Caregivers’ perception of women’s dignity in the delivery room
Mohammadi, Fateme; Tabatabaei, Hadise sadate; Mozafari, Farzaneh; Gillespie, Mark

Published in: Nursing Ethics

DOI: 10.1177/0969733019834975

Published: 01/02/2020

Document Version
Peer reviewed version

Link to publication on the UWS Academic Portal

Citation for published version (APA):

General rights
Copyright and moral rights for the publications made accessible in the UWS Academic Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy
If you believe that this document breaches copyright please contact pure@uws.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.

Reprinted by permission from SAGE Publications.
Caregivers’ Perception of Women's Dignity in the Delivery Room: A Qualitative Content Analysis

Abstract

Introduction: Dignified care is one of the moral responsibilities of professional caregivers; however, in many cases the dignity of hospitalized patients, especially women in the delivery room is not maintained. Dignity is an abstract concept and there has been no previous research exploring the dignity of pregnant women in the delivery room in Iran.

Objectives: The objective of the present study is to define and explain the concept of dignity for pregnant women in the delivery room from the perspective of professional caregivers.

Research design: This is qualitative research. The data was collected through in-depth semi-structured individual interviews. The conventional content analysis method was used to analyze the data. In qualitative content analysis, participant narrative is examined in depth and sorted into categories and themes.

Participants and research context: Potential participants who met the entrance criteria for this study were approached between July 2016 and February 2017. Twenty professional caregivers working in the delivery room setting within Iranian general hospitals were invited to participate in the study. The sampling was done through targeted sampling until saturation was achieved.

Findings: The findings of this study were presented in three main themes including “privacy”, “respecting patients’ preferences”, and “comprehensive attention” and 8 categories.

Ethical considerations: the research ethics committee of the Shiraz University of Medical Sciences has approved the study's protocol and all commonly recognized ethical principles were followed throughout the study.

Discussions and conclusion: Women in the delivery room needed to be taken care in an environment where healthcare staff promote the preservation of dignity through maintaining privacy, by providing attentive care and through ensuring that patient preferences regarding care and treatment were respected. In such an environment, the dignity of these women would be maintained, and desirable outcomes achieved.

Keywords: Dignity, Women, Pregnancy, Caregivers, Qualitative Research
Introduction

Maintaining patients’ dignity is one of the most important professional and moral responsibilities of professionals delivering healthcare\(^1,2\), and all professional caregivers are expected to respect the dignity of their patients in appropriate ways\(^3\). Respecting the dignity of patients results in enhanced communication between patients and caregivers, increases patient satisfaction and consequently increases the quality of the care delivered\(^4,5\). Some studies have, however, suggested that patients face a lack of respect for their privacy and dignity when receiving care and are vulnerable to losing their dignity when in clinical environments\(^4,6\). More comprehensive research is therefore needed to explain the concept of dignity\(^4\).

A review of the literature indicates that the nature of dignity in groups such as those hospitalized in general care environments\(^7\), patients receiving end of life care\(^8\), and adolescent in-patients\(^9\) have been studied, though findings are complicated by cultural differences in how dignity is understood\(^1,6,10,11\). This concept has, however, not been explained and described for women receiving care within the delivery room. On one hand, patients in operating theatre type environments, including women in the delivery room setting, are prone to be ignored, abused and lose their dignity because of their physical condition, unconsciousness or anesthetized state, and also because of the absence of their relatives\(^12\). On the other hand, without a clear concept of what conditions are required to ensure women’s dignity in the delivery room, confirmation that professionals are respecting their dignity will not be possible\(^10\). It is essential, that concept of dignity and its affecting factors be identified\(^13\). Yet the concept of dignity is complex and multidimensional making a comprehensive definition difficult. Thus, regardless of many attempts to describe and explain this concept and identify its affecting factors, the concept of dignity and its influencing factors in women in the delivery room remains complex and obscure.

