



# Role of Emotional Support and Socio-Cultural Atmosphere on the Experience Caesaran Patients: A Systematic Review

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## Abstract

**Background:** The global maternal mortality rate has increased annually. This study aimed to examine the role of emotional support and the social support therapy on the experience of emergency caesarean deliveries.

**Methods:** The narrative study was conducted using scientific journal database sources from PubMed, Proquest, Ebsco, Science Direct, and Google Scholar from 2016 to 2023. After the articles were obtained, they were tabulated using an Excel table. Overall, 184 articles were identified based on the search titles. Ten articles focused on the influence of emotional support on patient experiences, and five articles focused on the influence of socio-cultural atmosphere on patient experiences.

**Results:** The influence of emotional support and the socio-cultural atmosphere on emergency caesarean section patients is one strategy for reducing maternal mortality rates. The poor sociocultural atmosphere regarding caesarean delivery is still a hot issue in the community, and the lack of emotional support from health service providers can cause patient and family approval to be late in agreeing to informed consent for emergency cesarean care, which should be provided immediately.

**Conclusion:** There is a need for adequate emotional support in the form of empathy, interactive communication, presence and availability, motivation and hope, nonverbal communication, sense of humor, and ambient environment.

**Keywords:** Support; Socio cultural; Patients

## Introduction

The prevention of maternal deaths, particularly those that occur during childbirth, has gained international attention (1,2). After HIV infection, maternal death ranks as the second most com-

mon cause of death among women between the ages of 15 and 49 (3,4). The WHO has released fresh information showing that the number of cesarean sections performed worldwide is in-



creasing and now accounts for more than one in five (21%) deliveries (5,6). According to the report, this percentage is expected to rise over the next ten years, with almost a third (29%) of all births expected to occur via cesarean section by 2030 (7,8). Although a cesarean section may be a vital and life-saving procedure, if one is done when there is no medical necessity for it, mothers and their unborn children may be placed at undue risk for both short- and long-term health issues. Hospitals account for >62% of maternal and newborn fatalities (9,10). The best strategy to meet the maternal mortality rate objective is to ensure that all expectant mothers have prompt access to emergency care when they are ready to give birth (11-14). Up to 27.8% of pregnant women in the UK give birth to their babies via cesarean section (15).

The mother and child would suffer if emergency Social-culture was performed more than 30 min in advance (16). All these risk factors can affect maternal and newborn outcomes, but research has shown that one of the reasons these quality indicators do not meet requirements is the family's delay in consenting to informed consent (17,18). A favorable patient experience can be achieved through the provision of emotional support, particularly during cesarean deliveries when patients are more susceptible to stress (19,20). Posttraumatic stress reactions in women may manifest as severe dread of getting pregnant, sleeplessness, and nightmares (21,22).

The third issue is the sociocultural atmosphere that emerges in society and particularly affects pregnant women. This atmosphere consists of stigma and an unfavorable view of cesarean births (23). The stigma surrounding cesarean section births is that the mother is not really considered a mother if she has not had a normal birth, the infant is more prone to illness, and the mother finds it difficult to express her breast milk (24). Emotional support for cesarean section patients is very important. Medical personnel support can provide encouragement to face surgery and reduce anxiety levels, in addition emotional support from the medical personnel or health providers

can reduce negative thoughts about the impact of the patient's condition.

We aimed to examine the role of emotional support and the social support therapy on the experience of emergency cesarean deliveries. This significance to patient experience research in emergency cesarean cases can be a valuable measurement tool for health providers to improve the quality of emergency care they provide and ensure optimal patient satisfaction and can help providers understand how patients feel connected and heard during the care process. This can motivate providers to improve communication with patients and their families during the emergency period, which can increase positive patient's experience and satisfaction (25).

