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A Study of the Lived Experiences of Baccalaureate Nursing Students Caring for Mothers Who Have Perinatal Loss: A Phenomenological Study

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A STUDY OF THE LIVED EXPERIENCES OF BACCALAUREATE NURSING

STUDENTS CARING FOR MOTHERS WHO HAVE PERINATAL LOSS: A

PHENOMENOLOGICAL STUDY

DISSERTATION

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Clarene Brown-King

2015

A STUDY OF THE LIVED EXPERIENCES OF BACCALAUREATE NURSING STUDENTS
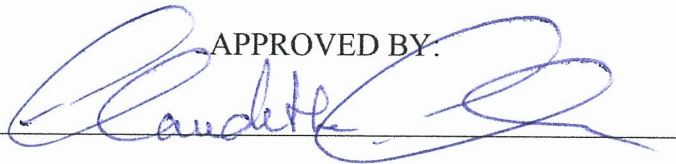
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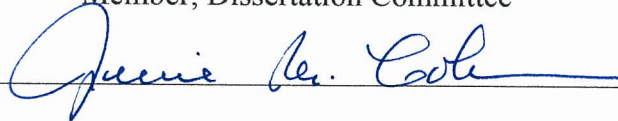
DISSERTATION

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2015

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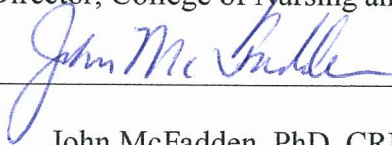Chairperson, Dissertation Committee

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Abstract

Background: Health care providers including nursing students are faced with daily challenges while they provide care for mothers and family members, especially when these mothers experience perinatal loss. Consequently, nursing students are at an increased risk of suffering psychological and emotional problems, which may affect their clinical performance and influence their decision to pursue nursing as a career. Unfortunately, there has been limited research that addresses baccalaureate nursing students' clinical experiences while they provided care for mothers who have perinatal loss.

Purpose: The core purpose of this phenomenological study was to obtain an in-depth understanding of the lived experiences of baccalaureate nursing students who cared for mothers who have perinatal loss.

Methods: The hermeneutic phenomenology of Max van Manen guided this study. A phenomenological methodology with a purposeful sample of baccalaureate nursing students from Broward, Dade, and Palm Beach counties were studied. Semi-structured interviews were conducted and tape-recorded. Journaling of this researcher's preconceived ideas about the phenomenon or the participants was performed to ensure bracketing.

Results: The related themes of supporting, distancing, learning, suffering, and two subthemes of relating and hoping emerged as a total representation of the lived experiences of baccalaureate nursing students who provided care for mothers who have perinatal loss.

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Conclusion: This phenomenological research study chiefly exposed the challenges and consequences that baccalaureate-nursing students faced while they provided care for mothers who have perinatal loss. The study also revealed that, while students experienced the phenomenon, they identified and assigned meaning, as well as being cognizant about the need for a more active role from clinical professors, to foster effective coping mechanisms.

ACKNOWLEDGMENTS

student. Bianca, you were very understanding on occasions when I was unable to attend some of your soccer tournaments. You responded, "Mom, I would love for you to be there cheering, but I understand if you cannot make it. Brianna, thanks for the frequent reminders, "Mom, you need to take a break from the computer; that is not healthy to be sitting at the computer so long." You both are my daily inspiration and strength, and I hope my hard work and effort inspire you for your future endeavors. To my loving husband, Claudios, thanks for your support and willingness to complete some of my motherly tasks, when it was impossible for me to balance the task with my studies. To my mother who passed on during my course work of this program. I always remember your words, "Take it to the Lord in prayer."

DEDICATION

This dissertation is dedicated to the memory of my mother Ms. Lus, who passed on 2 years ago. Your words of wisdom still ring in my ears, even though you are not here physically today. Thanks for the sacrifices that you made and for your nurturing. I feel blessed to have had you as a mother who was so strong and hard working. May your soul continually rest in peace. Love always.

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CHAPTER ONE

The loss of pregnancy is perceived to be an undesirable outcome. Giving birth

and maintaining the life of a newborn may be the ultimate goal of each individual after

conception. Unfortunately, some pregnancies result in perinatal loss. Perinatal loss is

defined as "fetal death beyond 20 weeks gestation through infant death one month

postpartum" (Bennett, 2009, p. 1). Perinatal loss has impacted the lives of countless

individuals and has been a concern to health care providers. Nevertheless, according to

Chang and Arthur (2009), a significant amount of research has been conducted to

investigate the needs of families, as well as the care that is effective to them; however,

research about the feelings and experiences of nurses is limited.

Perinatal loss is considered to be one of the most stressful experiences in life

(Flenady & Wilson, 2008). According to Roehrs, Masterson, Alles, Witt, and Rutt

(2008), nurses need support, education, and effective coping strategies that will endorse

appropriate coping mechanisms in order to effectively provide appropriate care for these

vulnerable patients. Research has shown that every year in the United States (U.S.), more

than 500,000 babies are born prematurely. Consequently, perinatal loss will continue to

be a concern, and nursing students should be equipped with coping strategies to provide

care to their patients.

Background of the Study

During the late 1940s, the concept of perinatal loss emerged when both clinicians

and researchers recognized that there was a large number of deaths that occurred before

and after delivery (MacDorman, Kirmeyer, & Wilson, 2006). Worldwide, 6.3 million

perinatal deaths have been reported annually, and among these, fetal deaths or stillbirths

account for about half of the number of perinatal deaths (World Health Organization [WHO], 2006). This organization has also reported that 2 million families are affected by perinatal loss, or 33% of the number of pregnancies in the United States each year. The Centers for Disease Control and Prevention (CDC, 2012) report categorized perinatal loss into two categories. Perinatal one includes infant deaths under age 7 days and fetal deaths at 28 weeks or more, while perinatal two includes infant deaths under age 28 days and fetal deaths 20 weeks or greater. Perinatal two is the most inclusive of these categories because it monitors perinatal mortality throughout the spectrum of the gestational age, since most of the fetal deaths occur prior to 28 weeks of gestation. The rates of perinatal mortality are calculated per 1,000 live births. The CDC (2012) reported that in 2006, the number of deaths in the U.S. for perinatal one was 27,850, and the mortality rate was 6.51. Perinatal two deaths and mortality rates were 45,013 and 10.49, respectively. For that year, the report for Florida reflected 1,670 deaths with a mortality rate as 7.03 for perinatal one and 2,834 deaths with a mortality rate of 11.88 for perinatal two.

Parental grief and mourning after perinatal loss have been described as being complex, complicated, and severe (DeBackere, Hill, & Kava, 2008). Nursing students are advocates for the mothers, and they are on the forefront to provide continuous care to alleviate the emotional, physical, and psychological needs of these mothers. Nonetheless, this role can at times become overwhelming for the nurses and nursing students, especially if they are not equipped with the knowledge and experience to implement care that will enhance a positive outcome for the mothers and themselves. In response, students often report that they are discouraged in practice, as a result of their involvement

in providing care for mothers who have experienced stillbirth or neonatal death (McKenna & Rolls, 2011).

Healthcare providers including nursing students are faced with daily challenges while they provide care for mothers and family members, especially when these mothers experience a perinatal loss. A phenomenological study was conducted with eight midwifery-nursing students from two universities in Victoria, Australia. The study indicated that information is limited about coping mechanisms that midwifery nursing students can utilize as they provide care to mothers who have experienced the traumatic event of perinatal loss (McKenna & Rolls, 2011). Hence, these students felt discouraged to practice after they had participated in providing care for mothers who had experienced stillbirth or neonatal death. According to Roehrs et al. (2008), although there has been some attention, in the research on fathers, other family members, and cultural variables, there is more focus primarily on the experiences of mothers and perinatal bereavement. After an extensive literature review, this researcher has not identified any study that was conducted in the U.S. that has addressed the experiences of nursing students as they provide care for mothers who have experienced perinatal loss.

Begley (2003) conducted a study utilizing a phenomenological approach and unstructured interviews of participants from midwifery schools in Ireland. This study explicated that up to 100% of the student midwives in some of the hospitals expressed their feelings of inadequacy in caring for mothers after the death of the baby in the uterus or within the first few days after birth. The findings of the study also revealed that these students experienced strong feelings of distress while they cared for mothers who have experienced perinatal loss. Begley also indicated that despite the impact of the

phenomenon on the student nurses while they provided care to mothers who have experienced perinatal loss, this phenomenon has received little attention in the literature. Hence, a need for additional purposeful research to address this phenomenon is warranted (Begley, 2003).

According to Roehrs et al. (2008), one of the most difficult situations for nurses involves providing care for a mother when she experiences perinatal loss. Whether perinatal loss occurred from miscarriage, stillbirth, sudden infant death syndrome, or infant death, nursing students are susceptible to experience emotions that will have a psychological impact on them, which may compromise the care that they provide to patients. Nursing students in a collaborative effort provide care, as well as support for mothers while they struggle to cope with emotions of their own. The nursing curriculum is structured to facilitate the rotation of students to different specialty areas of nursing, such as maternity. At times, during these students' rotations to the maternity unit, they are assigned to care for mothers who have experienced perinatal loss. Perinatal loss is a significant event to a mother, and nursing students collaboratively work with nurses to provide patient care, while they are at the forefront of this experience. These caregivers are expected to provide physical and emotional interventions to mothers. Nevertheless, nursing students with little or no previous exposure to this occurrence may be exposed to care for the mothers who have experienced perinatal loss.

Unfortunately, nursing students are often sent to the clinical areas prior to in-depth coverage of didactic and simulation experience. The students could be faced with experiencing the death of a baby during the early stage of the curriculum, without any prior exposure to death and dying (McKenna & Rolls, 2011). Nursing students perceive

clinical experience as most significant to producing stress, while they are in the nursing program (Elliot, 2002). Consequently, the students are at an increased risk of suffering psychological and emotional problems, which may affect their clinical performance and influence them to discontinue their career path in nursing. Smith (1992) expressed that nursing students have utilized task-oriented approaches to care, while many distance themselves from their patients, if they are not assisted with coping strategies. According to Crary (2013), "By assessing nursing students perceived stress, coping, self-care behaviors, and resultant physical and emotional outcomes, as well as how the learning environment plays a role, as nurse educators, we can begin to understand and further study interventions" (p. 76).

Nurses along with the clinical faculty are considered to be role models for nursing students, during the students' clinical rotation. However, it appears that nurses have found it challenging to utilize effective coping mechanisms, while they provide perinatal bereavement care. According to Zhi (2013), nurses have described their involvement in providing care as an emotional strain, and therefore they have limited their commitment to the patient, sought emotional escape, and talked to their colleagues. Montero et al. (2011) utilized a phenomenological approach to explore the experiences of health professionals in situations of perinatal death and grief and to describe their action strategies in the management of perinatal loss. The study consisted of 19 health care professionals who revealed that there is a lack of knowledge and skills available to nurses to deal with perinatal loss. Consequently, health care professionals have experienced anxiety and helplessness, as well as frustration, which compromises professional competency. In addition to the paucity of research that has addressed nurses' experiences

in providing perinatal care, these findings should be of major concern because nursing

students may strive to emulate the nurses' attitudes and practices, although some of those

attitudes and practices may adversely impact patients' outcomes. According to Chan,

Chan, and Day (2003), the attitudes of nurses can affect the quality of care provided to

patients. Negative attitudes may distract from the provision of good care, whilst positive

attitudes can help bereaved couples to cope with the grieving process and create

memories for the future. Although some nurses have displayed expertise in providing

care to bereaved families during perinatal loss, other nurses have found the experience to

be overwhelming to the point that it negatively impacts the care that they provide (Roehrs

et al., 2008).

<div align="center">**Statement of the Problem**</div>

Parental grief is complex, requires significant emotional support, and the events

that surround birth and death can cause unresolved grief for nurses (Roehrs et al. 2008).

According to Crary (2013), nursing students have often experienced demands that have

outweighed their stressors, just as nurses do, and many of them ineffectively manage

these stressors. Students have often reported their feelings of discouragement in practice,

as a result of their involvement in providing care to mothers who have experienced

stillbirth or neonatal death (McKenna & Rolls, 2011). The care and support that are

required for parents whose babies have died are described as being very demanding,

difficult, and stressful (Chan, Chan, & Day, 2003). Subsequently, these challenges may

be attributed to stress due to ineffective coping strategies, and students may choose to

withdraw from their nursing career, which will greatly impact the current nursing

shortages. According to James and Chapman (2009), experience of clinical placement

can impact the career choices made by undergraduate nursing students. The students'

lack of coping mechanism will potentially impact not only the care of the mothers, but

also the well-being of these students. Yet, there has been a paucity of research that has

addressed the experiences of undergraduate nursing students' clinical experiences while

they provide care for mothers who have perinatal loss. It is evident that a study of this

caliber is warranted to achieve knowledge of the implications for nursing education,

practice research, health, and public policy.

Purpose of the Study

The purpose of this phenomenological study was to obtain an in-depth

understanding of the lived experience of baccalaureate nursing students caring for

mothers who have a perinatal loss. The objective was to afford nursing students the

opportunity to describe their experiences, ideas, and emotions, while caring for mothers

after perinatal loss.

Research Question

The research question for this phenomenological study was: "What is the lived

experience of baccalaureate nursing students caring for mothers who have perinatal

loss?"

Philosophical Underpinnings

The philosophical underpinnings guided the researcher to identify the pathway,

context, and concept for conducting this study. The aim of this study was to afford

students the opportunity to describe their experiences, ideas, and emotions, while caring

for mothers after perinatal loss. Interpreting and describing the lived experiences of the

participants are congruent with post-modern concept. This promotes a philosophical framework that supports multiple context and realities.

Qualitative Approach

Qualitative research, a method rooted in the interpretive paradigm, was developed during World War II. Qualitative roots are linked to anthropology, philosophy, and sociology. This type of research was developed as a reaction to the positivist philosophy in recognition that a different approach was necessary in the lived world of humanity. Creswell (2007) stated, "Qualitative research begins with assumptions, a worldview, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning that individuals or groups ascribe to a social or human problem" (p. 37). Five philosophical assumptions are relative to qualitative research. These assumptions are identified as ontology, epistemology, axiology, rhetorical, and methodology.

Although each of these assumptions contributes significantly to qualitative research, each complements a different way to the investigative approach. Ontological issues relate to reality, and multiple realities that are embraced. This assumption investigates the nature of reality and allows the researcher to collect subjective realities as seen by the participants because authenticities of the individuals' experiences are socially constructed. Epistemology allows for an inquiry of the relationship between what is being researched and the researcher. The researcher also has close contact with the participants while they are studied in a familiar context, such as their home or work environment. Axiology addresses the role of values. Hence, the researcher includes his or her interpretation along with the interpretation of the narrative, while the researcher openly discusses values. Another assumption, rhetorical, allows for the determination of

the language of the research. This permits the researcher to document data in literary, informed style, while using the personal voice and qualitative terms with very limited definitions. Methodological assumption identifies what the process of the research is, and the researcher studies the topic with its context and employs an emerging design while using inductive logic (Creswell, 2007).

Qualitative research is conducted when researchers want individuals to become empowered to share their stories through multiple sources, such as with the use of poems and pictures, while suppressing the power control approach that is occasionally exhibited by researchers. According to Creswell (2007), "Qualitative research is used to develop theories when partial or inadequate theories exist for certain populations and samples or existing theories do not adequately capture the complexity of the problem we are examining" (p. 40). Qualitative research primarily involves interviews with individuals and focus groups, for explanation and evaluation and to achieve a complex detail of an issue or a phenomenon. The qualitative research approach enables researchers to hear the voices of individuals who are "silenced and marginalized by the dominant social order," as the methods "ask not only 'what is it? 'but more importantly, 'explain it to me-how, why, what's the process, what's the significance?" (Hesse-Biber & Leavy, 2005, p. 7).

The qualitative research approach is concerned with offering valid, reliable, and subjective interpretations in researchers' writings and provides data that is not quantifiable. It allows the researcher to probe deeply into the research setting, in order to obtain an in-depth understanding about a phenomenon, and the perception of the experience by the participants. The researcher becomes immersed into the research setting, spending a great deal of time with the participants, in order to establish person-to-

person interactions with the participants during data collection. The qualitative approach also investigates and emphasizes the understanding of the participants' experiences as they are lived and details of these experiences can be achieved through the collection and analysis of narrative and subjective qualitative data (Polit & Beck, 2004).

The approaches of qualitative research are stressed within the naturalistic paradigm, and individuals easily see these techniques as instruments (Lincoln & Guba, 1985). According to Gay, Mills, and Airasian (2009), a qualitative research approach allows the researcher to collect visual and narrative data in the field, in a normal setting that is not manipulated over a period of time. The naturalistic perspective attempts to address the issue of human complexity and humans' ability to shape and create their own experiences. In a naturalistic approach, researchers collect data through textual and observational interviews and allow for flexibility of the research procedure. Naturalistic research provides rich, in-depth data that may potentially provide the researcher with various dimensions of the phenomenon, and the subjective data collection analysis almost occurs concurrently. Through an inductive process, the researcher integrates the evidence, in an attempt to formulate a theory or framework that explains the phenomenon that is being researched.

In naturalistic research, the researcher implements a non-judgmental attitude toward the participants and adheres to bracketing. The naturalistic approach facilitates open conversation between the researcher and the participants, in order to achieve the essence of the experience of the participants. Serving as a counter movement to positivism, the naturalistic approach attempts to emphasize the dynamic, holistic, and individual aspects of human experience, with an effort to capture the experience within

its context. In addition, Lincoln and Guba (1985) specified that with the naturalistic

paradigm, "All entities are in a state of mutual simultaneous shaping, so that it is

impossible to distinguish causes and effects" (p. 37).

Phenomenology

Phenomenology is a philosophy and a method. Phenomenological studies

describe the meaning of the lived experiences of a concept or phenomenon of individuals.

This approach should be used to answer questions of meaning, in order to understand and

capture the lived experiences, as it is understood by those who are having the experience.

The participants not only describe the experience but also describe how they experience

the phenomenon (Moustakas, 1994). According to Creswell (2013), "The basic purpose

of phenomenology is to reduce individual experiences with a phenomenon to a

description of the universal essence" (p. 76). The strong philosophical component of

phenomenology is drawn heavily on Edmund Husserl (1859-1938) and individuals, such

as Heidegger, Sartre, and Merleau-Ponty who expanded Husserl's views (Spiegelberg,

1982).

There are two main phenomenological approaches, descriptive or eidetic and

interpretive or hermeneutic phenomenology. Descriptive phenomenology is synonymous

with Husserl's (1970) philosophical ideas of how scientific inquiry should be conducted.

He believed that subjective data should be important to scientific inquiry to understand

the motivation of human beings, since the action of humans are influenced by what

individuals perceive to be real. Conversely, interpretive phenomenology is derived from

the Greeks meaning to interpret or translate and make clear. The interpretive approach

goes beyond description or core concepts and essence, in order to achieve the meanings

that are embedded in life practices, which are not always apparent to the participants (Lopez & Willis, 2004).