The physical environment, organizational culture and behavior and attitudes of healthcare personnel is recognized as impacting on the dignity of patients, therefore, the results of the studies on other patient groups, such as those in general or critical care units cannot be generalized to patients in a delivery room, because the environment is different\(^11,13\).

The possibility of investigating the concept of dignity from the perspective of women with delivery room experience is difficult and potentially detrimental, because of the stress of revisiting what may have been traumatic experiences, and their spouses are barred from the delivery room setting in Iranian state hospitals. Therefore, professional caregivers are the people
best positioned to explain this concept for these patients. Due to the importance of maintaining and promoting the dignity of pregnant women in Iranian society, this study focuses on explaining and describing the concept of dignity for women in labor from the perspective of their immediate caregivers. In order to explain the concept of dignity in regards women in the delivery room, a qualitative study has been applied because qualitative studies explain a phenomenon in a cultural context from the viewpoint of people who have had an important association with the phenomenon. It is hoped that the results of this study will help managers and caregivers to provide care environments conducive to maintaining the rights and dignity of women in labor. 

**Objectives**

The objective of this study is determining and describing the concept of dignity of women in labor from the perspective of professional caregivers.

**Methodology**

The qualitative content analysis method was used to explore participant narrative as it enables the gathering of rich and valid data to explain the concept under investigation. As qualitative research is based on the premise that experience is subjective, a research method was required that facilitated examination of individual experience and the shared understandings that emerged from those. The location of this study is the hospitals providing care for women in labor in the delivery room which are affiliated with Medical Science universities in the Southeast of Iran. Twenty professional caregivers (nurses and midwives) working in general hospitals caring for women in delivery room settings were invited to participate in the study between July 2016 to February 2017. Those participants had met predefined entrance criteria and were chosen through a targeted sampling method. There was an attempt to ensure diversity within the sample, so a wide range of caregivers were considered in terms of age, educational level, work experience, and marital status. The participants were selected from 3 educational hospitals affiliated with Medical Science universities in the Southeast of Iran. Entrance criteria included: being Iranian, speaking and understanding the Persian language, being aged between 24 to 55 years old, having at least 2 years’ experience delivering care in delivery room environments, and being in the position to provide rich and valid data regarding the subject under study. An attempt was made
to increase the diversity of the sample so a wide variety of caregiver variance regarding age, work experience and marital status, was included.

The data was collected through individual and semi-structured interviews with the 20 caregivers; the interviews were done in a one to one conversation in a quiet relaxed environment selected by individual participants.

Individual interviews started with some general questions such as: “In your opinion, what does dignity mean in the delivery room?” “What constitutes dignified care for such women, in your perspective?” “In what situation is the dignity of women in labor threatened?” And later, based on the answers to these questions, to clarify the information several follow-up questions were asked such as: “Can you elaborate on that?” “What do you mean?” “Can you give me an example?” It was attempted to carry out the interviews according to the main objectives of this study. The interviews varied in length between 45 to 90 minutes. Immediately after each interview, the interviews were listened to by the first author several times to acquire insights and in-depth understanding and then they were transcribed. The analysis of the data was done immediately after each interview, and then the next interview would be scheduled. The interviews continued until saturation of data was achieved. Saturation is said to be obtained when there is no new category emerging and the categories will be saturated based on their characteristics and dimensions. 

As the data was collected, it was analyzed using content analysis; prior to the next participant interview, the first author listened to them and transcribed them, and later to achieve data immersion and acquire insight and deep understanding of the phenomenon under study, the transcriptions were studied several times. Then, meaning units were identified based on the objectives and research questions. Next, the key points were extracted as open codes, considering the obvious and hidden contents of the meaning units. These codes were categorized based on their similarities and differences and the abstraction process continued until the theme was extracted.