## **Methods**

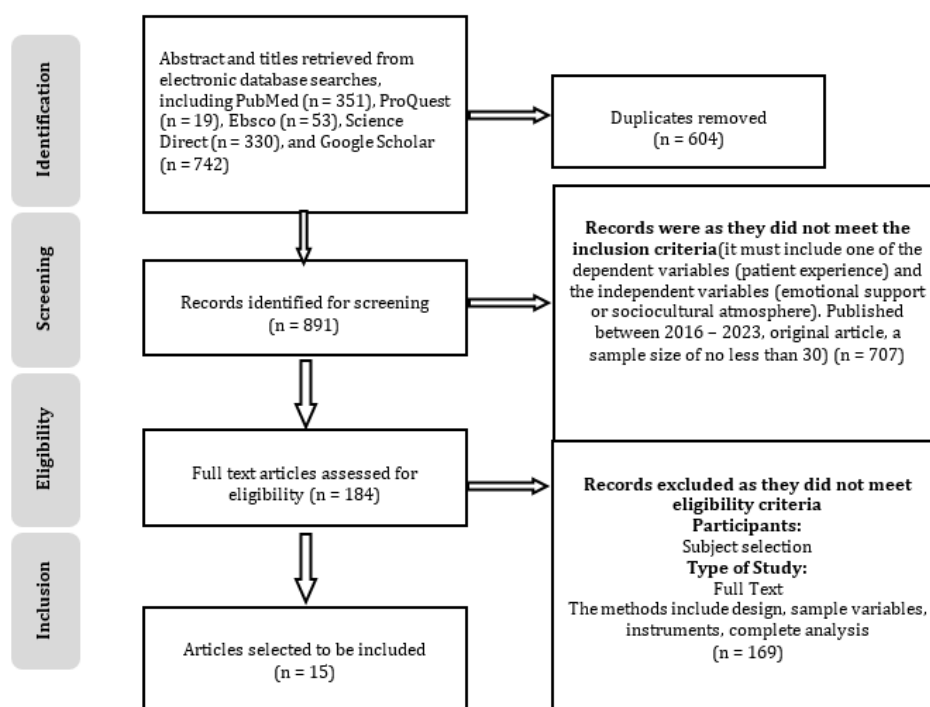
Through the use of both quantitative and qualitative approaches, the assessed research examined the impact that sociocultural milieu and emotional support had on emergency cesarean patients' experiences. The last 5 years of research journals on the same topic are gathered from various sources and put into the Mendeley application. This study was conducted across the entire nation. To meet the inclusion criteria, all selected studies had to contain a sample of both patients and healthcare professionals. Study design making quantitative and qualitative approaches conducted using scientific journal database sources from PubMed, Proquest, Ebsco, Science Direct, and Google Scholar.

The search included research published within the last five years, from 2016 to 2023. During the screening process, after studying the title and abstract of the study, articles that were not related to the study were excluded. Next, the authors independently evaluated the full text of the studies based on the inclusion criteria. The criteria were that the study must involve one dependent variable (patient experience) and one independent variable (emotional support or socio-cultural atmosphere). In addition, the sample size in quantitative articles was not less than 30 (26).

Consensus was achieved by involving 4 lecturers, consisting of 1 promoter, 1 co-promoter and 2 examiners, where a literature review seminar was conducted on this topic first to reach an agreement on which research articles would be included in the table as references (27).

An Excel table was created using the chosen articles organized for methodological examination. The search was conducted using the following keywords: patient experience "AND" emotional support "OR" socio cultural "AND" narrative studies from scientific journal databases, including PubMed, Proquest, Ebsco, Science Direct,

and Google Scholar. These were chosen based on primary research factors. Every study was obtained from the Mendeley database, duplicates were eliminated by electronic setup in the Mendeley program, and publications that had nothing to do with the study were eliminated after a review of the titles. Next, using the inclusion criteria as a guide, the writers independently assessed each study's entire text of each study to assess the risk of bias (28). As many as 707 articles are included in the exclusion criteria, and 15 articles on the inclusion criteria. A flow diagram depicting the article search process is shown in Fig. 1.



**Fig. 1:** Research flow charts

### **Results and Discussion**

As shown in Fig. 2 most of the research was conducted in Europe and Africa, predominantly using cross-sectional methods. This study also explored the perception of the patient's family

regarding emotional support and adequate assistance from doctors, nurses, and midwives. A quantitative comparison of research results is also presented in Fig. 3.