Phenomenology is rooted in the philosophy of Edmund Husserl (1859-1938) and was a response to positivism (Munhall, 2007). According to Husserl, the phenomenological approach was developed to conceptualize the life experiences of individuals. Phenomenology is defined by Husserl as "the science of pure consciousness" (Mohanty, 2008, p. 191). He believed that subjectivity is important to scientific inquiry to understand the motivation of human beings, since the action of human beings are influenced by what individuals perceive to be real. Husserl intended to restore the reality of human beings within their life-world, in order to capture the true meaning of the experience (Munhall, 2007). He also introduced the term bracketing or epoche, which is defined as "the process of identifying and holding abeyance any preconceived beliefs and opinions one might have about the phenomenon under investigation" (Polit & Hungler, 1999, p. 247). Hence, descriptive phenomenology is synonymous to Husserl's philosophical ideas of how scientific inquiry should be conducted.

Heidegger, a German philosopher, also shared the concept of phenomenology. He was a student of Husserl and challenged some of Husserl's work and assumptions about how phenomenology could guide meaningful scientific inquiry. Heidegger believed that it was not possible to achieve bracketing as indicated by Husserl. Heidegger's ideas of phenomenology comprise an interpretive or hermeneutic research tradition, derived from the name Hermes, a Greek god that was responsible for making clear, or interpret, messages between gods. He believed that phenomenology is beyond

subjectivity and "humans are embedded in their world to an extent that subjective experiences are inextricably linked with social, cultural, and political context" (Lopez & Willis, 2004, p.729). Although these meanings are not always obvious to the participants, the researcher can identify the meanings from the narrative that is provided by the participants. Another concept of interpretive phenomenology is that of freedom of participants to express their experience.

Phenomenology was expanded in Europe through the work of two French philosophers, Jean-Paul Sartre and Maurice Merleau-Ponty. Sartre was a philosopher, an ontologist, or if one prefers, he was also a metaphysician, who viewed man as a unique and central being in the universe (Munhall, 2007). He was also an existentialist, and his existentialism along with the development of critical theory of the Frankfurt school during the early 20th century, were influenced by the Marxist philosophy. Four basic themes, which are description, reduction, essences, and intentionality, were described by Merleau-Ponty as celebrated themes or characteristics common to phenomenology. He believed that the aim of phenomenology is to describe the phenomenon. Merleau-Ponty provided a philosophical account of what it means to think nature from within, with ramifications for our understanding of the human place in nature, our relation to nonhuman animals, and the mediating role of human culture in our access to nature (Toadvine, 2009, p. 8).

Max van Manen, an educational philosopher and social scientist, was also a contributor to the philosophy of hermeneutic phenomenology. Although van Manen follows Heideggerian phenomenology, which is consistent with interpretive hermeneutic phenomenology, van Manen believed that bracketing should be employed during the

research process. Bracketing or reduction is defined as "The act of suspending one's various beliefs in the reality of the natural world in order to study the essential structures of the world" (van Manen, 1990. p. 175). As a result, the researcher needs to continually reassess biases and presuppositions. Phenomenology also asks, What is the phenomenon and what is the experience of the phenomenon? The art of hermeneutic interview is to allow the researcher to keep the question open, in order to detain both the researcher and the interviewer oriented to the phenomenon that is being researched (van Manen, 1990). The phenomenon is then described by the researcher as a true reflection of how the participants feel, describe, and see the phenomenon. Humans' life experiences are depicted on different levels. Thus, in order to explore different levels and achieve the full essence of the experience, van Manen's hermeneutic phenomenology recognizes that, "Our lived experiences and structures of the meanings (themes) in terms of which of these lived experiences can be described and interpreted constitute the immense complexity of the lifeworld" (van Manen, 1990, p. 101).

In order to enable reflection during the research, spatiality, corporality, temporality, and relationality are addressed. Spatiality is the lived space, corporality is the lived body, temporality is the lived time, and relationality or communality is the lived relation. These four categories allow for productive categories and the phenomenological question by posing, reflecting, and writing (van Manen, 1990). Although the four lifeworlds are interconnected, it is important to conceptualize each of the lifeworlds in relationship to the participants and the experience, in an effort to establish meaning. Spatiality refers to, "The space in which we are, our environment, which can assume different meanings for different experiences" (Munhall, 2012, p. 159). In this research

study, spatiality was the hospital clinical setting in the obstetric unit. Although the experience occurred in the clinical setting, all participants did not assign similar meaning to the experience. Some of the participants thought it was necessary to afford the mothers with space to grieve, while one participant described that during the postpartum period, it was not appropriate to combine the mothers who experience loss with those who have a living infant, as this may negatively impact the mother. According to van Manen (1997),"We know that the space in which we find ourselves affects the way we feel" (p. 102).

Another lifeworld identified by van Manen is corporality, which is defined as, "The body that we inhabit and is also referred to as embodiment" (Munhall, 2012, p. 159). With this definition in mind, it is understood that each participant in the research study, was able to articulate his or her experience as a result of the unity of the mind and body, since the body does not work separately from the mind. The participants, through their mind and body, were able to assign different meaning to the emotional impact that they described as being sad, depressing, frustrating, and stressful.

Temporality is defined as "The time in which we are living" (Munhall, 2012, p. 160). In accordance with the interconnectedness of the four lifeworlds, the bodies of the participants occupy space and the space is existed in time. Max van Manen believes that an individual's encounters may remain with them as memories, or as a forgotten experience. During the interviews with the participants in this study, it was evident that the experience of providing care to the mothers still remained on their minds. Furthermore, regardless of the time in which one lives, the participants acknowledge that such loss impact individuals.

Relationality refers to, "The world in which we find ourselves in relation to others" (Munhall, 2012, p. 161). This can be established through a corporeal way as described as a handshake or through the impression that is formulated of another individual in the way he or she physically exist (van Manen, 1997). Hence, the participants in this research study described their thought and perception of the feelings of the mothers, as well as their own feeling. They also describe the relationship that was established with each of the mothers, as well as the relationship that was seen among social workers, in an attempt to alleviate the emotion of the grieving mothers.

Hermeneutic phenomenology allows the researcher to explore the participants' experiences with abstraction and interpretive elements in order to interpret meanings and assumptions of the participants' texts that they may have difficulty in articulating. This approach also allows the participants of the study to tell their experiences without restrictions. In addition this permits the extraction of the meaning of the experience, as it is lived by the participants through interpretation of the experience. As a result, van Manen's hermeneutic phenomenology is viewed as the most appropriate philosophical underpinning to guide this study.
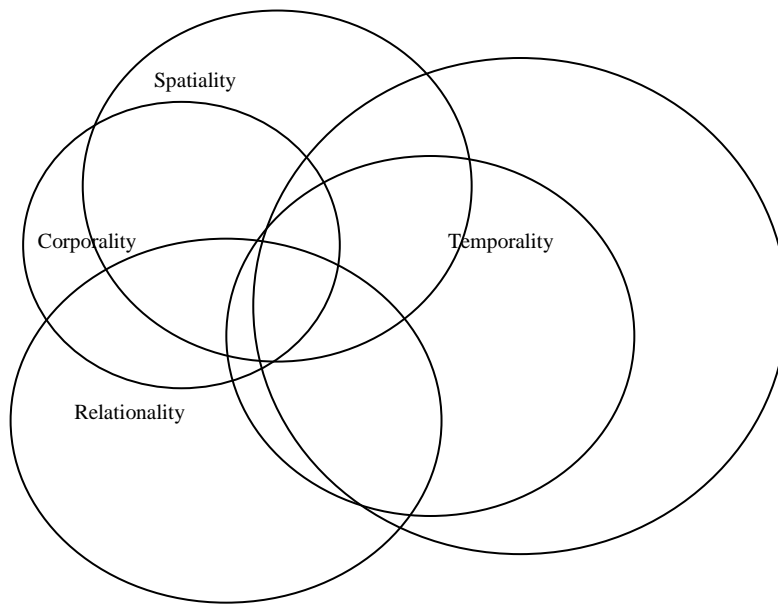
Figure 1. Four lifeworlds (Brown-King, 2015, adapted from Munhall, 2012).

Rationale for Phenomenology

In order to accomplish the purpose of the study, the design needs to be congruent with the philosophical framework of van Manen's hermeneutic phenomenology. Subsequently, the researcher interprets and analyzes the data of the lived experiences of the participants, based on the researcher's knowledge and experience to explore the participants' experiences. Hence, this approach enabled the researcher to understand the meaning of the experiences, as the experiences are lived and described by the participants. As a result, van Manen's hermeneutic phenomenology is the underpinning for this research study because hermeneutics adds the interpretive elements to explicate meanings and assumptions in the participants' texts that participants themselves may have difficulty in articulating (Ajjawi & Higgs, 2007).

Max van Manen's hermeneutic phenomenology allowed this researcher to achieve the essence of the overarching research question: What is the lived experience of baccalaureate nursing students caring for mothers who have perinatal loss? The phenomenon of perinatal loss and patient care require clinical reasoning, which is a cognitive and interactive process that is frequently tacit and subconscious and occurs in context. Subsequently, this phenomenon cannot maintain its essential and embedded features if reduced or measured quantitatively. Hermeneutic phenomenology was viewed as the most appropriate, to guide this research study, which would potentially generate new knowledge and understanding of a complex phenomenon, such as the one that is identified in this study. This approach also guided this phenomenon of interest because it allowed research participants to tell their experiences without restriction. van Manen's approach attempts to extract the meaning of the experience, as it is lived by the participants by an interpretation of the experience.

Significance of the Study

Although there are many health care issues that affect the lives of mothers and health care providers, perinatal loss seems to have a greater impact upon mothers. Roehrs et al. (2008) communicated that providing care for a mother and her family when a pregnancy spontaneously results in death is very difficult for nurses to handle. While the mothers grieve about their loss, they require emotional support from health care providers, including nursing students. Nursing students collaboratively perform the role as patient advocates, while they perform care for the patients. In order for the students to effectively perform their roles to enhance desirable patient outcomes, they need to be prepared mentally and physically about how to utilize effective coping strategies. These

health care providers may be faced with the dilemma of coping with their own emotions as well as the emotions of the mother. Subsequently, if appropriate coping interventions are not identified and implemented, the nursing profession could be greatly impacted from the practice of nurses who cannot effectively cope. This study afforded the researcher the opportunity to listen to the voice of the participants and to explore their experience and gained knowledge about the phenomenon, which may add to the body of nursing knowledge.

Significance to Nursing

The nursing curriculum has a systematic approach for clinical practice, which is guided by evidenced-based practice. Nursing students collaboratively perform the role as patient advocates while they care for patients. Subsequently, if appropriate coping interventions are not identified and implemented, then the nursing profession could be greatly impacted from the practices of nurses who cannot effectively cope. The dissemination of the findings from this study may add to the existing knowledge, which may be used to empower nurses and nursing students to apply effective coping strategies. Hence, a study of this caliber may provide knowledge that will significantly contribute to nursing education, practice, research, health, and public policies that affect nursing.

Implications for Nursing Education

Nursing is guided by evidenced-based practice. Hence, there is an ongoing need for advancement of knowledge for clinical application in nursing. According to Begley (2003), nursing students who are not assisted with their coping strategies, utilize task-oriented approaches to provide care and distance themselves from their patients. It is an ethical expectation that nursing students and nurses provide safe and appropriate care for

all patients. Nevertheless, if the students are not provided with the knowledge or coping mechanisms, then they will not be able to meet their professional expectations, potentiate stress, and the potential of these students choosing alternate career goals, which may greatly impact the existing nursing shortages. According to Elliot (2002), nursing students have indicated that most of their anxiety results from their clinical experience. In addition, information disseminated from this study may potentiate a revision in curricula development, in order to meet the demands and needs for coping mechanisms for nursing students.

Implications for Nursing Practice

Nurses are patients' advocates, and they are required to uphold moral and ethical standards, which includes providing safe and competent care for all patients. Cody (2013) stated, "The nurse is obligated to practice in such a way that seeks to avoid harm and to benefit the patient" (p. 181). Although the possession of skills and knowledge are not sufficient for moral conduct of nursing practice, both components are necessary to fulfill the nurses' moral expectation (Cody, 2013). This study may provide information, so that healthcare providers, including nursing students, may be better prepared to provide care for mothers during perinatal loss. Knowledge disseminated from this study may also provide educators who are active in practice, nursing students, and other healthcare providers with mechanisms for coping, while they care for mothers. This experience could also have an impact on the different areas of nursing that the nursing students pursue (James & Chapman, 2009). According to Spouse (2000), "Experiences on clinical placement can have significant influence on career choices made by undergraduate nursing students" (p. 34). In addition, a better understanding of how

nursing students perform their professional roles, while they care for bereaved mothers, may be achieved.

Implications for Nursing Research

Nursing research is defined as a "systematic search for and validation of knowledge about issues of importance to the nursing profession" (Polit & Hungler, 1999, p. 3). Nursing research is ongoing to meet the psychological, emotional, spiritual, and physical needs of the diverse culture of nurses, nursing students, patients, and family members. Nursing research also provides knowledge for the implication of practice and supports evidence-based practice. Nevertheless, perceived stress that is experienced among undergraduate nursing students and their coping strategies to manage the potential stressors of clinical education are still unexplored by nurse researchers (Crary, 2013). Subsequently, the findings from this study may validate existing research findings and perhaps highlight the need for further research of this phenomenon, with a different methodological approach.

Implications for Health/Public Policy

According to Hill and Hupe (2002), "Public policies are those policies developed by governmental bodies and officials" (p. 5). It is imperative that nursing students are afforded the knowledge of coping mechanisms during their clinical practice. Results from each research study provide the basis for additional research to be conducted. Subsequently, the results from this study may motivate policy makers to allocate funding to finance nursing research in areas of dire need of knowledge, and modification of current policies, as well as provision for counseling.

Scope of the Study

The scope of this study was to explore the lived experiences of baccalaureate nursing students caring for mothers who experience perinatal loss. In order to achieve the true subjective lived experiences of these participants, this study involved a phenomenological approach, guided by Max van Manen's hermeneutic phenomenology. A purposive sample of nursing students who have cared for mothers with perinatal loss and enrolled in a baccalaureate-nursing program in Broward, Dade, and Palm Beach counties was utilized. Participants were at least 18 years old, and they were asked to reflect and describe their experiences as lived by each of them. This researcher employed bracketing through journaling, and the individual interviews were conducted until data saturation was achieved. With the intent to achieve transferability of this study, the narrative of the participants was documented clearly and concisely, and this researcher collaborated with research experts. Subsequently, these participants provided narratives that enhanced this researcher's phenomenological (understanding) of the interpretation (hermeneutic) of this phenomenon.

Limitations of the Study

Although the researcher anticipated that the participants of the study would be truthful in revealing their lived experience of caring for mothers who have suffered perinatal loss, the participants' lived experience and coping strategies may have been influenced by their spirituality, cultural heritage and gender. This researcher also hoped that the participants would remain true to the data and not utter words they feel the researcher wants to hear. Bracketing is a component of van Manen's philosophy, and if this component is not appropriately addressed, then it may compromise transferability. It

was, therefore, imperative that this researcher continuously documented all preconceived

beliefs of the phenomenon and the participants in a journal while the research study was

conducted, in order to minimize or curtail bias. In addition, as a novice researcher,

ongoing communication was maintained with the chairperson and committee members,

who continuously provided feedback and guidance for conducting this research.

Chapter Summary

This chapter presented background information on the problem and domain of inquiry. In addition, the statement of the problem, purpose of the research, overarching research question, and the philosophical underpinnings were also discussed. The significance of this phenomenon to nursing and the potential contributions to nursing education, practice, research, health, and public policy were addressed. Chapter Two will provide a review of the literature in addition to the experiential context.

CHAPTER TWO

REVIEW OF THE LITERATURE

The purpose of this phenomenological study was to obtain an in-depth understanding of the lived experience of baccalaureate nursing students caring for mothers who have a perinatal loss. The basic premise of the literature review is to render a comprehensive review of previous works on the specific topic considered in the study. The review and synthesis of the literature provides the researcher with knowledge of the existing literature that relates to the topic, in an attempt to place this study into context. In order to conduct a search of relevant literature across disciplines to explore the lived experiences of baccalaureate nursing students caring for mothers with perinatal loss, an electronic search was completed. "The scope of the search is determined by how well defined the research problem is, as well as the researcher's prior familiarity with the topic" (Merriam, 2001, p. 53).

The search of the literature was conducted through multiple databases, namely, Academic Search Premier, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), EBSCO host, Medline, Ovid, and Dissertation Abstracts. Keywords used to conduct the search were perinatal loss professionals' experience, perinatal loss students' experience, and perinatal loss medical students. The initial search was limited to publications from 2008 to 2013, and the articles were exclusive to the English language. There was a very limited quantity of articles available for the timeframe used. As a result, the search was then extended beyond the traditional timeframe, in an attempt to retrieve as many articles that are significant to the phenomenon. This extended search provided additional articles. Eleven research articles on the lived experiences of different

health care providers were reviewed. Two of these research articles have addressed the phenomenon among midwifery nursing students, but no research was conducted with traditional nursing students. The other research articles relate to healthcare professionals' experience, and psychological impact of perinatal loss. The other articles addressed the historical context of perinatal loss. The literature reviewed is presented in the following categories: Historical context, health care providers and perinatal loss, psychological impact of perinatal loss, and the psychosocial impact of perinatal loss.

Historical Context

During the late 1940s, the concept of perinatal loss emerged when both clinicians and researchers recognized that there was a large number of deaths that occurred before and after delivery (MacDorman et al., 2012). Women spoke out about their pain post pregnancy loss in the 1970s. As a result, medical advances incorporated and promoted more emphasis on perinatal care, which made perinatal death appear more preventable (Stewart & Stotland, 1993). Women, therefore, expressed their desire for more emotional awareness from health professionals. Even though in the past, the difference in the rate of perinatal mortality between developed and developing countries was not significant, it has consistently grown. It was reported that an industrial country, such as Japan, had half the rate of perinatal mortality compared to the rate of the United States. Worldwide, 6.3 million perinatal deaths have been reported annually, and the World Health Organization (2006) has reported that two million families are affected by perinatal mortality.

MacDorman et al. (2006) reported two different definitions for perinatal mortality. According to this report, perinatal definition one is defined as infant deaths less than 7 days and fetal deaths at 28 weeks or more of gestation. Perinatal two includes

infant deaths under 28 days and fetal deaths that are 20 weeks or older. This group is described as more inclusive. Definition one is identified as the desirable choice to use for state-specific comparisons, as a result of the differences among countries in the completeness of reporting fetal deaths at 20-27 weeks gestation. On the other hand, perinatal definition two is useful for the purpose of monitoring perinatal mortality during the gestational age spectrum, since most fetal deaths occur prior to 28 weeks of gestation. The CDC (2012) has reported that in 2006 at the national level, the number of U.S. deaths for perinatal one definition was 27,850, and the mortality rate was 6.51. In comparison, perinatal two deaths and mortality rates were 45,013 and 10.49, respectively. Perinatal mortality was no longer considered to be a private matter occurring in the home; instead, it was considered to be a concern within the hospitals. According to Davidson (2008), about 20% to 30% of pregnancies result in perinatal loss; perinatology and neonatology were developed during the past few decades, and babies who were born at earlier gestational periods were considered to be capable of surviving outside of the mothers' womb.