In order to ensure the trustworthiness of the process Guba and Lincoln criterion were used. Guba and Lincoln posit that evidence of the trustworthiness of a research study is important to evaluating its worth, and suggest this involves establishing its credibility, transferability, dependability, and confirmability. By evidencing this, at the beginning of the study, the
researchers put aside all their prior understanding, personal beliefs and biases regarding dignified care as delivered by nurses, so that they could develop an accurate, authentic and unbiased description of this phenomenon. Several other strategies were also employed to increase the trustworthiness of the data; sufficient time was allocated for data collection and for prolonged engagement with participants. Participant variation was ensured through careful sampling, The veracity of narrative analysis was encouraged through researcher immersion and prolonged engagement with the participant narratives, as well as through member checking by participants, and peer check by colleagues.

Ethical Considerations
For each interview, the researcher first introduced herself and explained the purpose of this study and after giving verbal and written explanations, the informed consent forms were completed. The participants were assured of confidentiality and anonymity and advised that only demographic data would be published. The researcher also informed the participants that a withdrawal at any stage of the study or the lack of cooperation would not have any consequences for them.

Results
In this study, interviews with 20 professional caregivers (nurses and midwives) for women in labor in state hospitals were carried out. The participants of this study were all females. The individual information of the participants is presented in Table 1. Three main themes including “maintaining privacy”, “respecting the patients’ preferences”, and “comprehensive attention” along with 8 categories were extracted from the data. Table 2 presents the themes and categories.

A) Maintaining Privacy
Participants indicated that maintaining the physical, psychological and informational privacy of women in labor in the delivery room is very important, therefore healthcare professionals working in such environments should strive to ensure this. The theme of maintaining privacy included three categories: maintaining the sexual-physical privacy, maintaining psychological privacy, and maintaining informational privacy.

The participants asserted that it is important for women that they are cared by same-sex caregivers when in the delivery room. Several reasons were given for this; the practicalities of
the delivery room and agreed absence of the patients’ relatives, the incapacitating effects of local or general anesthesia, patients wearing clothes that do not cover their body and hair completely and do not have veil, and finally because of some reports of physical and sexual abuses occurring in the operation room setting, including the delivery room\textsuperscript{20,21},

“Sexual privacy is very important in Iranian culture, if the genital area is seen by the opposite sex, females get distressed. Therefore, women prefer to take care of patients who are the same sex in the delivery room.” (P2).

Also, the participants stated that these women suffer considerable stress from the beginning of Labor pains until they reach the appropriate conditions for delivery, therefore the emotional privacy of these women should be respected and while providing directions around labor the caregivers need to pay attention to the stress of the situation.

“Although during pregnancy, women learn a lot about their behavior and performance in labor, women especially those who are experiencing their first labor or had a bad experience, suffer from a lot of stress and would not care or listen to us, so we should not lose our temper or say anything which disrespects a patient or psychologically offends them, instead we should try patiently to instruct them and try to assure them and make them relaxed so that they can get rid of their tensions and become calm; in this way we can maintain their psychological dignity.” (P1)

Moreover, the participants of the study asserted that the personal and private information of these women and especially information regarding their other illnesses, their children, and even any diagnosed disability of the child which is due to be born should not be given to other people and should be kept confidential by the doctor or the main caregiver.

“Women do not like to discuss their private issues with anyone other than their main caregiver and even sometimes they prefer that no one, except for their husbands or mothers know about such information.” (P11)

B) Respecting the Patients’ Preferences

The participants of this study stated that the preferences and decisions of pregnant women regarding their self-care, the type of the childbirth and their religious beliefs should be respected.
This theme included two categories: “respecting the decisions of the patients regarding their
treatment and care” and “respecting the religious beliefs of patients”.

One of the ethical principles in nursing care is respecting the patients’ decisions around
care. From the perspective of the participants of this study, healthcare staff should respect the
views and decisions of women in labor regarding the care giving and the type of the delivery
method in the clinical decision-making process.

“When pregnant women are told what we are going to do for them and what type of
delivery method is appropriate based on their physical situation and the situation of their
babies, and also their views are all considered, they accept the decisions more willingly
and have more cooperation with the delivery method, for example natural childbirth.”
(P12).

In addition, the caregivers stated that women in labor often prefer to engage in some
religious or spiritual practices such as saying prayers or talking to a clergywoman which may
reduce their anxiety.

