). Nurses need to help the patient, family, group to keep the overall health level. Nurses play important roles in patients with postpartum depression in the process of rehabilitation. Nurses need to find the problem as early as possible, make timely intervention, try to join together with the patient and family members, and inform the expected nursing goals to patients and their families.

#### 1.4 The status of psychiatric nursing in China

Mental disorder is becoming more and more common in China (Harmon, 2008). Depression, anxiety, and suicide have become common problems in a country experiencing rapid social, political, and economic change (Harmon, 2008). Another important factor is the history of China. Chinese culture affects the relationship between social support and postpartum depression, the public ignored the postpartum depression and thought it was irrelevant (Harmon, 2008; Zhao *et al.*, 2017). After the baby was born, family attention was focused on the child. The incidence of postpartum depression is increasing in China, but professional mental nurses are lacking (Zhao *et al.*, 2017). However, there is lacks of experienced psychiatric mental health nursing instructors and clinical nurses in China (Harmon, 2008; Anders & Harrigan, 2002). The number of professional mental nurses is small, experienced advanced psychiatric nurses are few (Anders & Harrigan, 2002). The number of mental health medical workers and the actual demand is unequal, which is far less than demand. And in a significant portion of the medical staff had no academic qualifications, but they still working in the mental hospitals as a psychiatric nurse (Liu *et al.*, 2013). From Liu *et al.* (2013) study, it said that among the psychiatrists, 29% only had a technical school degree and 14% had no academic degree at all; among the nurses, 46% had no academic qualifications. The duration of employment as a psychiatrist or as a psychiatric nurse was longer among medical professionals working in the economically less dynamic northern parts of the country (Liu *et al.*, 2013). Psychiatric nursing in China is in a transition state. China is lack of professional mental nurses which is a great challenge to the development of psychiatric nursing in China (Liu *et al.*, 2013).

#### 1.5 Problem description

Scholars' researches are focus on experience of women with postpartum depression itself rather than the nurses' experience of taking care of women with postpartum depression (Hannan, 2016; Jain & Levy, 2013; Vik & Hafting, 2012). Scholars have been exploring the understanding of postpartum depression (Graham *et al.*, 2008), but they rarely mention the process and challenges faced by nurses in caring postpartum depression. Nurses need to be aware of the real changes in the patient's condition, and it is very important to make timely care and support. The present study explored nurses' experience and measures when caring for women with postpartum depression. It might be helpful for

us to know more about nurses' support and care in hospitals. The present study may provide certain guidance and experience for nurses to take care of the patients with postpartum depression and improve nurses' professional abilities.

## 1.6 Aim and specific questions

### 1.6.1 Aim

The aim of the study was to explore nurses' experience of supporting and caring for women with postpartum depression.

### 1.6.2 Specific questions

What's experience and reflection do nurses' have of providing care to women with postpartum depression?

How do nurses support and care for women with postpartum depression?

## 2. Method

### 2.1 Design

A qualitative approach and descriptive design, using semi-structured face-to-face interviews was used to describe nurses' experience of support and care for women with postpartum depression (Polit & Beck, 2008; Yin, 2014).

### 2.2 Sampling method and participants

The sampling took place through a purposive sampling (Polit & Beck, 2012). Staff from psychiatric departments of one hospital, located in Lishui- China, would be participated in the study. According to Polit and Beck (2012), the sample in a qualitative study tends to be small and studied intensively. Inclusion criteria were that psychiatric nurses have at least one year's clinical work who had experiences of caring patients with postpartum depression. There was no upper limit on years of work experience.

### 2.3 Data collection

Data were collected using semi-structured interviews, which involved asking questions about the topic of interest (Polit & Beck, 2008). The participating nurses were

encouraged to talk freely about their experiences of supporting and caring for women with postpartum depression. An interview guide was used comprising open-ended questions such as (See table 1): What are your experiences of caring for women with postpartum depression? How do you support the mother with postpartum depression? What disadvantages do you experience when caring for women with postpartum depression? The nurses were also asked to give concrete patients' examples to help their memories. The data collection was carried out by two authors. Interviews were carried out in a separate room in the nurses' workplace and lasted for 30-35 minutes, and were tape-recorded and transcribed verbatim. The interview plan was approved by the supervisor and the examiner prior. The material were only accessed by authors and supervisor.