Prior to the mid-1980s, medical management for perinatal loss was more concerned with the rate of loss, rather than the grief that mothers experienced (Davidson, 2008). Consequently, caregivers provided care to meet the physical need rather than the social and emotional needs of these mothers. Mothers were hastily separated from their deceased baby or fetus without therapeutic interventions or encouragement to grief. As a result, some health care professionals saw the need to intervene for the initiation of a more therapeutic approach to assist mothers while they grieve. Hence, during the late 20th century, there was a shift in hospital guidelines for the standard of care that is

provided to mothers during their experience of perinatal loss. This new standard of care requires caregivers, which includes nursing students, to provide care that will alleviate the mothers' emotional instability and their grief. Subsequently, there have been concerns about the impact of perinatal loss on nurses and nursing students while care is provided to the mothers who have experienced the loss (Begley, 2003).

Begley (2003) indicated that, despite the impact of the phenomenon on the student nurses while they provided care to mothers who have experienced perinatal loss, this phenomenon has received little attention in the literature. Students have reported that they have felt discouraged in practice, as a result of their involvement in providing care for mothers who have experienced stillbirth or neonatal death (McKenna & Rolls, 2011). The experiences of clinical placement can adversely impact the career choices made by undergraduate nursing students (James & Chapman, 2009). The students' loss of interest to continue to practice can severely impact the current nursing shortages. Hence, a need for additional purposeful research to address this phenomenon is warranted.

Stillbirth, miscarriage, and neonatal death are described as traumatic to the lives of parents who have experienced perinatal loss (Lovell, Bokoula, Misra, & Speight, 1986; Lee & Slade, 1996). During the time of grief, women rely on the care that is provided by midwives to decrease their emotional distress and anger (Jones, 1997). The literature has revealed that pediatric nurses have expressed grief, stress, and burnout when providing care for dying children, and these nurses have expressed a need for education on coping strategies. Nurses therefore use blocking techniques as a defense mechanism to cope.

Health Care Providers and Perinatal Loss

According to Benfield, Leib, and Vollman (1978), care that is provided to parents following perinatal death is highly individualized. The parents experience grief and anger, and physicians become the target of the parents' anger. Furthermore, "Many physicians find themselves inadequately trained to act as counselors and consolers" (Stewart & Stotland, 1993, p.151). Montero et al. (2011) conducted a qualitative study with a phenomenological approach to explore the experiences and action strategies of 19 health care professionals dealing with perinatal loss. Husserl's phenomenological approach guided the study, and in-depth semi-structured interviews were conducted at a maternal-infant unit in Spain. Data were analyzed and thematic categories included health care practice, feelings aroused by perinatal loss, beliefs about perinatal loss, and grief. Subthemes included education on perinatal grief, knowledge on perinatal losses, emotional strategies, guidelines, sensitization, assertiveness, humanization, and evidence-based practice.

The study identified that training programs need to acquire knowledge, skills, and abilities in management of perinatal bereavement. Furthermore a guideline for perinatal losses was necessary. The participants manifested their feelings of sorrow, anxiety, insecurity, resentment, rage, frustration, and feelings of impotence and failure because of their lack of knowledge of coping strategies. As a result, professionals distance themselves from desolated parents to protect their emotions because the participants recognized that nursing students and nurses needed some education that would enable them to effectively manage perinatal loss. This study revealed that providing care to mothers who have suffered perinatal loss have negatively impacted health care

professionals significantly. Hence, nursing education is needed, to alleviate or eliminate the impact of the experience, promote coping, and foster positive patient outcome.

McKenna and Rolls (2011) provided a report on a phenomenological study that explored undergraduate midwifery students' first experiences of stillbirth and neonatal death. The aim of the study was to understand the experiences students were being exposed to with a view of putting in place strategies to better prepare and support them. The sample comprised of eight undergraduate midwifery students from two unidentified universities from Victoria, Australia. Semi-structured interviews were conducted with the eight baccalaureate midwifery-nursing students, more than one year after their initial experience. Many of the students were exposed to perinatal death at an early stage in their course, without preparation for the experience. Three main themes were identified from the study including locating the experience, coping with the experiences, and moving past the experiences. Subsequently, in an attempt to cope, the students sought the support of family and friends. The support that was available to the students varied. The students identified different experiences such as the need to cry, uncertainty if their reaction was appropriate, shock, inadequacy and helplessness, unpreparedness, lingering experience of the event, sleep disturbance, flashbacks, and nightmares.

The ways in which the students dealt with these experiences occur in developmental process and resonate with studies previously conducted around compassion, fatigue, and posttraumatic stress disorder. This report also indicated that midwifery students have been found to be in need of extra support in assisting them to deal with life and death situations. Overall, students require specific preparation prior to their placement, as well as identified support strategies if they encounter the experience.

Consequently, a recommendation was made that further research needs to be conducted

so that the care of the grieving families, as well as students, can be optimized.

According to Gold, Kuznia, and Hayward (2008), stillbirth and infant deaths have

an emotional impact on physicians. Although medical schools in the United States have

modified their curricular content that relates to death and dying, medical students,

residents, and attending physicians still reported that they have felt unprepared for the

experience of bereavement issues. Research has shown that there is paucity of literature

on how the death of an infant affects obstetricians. With an attempt to address this issue,

Gold et al. (2008) conducted a quantitative cross-sectional, non-experimental research

study with the purpose of identifying the U.S. obstetricians' experiences and attitudes

about perinatal death, their coping strategies, and their belief about the adequacy of their

training on the topic. The sample comprised of 804 U.S. obstetricians from the American

Medical Association master profile. Forty-nine percent of the participants ($n = 395$) were

males. The median age of the participants ranged from 37 to 55 years old. The ethnic

backgrounds of the participants were White or Caucasian, Black or African American,

Latino or Hispanic, and Asian.

The study was conducted through self-administered online cross-sectional surveys

that comprised of 51 questions, which addressed personal experience and beliefs about

perinatal death, patient care, bereavement training and skills, and demographics.

Univariate and multivariate analyses were used to analyze physicians' attributes that

relate to the outcome variables. Univariate analysis has shown that physicians who

reported having adequate training were less likely to report that stillbirths took a large

emotional toll (*OR* 0.56, 95% *CI* 0.42 – 0.76, $p < 0.05$), and they were less likely to

report the consideration of giving up their practice because of their emotional experience

(*OR* 0.32, 95% *CI* 0.18 – 0.57, *p* < 0.05). Nevertheless, this result was not significant

after other factors were controlled for the multivariate variable. In essence, the results

revealed that 77% (*n* = 595) of the participants reported that caring for a patient with

stillbirth had taken a great personal emotional toll on them. Nearly one of every 10

obstetricians reported that they had considered discontinuing their practice because of the

significant impact that the experiences have had on them. The most frequently reported

coping mechanisms utilized were: talking informally with colleagues, friends, or family.

This survey substantiated the belief that caring for patients with fetal or infant death can

be very stressful and has significantly affected obstetricians emotionally, who are

involved in the birthing process. Nonetheless, there is scarcity of information that is

available about effective coping mechanisms in this population. This study, however,

indicated that educational interventions could alleviate the existing problem by promoting

effective coping mechanisms.

The notion that death through pregnancy loss is tragic and affects the life of

parents and nursing staff is well documented. The emotional needs of healthcare

providers should not only be acknowledged, but they should also be addressed. In order

to explore the emotional needs of doctors and midwives, Modiba (2008) conducted a

phenomenological study with the aim of exploring and describing the experience of

midwives and doctors when caring for mothers with pregnancy loss. The sample

included seven doctors and nine midwives from a maternity unit of a public hospital in

South Africa. Data collection was achieved through focused, semi-structured individual

interviews for 35 to 45 minutes, in the labor ward duty room. The findings were

categorized into central themes and subthemes. The central themes were: relevant issues and factors affecting rendering care, ways to cope with feelings, and intervention.

The findings of this research study showed that physicians were lacking the know-how to support mothers with pregnancy loss and that they were overwhelmed by problems such as staffing shortage and overcrowding. Physicians acknowledged that they were lacking knowledge and skills in providing emotional support and that they were willing to undergo training. This study also showed that providing care to parents with fetal or infant death has impacted physicians emotionally. Physicians felt unprepared for the experience, and they contemplated their employment. Educational interventions can enhance coping mechanisms, which may alleviate the existing problem.

Collectively, these studies have provided an overview of the perception and experiences of health care providers, while they provide care to mothers who have experienced perinatal loss. It is evident that health care providers felt helpless, insecure, anxious, unprepared, experienced sorrow and rage, resulting from them not knowing how to support mothers after their loss or to use effective coping strategies. Some health care providers even contemplated their ability to continue their employment. Since these studies were conducted with participants outside of the United States, there is no indication of the impact of this phenomenon as experienced by health care providers within the United Sates. In light of this, it was imperative to conduct this study

Psychological Impact of Perinatal Loss

According to Roehrs et al. (2008), caring for women and their family after they have experienced a loss has been described as one of the most difficult practices for nurses. Although this experience has been difficult for nurses, the available literature that

addresses perinatal loss focuses primarily on the experiences of mother, father, other family members, and cultural variables. It was identified in the literature that there was a need to obtain knowledge about nurses' experience, while providing perinatal bereavement care. As a result, Roehrs et al. (2008) conducted a qualitative descriptive study in a Western hospital-birthing unit. The purpose of the study was to describe the support needs and comfort level of labor nurses caring for families experiencing perinatal loss. The sample consisted of 10 labor nurses who completed online surveys with open-ended questions along with follow-up interviews. The nurses specified that they found it difficult to provide care to the bereaved mothers. Coping strategies used by the nurses included a focus on the care needed, conversations with their peers, time spent with family members, and they alternate the provision of patient care among themselves, depending on which nurse was better able to cope while providing care. The researcher concluded that a need exists for ongoing education and coping strategies about perinatal bereavement care to alleviate the nurses' emotional challenges, while they provide care to individuals with perinatal loss.

Fraczek (2006) conducted a phenomenological study to understand the lived experience of labor and delivery nurses in caring for women who have experienced perinatal loss. The sample included five registered nurses who have worked on the labor and delivery unit at renowned regional medical center and have provided care for women who have experienced perinatal loss. Open-ended conversational interviews were conducted. The nurses described their experiences with perinatal loss as devastating, disappointing, tragic, depressing, heart wrenching, unfair, draining, unacceptable, emotional, and hopeless. All five participants agreed that it takes a great deal of time and

a great deal of work to care for these patients. The researcher concluded that before a labor and delivery nurse is able to assist a patient to cope with the loss of pregnancy, the nurse must be able to set his or her personal feelings aside, and for most people, this is a very difficult process. Furthermore, there were no resources to address the needs of nurses at this medical center.

According to Begley (2003), although midwives and student midwives work closely with mothers and their significant others during the time of grief, the experiences of midwives and student midwives while providing care during this traumatic occurrence has not been previously studied. This idea paved the way for Begley (2003) to conduct a study in which he used a triangulated approach. The study was designed to explore the experiences of student midwives as they progressed through their two-year education program in Ireland, in relation to caring for women suffering a stillbirth, miscarriage, or neonatal death. The study was conducted at all seven midwifery schools in Ireland, with a sample size of 125 participants. Interviews were conducted in the participants' home, in a room in the nurses' residence, or in a student's car. Qualitative data were collected through group and individual interviews, as well as diary keeping. Quantitative data were collected from questionnaires that were administered at the beginning and end of the program. The students were instructed to record their feelings about midwifery, childbirth, their education, and the people they met during their working lives.

The qualitative section was done with induction analysis guided by a hermeneutic phenomenological approach, and the quantitative section of the study was loaded into Ethnograph software package. The Rosenberg Self-Esteem Scale (1965), adapted version of the Fear of Negative Evaluation Scale, and an Assessment tool of assertive behavior in

nurses were incorporated into the first questionnaire, to assess the quantitative section of the study. An extensive testing for reliability and validity were performed on all three tools (Gerry, 1989). A second questionnaire was revised to include all of these tools, which was used to test 17 third-year student nurses that underwent nursing training and were eligible to apply for midwifery education. This revised questionnaire was administered to the same students a second time to assess test-retest reliability of the instrument. A previous study that was conducted by Begley (1999) reported that the Pearson's product- moment correlation coefficient was ($r = 0.57$, $p < 0.05$), ($t = 2.6868$, $df = 15$), which indicates a moderate linear relationship. Begley (1999) reported the trustworthiness of the study.

The qualitative analysis identified three main themes: You do not know what to say, they wrapped him in a blanket, and crying like a fool. The result identified a number of areas where improvement could be made in the education of student midwives. The quantitative findings demonstrated that, at the end of the 2-year program, students still have reservations about their preparation and knowledge in providing care for the bereaved couples. While providing care for bereaved couples, 86% ($n = 18$) of the students in one hospital reported that they were provided with adequate preparation. Conversely, only 15% ($n = 3$) in another hospital affirmed that they were adequately prepared for the experience. Overall, this study has shown that student midwives suffer a strong feeling of distress when they provide care for women who were encountering perinatal loss. .

A quantitative prospective study was conducted by Kaniz et al. (2011) that examined the impact of perinatal death on the psychological status and social

consequences among mothers of Bangladesh. The study consisted of a convenient sample of 476 women with and without perinatal loss. The hypothesis was that women who had experienced perinatal loss would be more likely to have depression and will encounter impaired social function compared to those with normal deliveries with no complications. The mental health of the participants was assessed with the use of Bangla version of the Edinburgh Postnatal Depression Scale (EPDS-B). Pearson Chi-square of Fisher's exact test was used to test univariate associations.

The univariate analysis shows that women, who experienced perinatal loss, were more likely to report negative social consequences, compared to women who have not experienced such a loss. In addition, women who had experienced perinatal death significantly reported more negative life changes ($p < 0.001$), than their counterparts that had not experienced perinatal loss. These results supported the hypothesis. Another result from the analysis of the EPDS-B revealed that the magnitude of persistent depression was statistically non-significant between women with and without perinatal loss. This study showed that perinatal loss could significantly impact the physical and emotional well-being of mothers. In addition, the findings also revealed that depressed patients were at a higher risk of self-harm ideation, panic attack, anxiety, and risk of feeling helplessness. Hence, health care providers, including nurses, need to be better prepared in order to intervene to prevent mothers from potential self-inflected harm with coping strategies.

These research studies mutually provided findings, which indicate that the experience of perinatal loss has a profound psychological and physical impact on the well-being of these participants. Participants experienced a strong feeling of emotional

distress and feelings of unpreparedness to effectively deal with the task of caring for

mothers that have experienced perinatal loss. Some participants also reported that it took

a great deal of effort to provide care to these patients. They also specified that there were

no resources in place to address the patients' problems. It was concluded that a need

exists for ongoing education and coping strategies about perinatal bereavement care to

alleviate the nurses' emotional challenges, while they provide care to individuals with

perinatal loss. This study may provide information that can be implemented into practice

so that nursing students, nurses, and other health care professionals may be afforded

effective coping strategies that can be utilized to alleviate the emotional impact that may

be experienced.

Psychosocial Impact of Perinatal Loss

Armstrong (2002) conducted a quantitative cross-sectional three-group design,

comparative design study via in-person and telephone interviews. The purpose of the

study was to evaluate the association of previous perinatal loss with parents' levels of

depressive symptoms, pregnancy-specific anxiety, and prenatal attachment in a

subsequent pregnancy and to determine whether higher levels of depressive symptoms

and pregnancy-specific anxiety were associated with prenatal attachment. The sample

comprised of 103 couples with mothers who were in their second trimester of pregnancy.

These 103 couples were divided as: 40 couples who had a perinatal loss in previous

pregnancy, 33 couples were pregnant for the first time, and 30 couples who had a history

of prior successful pregnancies. Participants were volunteers from prenatal clinics,

education classes, and private medical practices.

Data analysis was conducted with the use of three separate one-way analysis of variance (ANOVA) models to determine whether depressive symptoms, pregnancy-specific anxiety, and prenatal attachment differed among the three groups. Three two-way repeated measures ANOVA were used to evaluate the differences in depressive symptoms, pregnancy-specific anxiety, and prenatal attachment by gender of the parent and group membership. Findings showed that for parents who had a history of perinatal loss, as gestational age at the time of the prior loss increased, their anxiety about the outcome of the current pregnancy also increased ($r = .23$, $p < .04$). The study also reflected that as gestational age in current pregnancy increased at the time of the study interview, anxiety about the outcome of the current pregnancy decreased ($r = .26$, $p = .02$). Prenatal attachment also increased for all parents ($r = .32$, $p = .004$) as gestational age at the time of the interview increased. There were no significant correlations between gestational age at the time of interview and level of depressive symptoms for any group or gender. In addition, gestational age at the time of the previous loss was not significantly associated with level of depressive symptoms for parents with previous losses.

In an effort to evaluate the psychosocial impact among mothers with perinatal loss and its contributing factors, a retrospective cross sectional study was conducted by Sutan et al. (2010). The aim of the study was to evaluate the psychosocial impact among mothers with perinatal loss and its contributing factors. The sample comprised of 62 mothers, and the study was conducted in postnatal ward, postnatal clinic, and Neonatal Intensive Care Unit at the University Kebangsaan Malaysia Medical Centre (UKMMC). Data were collected through the use of Edinburg Postnatal Depression Scale (EPDS) and

a self-administered questionnaire that were translated to Malay. The self-administered questionnaire was used to collect demographic data, and the EPDS questionnaire focused on assessing the current condition of the participants. The Malay language-translated version showed good internal reliability (Cronbach's alpha 0.86) and split half reliability of 0.83 (Spearman split: 0.83).

The results showed that according to the EPDS score, 53.2% of the respondents experienced a psychosocial impact with a total score > 9, out of 30. It is evident that there was a significant relationship ($p = 0.019$) between psychosocial impact after perinatal loss and support from friends. Nevertheless, there were significant differences between psychosocial impact and history of perinatal loss, ethnicity, occupation, educational level, age, or social income. It was concluded that mothers with perinatal loss should be screened for psychosocial impact and offered support when needed. In addition, family members and friends ought to continue to provide these mothers with emotional support.

Sutan and Miskam (2012) investigated the psychosocial impact of perinatal loss among Muslim women, using a descriptive phenomenology approach. The aim of the study was to explore and describe psychosocial impact and social support following perinatal loss among Muslim women. A purposive sample of 16 Muslim mothers that were admitted in a maternity unit at the University of Kebangsaan Medical Center participated in in-depth, unstructured focus-group interviews and discussions. Data were analyzed through open coding. Three major themes identified were parent feelings on perinatal loss, parent perception of the role of health caregiver during grief, support during grief, and decision-making. Findings from the study revealed that the feelings

experienced by the participants were confusion, anger, a feeling of emptiness, guilt, anger over subsequent pregnancy, lack of communication, lack of privacy, and immediate family friend and religious activity.