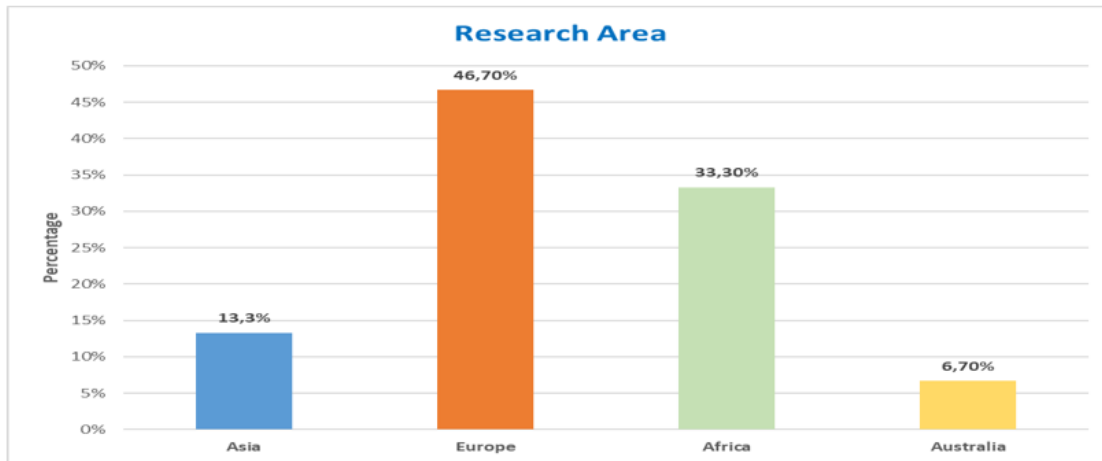


Fig. 2: Quantitative findings of research results based on research area

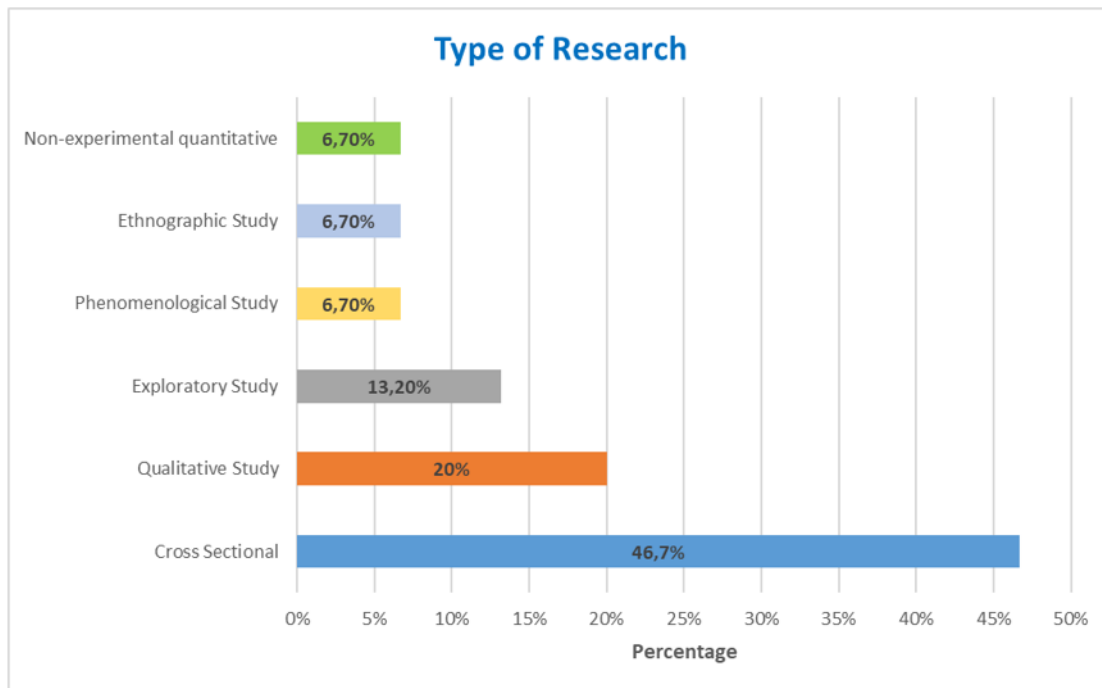


Fig. 3: Quantitative findings of research results based on type of research

### *The role of Emotional Support on patient experience*

Emergency cesarean delivery can reduce the risk of death and morbidity in mothers and babies, if performed correctly. Therefore, hospitals that provide obstetric services must be able to respond to obstetric emergencies within the rec-

ommended period. Patients undergoing emergency caesarean sections need emotional support to combat anxiety, while in the operating room, they worry about their ability to pay for all unplanned hospital services.

