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A Concept Analysis of Fully Informed:

Breastfeeding Promotion

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Abstract

2 In an updated breastfeeding policy statement, the American Academy of Pediatrics
3 (AAP, 2005) identified the compelling advantages of breastfeeding and urged healthcare
4 professionals to implement principles to promote breastfeeding. The AAP cited obstacles
5 to the initiation and continuation of breastfeeding as “insufficient prenatal education
6 about breastfeeding...misinformation; and lack of guidance and encouragement from
7 healthcare professionals” (p. 498) and stated healthcare professionals should provide
8 “complete, current information on the benefits and techniques of breastfeeding to ensure
9 that feeding decision is a fully informed one” (p. 498). Thus, it is critical that all
10 healthcare professionals understand what a *fully informed* decision entails. A systematic
11 and rigorous concept analysis utilizing Walker & Avant’s (2005) eight-step framework
12 provides insight into the phenomenon and serves as the foundation for empowering
13 childbearing families and ensuring a fully informed infant feeding decision.

14 A Concept Analysis of Fully Informed: Breastfeeding Promotion

15 In February 2005, the American Academy of Pediatrics (AAP) released an
16 updated policy statement entitled *Breastfeeding and the Use of Human Milk*. This policy
17 statement identified the compelling advantages of breastfeeding and urged healthcare
18 professionals to implement specific principles to promote breastfeeding. The AAP also
19 cited obstacles to the initiation and continuation of breastfeeding, which included
20 “insufficient prenatal education about breastfeeding... misinformation; and lack of
21 guidance and encouragement from healthcare professionals” (p. 498).

22 As a result, all healthcare staff including maternal-child nurses should recommend
23 breastfeeding for all infants unless contraindicated. Healthcare professionals should
24 provide “complete, current information on the benefits and techniques of breastfeeding to
25 ensure that feeding decision is a fully informed one” (AAP, 2005, p. 498).

26 Key concepts include complete, current, accurate and sufficient information, and
27 fully informed decision. It is critical that all healthcare professionals including nurses,
28 pediatricians and obstetricians clearly understand what a *fully informed* decision entails.
29 Healthcare professionals have a significant role in educating childbearing families and
30 society regarding both the benefits of breastfeeding and the risks of not breastfeeding,
31 thus empowering women and their families to make a fully informed decision.

32 Purpose

33 A concept analysis provides insight into a phenomenon through a systematic and
34 rigorous process; the result includes improved communication and clarity among
35 colleagues (Walker & Avant, 2005). One examines the concept in simple elements and
36 sheds light on overused or vague concepts (Walker & Avant). Walker & Avant’s
37 systematic concept analysis process is the framework for this paper and consists of eight

38 steps: (1) identify a concept, (2) determine the purposes, (3) identify concept uses, (4)
39 determine defining attributes, (5) establish a model case, (6) examine additional cases, (7)
40 acknowledge antecedents and consequences, and (8) define empirical referents.

41 The purpose of this concept analysis is to clarify and develop an operational
42 definition of the theoretical concept *fully informed* in relation to the multi-disciplinary
43 healthcare professional's role in breastfeeding promotion throughout the perinatal
44 continuum. Nurses interact extensively with childbearing families regarding health
45 promotion as well as infant feeding education and support. Therefore, a clear
46 understanding of this concept is instrumental in promoting the highest quality of care.

47 Uses of Concept

48 To identify the use of the concept, it is important to look at each word
49 individually. *Fully* means completely, which is further defined as "having all necessary
50 parts, elements, or steps," (Webster's 9th New Collegiate Dictionary, 1989, p. 269). The
51 meaning of *informed* as well as its root word *inform* and noun version, *information*, are
52 illustrated in Table 1. Key attributes of *informed* include educated, knowledgeable,
53 possessing information, fully aware; it includes communication and reception of
54 knowledge, facts or data (Webster's 9th New Collegiate Dictionary, 1989; Encarta
55 Dictionary, 2005).

