

# ► Parental support: mothers' experience of electronic encounters

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## Summary

Five mothers with normal pregnancies and healthy children met regularly during the infants' first year through an e-meeting portal. The technology made it possible to meet using realtime videoconferencing through the Web, both one to one and in groups. An experienced child-health nurse was the leader of the group. The intervention data included interviews and diary notes. Personal tape-recorded narrative interviews were conducted with the mothers, one midway through the study and one at the end. Qualitative content analysis was applied to the data and two major categories were identified: feeling support through confirmation and solidarity, and the technology presents possibilities and limitations. The mothers felt that sharing experiences with others was supportive and that having new friends reduced their feeling of loneliness. The mothers discussed the technology as fun and exciting. However, they were disturbed by sound problems and the realities of caring for an infant. The opportunity to meet other mothers in the same situation via electronic encounters and to share experiences of being a mother facilitated everyday life for these mothers.

## Introduction

Studies concerning parental support often aim to support fragile families, which are vulnerable for reasons such as poverty, lack of education, inexperience and youth.<sup>1,2</sup> In addition to various kinds of parenting skill training programmes, there are a few examples of studies aimed at helping parents empower themselves to strengthen their family unit and provide an accessible network of peers.<sup>3,4</sup>

Telehealth enables a clinical interaction to take place in a very similar way to a face-to-face exchange in a clinic setting. One of the advantages of telehealth is the ability it provides to create and maintain a therapeutic relationship with patients from remote sites.<sup>5</sup> Since northern Sweden consists of sparsely populated areas, telehealth might be useful in parental support. A telehealth study was conducted to provide virtual meetings for mothers. The aim of the present paper was to describe the mothers' experience of the intervention.

## Methods

A qualitative approach was used. The inclusion criteria were that the mothers (1) spoke Swedish, (2) had a normal pregnancy and delivered a healthy child, and (3) had access to a computer with a broadband connection at home. Prenatal (before birth) parent groups at several health-care centres in a town in the north of Sweden were given information about the study. The parents were requested to register their interest after the baby's birth. The first five mothers who did so and who fulfilled the criteria were included in the study. One mother withdrew after five months because she started to pursue her own studies, and four continued for the whole period of 10 months. The five mothers were aged 20–32 years and all were married. Three of the participants were having their first child, one mother had given birth to one child, and one to two children before this delivery.

All participants gave their informed consent to participation in the study, which was approved by the appropriate ethics committee.

## The intervention

An experienced child-health (CH) nurse led the group of mothers. She was given special training in

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communication theory, empowerment, group processes and reflection. An e-meeting portal called Marratech was used. Marratech makes it possible to meet using realtime videoconferencing through the Web, both one to one and in groups. The extra equipment needed in addition to a computer was a Web-camera and a microphone (headset). Technician support was needed throughout the project in case of trouble with the technology. The technician was on standby during most meetings, but could not hear the discussions. The extra equipment was loaned free of charge to the mothers during the study period. The electronic encounter sessions were held during the infants' first year and were an addition to the ordinary child health programme. At the start, the infants were about two months old. The meetings were held every third week or once a month (a total of nine meetings) each lasting for 60–90 min. The sessions were initially held in the mornings, but when the infants were about seven months old, the mothers decided to meet in the evenings instead so that they could join the electronic encounters without the infant being present.

During the first meeting, we discussed the intentions of the intervention and the technology and agreed about the rules (e.g. confidentiality). The mothers were informed of the assumption that it is fruitful to share one's experiences and thoughts about being a mother and that the answers to questions can usually be found within oneself if one has the opportunity to reflect on the questions. The mothers chose the topics for discussion arising from what they felt was most important at the time.

The CH nurse leading the group consciously tried to act as an 'enabler' to promote and encourage the mothers to make their own decisions and to find solutions by discussing their problems with the other mothers. With permission from the mothers, the first author participated in the meetings as a passive member of the group in order to follow the process.

## Data collection

The data included interviews and diary notes. The mothers were provided with diaries in which they were requested to write down their feelings after each electronic encounter session. Two personal tape-recorded narrative interviews were conducted with the mothers in their homes by the first author; one midway through the study (five mothers) and one at the end of the study (four mothers). The interviews were guided by questions designed to cover various aspects of the mothers' experiences of the parental support intervention. Each interview started with the question, 'Please tell me about your experience of these

electronic encounters'. The narrative was supported by questions such as, 'What did you think then?' or 'How did you feel then'? If the mothers did not voluntarily narrate any experience about the technology used, the content of the encounters, the value of having a leader, what was felt to be most valuable, or something that had not felt acceptable to them, questions were then specifically asked about these experiences. The tape-recorded interviews lasted 30–60 min and were transcribed verbatim and checked with the tapes before the analysis.