The sample consisted of patients and healthcare workers. Further details are presented in Table 1.

Table 1: The role of emotional support on patient experience

Reference No.	Areas	Populations	Research Types	Purposes	Findings
(29)	South Africa	11 patients undergone Caesarean section and medium accept post care operation in three hospital.	Qualitative with exploratory study	For explore And describe experience emotional support for patients related to care before and after operation Caesarean in the City Tshwane, Gauteng, Africa South.	Most patients felt that they did not have a positive experience, stating that nurses focused more on surgical wound care. Patients report a lack of emotional support and adequate assistance from nurses and midwives as well as a lack of provision information or education health before doing it Caesarean section.
(30)	Norway	16 patients undergone caesarean section with different age ranges and education levels.	Qualitative Study	For explore experience Sierra woman Leone related maintenance childbirth focus on experience them during Caesarean section	The patient mentioned that there is a fear of death or lose their baby, Apart from that, the patient experiences a lot of pain and discomfort after Caesarean section was performed. Patients are looking for resources to deal with pain and fear within them alone, while also utilize extensive emotional support from social networks and health workers.
(31)	Australia	234 patients and 152 caregivers	Cross-sectional study	For explore importance emotional support is given by health workers and identify gap in reception emotional support	Emotional support from doctors and nurses very important for patients and caregivers. However, about 36% patient reported do not accept sufficient emotional support, and this related to level higher stress. This study highlights the importance of emotional support and the need for targeted interventions to increase access to support for those experiencing higher levels of stress
(32)	Amsterdam	355 patients	Cross-sectional study	For identify and understand source of emotional support felt by patient good from the source interpersonal as well as the media.	Patients rely on various sources of emotional support, including interpersonal sources (such as family, friends, and medical personnel) and media sources (such as online support groups and informative websites). Sources of online interaction, such as online support groups, proven to provide level of emotional support and informational ones the tallest.
(33)	China	477 Patients	Cross-sectional study	To evaluate the need for emotional support, as well identify variables which is related with needs the.	The need for emotional support is a high need for patients undergone surgery. This research also identified several variables related to these support needs.

Table 1: Continued ...

(34)	Indonesia	107 patients in West Java hospitals	Cross-sectional study	To evaluate the relationship between emotional, social support and feelings of hopelessness in patients	The higher the social and emotional support obtained, the lower the patient's sense of hopelessness. Bivariate analysis shows that social support and emotional support are significantly related to feelings of hopelessness.
(35)	Sweden	223 inpatients from various hospital public and private	Cross-sectional study	To explore the correlation between emotional support and the recovery process from illness	Patients in this study felt that they received inadequate personal emotional support. Emotional support is very important for healthcare organizations to increase patient safety and satisfaction scores, thereby improving the overall quality of life of patients
(36)	Australia	11 patients, 2 caregivers, 7 doctors	Qualitative with exploratory study	To explore the importance of emotional support in patient care and to identify the key elements of effective emotional support in the care process.	Emotional support is very important in patient care. Patients report that Emotional support helps them engage and participate in care, build trust with clinicians, and better manage their health.
(37)	Sweden	223 patients	Cross-sectional Study	To test correlation between emotional support, patient satisfaction, and overall quality of healthcare, with performance and effectiveness organization maintenance health.	There is that relationship significant between emotional support for patients with performance and effectiveness health organization
(38)	Nigeria	112 people consisting of 30 patients for in-depth interviews, 47 patients and 17 health workers for focus group discussions, as well as 16 doctors and 2 admin staff for in-depth interviews.	Qualitative Study	To explore the communication and emotional support needs of women during facility-based births in South West Nigeria, in order to provide quality care during delivery.	Women who give birth in health facilities in Nigeria have a high need for communication and emotional support during labor.