Table1. The semi-structured interview questions

- |   |
|---|
| <ul style="list-style-type: none"><li>• What is your experience of caring for women with postpartum depression?</li><li>• How do you support the patient with postpartum depression?</li><li>• How do you draw up the support? What do you think is the most important thing that nurses need?</li><li>• What interventions do you use at signs of women with postpartum depression?</li><li>• What disadvantages do you experience when caring for women with postpartum depression?</li></ul> |
|---|

## 2.4 Procedures

At first, authors got permission from school leaders. After receiving the permission, the authors brought the permission to the hospital, and got the hospital manager's approval. Then authors went to the psychiatric ward to ask if the nurses were interested in taking

part. Nurses had at least one year’s clinical work was inclusion criteria in this study. There was no upper limit on years of work experience. Those nurses who felt interested left their phone or E-mail. The interviews were took place at hospital in the resting hours. Each interview was mainly kept in 30-35 minutes and was tape-recorded and transcribed verbatim. All authors were involved in the analytical process. Any disagreement, e.g. with regard to category, was discussed by the authors until the unity of opinion. The final result of the research shared with participants.

## 2.5 Data analysis

The transcribed interviews were analyzed through a process inspired by the inductive ‘four-step’ content analysis (Burnard, 1996) (See table 2). In the process of analysis, the investigator identifies, codes and categories important meanings from the text (Burnard, 1991; 1996). As the old saying in China, “reel silk from cocoons -- make a painstaking investigation”. In the first step, the authors read the transcribed texts to have an overall understanding. The texts were then read in greater depth, and we highlighted those parts of the texts that were interpreted as responding to our aim. In the second step, the part that embody the aim were condensed, while preserving the central meaning. The third step was to create the code. In the fourth step, the codes were read, compared and contrasted with the text (again) to ensure credibility (Burnard, 1991; 1996). In this final stage, four categories consisting of similar codes were created. On the basis of the front, authors constructed and organized in cluster themes, which was conducive to identify key themes. Key themes were highly outstanding into nurses’ experiences of caring and supporting women with postpartum depression. The authors checked the transcription outcome with participants, to confirm whether this was their original ideas. Authors identified the core consistency and meaning, based on the experience of others to built own results (Polit & Beck, 2012).

Table2. Examples of the process of analysis

Condensed meaning units	Code	category	Subcategory
I: ‘Your heavy workload will affect your psychological care, too?’ She: ‘Yes, too much. We can only say that you have any requirements, then you put forward, we try to meet you.’	Heavy workload affect my psychological care every day.	Challenge of improving the quality of care.	Heavy work lode.
I: ‘Have you encountered any	As psychiatric	Requireme	Improve

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<p>difficulties in your job, or do you think there are some aspects that may be changed by nurses in this respect?'          She: ....., because in face of the patient is not the same, not normal, not normal thinking. Sometimes we just outside a person to go to work, ..... We need enhance personal accomplishment, the role of your own you have to adjust, and then say truly from the heart to care for the patient. You really care from the heart of this patient, in fact, this thoughts is very important in this psychiatrist.'</p>	<p>nurses, we need to adjust our role on time, care foe the patients from the heart</p>	<p>nt for nurses</p>	<p>humanistic care ability</p>
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## 2.6 Ethical considerations

The present study got the signature of the internal research ethical board at Lishui University. All participants received an information sheet, which included the researcher's contact details and the contact details of someone independent of the study. They obtained the informed consent by signing or thumb printing the consent form. They were informed that research information and collected data would be kept confidentially, and the result would be shared with them. Participants understood that they could withdraw from the study at any time, without having to provide an reason (Ernesäter, *et al.* 2009).

## 3. Results

The participants (n = 6) were all female and between 34 and 50 years of age (mean age 39.8 years), and their work experience varied from 3 to 23 years (mean 19.2 years). All participants are full-time nurses with Chinese nurse certificate.(See Table 3) The results are presented in four categories, challenge of improving the quality of care, requirement for nurses, nurses' reactions, nursing interventions, consisting of eleven subcategories. These categories are formed the theme: "Struggling between inner will and external and internal circumstances" (See Table 4). There is a gap between nurses' inner will and external and internal circumstances. Although nurses want to provide better care for patients with postpartum depression, they are struggling in their hearts due to the lack of professional knowledge and external support.