56 An on-line search of *informed* in Taber's Online Medical Encyclopedia (2005)
57 revealed the concept of *informed consent*, which is defined as a voluntary agreement or
58 intelligent choice by a patient for treatment based on complete discussion by the
59 healthcare provider of risks, benefits, alternatives and consequences of declining
60 treatment. In a concept analysis of consent, Brennan (1997) explored the relationship
61 among the nurse's role in consent apart from the medical profession concept of consent

62 and suggested healthcare staff should provide patients with enough information to make
63 an informed choice. Childbearing families should receive adequate information about
64 infant feeding to make an informed choice about a feeding method.

65 Table 1

66 *Uses of the Concept "Informed"*

	Webster's 9 th New Collegiate Dictionary (1989)	Encarta Dictionary (2005)
Informed (adjective)	Having, possessing information	Having knowledge
	Educated	Fully aware - based on proper
	Knowledgeable	knowledge and understanding of a situation or subject (informed decision)
Information (noun)	Communication or reception of knowledge and intelligence, news, facts, data	Definite knowledge acquired Gathered facts Telephone information service
	Something which justifies a change in construct (plan or theory)	Make facts known Computer data Formal criminal accusation
	Give material form to	Communicate information or knowledge
	Give character or essence to	Familiarize self with subject
	Guide, direct	Tell the police – give confidential or incriminating information
Inform (verb)	Make known	Underlie, animate
	Communicate knowledge	Give structure to
	Impart information	
Synonyms	Acquaint	Knowledgeable
	Apprise	Well-versed
	Notify	Conversant
		Up to date
		Learned
		Educated Clued-up

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Defining Attributes

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Defining attributes “allow the analyst the broadest insight into the concept,”

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according to Walker and Avant (2005, p. 68). These characteristics appear in the

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literature repeatedly. Based on the literature, the following themes emerge as defining

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attributes for an informed decision regarding infant feeding method:

72

1. Healthcare professionals must promote and support breastfeeding.

73

2. Healthcare professionals must provide complete, current, accurate and sufficient

74

information throughout the perinatal continuum (AAP, 2005).

75

3. Breastfeeding benefits are discussed in education and counseling.

76

4. Risks of not breastfeeding are included in education and counseling (The National

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Women’s Health Information Center, 2004).

78

Model Case

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According to Walker and Avant (2005), a model case is essential for it serves to

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demonstrate all the defining attributes; it is a pure conceptual case. The following is an

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example of a model case regarding breastfeeding informed decision:

82

Ms. Garcia obtains prenatal care at the Women’s Medical Center where the

83

multidisciplinary healthcare team actively promotes and supports breastfeeding. Ms.

84

Garcia receives complete, current, accurate and sufficient information throughout her

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perinatal period. The birthing center staff supports and encourages breastfeeding during

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her labor, delivery and postpartum stay. Hospital policies are breastfeeding friendly.

87

Additionally, the pediatrician reinforces the benefits of breastfeeding and offers

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additional support. Information includes discussion of the benefits of breastfeeding as

89

well as the risks of not breastfeeding. Given the evidence-based information, Ms. Garcia

90

makes an informed decision about how to feed her baby after delivery.

91 Additional Cases

92 Sometimes cases do not reflect all defining attributes and are not pure conceptual
93 cases. Instead, they may fall into another separate category: borderline, contrary, or
94 illegitimate.

95 *Borderline Case*

96 A borderline case contains most, but not all defining attributes (Walker & Avant,
97 2005). It challenges readers to look more closely at the defining attributes and the model
98 case.

99 Ms. Garcia obtains prenatal care at the Women's Health Clinic where the
100 healthcare team understands the importance of breastfeeding promotion. Due to time
101 constraints and uncertainty about how to inform women about the benefits of
102 breastfeeding as well as the risks of not breastfeeding, the healthcare professionals only
103 utilize posters and written materials to discuss infant feeding options.