These three research studies have shown that the outcomes of perinatal loss negatively impact mothers. Although the quantitative studies have shown that, in some cases, there was no significant correlation between gestational age and level of depressive symptoms to mothers. In some instances, there was an increase in the mothers' level of anxiety after they have experienced perinatal loss. It was also reported that there were significant relationship between psychosocial impact after perinatal loss and support from friends. The researcher concluded that participants experienced the psychosocial impact. The ability of these participants to cope after perinatal loss depends on their personal grief perception. In the qualitative research study conducted by Sutan and Miskam (2012), the researcher concluded that participants experienced the psychosocial impact, and the ability for these participants to cope after perinatal loss depends on their personal grief perception.

Nevertheless, there were no indication of the coping strategies and support that were utilized by these participants to alleviate anxiety. Regardless, it was recommended that mothers with perinatal loss should be offered emotional support. This researcher believes that in order for patients, nurses, and students to achieve their optimal well-being, everyone needs to be equipped with effective coping strategies, and emotional support should be available to them. This study may provide valuable knowledge to health care professionals with implications for practice, which may aid in alleviating the existing ineffective coping that they have experienced. According to Crary (2013):

Nursing students often experience demands that exceed their resources, just as

nurses do; again thinking preventatively, if we could prepare our future nurses to

manage demands by bolstering their internal coping mechanisms and facilitation

of self-care behaviors, such as self-compassion, and stress management skills,

then nurses entering their first jobs might be able to manage their demands they

encounter as nurses. (p. 75)

Experiential Context

Experiential context allows the researcher to disclose his or her personal feelings,

experience biases, and influence, as they relate to the phenomenon of interest that is

being researched. It is important for this researcher to identify experiential context, since

this context recognizes any preconceived ideas or beliefs harbored. To explore the lived

experience of the participants concerning a phenomenon, it is important for the researcher

to disclose her preconceived ideas and implement bracketing. Bracketing is a factor of

Max van Manen's hermeneutic phenomenology, which will be adhered to throughout this

study to eliminate biases. Consequently, the way of knowing through the interpretive

lens is congruent to van Manen's hermeneutic methodology.

This researcher has been a clinical educator for approximately 7 years and has

listened to nursing students who have experienced perinatal loss. Recently, she observed

nursing students who became emotionally distraught during their hospital clinical

rotation, while they provided care to a mother who had experienced perinatal loss. This

researcher offered words of support, which did not prove to be effective to them. One of

the students did not want to share her experience in details. I was also fearful of the

outcome of the emotional and psychological impact that the experience could have had

on the students. As a result of my curiosity, this phenomenon of nursing students'

experiences as they care for mothers with perinatal loss has become my priority. This

researcher is aware that this prior knowledge could negatively or positively influence the

outcome of the study. In an effort to avoid my influence, I initiated bracketing of all

preconceived ideas to obtain the participants' true lived experiences. This study focused

on obtaining the experiences of the phenomenon as it is experienced, lived, and described

by the participants, which was illuminated in the findings documented by the researcher

as the instrument. Although bracketing cannot be fully achieved, it is intended to help

the researcher identify and examine his or her perspectives continuously. This ongoing

reflection on our engagement during the collection and analysis of the data is known as

reflexive and emphasizes looking back and inward in a self-aware manner (Fischer,

2009). This researcher reflected on her assumptions and interpretive understandings and

reexamined them against insights that merge from the study.

In an attempt to ascertain bracketing, she acknowledged and disclosed her interest

in the study and that this phenomenon was purposely chosen because of the global impact

and concerns. According to van Manen (1990), "Bracketing describes the act of

suspending one's various beliefs in the reality of the natural world in order to study the

essential structures of the world" (p. 175). I constructed a journal in which I documented

all of my beliefs, feelings, and ideas in order to continually reassess my biases. As a

result, this researcher evaluated if there was a need for modification of the approach in

conducting this study. According to Creswell (2007), the research process is emergent;

hence, the initial plan for the research cannot be planned, and all the steps of the process

may be modified whenever the researcher enters the field to collect data.

Chapter Summary

This chapter presented an overview of the existing literature both qualitatively and quantitatively that addressed the phenomenon of nursing students' experiences of providing care to mothers who have experienced perinatal loss. The categories of the literature review include, the historical context, health care providers and perinatal loss, psychological impact of perinatal disease and psychosocial impact of perinatal loss. There is an indication that the experience of this phenomenon has greatly impacted many individuals. Despite the fact that nursing students in collaboration with nurses are at the forefront of providing care, there is paucity of literature that focuses on the experiences of nursing students. The gap in the literature has afforded this researcher an opportunity to investigate this phenomenon. The experiential context was provided. Chapter Three will convey a detailed description of the methods that was utilized to conduct the study.

CHAPTER THREE

METHODS

The purpose of this qualitative phenomenological study was to obtain an in-depth understanding of the lived experience of baccalaureate nursing students caring for mothers who have a perinatal loss. Although there are many research methods, each method has its usefulness and limitations. In order to accomplish the purpose of the study, the researcher should be familiar with the selected methodological approach. The cardinal function of a methodological section is to provide an explanation to the readers of how the research will be accomplished. This approach allowed the researcher to determine if the chosen method enhanced responses to questions being asked and whether this method was congruent to the purpose of the research.

The methodological section articulates what the data consisted of and how the data was collected, organized, and analyzed (Berg, 2004). According to Max van Manen (1990), phenomenological research allows individuals to attach themselves to the world through researching, questioning, and theorizing about the world, in order to become more immersed in the experience. Phenomenological research should be used to answer questions of meaning in an effort to understand the lived experience as it is understood by those who are having the experience. This process adds to the body of nursing knowledge. Phenomenology is also considered an important method that should be used to study a new topic that has been studied but needs a different perspective (Cohen, Khan, & Steeves, 2000). Furthermore, not only does phenomenology add valuable knowledge to nursing science, but it also encourages the researcher to become engrossed

into the process. Hence, the methodological approach for the study employed the guidelines for phenomenology.

Research Design

There are different methodological approaches to conduct a study and investigate a problem. However, there are some approaches that are more appropriate to study a phenomenon, depending on the purpose of the study. Analysis of phenomenological data can be carried out through approaches significant to philosophers such as Sartre, Merleu-Ponty, Husserl, Heidegger, Moustakas, Colaizzi, and van Manen. In order to accomplish the purpose of this study, the adaptation of Max van Manen's hermeneutic phenomenological approach was utilized. Phenomenology is a philosophy and a methodology. It aims to enhance an understanding of the lived experience through reflection, description, and interpretation. Hermeneutic phenomenology explores the lived experience of individuals, in order to interpret the text as it exists.

Rationale for a Qualitative Study

The adoption of a qualitative approach appeared appropriate to conduct this study, since the researcher interviewed the participants in their natural environment, to explore their experiences, and obtained the essence of the phenomenon being investigated. A qualitative study facilitated this researcher's approach to probe deeply into the research setting, in an effort to obtain an in-depth understanding about the phenomenon, and the perception of the experience that baccalaureate nursing students pose while caring for mothers who have experienced perinatal loss. In addition, qualitative research allows the researcher to collect visual and narrative data in a normal setting so that it is not manipulated over a period of time (Gay et al., 2009).

Clinical experiences are seen as subjective, and as a result, these experiences can be described by the participants, along with their attached meanings. According to Ajjawi and Higgs (2007), "Clinical reasoning and communication are cognitive and interactive processes that are frequently tacit and subconscious and occur in context; these phenomena cannot maintain their essential and embedded features if reduced or measured as in quantitative" (p. 614). Qualitative research is often used when the researcher wants to empower participants to share their stories so that their stories are being heard and to minimize the power relationship that sometimes exists between the researcher and the participants (Creswell, 2007). There are five different philosophical assumptions that are significant and relative to qualitative research. Each assumption identifies a different perspective, and this researcher believes that these assumptions may enhance the achievement of the purpose of the study. According to Creswell (2007), these assumptions are:

- Ontological, which investigates the nature of the reality, and allows the researcher to collect subjective realities, as they are seen by the participants. The subjective data of the participants is utilized in their own words to formulate quotes and themes, which provides evidence of different perspectives.

- Epistemological assumption allows for an inquiry of the relationship between what is being researched and the researcher. The researcher collaborates and becomes an insider, while spending time in the field with the participants.

- Axiological requires that the researcher acknowledges that research is value laden and biases are present, regardless of the researcher's intent. Hence, the

researcher includes his or her interpretation along with the interpretation of the narrative, while the researcher openly discusses values.

- Rhetorical assumption allows for the determination of the language of the research. This allows the researcher to document data in literary, informed style, while using the personal voice, and qualitative terms with very limited definitions. Some of the informed style of writing of the narrative includes first-person pronoun and the language of qualitative research.

- Methodological assumption affords the researcher the opportunity to determine the process of the research, while using inductive logic and an emerging design while studying the topic within its context. This assumption enables the researcher to describe the details of the study within its context and continuous revision of the questions, based on the researcher's experiences, while being in the field where the research is being conducted.

Nevertheless, there have been many developments over the years that have affected qualitative research, which has resulted in the emergence of different schools of thought or qualitative traditions. The most popular qualitative traditions are ethnography, grounded theory, case study, narrative inquiry, and phenomenology. Ethnographic tradition describes and interprets a culture-sharing group, while grounded theory focuses on developing a theory grounded in data from the field. Case study attempts to develop an in-depth description and analysis of a case or multiple cases, and narrative research explores the life of an individual. Phenomenology, another qualitative research tradition, allows individuals to attach themselves to the world. Although there are different methodological approaches to conduct a study, a phenomenological approach was

employed to investigate this phenomenon because this researcher sought to gain an in-depth understanding of what it meant for baccalaureate nursing students to care for mothers who have perinatal loss.

Rationale for Phenomenological Study

It is this researcher's belief that the phenomenon in this study fits with the interpretive paradigm because each participant may experience the phenomenon in a different way. "According to the interpretive approach, meanings are constructed by human beings in unique ways, depending on their context and how they engage in the world they are interpreting" (Crotty, 1998, p. 614). The interpretive approach allows interaction between the researcher and participants; findings emerge from this interaction, and the meanings of the experiences will be constructed by the participants. van Manen (1990) describes hermeneutic phenomenology as a phenomenological approach in which during research, the "text" of life is interpreted (hermeneutic) and lived experiences (phenomenology). Max van Manen follows Heideggerian phenomenology, which is consistent with interpretive hermeneutics, and the researcher interpreting and analyzing the data of the lived experience, based on the researcher's knowledge and experience. Hence, the phenomenon is described by the researcher as a true reflection of how the participants feel, describe, and see the phenomenon. This approach also offers flexibility of the research design by the researcher, enabling the researcher to make changes at any time during the research process, in an effort to capture the true meaning of the participants' experiences.

This researcher sought to obtain rich and valuable data about the phenomenon that may add to the existing nursing knowledge. According to van Manen (1997),

hermeneutic phenomenological research seeks to provide a rich and dense narrative of the phenomenon that is being researched in a specified context. Hermeneutic phenomenology allows the researcher to explore the participants' experiences with abstraction and interpretation and interpretive element to interpret meanings and assumptions of the participants' text that they may have difficulty articulating. Language and communication are both intertwined. In light of this belief, hermeneutic phenomenological approach is appropriate because it offers the researcher a way to understand such human experiences as captured through the language and in the participants' context (Ajjawa & Higgs, 2007).

It is this researcher's intent to obtain data that is a true reflection of the participants' experiences, and in order to achieve this, the researcher refrained from introducing any kind of influence or biases during the research process. According to van Manen (1990), "Bracketing describes the act of suspending one's various beliefs in the reality of the natural world in order to study the essential structures of the world" (p. 175). A reflective journal was kept in which this researcher's vested interest, personal experience, beliefs, cultural factors, and assumptions were documented. Ongoing reflections of these variables were performed to eliminate bias and achieve bracketing, and the reflection was shared with each participant. To achieve the purpose of this study, this researcher interpreted and analyzed the data that was obtained from the participants during the interview, in light of van Manen's approach.

Max van Manen's hermeneutic phenomenological methodology is comprised of six methodological activities of human science research. These activities are:

- Turning to the nature of lived experience

- Investigating experience as we live it

- Reflecting on the essential themes which characterize the phenomena

- Describing the phenomenon through the art of writing and re-writing

- Maintaining a strong and oriented relation to phenomenon

- Balancing the research context by considering parts and whole

     (van Manen, 1990)

According to van Manen, phenomenological research is driven by a commitment to turn to a specific concern. Consequently, turning to a phenomenon of interest allows the researcher the thought of wholeness of life and certain aspects of human existence. This gives the researcher a deep question of the essential nature of the phenomenon and describes the phenomenon with insightfulness. Investigating the experience as it is lived provides the importance of investigating experience since van Manen believes that the practical wisdom is in the understanding of the lived experience itself. "Being experienced is a wisdom of the practice of living, which results from having lived life deeply" (van Manen, 1990, p. 32).

Max van Manen (1990) affirmed that phenomenological research, unlike any other research, makes a distinction between the appearance and the essence as well as between the things of our experience and that which grounds the things of the experience of the participants. He also believes that in order to capture the true reflection of the experience of the phenomenon by the participants, the researcher should ask, "What is it that constitutes the nature of this lived experience?" During the reflection of the themes that describe the phenomenon, van Manen offers isolating themes, interpreting themes, reflecting on themes, as well as determining incidental and essential themes.

Furthermore, van Manen also suggests that in order to isolate themes from the transcript, three approaches should be adhered to.

These approaches are the holistic or sententious approach, the selective or highlighting approach, and the detail or line-by-line approach. According to van Manen (1990), in the holistic approach, the researcher focuses on the text as a whole and tries to find out what sententious phrase may capture the fundamental meaning or significance of the text as a whole. The selective or highlighting approach, on the other hand, occurs when the researcher reads or listens to the text several times to identify or highlight statements or phrases that are essential to the phenomenon or the experience that is being investigated. The detailed or line-by-line approach involves a detailed review of each sentence or cluster of sentences to determine what each sentence or cluster reveals about the phenomenon or experience.

To obtain the true subjective lived experience of the phenomenon, the researcher needs to describe the phenomenon through the art of writing and rewriting. According to van Manen, when a researcher wants to render something into a language, the research should be in a phenomenological approach. To accomplish this approach, writing should be done so that the language that was used transformed the phenomenon precisely as it was described. The researcher should also write and rewrite as an approach for further reflection of the data, in an attempt to illuminate the lived experiences of the phenomenon by the participants. In accordance with van Manen's six research activities, maintaining a strong and oriented relation to the phenomenon should be considered, to achieve the intent of hermeneutic phenomenology. During the application of this activity, the researcher should remain focused on the research question and the

phenomenon that is being studied so that the aim or purpose of the study is achieved.

The researcher needs to evaluate the text about the contribution of each part to the whole.

van Manen believes that, in order for the researcher to maintain the balance of all the

components of the study, the researcher should constantly measure the overall design of

the study. Likewise, the researcher should step back and look at the complete text, in

order to recognize how each section of the study contributes towards the complete study.

The adaptation of van Manen's six research activities by this researcher is illustrated in

the figure that follows:

Turning to the phenomenon that interests us.

The lived experiences of BSN nursing students caring for mothers who have periantal loss.

Balancing the reearch context by considering parts and whole.

Continuously review the research study design and the text to see how each part of the study contrbutes to the whole.

Investigating the experience as we live it rather than as we conceptualize it.

Individual face-to-face interviews, journaling, poems and articles.

Describe the Lifeworld.

Understand the essence of providing care for a mother with perinatal loss.

Maintaining a strong and oriented pedagogical relation to the phenomenon.

The researcher remains focused on the research question and the phenomenon, eliminate bias, bracketing.

Reflecting on the essential themes.

Verbatum transcription, lisen to audio tapes, rewrte read and reread transcript, Immerse self in data, formulate and group common themes.

Descriibing the phenomenon through the art of writing and rewriting. The usage of language in writing to transform the voices of the phenomenon being described by the participants.

Member checking.

Figure 2. van Manen's six research activities (Brown-King, 2015, adapted from van Manen, 1997).

Sample and Setting

There are no rules for sample size in qualitative research (Patton, 2002). Sample

size depends on what the researcher wants to know, the purpose of the inquiry, what is at

stake, what will be useful, what will have credibility, and what can be done with available time and resources. According to Creswell (2007), a phenomenological study may comprise of a sample of five to 25 participants. On the other hand, Gay et al. (2009) reported that a qualitative study could be conducted with as many as 60 participants; nevertheless, it is seldom that a qualitative study is conducted with more than 20 participants. In addition, qualitative research involves the use of non-probability sampling method, and one of these sampling methods is identified as purposive sampling. This method is defined as "A nonprobability sampling method in which the researcher selects participants based on personal judgment about which ones will be most representative or informative" (Polit & Beck, 2004, p. 729).

With the aim to understand the lived experience of a phenomenon, this researcher included participants who have experienced the phenomenon being investigated. In congruence with this concept and hermeneutic phenomenology, a purposive sample selection of a maximum of 20 participants who have lived the experience of the phenomenon and were willing to share their experiences were obtained. This researcher believes that in order to achieve the true meaning of the experience of the phenomenon of this study, it was best to recruit participants who have experienced the phenomenon. This idea seems to be supported by Polit and Hungler (1999) in that purposive sampling is used when the researcher intends to use a sample of experts as the key informants. Purposeful sampling is sometimes called purposive or judgment sampling and occurs when the researcher decides the purpose the participants to serve. Face-to-face, semi-structured interviews were conducted until data saturation was achieved. Saturation is

evident when no new information about the phenomenon is generated through the interviews.

This researcher visited nursing colleges in Dade, Broward, and Palm Beach counties and recruited participants who have lived the experience of the phenomenon, with the intent to obtaining rich data about their experience. In addition, snowball sampling approach was utilized. This process allowed the participants to identify other participants who have experienced the phenomenon and may have been able to provide rich information about the phenomenon being investigated. According to Creswell (2007), "Snowballing is most useful when it is difficult to find participants of the time needed" (p. 137).

Access and Recruitment of the Sample

Upon approval from Barry University's Institutional Review Board (see Appendix A) and permission obtained from program directors of the selected baccalaureate nursing programs in Dade, Broward, and Palm Beach counties, recruitment of potential participants began. A letter (see Appendix C) was emailed by this researcher to the program directors of the selected baccalaureate nursing programs in the respective counties to gain access to the sample. A copy of the research flyer (see Appendix E) was also included as an attachment. The purpose of this letter was to introduce the researcher, inform the program directors of the selected baccalaureate nursing programs about the study and request permission to post and/or distribute flyers for recruitment of participants who met the inclusion criteria of the study. The letter also sought permission from the program directors for this researcher to make the announcement about the study in the classrooms at the beginning of the class session. Flyers contained the purpose of

the study, inclusion criteria for participation, email address, and telephone number of the researcher that was used solely for all communication about the study. The flyer also contained contact information for the dissertation chair and Institutional Review Board representative.