**Table3.** Characteristics of the study sample

Participants	Age	Gender	Years as RN	Working unit	Years of experience in the department
P1	46	F	27	Psychiatric ward	20
P2	34	F	14	Psychiatric ward	3
P3	36	F	15	Psychiatric ward	9
P4	39	F	15	Psychiatric ward	7
P5	50	F	30	Psychiatric ward	23
P6	34	F	15	Psychiatric ward	3

**Table4.** Overview of the analysis process

Theme	Category	Subcategory
Struggling between inner will and external and internal circumstances	Challenges of improving the quality of care	Heavy work load
		Lack of hospital resources and support
	Requirement for nurses	Patients and family are lack of knowledge about PPD
		Low social identity
		More professional knowledge reserves
		Get more working experience
Nurses' reactions	Improve humanistic care ability	
	Positive reactions	
Nursing Interventions	Negative reactions	
	Health education for patients and family	
	Provide psychological care assessment	

### 3.1 Challenges of improving the quality of care

Challenges in dealing with PPD include heavy work load in nursing work, lack of hospital resources and support, patient and family are lack of knowledge about PPD, and low social identity. The participant in this study did faced a lot of challenges in caring for women with postpartum depression. They were lacked of venues for engaging with women in the absence of the option to make a referral. These challenges were presented in the following.

### 3.1.1 Heavy work load

The participant described how the patients and their families were lack of understanding of PPD. It could be understood that lacking cognition which led to insufficient attention has caused some patients not cooperate and made the work more difficult. All the nurses were mentioned that heavy workload leded to them having no time to talk to postpartum depression patients because they didn't spend too much time on one patient, other patients were waiting for them too. It was obvious that they did not good when it came to psychological nursing, three nurses thought they did not enough in psychological care, they didn't have much time to give consideration to the patients' true heart, only when there were requests for some patients, they would meet their needs as soon as possible. One nurse shared that *"Every day I need to take care of 8 to 9 patients; I'm very busy in the morning."* Nursing is an interactive process, but in practice, the full communication between doctors and patients is difficult to achieve.

*"...That's right. Well, you really don't have time in the morning. Afternoon may go to the room to chat with her, in fact you also chat so much, so many patients, now main say we are each nurse points for patients, you to communicate with them at this stage, chat with them, but it is this effect may have to also up for debate..." (P2)*

### 3.1.2 Lack of hospital resources and support

Most of the interviewees were not professional in postpartum depression. They were all psychiatric nurses. All nurses expressed that postpartum depression was only a small part of their work, and they met few patients with postpartum depression one year so that their experience was very limited. Three nurses said that hospitals rarely given nurses opportunities to learn about postpartum depression, and there were few courses specifically tailored for postpartum depression. One of them said, *"Hospital has some training, the lessons are more of depression, but rarely of postpartum depression."* Nurses believed that hospitals did not do enough for postpartum depression, and nurses were lack of training and support.

*"... We have the little chance to go further."(P6)*

*"...Are there courses in your hospital about postpartum depression for nurses ah?"*

*She: No special training to be independent..." (P3)*

### 3.1.3 Patient and family are lack of knowledge about PPD

Four nurses expressed that patients and their families were not familiar with the disease, lacking of knowledge about PPD, and their awareness of the disease was not enough, which led to some patients didn't cooperate with nursing care, the nursing work was hard to carry out, and the health education effect was not ideal with enough. Understands from interview, two nurses expressed that most postpartum depression patients were willing to cooperate with nurses, only a small number of patients families did not understand the illness, couldn't understand nursing measures. One nurse expatiated that she was met some family members who did not understand the condition, she said, *"When the patient's condition is very bad, her mother-in-law still think the patients just unreasonable."* The lack of patient education revealed the nurses' shortcomings in pedagogic competence.

*"We will tell her about this knowledge, some people may not understand, some people not understand the words..." (P1)*

### 3.1.4 Low social identity

People integrate the concept of "service" with nursing. Two nurses expressed that although the nursing industry was also a part of the service industry, it had its own particularity. The nurse's status should be improved. One of the two nurses said, *"...The patient and family is willing to listen to the doctor's words, they thought the doctor have convincing than nurses..."*. Up to now, when nurses mentioned, it always equals people with injection and dispensing. In addition, the lack of attention to the leadership of the hospital and the quality of the nurses were not good, which led to the relative low social status of the nurses. This could influence the quality of nursing, nurses felt a bleak career and a little enthusiasm for the study of professional knowledge.