104 *Contrary Case*

105 A contrary case fails to meet the defining attributes (Walker and Avant, 2005). It
106 helps the reader visualize what attributes are missing and thus must be included in the
107 model case.

108 Having received no prenatal care, Ms Garcia delivers a baby at the local hospital.
109 After delivery, the nurse takes the baby to the nursery for observation and feeds the infant
110 formula. Ms. Garcia accepts this method of feeding and receives no information or
111 support that promotes breastfeeding as the optimal method of infant feeding.

112 *Illegitimate Case*

113 An illegitimate case contains an improper use of concept or one that is out of
 114 context (Walker and Avant, 2005). This case is helpful when a word has more than one
 115 meaning.

116 During prenatal counseling, Ms. Garcia tells the staff that she would like
 117 additional information. The staff gives her the telephone number for directory service
 118 (information).

119 Antecedents

120 Antecedents are the events that must occur first in order for the concept to occur
 121 (Walker and Avant, 2005). The following antecedents are proposed:

- 122 1. Health promotion as well as breastfeeding promotion, education and support must
 123 be visible as a public health issue.
- 124 2. The healthcare provider must have current information regarding evidence-based
 125 infant feeding options and must actively pursue changes in clinical practice, if
 126 applicable, to endorse the AAP's breastfeeding recommendation.
- 127 3. A relationship between the healthcare provider and the childbearing family must
 128 exist.
- 129 4. The healthcare provider must have the confidence and skills to promote, educate
 130 and support the childbearing family in exploring breastfeeding as the optimal
 131 method of infant feeding.