Flyers were distributed and posted in the areas designated by the program directors of each nursing school, in addition to making the announcement of the study in the class session where permitted. Once prospective participants contacted the researcher via telephone and indicated their willingness to participate in this research study, arrangements were made to meet with the prospective participants at a location and time that was mutually agreed upon. Purposive and snowball sampling was utilized. Each participant who met the inclusion criteria for participation was asked to voluntarily participate in a semi-structured individual interview. Each participant was offered an American Movie Cinema (AMC) movie theater card for a value of $20 to keep, in appreciation for their participation in the study even if they withdrew from the study. The AMC movie theater card was distributed to the participants at the beginning of the interview during the first meeting.

Inclusion Criteria

This qualitative phenomenological study involved a sample of baccalaureate nursing students who were enrolled in a nursing program in Broward, Dade, or Palm Beach counties. Participants were at least 18 years of age, and had experienced dealing with a mother who have a perinatal loss during their clinical experience and were willing to talk about their experience. The participants were able to speak, write, and read English fluently.

Exclusion Criteria

Nursing students were excluded from the study if they were not enrolled in a baccalaureate-nursing program in Dade, Broward, or Palm Beach counties, or if they were less than 18 years of age. Students who were unable to speak, write, or read the English language fluently, or have never experienced dealing with a mother who had a perinatal loss during their clinical experience were also excluded.

Ethical Considerations/Protection of Human Subjects

Once there is participation of humans in a study, there are concerns about ethical issues as it relates to the participation of the participants. As a result, this researcher initiated interventions to eliminate or minimize ethical issues. Some of the ethical issues included informed consent procedure, confidentiality toward participants, and benefits of research to participants over risks (Creswell, 2007). Confidentiality and the right to privacy of participants were also addressed. This researcher ensured that the rights, privacy, and confidentiality of the participants were achieved and accepted responsibility to inform the participants about the study.

Prior to conducting the study, approval was obtained from Barry University's IRB (see Appendix A), and approval for recruitment of participants from the program directors (see Appendix D) of the selected baccalaureate programs in Dade, Broward, and Palm Beach counties was also obtained. Participants were informed that they were required to meet with the interviewer twice at a location that was mutually selected by them. The first meeting involved the interview process and the second meeting was for member checking. Polit and Hungler (1999) defined member checking as "the provision of feedback to the study participants regarding the data and the researcher's emerging

findings and interpretations, including securing the participants' reactions" (p. 429).

Participants were required to spend no longer than one hour for the first meeting and

approximately half of an hour the second meeting to complete member checking with this

researcher. The second meeting was held within seven days of the first interview.

Participation in the study was strictly voluntary, and participants were informed about

their role in the study and how the collected data would be stored and utilized.

During the first meeting, participants were asked to identify a pseudonym that

was used throughout the interview and in any dissemination of results of the study.

Participants were also required to sign a written Informed Consent form (see Appendix

B), which granted the researcher the permission to conduct an audio taped interview with

them and utilized the individual responses that they provided in the study. If any

participant chose to withdraw from the interview, the data collected from that participant

was not utilized in the study, and the researcher shredded this data. The signed informed

consent form was the only document that included participants' legal names, and these

consent forms were stored in a separate locked box in an office at the researcher's home.

All data that were collected during the interview were held confidential. Written

transcripts with information that was collected during the interview, field notes, and

reflective journal were stored separately in a locked box in an office at the researcher's

home. The audiotape recorders and pseudonyms were also stored in a locked box in the

researcher's home. The researcher destroyed the audiotape recorders once verification of

the transcription was achieved through member checking with the participants during the

second meeting. Nevertheless, if the second meeting did not occur, this researcher would

destroy the audiotape recorders 90 days after the first meeting for the interview.

Member checking was conducted with all the participants. This researcher kept

two universal serial bus (USB) flash drives that stored the Microsoft Word documents of

this research study; one of the USB drives served as a back up in case one fails.

Interview transcripts, field notes, and reflective journal will be destroyed 5 years after the

researcher completes the research. Participants were assured of their confidentiality and

that their responses were guaranteed throughout this study, to the extent permitted by

law. The participants were informed there were no direct benefits of the study to them,

and minimal risks were attributed to the study. In addition, each participant received an

American Movie Cinema (AMC) theater card for a value of $20.00 to keep, at the

beginning of the interview even if they withdrew from the study during the first meeting,

in appreciation for their participation.

Data Collection Procedures

Once approval was obtained from Barry University's Institutional Review Board

(see Appendix A) and permission was granted by the program directors from the selected

baccalaureate nursing programs in Dade, Broward, and Palm Beach counties to gain

access for recruitment, this researcher began the data collection process with the

participants who met the inclusion criteria for the study. During the first meeting, the

researcher introduced herself to the participants, and all disclosures to conducting the

study were revealed to the participants. They were informed about approaches to

maintain their confidentiality throughout the study. Participants were given the

opportunity to ask questions as clarification for the information that they were provided

by this researcher. Each participant who was willing to participate in the study and met

the criteria was asked to voluntarily sign a written Informed Consent Form (see Appendix

B) to participate in the study and select a pseudonym that was used for their

identification. Participants voluntarily completed a demographic data questionnaire (see

Appendix G).

The researcher then conducted an in-depth, one-on-one, semi-structured, face-to-

face interview with open-ended and probing questions (see Appendix F). A semi-

structured interview is congruent to phenomenological approach, which allowed the

participants to tell their stories. Open-ended questioning was used in an attempt to obtain

in-depth responses from the participants. The first interview prompt was, "Tell me what

was it like for you to care for a mother who has perinatal loss." The objective of this

approach was to provide the researcher with flexibility to follow up with probing

questions that were prompted by responses that were obtained from any participant. van

Manen (1990) stated, "The art of the researcher in the hermeneutic interview is to keep

the question open, to keep himself or herself and the interviewee oriented to the

substance of the thing being questioned" (p. 98). The interviews were conducted at a

location that was mutually agreed upon by the participants as well as the researcher, and

was conducive to conducting an interview. All disclosures were made on the informed

consent form.

The first interview did not last longer than one hour, and it was audio taped with

the use of two tape recorders. One of the tape recorders was used as a backup to obtain

verbatim data, which was also disclosed on the informed consent form. The researcher

kept a journal of any preconceived ideas about the phenomenon or the participants to

eliminate biases and ensured bracketing. The researcher was an active listener without

interjection, allowing participants the opportunity to fully describe their lived experience

(Creswell, 2007). However, the researcher sought clarification as necessary during the interview and read journaling notes to ensure that the interpretation of the participants' non-verbal gestures and mannerisms displayed during their interviews, were documented. After the conclusion of the first interview, the participants were asked to return for a second follow-up meeting to be held within 7 days of the interview, which lasted no longer than half an hour. The goal of this second meeting was to ask participants to review the written transcript and to determine if the transcript reflects the lived experience as they described it. This approach is called member checking, which is important to achieve trustworthiness of the data and to ensure that the transcript is a true reflection of the experience of the participant.

The audiotape data was transcribed shortly thereafter each interview by the researcher. The researcher reviewed the transcript more than once, line by line while listening to the audiotape and comparing the transcriptions. All transcripts, field notes, journals, and audiotapes were secured in the designated locked boxes in an office at the home of the researcher. The informed consent forms were kept in separate locked box in an office within this researcher's home. Both audiotape recorders were destroyed after verification of the transcript or 90 days after the completion of data collection. All transcripts will be kept for a minimum of 5 years and will be shredded by this researcher after this time.

Interview Questions

To pursue a phenomenological study, the researcher asked questions about the phenomenon in order to obtain in-depth information of the participant's lived experience. Max van Manen (1990) stated, "We not simply raise a question and possibly soon drop it

again, but rather we 'live' this question, that we 'become' this question" (p. 43). With this concept in mind, this researcher formulated questions that enhanced a conversational interview, followed by probing questions. The intent of this approach was to elicit the lived experiences from the participants to achieve the purpose of the study.

According to Munhall (2007), the researcher is the instrument in a phenomenological study, and there should be an attempt for the researcher to understand the meaning of the experience through the investigation. The primary interview question and the prompts (see Appendix F) were designed to reflect the school of phenomenology or philosopher in which the researcher was interested, and to elicit the true lived experience of the phenomenon and enhance qualitative conversational interaction. The primary question and prompts were open-ended. According to van Manen (1990), "The art of the researcher in the hermeneutic interview is to keep the question open to keep himself or herself and the interviewee, oriented to the substance of the thing being questioned" (p. 98). The first interview question was, "What is it like for you to have cared for a mother who experienced perinatal loss?" According to Munhall (2007), often, this line of questioning will lead up to the description of the experience by the participants. This question elicited detailed information about the experience so that there may be a better understanding of the need for implementation of strategies that will assist future nurses and nursing students to better cope when they are faced with the same experience. Probing questions were also included to elicit more information, or also allow for elaboration and clarification from participants (see Appendix F).

Demographic Data

The participants were asked to complete a demographic data questionnaire (see Appendix G) that was designed by the researcher. The study participants were asked to provide the researcher with their date of birth, race, sex, marital status, religion, highest level of education completed, and occupation prior to entering nursing school. They were asked to identify the number of time that they provided care during perinatal loss, as well as the length of time in the nursing curriculum. In addition, other information requested included the length of the patient's pregnancy; whether the loss was a stillbirth, neonatal death, or miscarriage; any contacts with the baby after death occurred; and the participants' cultural identification. The demographic data in this study was used solely for descriptive purpose of participants. This data provided the researcher with a description of all the participants, and this information may influence researchers to conduct other research studies.

Data Analysis

Regardless of the approach that is utilized by the researcher to analyze the data, analysis follows a sequential process. Data analysis in hermeneutic phenomenological approach involves moving from the field where data collection was achieved to a narrative test that may be meaningful to readers (Cohen et al., 2000). During this time, the researcher read and re-reads the collected data. The intent of data analysis is to afford readers the opportunity to see the experiences as represented for each participant, instead of reading formulated theories about the actual experience of the phenomenon (van Manen, 1990). To be congruent with the hermeneutic phenomenological approach, the following steps were adapted during the data analysis phase.

This researcher journaled all preconceived emotions, feelings, and thoughts about the phenomenon or the participants to eliminate biases and ensure bracketing. The data analysis for this study begun upon completion of the transcription of the individual interview with the first participant. van Manen has identified that the three ways to uncover thematic aspects of experiences are using a holistic, selective, and detailed approach (Polit & Beck, 2004). This researcher played the tape recorder and listened to each participant's complete taped-recorded interview individually and separately to compare line-by-line, with the verbatim interview transcription.

The complete data was read and reread as a whole (holistic) by the researcher, which allowed this researcher to immerse herself in the data, become familiar with the data, and capture the meaning of each participant's experience. With this research question in mind, the researcher identified themes that are reflective of the phenomenon that was explored, and the experiences of the participants. Each statement was read again in detail and carefully analyzed to achieve the detailed-line-by-line approach. These themes were further condensed as they related to one another. Organized data files with identifying themes were color coded for easy identification and access. These steps for data analysis were adhered to and repeated for each participant until data saturation was achieved. Data saturation is defined as "the collection of data in qualitative study to the point where a sense of closure was attained because new data yield redundant information" (Polit & Beck, 2004, p. 731). This researcher reflected on the data, and the results were assessed to identify themes that may have implications for nursing science, education, clinical practice, public policy development or expansion, and nursing research.

To ensure rigor and trustworthiness, data analysis for this study was congruent to the qualitative research approach. In order to accomplish trustworthiness and rigor, the researcher instituted bracketing. Bracketing is defined as "the process of identifying and holding in abeyance any preconceived beliefs and opinion one has about the phenomenon under study" (Polit & Hungler, 1999, p. 696). Hence, all emotions, thoughts, and feelings that were generated by the researcher during this time, along with any preconceived thoughts, were documented. The researcher documented personal emotions, thoughts, or ideas into a journal, and reviewed all personal feelings, and eliminated these feelings during the analysis of data. All activities of the research were recorded to ensure auditability and confirmability. In addition, in order to achieve rigor, this researcher screened participants in order to determine their eligibility.

Research Rigor

Qualitative researchers are sometimes faced with the challenge of assuring trustworthiness and rigor of their study. According to Creswell (2007), there is a guideline with characteristics that is utilized to assess the quality of qualitative study. Two of the characteristics that were identified as attributes for a good study are trustworthiness and rigor. According to Lincoln and Guba (2004), qualitative researchers endeavor to enhance trustworthiness of a study. Trustworthiness is defined as "the degree of confidence qualitative researchers have in their data, assessed using the criteria of credibility, dependability, confirmability, and transferability" (Polit & Beck, 2004, p. 734). Rigor occurs when the researcher uses multiple forms of data such as photographs, visual materials, facial expression, mannerisms, and other materials to obtain information about the true experiences of the participants. Rigor in this study occurred as the

participants were allowed to express their lived experience through anecdotes, stories, incidents, art, photographs, and facial expressions or any other means that they may choose to express themselves.

Credibility

The credibility of a study is a criterion that is utilized to evaluate the truth and quality of the data. Credibility of a study can be accomplished when the researcher utilizes an approach to ensure that the lived experience of the participants is revealed truthfully. In a qualitative study, most of the methodological attention focuses on the credibility of the qualitative data and the findings (Polit & Hungler, 1999). Credibility can be ensured when the researcher spends adequate time in the data collection process to become familiar with the data and check for misinformation and distortion. In this study, credibility was achieved during review of the audiotapes, review of the transcripts, and member checking. There was ongoing contact with this researcher's dissertation chair and committee members to obtain feedback and guidance about the study. In addition, bracketing was employed through journaling.

Dependability

The dependability of qualitative data is described as the stability of data over time and over conditions. Polit and Hungler (1999) discussed inquiry of audit as a technique relating to dependability. This inquiry audit involves scrutinizing the data and any supporting document by a reviewer who is not affiliated with the study, such as an external reviewer. In order for an audit trail to be accomplished, the researcher secured and stored all documents that relate to the study in a locked and secure box, and the document became available to the researcher as needed. Consequently, the researcher

documented the description of all the approaches, data, and findings of the study in detail, as it relates the phenomenon that has been studied.

Confirmability

Confirmability ascertains whether the research topic was accurately identified and described. The detailed description of the research approach and the thorough description of data collection, member checking, and repeated review of the transcript should convince readers that the data is a true reflection of the experiences of the participants. If the participants identified any deviation in documentation from their true experience, the corrections were made on the transcript in the presence of the participants. Research experts, members of the dissertation committee, reviewed the data. Field notes, journaling, and memo writing were performed throughout the study. Subsequently, systematic data collection and documentation was completed, which were appropriate steps for the audit trail.

Transferability

According to Lincoln and Guba (1985), transferability refers to the generalizability of the study. This determines the extent to which the findings from this study can be transferred to other groups or setting. Transferability is affected by the adequacy of the descriptive data that is reported by the researcher. This was achieved in this study when the researcher documented detailed, clear, thick, and rich data, in the context in which it exists. The researcher also collaborated with research experts to ensure that each participant was accurately represented.

Chapter Summary

This chapter presented an overview of the methodological approach that was utilized in the study. The research design and description of the sample and setting were addressed in detail. Access and recruitment of the study sample were clearly explained. Inclusion and exclusion criteria of the study were presented. Ethical considerations, protection of human subjects, data collection procedures, interview questions, demographic data, and data analysis were also discussed. Finally, criteria to enhance rigor and trustworthiness and how they were applied in the study were pursued. Chapter Four will present the findings from this inquiry.

CHAPTER FOUR

FINDINGS OF THE INQUIRY

The purpose of this study was to obtain an in-depth understanding of the lived experience of baccalaureate nursing students caring for mothers who have perinatal loss. The objective was to afford students the opportunity to describe their experiences, ideas, and emotions, while caring for mothers after perinatal loss. To ascertain this objective, participants had opportunity to express themselves individually. This chapter outlines the findings of the phenomenological inquiry of the lived experiences of nine baccalaureate nursing students caring for mothers who had perinatal loss. The sample description is inclusive, and the nine participants' experiences were captured through conversational face-to-face semi-structured interviews. The results of the data collection are depicted through thematic identification, which is successively linked to a theory. The result of the exploration of endeavors utilized to accomplish validation of the findings is outlined, as well as the approach to data analysis. A summary of the findings that were captured during conversational interviews with the participants is revealed.

In comparison to other sciences, phenomenological research differs because it allows the researcher to achieve a deeper understanding of the individual's experience of a phenomenon, without abstraction or classification of the experience (van Manen, 1990). Phenomenology asks, "What is this or that kind of experience like?" (van Manen, 1990, p. 9). Any individual's subjective or objective experience that relates to the conscious state is considered to be phenomenological. Hence, phenomenology is an attempt to explore and reveal the essence of the lived experience of a phenomenon, as it is encountered by each individual (van Manen, 1990).

In addition, according to van Manen (1990), phenomenology is described as, "attempts to explicate the meanings as we live them in our everyday existence, our lifeworld" (p. 11).

According to van Manen (1990), the lived experience of a phenomenon cannot be captured through second hand resources. Hence, the phenomenon must be investigated and explored. Subsequently, in an attempt to capture the essence of the lived experience of the participants, the researcher interviewed baccalaureate-nursing students in Dade, Broward, and Palm Beach counties. The researcher remained open-minded and entered the world of the participants through interviews to capture the experience, as it is lived by each participant. According to Munhall (2007), "Phenomenology is the study of the individual's life-world, as experienced rather than conceptualized, categorized, or theorized" (p. 163).

Demographic Description

In order to achieve the essence of the lived experience of the phenomenon, nine participants were interviewed. The sample consisted of four males and five females from Dade, Broward and Palm Beach counties, with their ages ranging from 23 to 30 years old. One participant was 23 years old, three participants were 24 years old, three participants were 30 years old, and two participants were 26 years old. The participants' ethnic backgrounds consisted of two Haitians, five Americans, one Caucasian, and one White Hispanic. To assure confidentiality, each participant self-assigned a pseudonym, which was used as the participant's identification throughout the study.

Table 1

Demographic Characteristics of the Participants (N = 9)

Ethnic Background	Male	Female	Ages in Years
Caucasian	1	1	24, 30
Black of African American	2	1	24, 26, 25
Hispanic American	1	1	30, 23
Black Hispanic American		1	30
Asian American		1	24

Characteristics of the Participants

The intent of the researcher was to collect rich data of the participants' lived experiences of the phenomenon. In doing so, it is imperative to identify the characteristics of each participant. The participants met the inclusion criteria for participation and volunteered to share their experiences of the phenomenon through face-to-face individual interviews. Although permission was granted by program directors of selected baccalaureate nursing programs in Dade, Broward, and Palm Beach counties to proceed with the research process, the recruitment of participants was very slow and challenging. Nonetheless, nine participants were recruited. The participants voluntarily completed the demographic data questionnaire and consent forms. Although some of the participants appeared emotional at times during the interview, at the conclusion of the interview and during member checking, they indicated to the researcher that they were

not distraught. The description of each participant in the research study is outlined in the following segments.