*"...We have no right to diagnose, and many times we according to the doctor's advice to caring patients..."(P2)*

## 3.2 Requirement for nurses

### 3.2.1 More professional knowledge reserves

In all of the interviewers, none of them got the national psychological consultant certificate. One participant mentioned that the number of postpartum depression was

only a small fraction of the total number of patients, she probably met four or five postpartum depression patients every year. Once there came a patient with postpartum depression, it became a big challenge to take care of her. This nurse said, “*When I met patients with postpartum depression, I have to pick up the books*”. Because of the small number of patients, the hospital did not organize special training and curriculum, the nurse would not go in-depth study postpartum depression knowledge. Nurses need more professional knowledge reserve to take care of patients with postpartum depression, rather than just put the postpartum depression in a small piece of depression to learn.

*“Our hospital is said that not to give us special training about PPD, ....., I am lack of knowledge.”* (P5)

*“.....Our specialized subject is not only the spirit of postpartum depression, and for maternal, actually, we also don't know a lot of knowledge...”* (P4)

### 3.2.2 Get more working experience

All nurses described that working experience was very important in the clinical nursing work. For postpartum depression patients, experienced nurses could timely observed the change of her emotions and some potential safety hazard, and promptly took effective nursing measures to meet the needs of the patients’ medical needs and make sure patient’s safety in the hospital. Two participants believed they encountered few patients with postpartum depression, they thought they are lack of care experience. A participant mentioned that new nurses did not have enough clinical experience, so they were often difficult to take appropriate nursing measures timely if a patient’s condition changed.

*“This experience is very important. In psychiatry,... Must be old nurse's experience can help you in work, judging the patient shiver or not, or some thing wrong , .....”* (P6)

*“Less postpartum depression patients we can meet one year, about two or three, we are not experienced...”* (P5)

### 3.2.3 Improve medical humanism ability

All nurses expressed that medical humanism was very important. One nurse mentioned that nurses should keep in mind the self-supervision, always runs through every moment of their own work, fulfill their duties in the work, selfless dedication, conscientious. Another nurses mentioned, “*I think that the humanistic care means to communication*

*with our patients*". In the work, nurses must respect the rights of patients, and nurses should treat the patient equally. For postpartum depression patients, nursing staff needed to communicate patiently with patients to set up the patients' trust, especially when the nurse on duty alone, nurses should be more serious and responsible in work.

*"..... It is important point that not to put their own mood to work, is very important, and then from the heart to take care of the patient, this is very important..." (P1)*

*"This spirit of self-supervision....."(P3)*

### 3.3 Nurses' reactions

All of the nurses described when providing care for women with PPD they have strong reactions. These reactions included sympathy, empathy, compassion, discomfort, anger, anxiety, and happiness.

#### 3.3.1 Positive reactions

In the care of postpartum depression patients, although the work was very tired, very busy, but nurses could also get benefits. One nurse described feelings of happiness when the women began to accept their babies and were able to return home. Nurses used different words to describe, "*happy, satisfied, and excited*". All the nurses gave expressions of happiness and thought these experiences would be helpful to take care of postpartum depression patients in the future. This kind of happiness could increase nurses' professional identity, also could improve nurses' job satisfaction.

*...(Patient) She returned home for a while, when she went back to review, she will bring some small gifts to thank you. Is this to you is usually contact with the patient, having a great relationship with patient... We are happy too. It's like a family member...(P4)*

#### 3.3.2 Negative reactions

In our interview, there were three nurses working in severe psychiatric ward, when a patient was not conscious, even cannot be responsible for their actions, nurses could be affected by violence. Nurses sometimes had to face the stress and negativism in their job. When some patients exhibited hostile and manipulative behaviour toward nurses, nurses will begin to doubt the meaning and the safety of their own work, but as far as possible to adjust themselves, letting themselves become more strong and tolerance. All

nurses voiced that they try to adjust themselves at work, without “tinted glasses” to treat patients, they needed to become more strong and tolerance with all patients. The limited resources and the lack of support were contributed to the nurse negative reactions for nursing work.