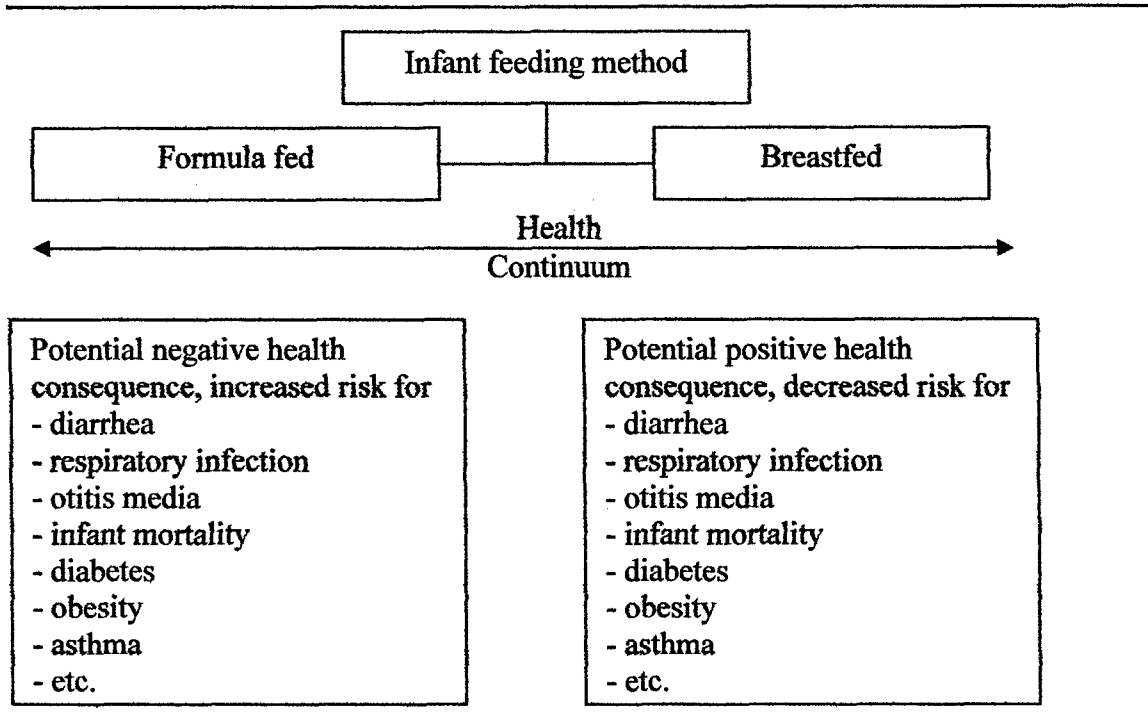
132 Consequences

133 Consequences are outcomes of the concept (Walker and Avant, 2005). For
 134 example, when the healthcare team thoroughly counsels and educates individuals about
 135 breastfeeding, the involved individuals then weigh the risks and benefits, explore their

136 thoughts and desired actions and make a fully informed decision. The first and most
137 important consequence is the family's decision regarding method of infant feeding. The
138 family may decide to: (1) breastfeed, (2) pump and use an alternative method to nourish
139 the baby with breast milk, (3) utilize commercial formula, or (4) incorporate a
140 combination of the variations above.

141 A second consequence reflects a change in the behavior of the childbearing family
142 who originally planned to formula feed their infant. After receiving breastfeeding
143 education, counseling and support consisting of all the information needed to make a
144 fully informed decision, the family decides to breastfeed after delivery.

145 A third consequence evident throughout the literature involves the broad
146 implications of choosing to breastfeed or not breastfeed. The implications include
147 "health, nutritional, immunologic, developmental, psychologic, social, economic, and
148 environmental" aspects as discussed by the AAP (2005, p. 496). Consequence does not
149 necessarily imply a negative outcome, rather simply an outcome attributed to the concept.
150 For example, the consequences mentioned could be anywhere on the positive to negative
151 continuum of each implication (Figure 1). It is important to realize that consequences of
152 each category of implications (health, nutritional, immunologic, developmental,
153 psychologic, social, economic, and environmental) exist along the same continuum.

154 *Figure 1 Potential health consequence depiction¹*

¹APA, 2005

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156

Empirical Referents

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In the final step of a concept analysis, it is important to determine the empirical

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referents, which help to measure and determine the concept's existence in practice

159

(Walker and Avant, 2005). Defining the empirical referents for the fully informed

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decision attributes is challenging; however, current evidence-based literature has

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established a great foundation to utilize in fine-tuning the evaluation process. This author

162

proposes the following empirical referents:

163

1. Decreased gap in customer-healthcare communication,

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2. Increased dissemination of research regarding breastfeeding promotion,

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3. Increased breastfeeding education and counseling knowledge and skill as

166

evidenced by self and peer evaluation,

- 167 4. Changed clinical practices for breastfeeding promotion and improved
168 documentation, and
169 5. Increased number and range of current, research-based breastfeeding materials.
170

171 In a prospective study evaluating routine preventative visits, Taveras et al. (2004)
172 identified unintentional communication gaps between mothers and clinicians regarding
173 mothers' perceptions of promotion, support, and discussion of breastfeeding benefits in
174 addition to specific breastfeeding advice. As a result, Taveras et al. hypothesized that
175 implementing strategies to improve communication during routine visits may increase
176 breastfeeding promotion. Taveras et al. recognized motivational interviewing has been
177 successfully associated with smoking cessation, as well as other prevention programs.
178 This counseling technique could be an important strategy to bridge the communication
179 gap between breastfeeding families and clinicians.

180 Ensuring research dissemination to the practice setting would contribute to the
181 promotion and support of breastfeeding by healthcare professionals, thus improving
182 health outcomes (Loiselle, Semenic & Cote, 2005). Further evaluation of projects
183 designed to disseminate information about breastfeeding and evaluate outcomes should
184 be conducted and documented. It is important to study information such as changes in
185 clinical practice and family decisions to incorporate breastfeeding
186 (Loiselle et al.).