“Women are under a lot of stress, because they're worried about the delivery. They’re
always wondering if they can give birth to a healthy child and they like to say prayers in
or do other religious practices, which make them relaxed; therefore, we need to respect
their beliefs to provide the opportunity for them to do their practices as much as
possible.”(P14).

C) Comprehensive Attention

Based on what the study participants said, pregnant women need to feel the effective presence of
a healthcare professional as well as their husbands near to them. To meet their needs, women in
labor are considered to require extensive psychological support from such individuals. The
caregivers should also treat these women fairly and should avoid any type of discrimination. The
theme of comprehensive attention included three categories: “presence near women in the
delivery room”, “meeting the patients’ needs” and “avoiding discrimination”.

If husbands were allowed to be present at the delivery room, these women will probably feel
reassured, but in general hospitals husbands are not allowed to enter the delivery room.
Professional caregivers, therefore, should spend more time at the bedside of hospitalized women
in the delivery room setting, giving them attention. This type of presence should be accompanied
by valuing and caring for these women and their needs.

“One fact that the caregiver comes beside the bed of the patients and kindly and openly
speaks to women in labor and informs them, women realize that their caregivers pay
constant attention to them and their situation, which results in a more feeling of
comfort.” (P7).

The participants also identified that the presence of the patients’ spouses by their beds in
in the operation room before delivery and during the labor could be most relaxing and
comforting for women, however due to the rules of state hospitals in Iran, this is not possible.

“When spouses are in the room before the delivery and also in the operation room next to
their wives, this shows their love, and women have more comfort by the presence of their
spouses than anything else, however this is not possible in state hospitals.” (P10).

Furthermore, good quality care and support provided by the treatment team and the
families to these women results in enhanced feelings of satisfaction and improves their mood and
comfort.

“When we take good care of the women and we go to their bedside as soon as they call
us, and meet their needs and also try to have a successful delivery, they will be hopeful
and thank us with their admiring and satisfactory looks. Sometimes the delivery was not
going on well, however because we cared for their needs and we attempted at each
moment to maintain their dignity, still the women themselves and their companions
thanked us.” (P13).

It is essential that professionals avoid demonstrating any type of discrimination against
women in their care and treat them fairly with treatment based on their identified needs.
Equitable treatment within the delivery room is essential as this is an environment within which
the women are likely to experience significant stress.

“Sometimes the caregivers discriminate between the women in the delivery room and
they respect and better treat women with a higher educational or financial status and
meet their needs, while they pay less attention to women with lower education or lower financial situation and discriminate between the patients." (P6).

Discussion
Maintaining dignity is a crucial factor in the delivery of high quality care and is identified as a basic human right. Understanding this concept from the perspective of hospitalized patients could improve the recovery and psychological wellness of these patients; therefore, it is important to fully investigate this issue. Women in labor are in a very vulnerable situation, and are more prone to infringements on their dignity, thus the findings of this study focuses on the importance of maintaining women's dignity in the delivery room setting. In this study promotion of dignity for women in labor in the delivery room setting included three main themes from the perspective of professional caregivers: “maintaining privacy”, “respecting the patients’ preferences”, and “comprehensive attention”.

The concept of dignity for women in labor has not been fully studied and defined. Because of the scarcity of the studies on this matter, this research has used the findings of similar studies exploring the concept of dignity among other patient groups.