Chance

Chance identified himself as a 30-year-old divorced White non-Hispanic Caucasian male. He is a Christian, worked as a police officer prior to entering nursing school, and affirmed that this was his first experience providing care for a patient with perinatal loss, which occurred at 39 weeks. He reported:

I was sad and sorrowful for the dad and the mother, but at the end of the day, it wasn't anything that I would say that I lost sleep over, or it really didn't faze me; it makes me want to deliver if I am dealing with a pregnant patient.

Dandy

Dandy is 25-year-old African American female who is married. She revealed that, prior to entering nursing school, she had no occupation. This was her first experience taking care of a patient who had suffered perinatal loss, and the patient's pregnancy was 36 weeks. Her religious preference is Christianity, and the highest degree obtained was an associate degree. The experience of the phenomenon was difficult and made her sad and she related that, "Being the fact that I was raised in the church, usually if I am having a stressful day, I tend to, you know, um pray about it." Nevertheless, she felt that perhaps she would have been able to handle the experience better, if her professor was more involved and embraced the experience more.

Mike

Mike is a 30-year-old single, Hispanic American male, who worked as military medic assistant prior to entering nursing school. His highest level of education

completed is an associate degree, and his religious preference is Roman Catholic. His patient pregnancy ended at 32 weeks, and this was his first experience providing care for a mother with perinatal loss. He also expressed that it was a stressful moment, and it was very difficult to try and communicate with the patient. Mike further explained:

> Prior to that, I didn't know what happen after the live birth process of the fetus, that I had my nurse explained it to me that it is just like doing a live birth; I would have liked if my instructor would have, ah, you know, um, without me having to volunteer to push to say, "hey, do you want to talk about what happened today?"

Paul

Paul is a 26-year-old Black Haitian male who identified himself as being single. He worked as a cashier prior to entering nursing school. He identified his religious preference as Baptist. Prior to entering nursing school, he achieved an associate degree. This was his first experience providing care for a mother with perinatal loss, which occurred at 22 weeks. He described the experience as depressing and sad. Paul also stated, "It took me a while to get over it." He further explained that he discussed the experience with his clinical group, and he also suggested meeting with an advisor to explore his feelings and see how he is dealing with it. Finally, he expressed that as part of the coping strategies, he did research on miscarriages.

Bog Lady

Bog Lady is a 30-year-old female and describes herself as a Black Hispanic American. She is a Christian, has a Bachelor of Arts degree, and indicated that she was a school teacher prior to entering nursing school. This was her first experience providing care for a mother with perinatal loss, and the length of the pregnancy was 5 months. She

felt sad to see the patient go through this experience and echoed, "For me whose work is praying to God and my faith in God has brought me through many things." "That's the strategy that I use and that's what works for me." she also stated that she discussed the perinatal loss with her husband at home, and they prayed, which made her feel better.

Bob

Bob is a 24-year-old single Black Haitian male, who identified his religion as Baptist. He acknowledged his occupation prior to entering nursing school as "always a student," and this was his first experience taking care of a patient who suffered perinatal loss, which occurred at 26 weeks. He stated, "It was painful for me; I was shocked." "Being a nursing student, I know we talked about therapeutic communication, but I really didn't know what to tell her".

Andrea

Andrea is a 24-year-old single Asian American female. She specified that she has a Bachelor of Arts degree and worked as a tennis instructor prior to entering nursing school. She identified herself as a Christian, and this was her first experience taking care of a patient who suffered perinatal loss, which happened at 38 weeks. She also indicated that she was ready to do therapeutic communication. When Andrea was asked about her coping strategies, she said, "Prayer I think helps a lot; just leave it to God." She also expressed that she shared her experience with her professor during post conference, which helped in alleviating her emotion.

KT

KT is a 24-year-old, who described herself as a single White American, Catholic female. She currently works as a phlebotomist. KT disclosed that the loss occurred at 35

weeks, and this was her first experience providing care for a patient who suffered perinatal loss. She expressed, "It was sad that she had to go through her pregnancy nurturing the baby, and then ultimately the baby would die, and she was prepared for that." KT also explained that she spoke to other students and her professor about the experience. In addition, she confirmed that her religion and upbringing influenced her coping strategies.

Barbara

Barbara is a 23-year old female and identified herself as a white Hispanic Christian. She is single and obtained an associate degree prior to entering nursing school. She was not employed prior to entering nursing school, and this was her first time providing care for a mother who suffered perinatal loss. She expressed being regretful that she was not more involved with the care of the mothers she encountered who were experiencing this type of loss.

The nine participants voluntarily shared their valuable time to reveal the lived experiences of their encounter of providing care to mothers following perinatal loss. They all shared valuable descriptions of their experiences, which enabled the researcher to capture the essence of the experience as lived by the participants. The participants were of diverse ethnic background, and both genders were represented in the sample. In addition, they all had no prior nursing experiences of providing care for mothers with perinatal loss.

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Results

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The overarching research question that guided this phenomenological research was, "What is the lived experiences of baccalaureate nursing students caring for mothers

with perinatal loss? This inquiry was initiated with the aim to uncover meaning, with the hope that the findings will contribute significantly to the body of nursing knowledge. It is evident that literature is lacking, as it relates to the lived experiences of baccalaureate nursing students providing care after perinatal loss. The researcher captured the essence of the experience by conducting the interviews, transcribing the data after repeatedly listening to the audio tape recorder several times, and reflecting on the participants' non-verbal cues and demeanor, as well as the member checking process. This process was repeated for each participant. Data saturation became evident with the fifth participant. Nevertheless, four more participants were interviewed in an attempt to verify and confirm, as it was evident that saturation had been achieved.

In congruence with Max van Manen's model, a circular approach to accomplish thematic analysis was maintained, to capture the core essence of participants' experience of the phenomenon. This process entailed multiple readings, reflection, writing, and rewriting. The researcher attentively listened to the audio-tapes of the narratives and voices, read, re-read transcripts, completed journaling notes, and formulated color coded categories, and themes that emerged, while dwelling and immersing self into the collected data. This process enabled the researcher to achieve the essence of the lived experiences as expressed by each participant. The researcher remained focused on the research question and the phenomenon being researched and employed bracketing. This analytic approach resulted in the emergence of four major themes: supporting, distancing, learning, and suffering and two subthemes: relating and hoping.

Themes

The themes were embedded in the rich description of the data. These themes emerged after several readings of the narratives, listening to the voices of the participants, and reflecting on their non-verbal cues that were documented in field the notes. This careful analysis of the data resulted in the formulation of four major themes: (a) supporting; (b) distancing; (c) learning; and (d) suffering. The subthemes were relating and hoping. According to Max van Manen (1997), "Phenomenological themes may be understood as the structures of experience" (p. 79). Although these themes are identified separately, they are intertwined to illuminate the lifeworlds of the participants, as they experienced the phenomenon. Reviews of the collected data made it evident that all the participants encountered challenges as they lived their experiences in caring for mothers who were affected by perinatal loss.

Bereavement after a loss impacts the well-being of many individuals. During bereavement, a feeling of hopelessness can develop among individuals who are experiencing a loss. Hence, the desired goal among nurses is to achieve hope. According to Herth (1995), "Hope is held to be essential to patient well-being" (p. 609). With this perspective in mind, healthcare professionals are urged to foster, maintain, and instill hope in patients (Eliott & Olver, 2007). In an attempt to foster an individual's well-being during a nurse-patient relationship, it is deemed necessary that support is given to everyone involved during the experience. Support involves the interaction of more than one individual, and this interaction fosters meaning.

One should not minimize the importance of support during bereavement for bereaved individuals. The support can be provided through guidance, reassurance of

worth, attachment and reliable alliance, an opportunity for nurturance, and social integration. Shumaker & Bromwell (1984) identified the importance for individuals to feel supported, especially after the loss of a loved one. Similarly, it is important to be mindful of the appropriateness of the type of support that is provided so that a sense of hope and not hopelessness is promoted. Although the concepts of support and hope are vital during patient-nurse interaction, it is also important that nurses and patients identify and relate their feelings and needs during the caring moment, because it is through relating that one's feelings, beliefs and sense of hope can be determined. Furthermore, relating will enhance a feeling of connectedness and is used as an approach to convey support and identify strategies that are utilized.

Figure 3. Brown-King's conceptual thematic representation of the lived experiences of baccalaureate nursing students caring for mothers with perinatal loss.

The four major themes of supporting, distancing, learning, suffering and the two subthemes of relating and hoping which are connected to supporting, are depicted in Figure 3. This representation of the findings emerged from the participants' narratives. All nine participants sought support from ways that were

meaningful to them. In addition, they provided support to the mothers during their loss. Some of the participants reached out to family members, and their clinical instructors and obtained support to enhance their emotional well-being. Participants also alluded repeatedly to the different ways that they saw it necessary to relate to their patients, which they described as being effective. Further attempts to obtain support involved the participants relating their concerns, and they were also hopeful that the desired outcomes would be achieved, not only for themselves but also for their patients. Subsequently, the repeated rhetoric of relating and hoping, potentiated the identification of the two subthemes that are connected to supporting.

Overwhelmingly, they identified an array of ways through which they distanced themselves from the experience. As a result of the impact they experienced, they described as sadness, frustration, and depression. Hence, the themes distancing and suffering surfaced. In addition, the participants acknowledged their role as a caregiver, and although they had inadequate knowledge about providing care while the mothers experienced their loss, they used their initiative and sought ways that afforded them the opportunity to gain new knowledge not only for themselves but also their patients, which enhanced learning. The circular image of the thematic representation, depicts the ongoing experiences of these themes during nurse-patient relationship, through which meanings are conceptualized.

Supporting: Relating and Hoping

Supporting is a phenomenon that is widely used among nurses, while care is provided to patients. The literature includes different perceptions of the word support. For this research study, support is defined as "Resting assured with the resourcefulness within

oneself and experiencing togetherness with others in caring" (Stoltz, William, & Uden, 2006, pp. 5999 - 600). Support may be also seen as negative or positive, which was determined by each participant.

The result of perinatal loss greatly impacted the physical, psychological, and emotional well-being of individuals, which was evident from the attributes they described. The research participants revealed that, not only did they receive support during the experience of the phenomenon, but support was also given to the mothers, as well as their spouses, in some cases. The participants described the support as being physically present, revealing the acceptance of their own feelings, as well as showing empathy, and being faith based. The perception of support is evident in the narratives shared by the following participants: **Barbara** narrated:

When I went home, I was still a little bit sad, and I spoke a little bit about it with my parents, and they just gave me emotional support. I never cared for anybody that had experienced a loss like that. So I just you know, trying to calm her down, you know, being supportive. Um, it was meaningful how the nurse, especially the nurse who was taking care of her at that time, how she cared for her and how supportive she was of the whole situation and stuff like that**.**

Um, I was there for you know for emotional support, and I was holding her hands, I was crying also with her. I am very family oriented, and anytime I have a problem, or something that's going on in my life, I always go to my parents. Um, oh sorry, I forgot to mention and also praying because I believe in God. Just praying and um, you know, just talking to my parents and my family about it.

Andrea echoed her support by way of showing empathy, although she was cognizant that if she became too emotionally empathetic, her day would be ruined. She said, "If I was too empathetic I think I would, it would just ruin my whole clinical day".

This language of support for the mother continued to surface throughout the interview, as **Chance** acknowledged the approach that was undertaken by the hospital, to accommodate the family during their loss. **Chance** stated:

> The hospital did Social Service referral, um, the arrangements and everything, the family declined, virtually declined everything at first, the mother accepted it but when the husband came in, the mother was very solemn, very quiet, very, would not do anything without his approval, and wouldn't talk to anybody without his approval. I think during, during the experience I think just watching the level of care from the social workers and the nursing staff, it would be very, um, very smooth in their delivery of questions and how they proceeded to establish a better rapport with the patient to deliver better patient care. You know, it makes me want to deliver if I am dealing with a pregnant patient to have them understand that if something does happen, and this is what is going to happen afterwards, and we will take care of you and you rely on us.

Mike recognized and acknowledged that, regardless of his emotion, it was necessary for him to maintain his composure and offered support. He explained:

> Um, yes, ah, yea like I said that ah, really telling myself that, you are here to help them to do what is right and that is what help me to contain my composure, and be able to walk in there to tell the grieving mother that, mom you know I am really sorry for the loss. For the mother, the coping that I encouraged, me and the

nurse just told her to cry it out and talk about it you know, what do you want to

know, do you have any questions, any concerns, what do you want to talk about,

you know just, encourage them to talk about it, is what we did for both the mother

and the father.

Paul also acknowledged support for the mother who experienced the loss, and the

meaning he assigned to the support. **Paul** reported:

Yeah, basically after the death of the baby she had the option of whether to see

the baby, spend time with the baby because they say that is a good coping strategy

to have a more positive image of the baby rather than, um, just the child didn't

make it or die. I mean sometimes it is best that it happen this way instead of the

baby growing up with health problems and later after birth, and she end up losing

the baby.

Dandy, Bog Lady, and **KT's** support for the mother was faith driven, which was evident,

when they articulated their narratives. In the words of **Dandy**:

Um, being from a background of faith, I basically gave a silent prayer and I did

ask the dad, um, her husband actually, if it was ok if I pray with them. So I did

have a prayer with them and they seemed appreciative, and they were Baptist, so

they kind of you know, actually felt the comfort, and I also think the minister

came and actually saw them but I wasn't actually in the room, when he came.

Bog Lady stated:

Ah, well I would tell her that um, if she was a believer. She told me she believe in

you know God, and I told her well, you know, just have faith. Well basically, you

know her faith and my faith, and believing and knowing that when you go

through time where you have a higher power to look to as guidance. That thing

happens for a reason, and at this moment you may not see why it happened. You

may not know why, but there is always a purpose.

Bog Lady further explained that initiative to extend support was influenced by her role as

a caregiver, and a woman who had the knowledge of the impact of losing a child. She

explained:

Ah, being able to care for a mom who went through such hard time in her life.

Being able to be there for her. Just as a caregiver and also a woman. You know a

woman who knows what it is like to lose a child. So, I can really relate to her, and

I was able to give her the support she needed at that time.

KT expressed, "We prayed in post conference. We were able to, with the mother offered

prayer and hoped for the best outcome for her psychologically and socially and for the

future to have children." The theme of supporting continued to emerge throughout the

interviews, as **Bob** further acknowledged the support the nurse offered to the mother,

although he described the approach as being strange. **Bob** recalled, "Now they didn't

want to push it up, and they want her to relax before telling her that the baby had died;

they didn't want her to go into postpartum depression which normally starts at 2 to 4

weeks." He also offered his presence as a way of supporting the mother when he said, "I

have to take you down" and we went down with her to PACU. "I also go to church and

pray about it."

All the participants were mindful of the need and importance to obtain and

provide support, while they dealt with the experience of providing care during perinatal

loss. Hence, they all sought support from different sources that was meaningful to them.

Regardless of the participants' emotional state, they focused on ascertaining support that they thought was appropriate for their patients, in addition to the support that some of the participants received from family members. According to Morgan (2002), "The role of family and friends in supporting caregivers has been found to be important but to have limits" (p. 129).

Relating.

Support during grief is vital to enhance the desired outcome. In order to obtain the support, the individual has to relate the concerns so that the support can be acquired. Relating is defined as, "Identifying with, feeling for, and connecting with, thus it embraces the communicative and embodied nature of caring" (Way, 2010, p. 133). In this current research study, it is evident that the participants established a medium of relating. Relating can be also considered as an approach to achieve validation, which is also another way to enhance support. **Paul** acknowledged that measures should be implemented by schools to facilitate conversation with professors to explore feelings, when students are faced with a negative experience. He stated**:**

> Yeah, just counseling, speaking with professor and also the school should have, you know like when something not so negative happen, when something negative happen, they have a way of better managing it. Like have you meet with an advisor and get to explore your feelings to see how you are dealing with it and what coping strategies you are using, and if they are effective, and maybe also provide other coping mechanism that will help relieve stress, and get back to the state that you were before the negative happen.

Barbara also related her experience to her clinical professor as follows: "I thought about it and then I told myself that you know, things will happen, this is nursing school; in the medical field it is bound to happen, and worse thing can happen also."

Relating the experience to other individuals, including clinical professor was also manifested in **Mike's** narrative as he described, "Ah, yes, I spoke about it with my girlfriend; ah, so yea I spoke to my professor, my clinical instructor at the end of the day for debrief session; ah, yes um, I also spoke about it with her." In addition, **Bog Lady** showed affection and empathy for the mother, as well as expressed her role and identity as a mother and a female, as in the case of the mother who experienced the grief. She stated:

> Just as a caregiver, um, and also as a woman. You know, a woman who knows what it is like to lose a child; so I can really relate to her, and I was able to give her the support she needed at that time. It was actually an unforgettable experience that I have never been through, dealing with a patient who lost their child, and um, happen to be their first child

Bob expressed the idea of relating the experience to his mother, as well as through his spirituality. He also indicated that he was unsure of the appropriate approach to convey empathy to the patient, during her moment of grief. **Bob** stated:

> I really didn't know, being a nursing student, I know we talked about therapeutic communication, but I really didn't know what to tell her how to, I felt like I didn't know if I should go in and tell her I am sorry for your loss or anything. I talked to my mother. I also talked to family. I also went to church and pray about it. It's all about prevention and all these stuff, and some women you know, someone

whenever they are pregnant, you know, they do not really go for prenatal care or

anything, and that affects the baby and stuff.

Dandy's narrative also acknowledged and supported the notion of relating the experience

to her mother, as she expressed:

My mother, yes I told her, just to let her know that there is other people that relate

to her situation, and I just figured that she would mostly relate to the story; I

called her that day and told her what happened.

In contrast, **Andrea's** narrative showed that what she related was a reflection of her

evaluation and concern of policies that were implemented. She revealed that, the system,

which was in place for the mothers who lost their babies, was not supportive to the needs

of the grieving mothers. With a firm tone of voice she expressed, "It's kind a like

rubbing it in, yeah, rubbing it on them you know; that's what I think, that kind a sucks;

it's kind a hard for them to hear babies crying, and here they are in the room, and they

don't have a baby." **KT** expressed her belief and knowledge about the baby's prognosis.

She related this through her narrative and said, "The big thing was that I knew that the

baby wasn't going to survive, so it was difficult to be in a situation." **Chance** was more

concerned about his patient and related his opinion about what he thought was important

for his patient. **Chance** revealed:

I just, I think my desire stem to bring more of a patient education in advance than

anything, to help defeat any; you know irrational decisions or try to at least put

conscious thoughts in their mind. To me that's what I feel would be more

beneficial, especially if you have someone with a high risk pregnancy, and

understanding like more warning sign in advance.

Hoping.