*... Sometimes, some patients will hit someone, will call names, even say some abusive words, when you have negative emotions, you need to treat correctly, that is your own personal accomplishment to ascend, you need to adjust your own role, it's important to take care of the patient form your heart... (P1)*

### 3.4 Nursing Interventions

#### 3.4.1 Health education for patients and family

All nurses thought it was very necessary to educate patients and family, because under such great work pressure, health education was essential for postpartum depression patients and family members, especially family members. Because postpartum depression patients' mood changed a lot, the difficulty of health education was bigger. Family members were important supporters and caregivers of patients. And also nurses gave propaganda and education to them. Nurses told patients about the knowledge of this disease. Nurses told patients' family how to take care of patients and how to cooperate with nurses. It was important to have a good relationship with the patient which acts as a therapeutic force. The nurse used the relationship and applies a nursing therapeutic intervention of which communication with the patient was a crucial element.

*“.....We have informed consent to family signature, at that time we stated, the family members should be how to the patient, or special than usual care about her, from the heart to care for her like this. ....” (P2)*

#### 3.4.2 Provide psychological care

Five interviewers thought that psychological nursing was the most important for patients with postpartum depression. Communication was an important link between nurses and patients, nurses needed to use communication skills to understand the changes of patient's condition, patients also needed to build trust with nurses through communication all day. Most interviewers couldn't describe psychological nursing care measures for patients with postpartum depression in detail, they used “*communicate*”, “*care*” these words to describe instead.

*“Psychological care is an attitude, we need to care the patient better, is the contact way of approach, the psychological support including their home staff...”(P6)*

*“Psychological care is still the most important.... Care, first of all, I want to give her life to strengthen nursing above, the most important still is a psychological nursing. We need to more communication with patients.” (P2)*

### 3.4.3 Assessment

There were depression scales to diagnose the level of patients and doctors. Nurses mostly depend on their observation to help the diagnosis. Two nurses mentioned that they have a suicide assessment scale, if the points is more than 6, it was very important for each work shift to make record and report. They also mentioned that some patients have hiding drugs behaviour and suicide thoughts, in order to avoid patients' behavior of hiding drugs.

*“...We have a suicide assessment scale, and if it's a score of more than six, it's high risk of suicide. ...., for example, the patient scores more than 6 points, we will pay close attention to her”(P3)*

*“We have a suicide assessment scale, every day, we have to score.”(P1)*

## 4. Discussion

### 4.1 Main results

The results of the study point that nurses faced a lot of challenges in the experience of nursing postpartum depression. Although they had some negative emotions in their work, but the nurses have been trying to provide better service to the patients. This study sought to explore nurses' views and experiences of supporting women with postpartum depression. From the results of this study, the authors summarized a theme, “Struggling between inner will and external circumstances”. Nurses wanted to provide better care for patients with postpartum depression. However, due to they were lack of professional knowledge and lack of external support, nurses were struggling in their hearts.

## 4.2 Results discussion

### 4.2.1 Challenges of improving the quality of care

In our study, participants perceived they had received many challenges in clinical care of taking caring of women with postpartum depression, including lack of hospital resources and support, heavy work load, patients and family were lack of knowledge about PPD and low social identity. Important findings in this study was that there was lost opportunities for professional training in perinatal mental health. Similarly, Ashford et al. (2017) observed that nurses described a lack of relevant training concerning perinatal mental health. Professional training and education helped nurses to develop and maintain profession knowledge and skills and thereby ensure improved support and caring for women with postpartum depression (Ashford *et al.*, 2017). Inadequate professional education is the major obstacle to quality care for patients (Junior *et al.*, 2012). These findings have implications for practices in terms of hospitals provide more professional support for nurses.

This study found that nurses are too busy to spare some time to communicate with patients because of too much heavy workload. Unequal number between nurses and patients is a cause of the heavy workload. The studied by Oetelaar et al. (2016) also expressed that nurses was suffering heavy workload because of imbalance between workload and hospital management. Some research has examined the relation between nurses' workload and unit-related characteristics such as ward layout and number of single rooms in a ward (Myna *et al.*, 2012). As mentioned in studies by Oetelaar et al. (2016), no such method was available for balancing nurses' workload in hospital wards before they study. The aim was to contribute to developing a workload management method that could applicable to different types of hospital wards (Oetelaar *et al.*, 2016). The workload management method could identify relevant patient characteristics, estimating required care time, and estimating nursing workload (Oetelaar *et al.*, 2016). Oetelaar et al. (2016) believed that this workload management method can better reduce nurses' workload and the risk of management if this workload management can be used at clinic.