Emotional support is one of the strongest determining factors that shape a good or bad experience when a patient is hospitalized (39). Emotional support for patients has been proven to be very important in achieving patient-centered care. However, there are ongoing challenges to integrating emotional support into health services (40-43).

Emotional support during pregnancy, birth, and the postnatal period should be emphasized in the education of health workers and development of healthcare systems. With a better understanding of the components of emotional support, organizations can take actions that have the potential to improve patient experience and, in turn, improve the overall quality of patient care (44-49).

When support is unavailable, emotional and psychological problems can worsen. Finally, if the need for emotional support is not addressed dur-

ing treatment, negative experiences will likely arise, leading to delays in the healing process (50). Patients will not be able to feel satisfied if they do not receive emotional support or meet their physical care needs (51,52). Hospitals may want to focus on a patient's experience of emotional support, which means more than just asking patients if they have anxiety or fear (53,54).

A good experience at a health facility can encourage its further use of the health facility, while a bad experience can reduce the desire to use the health facility again (55). Continuous support during labor and birth has been identified as an important component of women-sensitive and responsive care, and has been shown to be effective in improving maternal and newborn health outcomes (56). Women who give birth have a deep need for togetherness, empathy, and emotional support in the form of encouragement,

praise, reassurance, hearing, and a continuous physical presence (57,58).

**The role of the Socio-Cultural Atmosphere on patient experience**

The sociocultural atmosphere in hospitals plays an important role in creating an inclusive environment, respecting patient diversity, and providing care that is appropriate to patients' cultural

needs. Therefore, patients need the role of medical personnel in responding to the socio-cultural atmosphere, such as providing complete access to information and education to both patients and their families regarding emergency caesarean deliveries, so that quality indicators for waiting times for emergency sociocultural services can be run effectively. The sample consisted of patients and healthcare workers (Table 2).

**Table 2:** The role of socio-cultural atmosphere on patient experience

No	Authors	Areas	Populations	Research Types	Purposes	Findings
1	(59)	Nigeria	122 patients at the antenatal clinic of Calabar public hospital.	Quantitative with non-experimental study	To determine socio-cultural factors which influence operation approval caesarean in women pregnant who do check on antenatal clinic in general Hospital	Various factors negatively influence the acceptance of caesarean section among pregnant women undergoing examination at the antenatal clinic at Calabar General Hospital. These factors include high costs, cultural beliefs, and inadequate education. This research also found that 70% of respondents stated that women who gave birth via caesarean section showed signs of failure as a woman. In addition, the study recommends that nurses and midwives provide adequate education about the benefits and risks that may be associated with caesarean section to pregnant women during antenatal visits, and the government should establish a health insurance scheme to cover the costs of caesarean section.
2	(60)	United Kingdom	Medical personnel in three organizations National Health Survey (NHS)	Qualitative with Ethnography Study	To explore the socio-cultural context in which health professionals respond to and use online patient feedback and identify barriers and challenges faced by the house internal pain responding to factors socio-cultural for increase health services	Most of the feedback given to the organization was how to prioritize patient-centered care and value cross-cultural communication so as to create an environment where patients feel empowered to engage in care and how to address patient concerns.
3	(61)	South Africa	25 patients	Qualitative Study	For identify some beliefs/ brought culture patient to the institution health services	The importance of competence culture in service health as needs for practitioners health for understand and



Table 2: Continued ...

					and study How this belief contradictory, increase or complete patient experience about healthcare in hospital setting	respect trust their patient's culture.
4	(62)	Nigeria	344 patients in southeastern Nigeria hospitals	Cross-sectional study	To determine various socio-cultural atmosphere obstacles towards acceptance cesarean delivery	Most of the patients give birth have that fear big on the procedure Caesarean for a reason socio-cultural ones that don't based on evidence, as considered reproductive failure, high costs, and religious beliefs. Studies this recommend health education adequate, removal of trust and dangerous myths about cesarean delivery to solve this problem
5	(63)	United King- dom	48 patients	Qualitative with Phenom- enology Study	To explore patient experiences in Spain and Brazil as well socio-cultural factors which influence their pain experiences	Patients' experiences with pain can be influ- enced by socio-cultural factors such as religion, marital status, and social class. The results of this study can help health profes- sionals in understanding cultural differences based on the experience and management of pain in patients in multi-ethnic and multi-cultural areas.