## Analysis

A qualitative content analysis<sup>6,7</sup> was performed to describe the mothers' experiences of electronic encounters. Each interview was read through several times, by both authors separately to obtain a sense of the content. Then textual units from the interviews and the diary notes (corresponding to all the text describing experiences of the electronic encounters) were identified and marked. The textual units were then condensed, compared and sorted into categories in several steps by the authors. To strengthen the credibility, the categories were discussed in a seminar. The categories were then related to each other and subsumed into two major categories. The textual units were finally reread and compared with the categories.

## Results

The analysis identified six subcategories, within two major categories.

### Feeling support through confirmation and solidarity

The major category 'Feeling support through confirmation and solidarity' was based on three subcategories:

- (1) *Sharing experiences with others is supportive*: The electronic encounters were experienced as positive and enjoyable. The mothers said that it felt good to have their own ideas confirmed, and that the meetings induced a sense of wellbeing and reduced anxiety. The mothers felt supported and relieved through sharing their experiences with others in the same situation. Daring to ask for support and receiving it both from the group and from the CH nurse gave them strength. All mothers thought it was important to continue the electronic encounter sessions through the first year of the child's life.

- (2) *Becoming friends with others reduces the feeling of loneliness:* All mothers declared that the contact with other mothers was the most valuable aspect. Although all the mothers stated that they had a good social network, they had spent most days alone with their infants. To meet other mothers in the same situation made them feel less alone. They had become good friends, who would continue to meet in the future.
- (3) *The nurse is important for the conversation:* The mothers explained that they felt nervous in the beginning, seeing themselves on the screen and hearing themselves and before they got to know each other. They appreciated having a professional with her experiences as the group leader. They relied on her and on the knowledge that her questions would guide them during the conversation.

### The technology presents possibilities and limitations

The major category 'The technology presents possibilities and limitations' contained three subcategories:

1. *Valuable possibilities for electronic encounters have been created:* The mothers experienced the technology as fun and exciting to use. They assessed the technology as facilitating them meeting as they could stay at home with the baby. The mothers stated that having electronic encounters was an excellent way to meet, especially for those living in the rural areas. They said that they had looked forward to the meetings. All the mothers wanted to meet more often than just in the stipulated Web-meetings, which they also did. Some of the mothers declared that they could both see and hear satisfactorily that they were not very disturbed by the sound problems and that they got used to the technology.
2. *Feeling disturbed by sound problems and limitations in the pictures:* The mothers experienced that when the sound disappeared and they could not hear or could not be heard, they became frustrated and felt excluded. There were feelings of irritation and disorganization, which affected some of the mothers for the whole day after the meeting. The sound problems emerged only during some of the electronic encounter sessions held in the day, while the sound in the evenings was satisfactory. Some mothers thought that the pictures were a little too small and that it was a negative thing not being able to see the body language so clearly. One mother thought that she could not fully be herself

because she was a cautious person and that this aspect of her personality was highlighted in this medium.

3. *The ability to concentrate is reduced by the presence of the infant:* The mothers felt disturbed and stressed when they had to leave the session to take care of the infant, who was crying or needed breastfeeding or changing. They were afraid of missing something important in the conversation. By the time the infants were about seven months old, the mothers decided to have the last three meetings in the evening, so as to be undisturbed.

### Discussion

The analysis showed that the mothers experienced support through confirmation and solidarity, and that the technology presented possibilities and limitations. The opportunity to meet other mothers in the same situation via electronic encounters and to share the experience of being a mother seemed to make everyday life easier for the mothers in the present study. In spite of difficult technology, they established such a relationship that they felt like real friends, which reduced the feeling of loneliness. It is well known that becoming a mother brings strain of a different kind, e.g. feelings of loneliness and isolation.<sup>8-11</sup>

The technology used in the present study, meeting in real time with picture and sound, seems to work for the purpose of providing parental support. However, one mother felt that this medium prevented her from being fully herself. One reason was that the perception of body language was limited. As interactive communication involves a person's awareness and use of non-verbal communication skills, as well as verbal skills,<sup>12</sup> it is understandable that electronic meetings are not suitable for everyone. On the other hand, for some people, it might be the opposite. Not being in full view may lead to a feeling of security and to more openness.