Maintaining privacy was important then in this study. Respecting people's privacy is one of the main human rights, so in providing nursing care it is essential that women's privacy be respected in the delivery room. This study revealed that maintaining the physical-sexual, psychological and informational privacy for women in labor during the delivery was essential from the perspective of professional caregivers. Similarly, in other studies maintaining the informational and physical privacy of patients was considered as an important factor affecting their dignity. In most studies done in Iran, maintaining the sexual privacy of patients has been emphasized, showing the importance attributed to the maintenance such privacy within Iranian culture. As dignity is a culture-based concept, and most patients and caregivers in the nursing workforce of Iran are Muslims, they believe they should respect the sexual privacy of patients, especially women, according to Islamic laws and human rights. In addition, these caregivers understand that sexual issues are very important in many cultures, especially in Iranian culture because the sexual issues are influenced by religious norms, and consequently could further threaten women's dignity and their families’ dignity. An example of which is expectations that a Muslim woman's body should be covered and veiled in the presence of unrelated adult males. Therefore, professional caregivers try to ensure care in the delivery room
is provided by female caregivers to maintain women's dignity. Additionally, respecting the emotional and psychological privacy of women in the delivery room was one of the other important categories which participants identified in order to maintain the dignity of such women. Two similar studies also indicated that respecting the psychological privacy of the hospitalized patients is crucial in order to maintain the patient's dignity. In addition some of the literature around the concept of dignity identifies control of stress and tension as essential factors for maintaining dignity. Women in the delivery room often experience significant stress and tension and are influenced by the anxiety provoking situation of being in the delivery room, so they may sense a loss of control within the situation and struggle to follow the instructions they received before the delivery, especially those who are experiencing their first delivery. Hence, the requirement for ongoing instruction. In such settings, some women, especially those who are experiencing their first delivery or those who had a previous negative experience, may be more noticeably anxious, and possibly show aggression toward the care team. However, the caregivers should understand the stress within the situation for these patients, and should not respond in aggressively and must strive to maintain patient dignity. In addition caregivers should be patient in order to help patients control their tensions and have a successful delivery. The professionals questioned said that the family, medical and personal information of pregnant women in the delivery room should be managed confidentially and should be kept from other non-medical staff. Several studies have also asserted that respecting the informational confidentiality of the patients is an important dimension of maintaining the patients’ privacy and it is very important for patients that their personal and medical information should be only available to relevant health care staff; the findings of the studies correspond to those of the present study.

Respecting patients’ preferences is another factor identified as impacting on the dignity of women in labor within the present study. This means that the nurses and other caregivers should respect the patients’ decisions regarding the treatment method, and their religious beliefs. Respecting the patients’ preferences in this study emphasizes on respecting the patients’ decisions regarding the treatment and their religious beliefs. Similar to the findings of the present study, Matiti (2008) stated that if women can take an active part in their care and treatment decisions, their dignity is maintained. Also Bagheri et al. (2012) considered the participation of patients with cardiovascular disease in decision making around their medical treatment as the
main factor in promoting the dignity of such patients. Therefore, it is highly probable that when women in labor are empowered sufficiently to make decisions around their own care, they will feel more valued and self-efficacious and will have a more collaborative relationship with care staff. This consequently results in promoting their psychological and psychological wellbeing. Thus, it is of great importance that women in labor take part in making care decisions, especially the delivery method, and that their views and wishes are respected. The participants of this study also believed that they should respect different religious beliefs of different women in labor and also their families and should try to meet their religious needs so that these women feel more relaxed. Similarly, several other studies emphasize the importance of respecting the hospitalized patients’ religious needs.

Comprehensive attention was the other theme identified within this study as relevant to maintaining women's dignity in the delivery room setting. The participants in this study asserted that comprehensive attention for women in labor, especially in the delivery room, is one of the main factors required to promote their dignity. As these women feel reassured when their spouses and professional care staff have a significant presence by their bedside, so care staff should try to meet this need without any discrimination. The presence of healthcare professionals at the patient’s bedside reflects comprehensive attention to patients, because sustained and effective professional presence at the patients’ bedside forges a therapeutic bond between career and patient, and care will more likely be delivered in a meaningful and genuine way, which results in maintenance of the patient's dignity. Another of the important issues regarding the patient's dignity is incorporating the family within the care team in order to support the patient. This is because the presence of the family, especially spouses, plays a significant role in supporting and meeting the patients’ psychological needs in the delivery room, and makes them feel more relaxed and more likely to have a successful childbirth. Ignoring the patients’ needs will also threaten their dignity. As Hosseini et al. (2016) claimed in their study, comprehensive attention is an important and influential factor on a patient's dignity and makes a patient feel secure; since nursing is a holistic science in providing care for patients, all the patients’ medical and caregiving needs should be attended to. Nevertheless, in Iranian culture, scarce consideration been given to the importance of the presence and support of family members, especially the spouses of pregnant women in the delivery setting, and how this impacts on the promotion of dignity. Caregivers and investigators have tried to describe the importance of
spousal presence in the delivery room to the authorities and policymakers, But they have not succeeded in obtaining approval from the authorities for the presence of the spouses in the delivery room. A decision influenced by the religious and cultural atmosphere governing the centers providing care in Iran, according to which the families, including husbands cannot be present in the delivery room.