Cultural differences in health beliefs and practices; that is, patients from different cultures may have different beliefs about health practices and knowledge, which can lead to conflict or disagreement between conventional medical practices and the patient's cultural beliefs (64). Discrimination within an ethnic group means that a mother who gives birth by caesarean section is not fully a mother if she has not given birth naturally and is considered useless as a mother (65). In comments discussing women's values regarding the method of delivery, much content shows that social media users generally consider women who choose caesarean section to be lazy, cowardly, or useless, while women who give birth naturally are considered stronger, true women, or bravers (66,67).

Several other myths are that mothers who give birth by caesarean section are susceptible to malpractice during the operation process and experience more failure/death during caesarean births (68-70).

In all media studied, normal delivery is referred to as "parto natural" or "parto normal" (normal delivery), common terms used in Mexico that inherently imply that a caesarean section is "unnatural" or "abnormal." ", the terms "natural" and "normal" can embarrass or ridicule women had a caesarean section (71). Different cultural and ethical values among patients, families, and medical staff can cause conflict or disagreement regarding medical decision making, which causes patients to be helped slowly (72).



In developing countries, previous research has reported difficulties in achieving the recommended delivery interval (73,72), and fetal death occurs while waiting for an emergency caesarean section (74). In terms of psychological and physical trauma to mothers and developing countries, women giving birth require timely access to skilled services (75). Therefore, family plays an important role in patient healthcare, and hospitals often try to involve the patient's family in making medical and treatment decisions (76-78).

Education may also include understanding the importance of adherence to care and medication, managing a healthy lifestyle, and preventing diseases (79,80). Collaboration and cooperation between doctors, medical staff, and patients are important in dealing with the sociocultural atmosphere in hospitals (81). By paying attention to patients' cultural needs, physicians can provide better care and build respectful, patient-centered relationships (82).

Subsequent research in Spain reported that caesarean section causes autism or disrupts evolution, which is spread through social media. In all media studied, normal delivery is referred to as "parto natural" or "parto normal" (normal delivery), common terms used in Mexico that inherently imply that a caesarean section is "unnatural" or "abnormal." ", the terms "natural" and "normal" can embarrass or ridicule women had a caesarean section. This type of information can have a profound impact on the consequences of requiring a caesarean section, but it can cause pregnant women to refuse a caesarean section even when the procedure is medically necessary. Different cultural and ethical values among patients, families, and medical staff can cause conflict or disagreement regarding medical decision making, which causes patients to be helped slowly. In developing countries, previous research has reported difficulties in achieving the recommended delivery interval, and fetal death occurs while waiting for an emergency caesarean section. In terms of psychological and physical trauma to mothers and developing countries, women giving birth require timely access to skilled services. Therefore, health providers an important role in patient

healthcare, and medical personnel often try to involve the patient's family like educated about what is emergency caesar to making medical and treatment decisions as soon as possible.

The limitations of the studies was a lack of prior research studies in the topic about socio cultural atmosphere and lack of sample size especially for emergency caesarean patients (83,84).

## **Conclusion**

One tactic for lowering maternal death rates is to examine the impact of the sociocultural environment and emotional support on patients undergoing emergency cesarean sections. The lack of emotional support from health care providers can delay patient and family approval of informed consent for emergency cesarean care, which should be given right away. The poor sociocultural climate surrounding cesarean delivery is still a contentious issue in the community. Therefore, in order to influence pregnant women and their families to modify their behavior and quickly gain informed permission for an emergency caesarean section which seeks to save the mother and baby's lives health care personnel who can participate in decision-making must possess persuasive abilities. There is a need for adequate emotional support in the form of empathy, interactive communication, presence and availability, motivation and hope, nonverbal communication, sense of humor, and ambient environment.

## **Journalism Ethical Consideration**

The authors have diligently adhered to all ethical considerations, including plagiarism, misconduct, data fabrication and falsification, double publication and submission, redundancy, and more.

## **Conflict of interest**

The authors declare that there is no conflict of interests.

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