The approach and effectiveness of support are imperative during bereavement, since bereavement can have a prolonged negative effect. Support is an antecedent for hope, and hope is a significant component not only to patients but also to the nurses and student nurses. According to Groot-Albert (2012), "Hope is the ignition that affords people to endure pain and achieve personal resolution" (p. 36). Hope is considered to be an adjective, noun, and verb and is recognized to be a valuable response by humans that the future exists. Caregivers define hope as, "The inner strength to achieve future good and to continue caregiving (Duggleby & Williams, 2010, p. 1). The subtheme of hoping emerged from the participants' narratives, during the interviews. One-by-one, each participant identified hoping in the retrospect to their patients and themselves, which was communicated in their narratives. **Andrea** stated:

> I always pray for my patients, every time I hear something bad happen, I always
> pray silently to myself, like after I leave the room, even if I was just watching
> them or helping get dressed, I am kind of silently praying to myself to the
> patients, you know. Help them get better, help you know. Hopefully, they will
> pray to recover fast, and spiritually and emotionally, help them get over you
> know, their hardships.

KT's language also exemplified this subtheme as she said, "Hopefully she knows and believes in the same things, similar things, so she has the reassurance that he is in a better place now too." **Paul's** narrative supports the rhetoric of hoping for the patient, when he expressed, "I also go to church and I pray that maybe God will bless her with a successful pregnancy, and she will make it through the 9 months and have a healthy baby someday."

In **Bob'**s situation, the sense of hoping was viewed in alignment with his future for him to emulate the performance that his preceptor displayed, once he becomes a nurse. In a calm tone of voice **Bob** said, "Now even if I were to be an OB nurse, you know, I mean to experience something like that to happen in a, you know, you can actually, I mean be like the same way the nurse did." Hoping was also evident when **Dandy** revealed her assessment of the involvement of her clinical professor, as well as the patient's desire to conceive a baby boy.
She shared:

> Um, being the fact that it was her second kid and she was trying to have a boy, although she was pregnant with a second girl. Later on that day, her family kind a like spoke to me and they were just saying that she was really hurt. She was so sad, of course you know, she was excited and she is about 36 weeks when she was feeling cramps and stuff, so that was what brought her in the hospital in the first place.

Bog Lady expressed her concerns with the current trend, as it related to saving an unborn child in the future and hope for change with the current trend, as it relates to perinatal loss. She voiced:

> I wish that they would really, they would find a way to help these moms know, like if we could find different ways to help these moms save their children, even at a younger age from 6 months and up. But I want for us nurses to come up with ways to save the child even at 3 months or 4 months.

Chance was hopeful to see a conversational interaction with his professor and the students who were emotionally impacted by the experience. In his narrative, he said:

If it were to have affected me like in an emotional compromised way, um, I think

it would be a good intervention to have like your clinical coordinator, your

instructor, or even one of the nurses on the floor sit with the student one-on-one

and talk about it and let them vent their feelings and their frustration about it

because a lot of times, nursing students can feel helplessness in a situation like

that because we are not allowed to do certain things.

Supporting an individual during bereavement is vital to achieve a sense of well-

being. During the interview, each participant related his or her feelings, and concerns

with the hope to obtain support. The participants expressed a sense of hope for

themselves and the mothers, in more ways than one, as they grieved during their loss. As

nurses perform in the role of patients' advocates, it is imperative to relate information,

especially information that will impact the well-being of their patient. It is also equally

important to relate information that will affect the well-being of nurses, which will

ultimately compromise patient care and outcome. Relating information will facilitate

individual or collaborative support and promote a feeling of hopefulness.

Distancing

The impact that is associated with the experience of this phenomenon of

providing care after perinatal loss has resulted in different ways of coping for these

participants. Subsequently, the participants identified approaches that were either

voluntary or involuntary, which allowed them to distance their engagement or

involvement with the care of the mothers who experienced the loss. Distancing is defined

as, "a strategy that includes creating temporal, spatial and psychological distance between

the environment and the listener" (Siegel, McGillicuddy-Delisi, and Johnson (1980, p.

16). Distancing can impact the well-being of patients as well as the nurse. Nevertheless, during the time of emotional impact, individuals choose ways to become involved or distance themselves from the experience or the situation. Ways of distancing are narrated in this research study by the participants.

Chance's decision to use distancing as a way of coping resulted from his past experience as a police officer. He mentioned that his past experience influenced his decision in distancing himself, when emotion starts flaring. **Chance** said:

Um, me personally I was a police officer for 5 years, and I have seen a lot worse than that; I kind, I just detach myself from situations when emotion starts flaring; I have the ability to detach myself. But um, they really even with one of the living twin when offered to have the baby from the nursery, they wanted nothing to do with the baby; didn't want to hold her, didn't want to skin to skin nothing.

Paul discussed that he became more involved with his employment, as a way of preventing him from thinking about the experience:

I was working a lot and that kind of help me to cope with it. They were pretty effective because working out, running help take my mind off the things, that helped. Because that's what I normally use based on my life that what I normally use. I normally pray, I normally exercise, because I feel like these two are the most effective coping strategies. Also, praying always help with like feeling of sadness and also help keep my mind off it.

Along with other approaches, the implication for the involvement of sports, as a way distancing self from the situation, was also evident in Bob's narrative. **Bob** expressed:

Normally, when I am not doing anything, I usually have my headset and I listen to music. I was feeling so stressed doing OB (Obstetrics). So, the way I looked at everything, I just had to go play basketball, and do something, so I do not think about it. Well, I am really into sports, so basketball and exercise were the main ones that I used. And sometimes I listen to music. I also talk to family. I also go to church and pray about it.

Bob also reported the initiatives that were offered to the mother by the staff, as he described:

So the fact that the mom, she did not want to go down to see the baby and now the baby was dead. The nurse was holding the information. Not that they did not want to tell her, but they didn't want to tell her right away, knowing that the baby had passed. And also, I had to take her down, and we went down with her to the PICU (Pediatric Intensive Care Unit), where she could hold the baby but she didn't really want to.

Dandy was desirous to become very involved with the care of the mother. Nevertheless, as a nursing student, there were constraints with her involvement with the mother. She too was also involved in leisure activities that were similar to other participants. **Dandy** recounted:

They did not want me as a nursing student around too much, so I kind of was like on the outskirt. Um, being the fact that I was raised in church, so I usually if I am having a stressful day, um, I tend to, you know, um pray about it versus taking out my anger. And other things like listening to music, going for a walk or reading a

book to try to get my mind out of that mindset, if I am upset or worried about

something.

Similarly, as a nursing student, **Barbara's** involvement with the care of the mother was

limited. **Barbara** commented:

Um, it was different, it was um actually, I really didn't, I wasn't really involved

with the care of the mother specifically, because the nurses on the floor, they

wanted, um you know to keep students away from that situation. But I did see the

mother a few times, and um, you know, I wish I was involved more in the care of

the mother, but I was more involved with the care of the child.

Although in **Andrea's** situation, she did not report any limitation that was imposed by the

staff for her involvement with the care of the mother, she voluntarily withdrew herself

mentally and physically from the immediate environment of the mother. **Andrea** stated,

Yes, I left them alone; the mom was there, so she had support. If she was alone, I

think, I would have been a little more involved, like talking with her and

everything. I think spiritually also. Like you know I am a Christian, so I am a

more matured Christian than when I was in my early years in nursing school. I

always pray silently to myself, like after I leave the room. Prayer I think is what

helps a lot.

Establishing communication with the mother was challenging as **Mike** described:

Ah, for me dealing with it, it was difficult to establish communication with them;

you try to give them the space that they need to grieve, ah, but ah, you also have

to still inform them of what's going to happen, or clarify..

Regardless of **Bog Lady's** emotion and circumstances, she was cognizant of her role to provide patient care and recognized that it was necessary to divert the mother's attention from the situation.

 Bog Lady reiterated:

> No matter what, you got to move on because this is a part of life.
>
> You know talking to the patient about something they love; like I usually say, what do you like you know? What's your favorite thing to do? For that particular patient, she told me that she love to travel, her and her husband like to travel a lot. And I said you know what, now that you are going through this, it would be a great time to go out on the beach, maybe in Puerto Rico and go sightseeing, or kayaking. That kind a made her laugh you know. So I would say to have the patient bring out their favorite things. You know whatever that makes them happy, it would be nice to do that and change the atmosphere.

The concept of distancing can impact the outcome of patient care. However, participants deemed that distancing was necessary, to alleviate their emotional impact, while they provided care for the mothers, during the grieving of their loss. The approach that they utilized to distance themselves, did not entail the absence of their physical presence, instead, they distanced themselves through the use of faith, music, yoga, sports, and even became more involved with their employment, through which they found meaning.

Learning

Another theme learning, emerged from the data of the rich descriptions that the

participants shared in their narratives. Learning is defined as "The method by which we acquire skills, knowledge, values, attitudes, and emotions" (Luckner & Nadler, 1997, p. xvi). Learning is everywhere, and it aids in determining an individual's identity and what is done (Boud, Cohen, & Walker, 1993). The participants have profoundly expressed their lack of experience and knowledge, in providing care for a mother with this phenomenon. Subsequently, a significant number of participants recognized and acknowledge the new knowledge that they acquired, during the experience of the phenomenon, as well as applying meaning to their learning.

Chance acknowledged:

> We discussed things of the day in our post conference at the facility with our instructor and fellow classmates, it's more of a, at that point in time it's more of a round table discussion on what you have experienced during the day. It's more like a round table talk between students and instructor, just to kind analyze your day, and the experience you have and things you could do better, or things you maybe should have done.

The participants' lack of knowledge of the phenomenon was a common factor of the emotion they described. **Dandy** confided:

> Ah, it was very difficult for me, um being the fact that was my first time experiencing it, and that the particular hospital they had roses on the door, outside and I did not know what it meant. Um, so afterwards I was told that I am, it means that a particular person um, lost a newborn. Um, it made you realize that is not, you can't assume that OK once you are pregnant then nothing may happen because there is a chance that something may happen. It was surprising to me

because you know it was different when you read about it in your nursing book, compared to when you actually see it in reality. So it actually opens up my eyes to say wow, because a lot of people would say, I love the OB and maternity rotation versus Med. Surg. (Medical Surgical) or psyche because of the fact that you know babies are been born. But being that you have to experience a stillbirth it is totally different. I guess more of my professors would have embraced it more. They were like, yeah, this is one of the things that may occur, so it was not a 100% that you may go into full term and have a healthy baby. And I think maybe if she was more involved instead of being on the side about it, I think I may have been able to better handle it.

Mike and **Bob** not only expressed their value of the learning that they acquired but they also assigned meaning to their learning. **Mike** vocalized that it was definitely a learning experience, which was meaningful to him. This was evident as he narrated:

Ah what was meaningful is that ah, it's definitely a learning experience for me; prior to that I didn't ah know, I didn't know what happens, that after the birth process of the fetus, that I had my nurse explained it to me that it is just like doing a live birth; so it is meaningful for the lesson that I learnt from the experience. Um, so I think that um. I think that when something like that happens, maybe the instructor should um, at the end of the day even if there is a huddle that they should encourage the students. I would have liked if my instructor would have, ah, you know um, without me having to volunteer to push to say hey do you want to talk about what happened today?

Bob's metaphor to describe the experience is reflected in the following narrative:

Um, this was meaningful because this was; I get to experience something like that in nursing school. Now even if I were to be an OB (obstetric) nurse, you know, I mean to experience something like that to happen in a, you know, you can actually, I mean be like he same way the nurse did. So by having the doctor come in speak that way to the mom, that's pretty much what I have learned. I really got to learn and see things differently.

One by one, each participant expressed the recognition for the knowledge that was gained, which fostered learning. Hence, this perception of learning is not unique to **Paul**, as he shared: "Um, I do more research, I read about miscarriages, what were the causes and what were the treatment options they had available."

Similarly, **Bog Lady's** narrative supported the notion that the experience promoted her thought of being more appreciative for life, and be more loving to her patients, as she revealed that, "Um, so it really made me appreciate life, and made me have a different level of love for my patients." **Andrea** expressed that her prior experience with her psyche rotation, prepared her for the role during loss and grief. Nevertheless, she realized that she also learned from the experience. **Andrea** expressed:

Just be knowledgeable about the psychological (pause) and physiological facts of anything that may be taken. Even a normal medical-surgical patient, before you enter the room, you should know at least some background on the patient, and know the drugs. I knew a little bit about her, so I knew what to expect, even though it wasn't what I expected. I mean, just knowing what kind of medication she was on and her mom was there. I knew that she was going to have that kind of support, compared to, oh her mom is not there, she is just there, she needs some

help, and then, I would be more involved. But now because I knew that her mom

was there, I kind a left them alone. I definitely think post conference and

discussing my patient helps with alleviating that. Ah, just discussing the type of

patients we've had throughout the day helps, which we do in post conference.

Talking with the professor individually after or the next day, I think that would

help.

KT's rhetoric also supported the notion that learning was enhanced, during her exposure

in providing care after perinatal loss, although she was alarmed by the experience. She

commented:

I still can picture her face to this day because like I said I didn't even know what

anencephaly was until that day when she came in and the nurse told me that's

why she was there. I think if I would have known what anencephaly was prior to

meeting the mother whose baby had anencephaly. I think I would have been

better prepared. I just learned about anencephaly, and I had the patient 8 weeks

ago. So you know, the lecture and the clinical experiences don't always coincide

with one another. I wasn't prepared for it at all. Like, I had to ask the nurse what

anencephaly was, and when she said what it was I was blown away, oh my God.

Like we have post conference and we were like able to discuss during post

conference.

The participants expressed their concerns about their lack of knowledge and

experience, in providing care for the mothers. One of the participants expressed that her

unpreparedness, resulting from her lack of knowledge, contributed to the impact that the

experience had on her emotion. Hence, it was suggested that students should be better

prepared for their clinical rotation. Nevertheless, they recognized and acknowledged that learning was achieved, which allowed them to have a new look on life, as well as be more knowledgeable as it relates to perinatal loss and care that is needed.

Suffering

The participants overwhelmingly described their encounters with attributes that depict suffering. Suffering is a noun and is defined as, "A subjective experience that is unique to an individual and varies from simple transitory discomfort to extreme anguish and despair" (Starck & McGovern, 1992, pp. 95-96). The phenomenon of suffering can impact the mind, body, and soul, and according to Starck (1985), individuals find meaning from the stance that is taken to counteract the suffering. The participants have all interpreted and revealed their perception of the suffering that they experienced through which they found meaning while they provided care to the mothers after perinatal loss.

Dandy described, "Ah, it was difficult for me, the fact that it was my first time experiencing it. It was sad. But being the fact that you have to experience a stillbirth, it is totally different, and it actually really saddened me that day but it was ok.

Paul willingly, as well as with a calm demeanor, described the mother's emotion, as well as his emotion, and the lingering impact of the experience. He verbalized,

> It was very sad for her because she is married; she had a lot of hopes. She really
> thinks that this baby was going to make it, and to find out at the end that it is
> another miscarriage like the previous ones. I felt depressed. It took me a while to
> get over it. Actually, I would say probably a little bit frustrated because I know
> she worked so hard (emphasized so hard). This is her third pregnancy and all

three of them happened the same way. And for her to just keep going and trying

and trying, she has to be very motivated and determined to have a baby. But

because of you know, the three times, it's pretty depressing for it to happen.

With a calm demeanor, **Bog Lady** firmly described her feeling and the patient's feeling.

It was extremely hard you know (shaking head from side to side) taking care of a

patient, have to deal with dying and their family, as well as coping with, dealing

with their family dying. It can be a toll. I mean the only thing is the emotional

part when she was crying; she was really sad and that made me sad.

The explicit description of suffering continued to emerge from other participants as

evidenced below:

Bob's narrative also reveals the negative emotional impact faced by the other

participants. He spoke about his painful experience and expressed his reluctance to be a

pediatric nurse in the future. He expressed:

Well, it was painful for me. I had to watch her have a vaginal delivery at first and

then, apparently the type of pain that they had to go through giving birth, and then

to have a child that passed, I didn't feel good. I wanted to cry as well; I really felt

sorry for her; it was really touching and heartbreaking. That's one of the reasons I

cannot do peds (pediatrics), because I cry like a baby when I get home. Being a

student I really didn't have a voice, you know the voice to react the way I should

have reacted. I was shocked you know, I really did not know what to do. I don't

know if I would have done the right thing.

Andrea vocalized her feeling as well about the experience, as she shared her opposition

to the policy that was implemented for the mothers who experienced the loss, since she

felt that this approach could cause undesirable emotions. She commented:

> Um, I am just surprised at the way, I know it has been done this way but having
>
> mothers go into the postpartum area where other women have their babies, and
>
> then they lost their babies, and they are in the postpartum area; I think that might
>
> be a little bit hard for them.

KT's description of her lived experience showed the emotional impact for the mother and

herself, and she believed that the fact that she was not a parent could have also been a

catalyst to her emotion. She verbalized:

> Um, the mother was schedule to come in, and I saw her and suddenly because,
>
> like I said she was distraught, she was crying and her face was reddened from
>
> crying. And I learned that, she was worried because she was scheduled to deliver,
>
> um, her baby, and that the baby had anencephaly. Um, like I said, it was sad, it
>
> was difficult. For me, one because I don't have children, I can only imagine what
>
> she thought, and how she felt, knowing that her baby wasn't going to survive past
>
> that first day. So she shared all these months nurturing the baby, eating for the
>
> baby, and she was unable to have the baby after, you know what I mean, I don't
>
> know how to put this in words.

According to **Barbara,** although she was not afforded the opportunity to become more

involved in the care of the mother, she recognized that the loss impacted everyone who

was present. Barbara spoke with sadness as she recounted: "And um, I mean she was

very, very, very upset and it was, it was really, really sad. And it was extremely, totally

unexpected of what happened to her, and I wished I could have cared for her more, but I didn't have the opportunity to do that".

Chance described the mother's affect and emotion to the loss, although he did not reveal his suffering to the loss. This was revealed as he reported:

Um, very, I don't say stressful but very melancholy, very withdrawn; um, even though there was still a child in this situation, one child live and one didn't, the mother and father were not happy at all, even with the living child.

In this study, it was evident that most of the participants were emotionally affected in different ways, by the experience of providing care to mothers after perinatal loss. The participants' elicited information in their narratives, which afforded the researcher the ability to achieve the essence of their lived experiences. Perinatal loss impacts individuals mentally, socially, and emotionally. Hence, in an attempt for individuals to transform themselves beyond the level of ill feeling, they became hopeful and relied on different strategies that were significant and meaningful to them. Suffering affects the totality of an individual's well-being. These participants articulated their narratives, which reflected the impact that they experienced, and their responses, as well as their acknowledgement of learning, which allowed them to find meaning.

Apart from data collection and analysis, other components are of significance to a valuable research study. According to Creswell (2007), the two characteristics that are attributed for a good qualitative research study are trustworthiness and rigor. Trustworthiness is defined as "the degree of confidence qualitative researchers have in their data, assessed using the criteria of credibility, dependability, confirmability, and transferability" (Polit & Beck, 2004, p. 734). Rigor occurs when the researcher uses

multiple forms of data such as photographs, visual materials, facial expression,

mannerisms, and other materials to obtain information about the true experiences of the

participants. In this study, rigor was achieved when the participants expressed their lived

experiences through stories, body language, hand gestures, and interpretation of facial

expressions.