Avoiding discrimination was another important category related to the theme of comprehensive attention. The participants in this study identified that it was not appropriate for professional caregivers to discriminate between women in the delivery room, because it will threaten their dignity. Avoiding discrimination is also a professional value in nursing, and care givers should not demonstrate any bias toward different patients and patient groups.\textsuperscript{31} Confirming the findings of this study, two other studies have also claimed that there is obvious evidence that professional caregivers do discriminate between patients meaning this moral requirement is at times neglected by professional caregivers.\textsuperscript{32,33}

In conclusion, it can be claimed that one of the most important needs of caring for women in the delivery room is maintaining their dignity. From the perspectives of the caregivers in this study, if there is a respectful atmosphere and the privacy of these women is respected and women participate in making decisions regarding their caregiving or medical issues, the dignity of the women in labor will be maintained in the delivery room. In addition, they should be cared for by the care team as well as their relatives. Meeting these conditions will promote satisfaction with care delivered for this group of women and will encourage positive outcomes and maintain and promote their dignity.

Limitations and Suggestions for Further Studies

One limitation of this study is that the participants were recruited only from professional caregivers for pregnant women in state hospitals in Iran. Another limitation of this study was collecting information only through individual interviews and in field note taking; recognizing that using other methods of data collection could enrich the results of this qualitative study. Therefore, it is suggested that further studies investigate the dignity of women in the delivery room of private hospitals, and in addition to individual interviews, make use of other data collection methods such as observation and focus groups. Also more qualitative and quantitative
research with more samples in other countries and cultures is needed in order to define the
concept of dignity in pregnant women in the delivery room.

Conclusion

Pregnant women are more vulnerable to losing their dignity and because maintaining dignity in
such women will lead to optimal outcomes, it is of great importance to address this. However,
the concept of dignity in pregnant women in delivery room has not been fully defined and
explained. The findings of this study help to define this concept for pregnant women. Based on
the present study, respecting the privacy of these women and respecting their preferences and
providing comprehensive attention can help maintain their dignity. Furthermore, maintaining the
physical-sexual privacy and respecting the patients’ preferences along with comprehensive
attention and care giving should be emphasized to promote the care quality and dignity in such
women, as human dignity is an important value in nursing, especially regarding pregnant women
in the delivery room. Therefore, it is important to provide a cultural, professional and
organizational background in which all the basics of maintaining the dignity of pregnant women
in the delivery room will be respected. In so doing, it seems that the authorities and policymakers
involved in healthcare delivery should review and utilize the results of this study, provide an
appropriate support environment for maintaining the dignity of these women, and should also
pay attention to the complexity and abstractness of the concept of dignity for this vulnerable
group. This will therefore require focus on the educational, research and managerial influences
on patient dignity, as well as its consideration during the development of health policies.

Conflict of interest

No conflict of interest was stated by the authors of the present study.

Acknowledgements

The researchers would like to express their gratitude to the authorities of state hospitals in Shiraz,
the caregivers participating in this study, and all the people who have assisted us in doing the
present research.
References:


16. Speziale HS, Streubert HJ and Carpenter DR. *Qualitative research in nursing: Advancing the humanistic imperative*. Lippincott Williams & Wilkins, 2011.