187 Both self-report evaluation and peer evaluation of breastfeeding knowledge, skills
188 and techniques by healthcare professionals could prove valuable in evaluating the
189 confidence and competence that mothers exhibit with regard to breastfeeding. Patient
190 char audits could reveal changes in clinical practice and documentation trends regarding

191 discussion of breastfeeding benefits, risks of not breastfeeding and other management
192 topics. Finally, by evaluating the range of current, evidence-based materials concerning
193 breastfeeding, investigators could ensure that culturally appropriate literature is available.

194 **Operationalize the Concept**

195 **Concept analysis is the starting point for identifying the need for improved**
196 **breastfeeding education among perinatal families. In order to increase the incidence and**
197 **duration of breastfeeding, healthcare professionals must recognize barriers to success.**
198 **They include (1) lack of sufficient breastfeeding information among pregnant mothers,**
199 **(2) an abundance of misinformation, and (3) shortage of healthcare guidance and**
200 **encouragement (AAP, 2005).**

201 **Guided by the moral codes of beneficence and non-maleficence (Brennan, 1997),**
202 **healthcare professionals aspire to provide the best service and facts to their patients.**
203 **However, failure to understand the type and quantity of information to provide may**
204 **prevent the healthcare team from providing the best possible care. As a result, it is**
205 **critical that healthcare professionals understand how to operationalize the concept of**
206 **fully informed when making changes in clinical practice and policies.**

207 ***Operational definition***

208 **All members of the multi-disciplinary healthcare team should collaboratively**
209 **strive to promote breastfeeding actively throughout the perinatal and pediatric continuum**
210 **(i.e. from the very first encounter with a pregnant patient until the family unit is ready to**
211 **wean). Thus, the author suggests the following operational definition as the *gold***
212 ***standard*:**

213 ***Fully informed* means ensuring that the childbearing family**
214 **possesses all the information, facts and data to be knowledgeable,**

215 educated, and fully aware of the reasons to choose breastfeeding
216 as the uniquely superior method of nourishing infants. This includes
217 educating customers of the benefits of breastfeeding, as well as the
218 evidence-based risks of deciding *not* to breastfeed .

219 *Observable Indicators and Means for Measuring Indicators*

220 Observable indicators that a healthcare organization promotes and supports
221 breastfeeding as the superior infant feeding method must stem from a published
222 philosophy and goals from the leadership. Next, leadership must conduct a system-wide
223 review of the organization's policies and procedures in order to ensure compatibility with
224 a breastfeeding promotion program. All members of the healthcare team should conduct
225 an individual self-assessment of knowledge, skills and abilities regarding breastfeeding.
226 Then, the organization must provide its staff appropriate educational programs. A pre-
227 and post-educational assessment would offer observable data identifying areas in which
228 to focus continuing education classes as well as to measure breastfeeding promotion
229 success.

230 In order to evaluate the success of the healthcare team at imparting critical
231 breastfeeding education, leadership must evaluate its program at regular intervals.
232 Observation of counseling sessions with childbearing families would provide valuable
233 insights regarding accomplishment of program goals and areas needing improvement.
234 Questionnaires regarding knowledge, perceived staff support, and promotion of
235 breastfeeding are critical. Finally, healthcare professionals should track, trend and
236 analyze breastfeeding utilization rates.

237

Conclusion

238

In summary, nurses and other healthcare professionals should pursue an active

239

role in providing breastfeeding education, counseling and support to childbearing

240

families. They should encourage the initiation and continuation of breastfeeding. Often

241

healthcare professionals, indirectly and unknowingly, deter the initiation and continuation

242

of breastfeeding through insufficient education, misinformation and shortage of guidance

243

and encouragement (AAP, 2005).

244

A clear understanding of what a *fully informed* decision entails is essential.

245

Healthcare professionals must avoid purposeful as well as inadvertent omission of a full

246

discussion of breastfeeding benefits and the risks of not breastfeeding. Only then can

247

health professionals empower childbearing families to make a fully informed decision

248

about breastfeeding.

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