In this study, nurses were generally reflected that patients and their families didn't have enough knowledge of postpartum depression. Early screening was very important to patients with postpartum depression and their families. However, patients and

families lacked the knowledge of disease. Patient's family won't send patients hospitalized in the early stage, which has brought great difficulty of the early screening. Similar findings were also reported by Boyd, et al. (2011), many patients didn't have enough knowledge reserves because of their economic, educational or interpersonal situations. Another important finding in this study was that nurses thought his position were lower in patients' hearts. In other words, patients and families didn't follow the nurses' interventions. It means nurses in this study were difficult to build trust relationship between them and patients. The importance of trust also mentioned in the other articles. Nurses thought that they should carry out continuous communication with patients and have a better understanding of patients so as to establish a trusting relationship (Powell-Kennedy, *et al.*, 2002). Trust may be an important factor in deepening the patient/nurse relationship, which may facilitate information exchange further (Crispin *et al.*, 2017). Newman system model theory (1994) focuses on the whole person and the whole process of recovery (Alligood & Marriney, 2014). Mental, physical, social and other factors affect the patients' health. For patients with postpartum depression, families were important social support for them. Nurses should not only help patients to restore their health, but also pay attention to health education and training to their familiars.

#### 4.2.2 Requirement for nurses

This study indicated that most nurses need more professional knowledge reserves. Nurses in this study mentioned more than once that their professional knowledge reserve was insufficient. There were no enough educational opportunities provided to nurses in this hospital. This finding also highlighted the insufficient knowledge reserves for nurses who care for women with postpartum depression (Kynoch *et al.*, 2010). Nurses were also aware of their lack of professional knowledge, which may lead to they be able to provide high quality service for patients (Kynoch *et al.*, 2010).

The fact that fully half of the nurses interviewed were recognized the importance of the work experience. In this study, all interviewees were high qualification nurses, they highlighted working experience was very important at clinical. In the interview, the nurse said that the experienced nurses can find the change symptoms of the patients and give reactions more quickly than inexperienced nurses. Another important finding was that nurses should have a stronger ability of humanistic care. The concept of the

humanism nursing under their description was very fuzzy. The interviewed nurses believed that humanistic nursing is more to communicate with patients and meet the needs of patients. However, those ideas were very one-sided. Watson (1999) gave the concept of humanistic nursing care— humanism is respected for patients' individual and unique; nurses really understand/master actual need of patients; establishing harmonious doctor-patient relationship of trust. Because nurses did not really understand the meaning of humanistic nursing care, they did not do well in humanistic care at work. According to Nueman system model theory (1994), person is an open system, including five variables: physiological, psychological, social, cultural, and spiritual growth (Alligood & Marriney, 2014). The five variables interact with each other (Alligood & Marriney, 2014). When the five aspects are harmonious and stable, person can maintain a healthy state (Alligood & Marriney, 2014). Humanistic nursing care could promote the psychological health of patients, which was an important part of patients' recovery.

#### 4.2.3 Nurses' reactions

In this study, every participant made statements about both positive and negative reactions, although they had negative reactions of patients, they did not want to bring negative reactions to work. Participants in this study believed that patients and their families' lack of understanding of nursing work and heavy workload were important reasons for working negative emotions. However, other studies indicated that there were many other factors affected nurses' work emotions and job satisfaction. Baernholdt, et al. (2009) found a number of statistically significant differences between rural and urban hospitals. Hospital characteristics, nursing unit characteristics, the nurse work environment and nurse outcomes, all of these can be influence on nurse job satisfaction (Barnholdt *et al.*, 2009). The importance of work environment for better nurse job outcomes was also reported by Zhang et al. (2013). Nurses were satisfied with their independence at work but dissatisfied with salary, benefits, and professional status (Zhao *et al.*, 2013)

Nurses had a strong sense of professional identity. They believed that their work can help patients recover. When their professional knowledge helped friends identify postpartum depression, they would be proud and happiness. Similar findings were presented by Einarsdottire (2012). Nurses were enthusiastic and happy about their work

(Einarsdottire, 2012). Availability of support services, medical security measures and job autonomy had a significant positive influence on nurse job satisfaction (Barnholdt *et al.*, 2009). According to Neuman system model theory (1994), tertiary prevention is designed to help patients recover and prevent recurrence. The purpose of nursing was to keep healthy (Alligood & Marriney, 2014). Postpartum depression patients were very sensitive; nurses' reactions directly affected the patient's mood. In the future, Hospitals should improve nurses' salaries, benefits, benefits and professional status to improve nurses' job satisfaction. Positive working emotions enable nurses to work harder to improve quality care for patients.