<table>
<thead>
<tr>
<th>Participants</th>
<th>Sex</th>
<th>Age (year)</th>
<th>Marital status</th>
<th>Educational level</th>
<th>Work experience (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>Female</td>
<td>32</td>
<td>Married</td>
<td>Bachelor of nursing</td>
<td>3</td>
</tr>
<tr>
<td>P2</td>
<td>Female</td>
<td>40</td>
<td>Married</td>
<td>Master of Midwifery</td>
<td>19</td>
</tr>
<tr>
<td>P3</td>
<td>Female</td>
<td>41</td>
<td>Married</td>
<td>Bachelor of nursing</td>
<td>18</td>
</tr>
<tr>
<td>P4</td>
<td>Female</td>
<td>27</td>
<td>Married</td>
<td>Bachelor of nursing</td>
<td>2</td>
</tr>
<tr>
<td>P5</td>
<td>Female</td>
<td>34</td>
<td>Married</td>
<td>Bachelor of Midwifery</td>
<td>8</td>
</tr>
<tr>
<td>P6</td>
<td>Female</td>
<td>37</td>
<td>Single</td>
<td>Master of nursing</td>
<td>10</td>
</tr>
<tr>
<td>P7</td>
<td>Female</td>
<td>33</td>
<td>Married</td>
<td>Bachelor of Midwifery</td>
<td>7</td>
</tr>
<tr>
<td>P8</td>
<td>Female</td>
<td>38</td>
<td>Married</td>
<td>Master of nursing</td>
<td>9</td>
</tr>
<tr>
<td>P9</td>
<td>Female</td>
<td>39</td>
<td>Married</td>
<td>Diploma of nursing</td>
<td>19</td>
</tr>
<tr>
<td>P10</td>
<td>Female</td>
<td>44</td>
<td>Married</td>
<td>Bachelor of nursing</td>
<td>20</td>
</tr>
<tr>
<td>P11</td>
<td>Female</td>
<td>30</td>
<td>Married</td>
<td>Bachelor of Midwifery</td>
<td>5</td>
</tr>
<tr>
<td>P12</td>
<td>Female</td>
<td>42</td>
<td>Married</td>
<td>Diploma of nursing</td>
<td>15</td>
</tr>
<tr>
<td>P13</td>
<td>Female</td>
<td>28</td>
<td>Single</td>
<td>Bachelor of nursing</td>
<td>3</td>
</tr>
<tr>
<td>P14</td>
<td>Female</td>
<td>24</td>
<td>Married</td>
<td>Bachelor of nursing</td>
<td>2</td>
</tr>
<tr>
<td>P15</td>
<td>Female</td>
<td>28</td>
<td>Single</td>
<td>Bachelor of nursing</td>
<td>3</td>
</tr>
<tr>
<td>P16</td>
<td>Female</td>
<td>32</td>
<td>Single</td>
<td>Bachelor of nursing</td>
<td>18</td>
</tr>
<tr>
<td>P17</td>
<td>Female</td>
<td>43</td>
<td>Married</td>
<td>Diploma of nursing</td>
<td>18</td>
</tr>
<tr>
<td>P18</td>
<td>Female</td>
<td>26</td>
<td>Married</td>
<td>Bachelor of nursing</td>
<td>2</td>
</tr>
<tr>
<td>P19</td>
<td>Female</td>
<td>34</td>
<td>Married</td>
<td>Master of nursing</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>P20</td>
<td>Female</td>
<td>27</td>
<td>Single</td>
<td>Master of Midwifery</td>
</tr>
<tr>
<td>---</td>
<td>-----</td>
<td>--------</td>
<td>----</td>
<td>--------</td>
<td>---------------------</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theme</td>
<td>Category</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respecting privacy</td>
<td>• Physical-sexual privacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• psychological privacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Informational privacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respecting patients’ preferences</td>
<td>• Respecting patients’ decisions regarding the treatment and caregiving</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Respecting the patients’ religious beliefs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive attention</td>
<td>• Bedside presence in the delivery room</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Dealing with the patients’ needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Avoiding discrimination</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>