The mothers found that sharing experiences with others was supportive. They stated that they appreciated the opportunity to talk about anything that bothered them and to be listened to. These mothers' feelings could be understood in the context of Martinsen's work, which emphasized the value of dialogue.<sup>13</sup> The value of genuine listening has been described as when someone really listens to you without judgement or evaluation. Feelings that you can hardly stand become endurable when someone listens.<sup>14</sup>

According to Stern,<sup>15</sup> mothers create a kind of network of one or more experienced mothers or

parents for the purpose of creating a holding environment. The mothers in the present study probably felt they were part of that kind of network and were strengthened by each other.

The CH nurse in the present study made efforts to encourage the mothers to make their own decisions and, by discussing their problems with the other mothers, find solutions. Judging from the findings in the present study, the different way in which the CH nurse acted during the electronic encounters might in some way have fulfilled the mothers' need of being supported. Fägerskiöld *et al.*<sup>16</sup> showed that mothers felt supported when the nurse trusted the new mother's own capability, this being a kind of confirmation.

A limitation of the present study was the size of the sample. If there had been more and larger groups, the findings might have been different. Another possible objection concerns the fact that the mothers lived sufficiently close to each other. Not knowing how and if these face-to-face meetings influenced the finding is a methodological weakness. Further research is therefore required concerning suitable technology to improve electronic encounters. This work should include groups of mothers living in rural areas and the possible cost benefits of the technique, as well as the long-term effects for mothers and children of having this kind of support.

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## References

- 1 Letourneau N, Drummond J, Fleming D, Kysela G, McDonald L, Stewart M. Supporting parents: can intervention improve parent-child relationships? *J Fam Nurs* 2001;**7**:159-87
- 2 Nardi DA. Parenting education as family support for low-income families of young children. *J Psychosoc Nurs Ment Health Serv* 1999;**37**:11-19
- 3 Duffy ME, Vehviläinen-Julkunen K, Huber D, Varjoranta P. Family nursing practice in public health: Finland and Utah. *Publ Health Nurs* 1998;**15**:281-7
- 4 Ritchie J, Stewart M, Ellerton ML, Thompson D, Meade D, Viscount PW. Parents' perceptions of the impact of a telephone support group intervention. *J Fam Nurs* 2000;**6**:25-45
- 5 Schlachta-Fairchild L. Telehealth: a new venue for health care delivery. *Semin Oncol Nurs* 2001;**17**:34-40
- 6 Burnard P. A method of analysing interview transcripts in qualitative research. *Nurse Educ Today* 1991;**11**:461-6
- 7 Downe-Wamboldt B. Content analysis: method, applications, and issues. *Health Care Women Int* 1992;**13**:313-21
- 8 Barclay L, Everitt L, Rogan F, Schmied V, Wyllie A. Becoming a mother - an analysis of women's experience of early motherhood. *J Adv Nurs* 1997;**25**:719-28
- 9 Olsson P, Jansson L, Norberg A. Parenthood as talked about in Swedish ante- and postnatal midwifery consultations. A qualitative study of 58 video-recorded consultations. *Scand J Caring Sci* 1998;**12**:205-14
- 10 Rogan F, Shmied V, Barclay L, Everitt L, Wyllie A. 'Becoming a mother' - developing a new theory of early motherhood. *J Adv Nurs* 1997;**25**:877-85
- 11 Sethi S. The dialectic in becoming a mother: experiencing a postpartum phenomenon. *Scand J Caring Sci* 1995;**9**:235-44
- 12 Chambers S. Use of non-verbal communication skills to improve nursing care. *Br J Nurs* 2003;**12**:874-8
- 13 Martinsen K. Samtalen, kommunikasjonen og sakligheten i omsorgsyrkene. (Conversation, communication, and pertinence in caring professions.) *Omsorg* 2002;**1**:14-22 (in Norwegian)
- 14 Rogers C. *Frihet att lära (Freedom to Learn)*. Stockholm: Wahlström and Widstrand, 1976 (in Swedish)
- 15 Stern D. Mothers' emotional needs. *Pediatrics* 1998;**102**:1250-2
- 16 Fägerskiöld AM, Wahlberg V, Ek AC. Maternal expectations of the child health nurse. *Nurs Health Sci* 2001;**3**:139-47