#### 4.2.4 Nursing interventions

In this study, nurses said that health education, assessment and psychological care are important. Health education could help patients and their families to know more about this disease and to make patients get treatment and help as early as possible. Nurses needed to assess each stage of patients in order to take the most appropriate nursing measures. However, nurses thought they did not do very well in the caring of patients with postpartum depression. They didn't have professional strategies in caring for women with postpartum depression. In this interview, nurses described that most of the nursing measures were carried out according to doctors' advice. This finding matches earlier research presented by Pipe *et al.* (2009). Without professional strategies, it interferes with the nurse's ability to observe, listen to, understand and know the patient (Pipe *et al.*, 2009). In existing researches, some scholars have begun to explore. Engqvist *et al.* (2017) explored strategies in caring for women with postpartum psychosis used by nurses. They put forward two main strategies in the study, to create a patient–nurse relationship and to apply nursing therapeutic interventions. According to Nueman system model theory (1994), the aim of nursing is to maintain and restore the balance of the body system through nursing intervention. Nursing needs to run through in the whole process, such as health education, early intervention, prevention of complications, rehabilitation exercise (Alligood & Marriney, 2014). Neuman (1994) believes that nursing intervention is accomplished through tertiary prevention. However, in this research, nurses rarely played roles in primary early prevention. In the results, nurses didn't do well in early intervention and education.

### 4.3 Methods discussion

To achieve trustworthiness, the concepts of credibility, dependability and transferability were used (Graneheim & Lundman, 2004; Krippendorff, 2004). To strengthen credibility, all authors engaged in a critical discussion of each step in the process of analysing six interviews. All authors read the condensed materials and discussed the abstraction to categories, sub-categories and themes to reduce the possibility of a researcher-biased interpretation of the data. To strengthen dependability, the authors made the interview guideline in order to ensure that each participant was all asked the same main questions. Analysis process was continually discussed in the research team. However, in this study, there were still several points that would affect dependability. When the data collection extends over time, there was a risk of inconsistency during data collection (Graneheim & Lundman, 2004). We didn't record their expression in the process of interview. And separated for a long time, some information might be omitted in the process of data analysis. All informants had collect in the same hospital, thus, our findings should not be generalized to all hospitals. The transfer ability of the findings to other contexts must be judged by the reader and determined through further research (Graneheim & Lundman, 2004).

### 4.4 Clinical implications for nursing

This study has identified a lack of specialized knowledge and effective support for registered nurses in this context. In the aspect of social support, health management department should provide standards and protocols to inform and guide professionals about best care practices for PPD. Hospitals need to provide enough resources and support for nurses. Hospital should set the reward standard of nursing work, which can increase nurses' work motivation and job satisfaction. In the aspect of nurses, nurses should strengthen their professional knowledge reserves. Nurses should learn to reflect on their shortcomings from nursing experience, for example, strengthening the ability of humanistic care.

### 4.5 Suggestions for future research

In this study, nurses were interviewed only once. It was more instructive to interview nurses many times and records their long-term experiences. Future researches need to expand the sample sizes to reach a state of saturation. The data source of this research is

very simple. Future research can collect data in different districts and hospitals. Future researches need to consider that nurses' opinions may be affected by participants' education, age, working years, experience, ethnicity and religion. Considering the effects of these variables on data analysis is important. This article is qualitative research. Future research can combine quantitative research with qualitative research. Further research was needed to explore the effectiveness of strategies to support nurses in caring for women with postpartum depression.

## 5. Conclusion

The participating nurses wanted to provide quality care for the patients with postpartum depression, but there were many external factors that resulted in their failure to achieve their inner goals, and the nurses did not feel confident and satisfied with nursing work. Hospital need to provide professional training to nurses about how to care the women with postpartum depression. Besides, nurse managers need to properly arrange nursing tasks, and increasing the number of psychiatric nurses. Finally, Nurses need to enhance professional abilities of humanistic care.

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