Combining Breastfeeding and Employment: The Salient Beliefs of Nurses Working Shift Working in a Hospital

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Review

Current federal legislation, Patient Protection and Affordable Care Act of 2010, provides for the support of lactating women in the workforce. Previous to this enactment employers were not required to provide breaks for lactating women to express milk for their nursing infant. Howbeit, breastfeeding benefits have been endorsed by American Academy of Pediatric for growth and development [1] (American Academy of Pediatrics, 2012). Now, the United States Department of Labor, Wage and Hour Division requires employer to provide to employees a reasonable break time to express breast milk for a nursing child up to 1 year. Additionally, the pumping areas should be a space other than a bathroom [2] (U.S. Department of Labor, 2010).

Supportive evidence and current practice to support lactating women in the workforce has been identified as a need in the following research article, Combining Breastfeeding and Employment: The Salient Beliefs of Nurses Working Shift Working in a Hospital. Their study was designed using the Theory of Planned Behavior using a quasi-qualitative descriptive model. Samples of 17 lactating full time registered nurses were interviewed for the study. The goal of the study was to identify the salient breastfeeding and employment beliefs of lactating nurses working at a hospital. The outcome goal was to facilitate the registered nurse’s ability to continue lactation for 6 months after delivery of their infant.

In the study the nurse volunteers were given the benefits of a reasonable break time to express breast milk and a private place to pump. Through interviews four major themes were identified: benefits of breast feeding, maternal/nurse role-conflict, time and effort associated with maintaining lactation at work and ability to pump at work. The benefits of breastfeeding included bonding and health benefits to baby as well as to the mother. Maternal/Nurse role-conflict themes revealed stress of patient care and anxiety of time management at work. Time and effort associated with maintaining lactation deterrents were inconvenience, increased effort and scheduling time to pump at work. Finally, ability to pump at work required perseverance. The nurses listed family and management support as essential for continuance of pumping while working.

The salient beliefs may prove to be a spring board for development of interventions aimed at increasing nurses’ ability to combine breastfeeding and employment. Federal regulations support lactation continuance of women in the workforce [2] (U.S. Department of Labor, 2010). As evidence has reveal, it is good for the mother and good for the infant established by American Academy of Pediatrics (2012) [1] and Association of Women’s Health, Obstetric and Neonatal Nurses (2007) [3]. The advantages of continuation of breastfeeding are good for the businesses as well with higher productivity and less absenteeism for breastfeeding mothers [4,5]. This study nurses were given opportunity for pumping in a suitable location. Some groups of women in the workforce are not given legal rights for pumping. Going forward, this study may promote awareness and assist other mothers who are not covered under the Patient Protection and Affordable Care Act of 2010.

References