The credibility of a study is a criterion that is utilized to evaluate the truth and

quality of the data. In a qualitative study, most of the methodological attention focuses

on the credibility of the qualitative data and the findings (Polit & Hungler, 1999).

Credibility was achieved in this study when the researcher utilized an approach to ensure

that the lived experience of the participants is revealed truthfully. This was achieved

when the researcher spent adequate amount of time collecting data in the field. During

this time, the researcher became familiar with the data and checked for misinformation

and distortion. Credibility was also achieved during the review of the audiotapes, the

analysis phase, review of the transcripts, and during member checking. In addition, there

was ongoing contact with this researcher's dissertation committee members, in an attempt

to obtain feedback and guidance about the study. In reviewing the transcript and themes

to ensure that the themes constructed and are reflective of the data, committee members

invested adequate time. In addition, bracketing was employed through journaling.

Dependability is another component that is vital for a good research study. The

dependability of qualitative data is described as the stability of data over time and over

conditions. Polit and Hungler (1999) discussed inquiry of audit as a technique relating to

dependability. In order for an audit trail to be accomplished, the researcher secured and

stored all documents that relate to the investigation of this phenomenon in locked boxes

and removed only when the researcher needed to review the documents. Consequently, the researcher documented the description of all the approaches, data, and findings of the study in detail, as they related to the phenomenon that has been studied.

Confirmability ascertains whether the research topic was accurately identified and described. The detailed description of the research approach and the thorough description of data collection, member checking, and repeated review of the transcripts should convince readers that the data is a true reflection of the experiences of the participants. In this study, confirmability was achieved through all the steps mentioned above, in addition to bracketing. If the participants identified any deviation in transcript documentation from their true experience, the corrections were made in the transcript in the presence of the participants.

According to Lincoln and Guba (1985), transferability refers to the generalizability of the study, which determines the extent to which the findings from this study can be transferred to other groups or settings. Transferability is affected by the adequacy of the descriptive data that is reported by the researcher. Transferability was achieved in this study by thorough descriptions of the characteristics of the research participants, researcher's documentation of detailed, clear, thick and rich data in the context in which it existed, and researcher collaboration with the research experts.

Connection to a Theory

Regardless of the beliefs of an individual, each person assigns a purpose and meaning to life. According to Fabry (1991), "A person's life offers meaning in every moment and in every situation" (p. 130). Although some life-changing events may impact the purpose and meaning, the attributes to these concepts can only be identified

and assigned by each individual. Hence, the meaning and purpose are embedded in the experience, and each participant has the freedom to choose what meaning is ascribed. The narratives illuminated the essence of the participants' experiences, which were illustrated in the major themes of supporting, distancing, learning, and suffering and the subthemes of relating and hoping. The participants' narratives revealed the meaning of their experience, which enabled them to have a purpose in life and may have also alleviated their emotions and transformed them beyond a feeling of being impaired or compromised.

Starck's theory of meaning connects with these themes. This theory was initially applied to psychiatry or psychological disorders and was based on Frankl's foundational concepts. This concept was further expanded by Patricia Starck (1985) to include the focus on patients with different health problems, such as disability and catastrophic, life-changing events, and to assist human beings with their coping to daily stress (Smith & Liehr, 2014). The participants revealed that the experience of the phenomenon impacted their emotions, influenced them to seek resources to assist with these emotions, and provided them with new knowledge and experiences. This theory of meaning connects to the themes and subthemes that emerged in this study, which will be discussed in Chapter Five.

Chapter Summary

This chapter revealed the findings that emerged to illuminate the experiences of baccalaureate nursing students caring for mothers with perinatal loss. With a phenomenological approach, the researcher attempted to explicate the meanings the participants assigned to their daily lives, in accordance to the researched phenomenon. A demographic summary of the research participants was presented. Themes were identified after the application of Max van Manen's circular thematic analysis approach. A connection of the themes and subthemes was identified with Starck's Theory of Meaning. Chapter Five reveals the meaning, discussion, and conclusion of the inquiry.

CHAPTER FIVE

DISCUSSION AND CONCLUSION OF THE INQUIRY

This chapter presents the discussion of the findings from a phenomenological approach of the lived experiences of baccalaureate nursing students caring for mothers with perinatal loss. The phenomenological approach afforded the researcher the opportunity to explore the common meanings of the phenomenon as lived by the research participants. The findings of the data from the interviews were formulated through interpretive analysis and are presented with the use of phrases, sentences, or words, chosen by the researcher, which may also be interpreted differently by another researcher. Poems and images as well as published literature are included in this chapter to illustrate the correlation to the findings of this research study, and are not presented to summarize the findings. According to van Manen (1997), "To summarize a poem in order to present the result would destroy the result because the poem itself is the result" (p. 13). In addition, the implications of this research study for nursing education, practice, research, and health/public policy will be highlighted. The strengths and limitations, as well as recommendations for future study, will be discussed.

Exploration of the Meaning of the Study

The research question, "What is the lived experience of baccalaureate nursing students caring for mothers who have perinatal loss?" guided this researcher's approach to conduct this phenomenological study. Accordingly, the focus was to achieve the essence of the phenomenon as experienced individually by each participant. This researcher was motivated to conduct this research study because the existing evidence showed a paucity of literature that explored the phenomenon of baccalaureate nursing

students caring for mothers with perinatal loss. Hence, the researcher had a personal need and interest to capture what was specific about this population and the phenomenon. The findings of the participants' experiences emerged when the researcher read, re-read the transcripts; journaled notes, assigning meanings to their expressions and voices; and listened to the recorded audiotapes. This process enabled the researcher to relive each participant's experience and to accurately report the findings, as well as capture the essence of the participants' lived experiences.

Regardless of the challenges that the participants faced, they were able to search for meanings through their own choices, and these meanings can be described as meaning specific. According to Frankl (1984), "Man's search for meaning is the primary motivation in his life and not a secondary rationalization; this meaning is unique and specific in that it must and can be fulfilled by him alone" (p. 105). With this perspective of meaning, it seems compelling that the participants' experiences of the phenomenon were intended to find meaning not only for themselves but also for their patients, regardless of the challenges that they encountered. Some of the participants' narratives that surfaced revealed the thought of hope for the future for themselves and the mothers.

Interpretive Analysis of the Findings

Supporting

While reflecting on the narratives from the interviews, it was evident that the impact of providing care after perinatal loss predisposed the participants to choose from an array of support systems, thus selecting and implementing the support that they deemed effective, to fulfill the meaning that they ascribed to the experience. Support is defined as the "Resting assured with the resourcefulness within oneself and experiencing

togetherness with others in caring" (Stoltz, William, & Uden, 2006, pp. 599-600).

Support is perceived to be a significant variable during bereavement (Morgan, 2002).

Subsequently, if an effective support system is not available or implemented; the result

may lead to undesirable behaviors such as stress.

      In this current research study, the narratives of the participants have shown that

they had more than one source of support in place. Some participants relied on family

members, friends, and spirituality as source for their support, which they overwhelmingly

acknowledged were effective. Nevertheless, according to Morgan (2002), "The role of

family and friends, in supporting caregivers has been found to be important but to have

limits" (p. 129). It was evident from some of the participants' narratives, the researcher's

reflection of the voices, and field notes of the demeanor of the participants that some of

the participants had residual feelings of sadness in recalling the event. Subsequently, the

meaning and effectiveness of the support have to be defined by each participant. **Bog**

Lady's statement is a testimony that the theme of supporting was utilized to effectively

alleviate the impact of the mother's emotion. **Bog Lady** stated:

> Yes, she um, then, wanted me to pray with her, and I told her she can pray and I
>
> hold her hands, um, in silence and I did, and she prayed and she felt much better,
>
> and of course, church members came to the room and sung. Well basically you
>
> know, her faith and my faith, and believing and knowing that when you go
>
> through time where you have a higher power to look to for guidance.
>
> Some of the lyrics in Bette Midler's song "From a Distance" personify the
>
> rhetoric of the use of spirituality and prayer for support.

From a distance

The world looks blue and green

and the snow-capped mountains white

from a distance the ocean meets the stream

and the eagle takes to flight.

From a distance, there is harmony,

and it echoes through the land

It's the voice of hope,

It's the voice of peace,

It's the voice of every man.

From a distance

we all have enough

and no one is in need

and there are no guns

no bombs and no disease

no hungry mouths to feed

From a distance we are instruments

Marching in a common band

Playing songs of hope

Playing song of peace

They're the songs every man

God is watching us

God is watching us

God is watching us from a distance

From a distance you look like my friend

 Even though we are at war

From a distance

I just cannot comprehend

What all this fighting is for

From a distance there is harmony

And it echoes through the land

And it's the hope of hopes

It's the love of loves

It's the heart of every man

It's the hope of hopes

It's the love of loves

This is the song of every man

God is watching us

God is watching us

God is watching us from a distance.

Oh God is watching us

God is watching us

God is watching us from a distance.

Jonas-Simpson, Pilkington, MacDonald, and Mcmahon (2013) conducted a study that explored obstetrical and neonatal nurses' experiences of grieving when caring for families who experienced loss after perinatal death. A visual arts-informed research method through the medium of digital video was used, informed by human science nursing, grief concepts, and interpretive phenomenology. The research was conducted using interpretative phenomenology, with a sample of six nurses from labor and delivery, family birthing center education, early pregnancy clinic, and maternal/child professional practice and neonatal intensive care unit. Data were analyzed using an iterative process of analytic-synthesis to identify themes and patterns. Thematic analysis identified the themes support from colleagues, providing authentic, compassionate quality care and education and mentorship. The analysis revealed that the support the participants received from colleagues was significant in helping them through their grief.

Findings revealed in other studies, parallel results in the current study. For instance, Roehrs et al. (2008) conducted a qualitative descriptive study, with a sample size of 10 labor nurses in a Western birthing unit. The purpose of the study was to describe support, needs, and comfort level of labor nurses caring for families experiencing perinatal loss. Thematic analysis of data was conducted. The result revealed that nurses are generally comfortable but find it difficult to provide perinatal bereavement care. The coping strategies identified in this study were focusing on needed care, talking to nursing peers, and spending time with their own family members. The strategy of talking to nursing peers and spending time with their own family members

supports the current research study. This result is supported in the narrative expressed by

Barbara and **Paul,** when they said, "When I went home, I was still a little bit sad, and I

spoke a little bit about it with my parents, and they just give me emotional support."

Paul stated:

> Like we talked to her, also gave her some information on possible causes on
>
> miscarriages, and treatment options and I would say probably after I went home, I
>
> was still a little bit sad, and I spoke a little bit about it with my parents, and they
>
> just gave me emotional support.

Another study that was conducted by McKenna and Rolls (2011) provided a

report of a phenomenological approach that explored first experiences of stillbirth and

neonatal death with eight undergraduate midwifery students from two unidentified

universities in Australia. The aim of the study was to understand the experiences

students were being exposed to. Data were analyzed using thematic analysis informed by

Grbich's (1999) framework for theoretical analysis. The findings indicated that the

participants used an array of coping mechanisms. The support of family and friends were

the only two coping mechanisms that paralleled the findings in this current study. The

existing literature has not afforded this researcher any findings that explored the

experiences of this phenomenon among traditional baccalaureate nursing students that

was conducted within the United States of America.

Khater, Akhu-Zaheya, and Shaban (2014) conducted a descriptive, cross-

sectional, comparative study with 597 participants. The purpose of the study was to

assess stress level and sources of stress among nursing students in Jordon, as well as

identify the coping strategies utilized by nursing students. The implications of the study

indicated that students' coping strategies should be identified and understood. Furthermore, if clinical instructors have an understanding of how their students cope with stress, this can play a major role in promoting a supportive healthy environment. These implications, therefore, affirm the perspectives of the participants in this current study, and the importance of the involvement of clinical faculty members, during their experiences of grief, as evidenced in **Dandy's** explanation:

I guess well more of my professors maybe would have embraced it more. I guess because maybe she has seen it many times. They were like yea, this is one of the things that may occur, so it was not 100% that you may go into full term and have a healthy baby. And I think maybe if she was more involved instead of being on the side about it, I think I may have been able to handle it better.

Sutan and Miskam (2012) conducted a research study that explored and described psychosocial impact and social support following perinatal loss among Muslim women. A qualitative methodology was used with a sample size of 16 participants. Data were analyzed through open coding. The results revealed that family members and friends played an important role in providing support. This perspective seems to be similar to that of the participants when **Andrea** said, "The mom was there, so she had support." **Barbara** expressed, "Just praying, and you know, just talking to my parents and my family about it".

Relating.

The subtheme relating emerged from the description of the Baccalaureate nursing students, as they revealed their experiences of the phenomenon of caring for mothers who have experienced perinatal loss. Relating is defined as "Identifying with, feeling for, and

connecting with, thus it embraces the communicative and embodied nature of caring"
(Way, 2010, p. 133). This component is vital to convey or receive information and
serves as a way of communicating. It is through relating that individuals are able to
convey their needs, and receive the support they deemed necessary to alleviate their
emotions. Way (2010) indicated that relating at the cognitive level is considered to be
thoughtful and purpose driven, whereas, the affective level focuses on feelings of
empathy, concern, and connection. Relating promotes a sense of feeling and connecting.
Meaning is found in everything that the individual does. Hence, the participants choose
their ways of relating, the content they relate, as well as the attitude that they displayed
during the interview, which was reflective of the meaning that they ascribed to their
experience and narrative. As nurses, the participants also had a sense of purpose, in
relating their concerns, in an attempt to find meaning.

Way (2010) conducted a grounded theory study at two large hospices in the desert
southeast. This study engaged literature from organizational studies on emotional labor,
stress, and burnout, as well as literature on positive organizational communication. Data
analysis was achieved through a creative and an inductive act of open coding outlined by
Lindlof and Taylor (2002). Through data analysis, compassion emerged as a salient
concept in workers' daily experiences. Yet, Way indicated that this data suggested a
reconceptualization in which compassion has been theorized in the past as noticing,
feeling, and responding. Hence, based on his findings, these three sub-processes could
more accurately be described as recognizing, relating and responding. According to Way,
her respondents were equally likely to described empathetic concern for their clients.
This result was illuminated in **Andrea's** narrative as she expressed her feelings about the

current trend of how care was provided to mothers, during postpartum. **Andrea** described:

> Um, I am just surprised at the way, I know it has been done this way but having mothers go into the postpartum area where other women have their babies, and then they lost their babies, and they are in the postpartum. I think that might be a little hard for them. So that is something that need to be changed maybe in the future, I don't know about their care. Maybe separating the mothers who lost the baby and the mothers who have the baby just so that they just don't get reminded that, oh I lost my baby, everybody has a crying baby in the room you know. It's kind a like rubbing it, yeah, rubbing it on them you know. That's what I, I think that's kind a sucks. It's kind a hard for them to hear crying and here they are in the room and they don't have a crying baby.

Another study that reported the subtheme of relating was conducted by Jonas-Simpson (2010). An exploratory qualitative descriptive method was used to answer the research question, "What is the lived experience of caring for families whose babies were born still or died shortly after birth for obstetrical nurses?" The study consisted of 10 participants and was conducted at a delivery suite at a tertiary care urban teaching hospital. The theme connecting and supporting bereaved families with their babies was identified as an essential part of practice. The study revealed that the nurses offered mothers anticipatory guidance and described thinking about the mothers, even years later. These findings were also revealed in the narratives of the participants in the current study as evidenced by **KT's** narrative, "So it was like to this day I wonder like, how is she doing; is she doing ok; was she able to overcome this; will she have another child; is this

going to be something that she experiences with every pregnancy?" The idea of relating

resonates with the following untitled poem.

<p style="text-align:center">Title Unknown</p>

"We remember them

 In the rising of the sun and its going down,

we remember them,

In the blowing of the wind,

we remember them,

In the warmth of the sun and the peace of the summer,

we remember them,

In the rustling of the leaves and the beauty of the autumn,

we remember them,

In the beginning of the year and when it ends

we remember

When we weary and in need of strength,

we remember them,

When we are lost and sick at heart,

we remember them,

When we have joys we yearn to share,

we remember them,

So long as we live, they too shall live,

for they are now part of us,

as we remember."

(Morgan, 2002, p. 91- 92).

Hoping.

The concept of hoping is an important component of support in the promotion of health and in an individual's behavioral pattern. Individuals exercise their freedom to choose and be hopeful, which allows them to make a wish and be hopeful that a desired goal, purpose, or need is met. This belief of hoping was evident when **Paul** stated: "I also go to church and I pray that maybe God will bless her with a successful pregnancy, and she will make it through the 9 months and have a healthy baby someday." The following poem titled "Freedom" reflects **Paul's** freedom of choice to be hopeful.

Freedom

Freedom to choose to be hopeful

Freedom is

An everlasting hope

That once reached

Cannot be taken away.

Haiku Deck by Giant Thinkwell

A breeze

Lightly caressing my face

The sun's rays

Illuminating my soul

Freedom

I will not stop striving for you.

Caregivers define hope as, "The inner strength to achieve future good and to continue caregiving (Duggleby & Williams, 2010, p. 1). According to Korner (1970), "The purpose of hope is to permit desired future gratification to serve as an immediate relief for current discomfort; it reduces the strain of ongoing frustration and its activity-reducing, potentially paralyzing effects" (p. 136). Korner's (1970) perception of hope connects with **KT's** narrative, as she tried to promote hope to the mother, during her time of grief. **KT** expressed, "Hopefully she knows and believes in the same things, similar things, so she has the reassurance that he is in a better place too." The poem, "I am learning how to live" by Jamey Wysocki, resonates with KT's rhetoric.

I am learning how to live

In a new way

Since that day you were taken away

I am learning how to live

With the things left unsaid

Knowing I got to say them

With every tear that I shed

I am learning how to live

By embracing the pain

Knowing that you live on

Through the memories that remain

I am learning how to live

Knowing that I will never again see your face

And I have peace knowing

You're in a better place

I am learning how to live

Knowing you are in God's care

It gives me the strength to move on

And makes the pain much easier to bear.

The concept of hoping is recognized as therapeutic, thus promoting an

individual's well-being. Nevertheless, good support is vital to promote hope, and it is

through hoping that an individual finds meaning and avoids hopelessness. According to

Frankl (1969), the feeling of hopelessness promotes a sense that life has no meaning.

Frankl (1984) also stated, "Man's search for meaning is the primary motivation in his life

and not a secondary rationalization of instinctual drives" (p. 105). Hence, there should be

no boundaries to ones inspiration of hope. This belief is also supported by a quote taken

from the movie, *The Theory of Everything*, which states, "There should be no boundaries

to human endeavor; we are all different; however as bad as life may seem, there is always

something you can do, and succeed at, while there is life there is hope" (Hawkins, 2014).

According Chow (2010), "The death of a loved one, to some bereaved persons, is also the

death of the future" (p. 333). Hoping helps assist individuals whose goals and needs are

not achieved. If nurses are not hopeful, this may impact the psychological, emotional,

and social well-being of the patients and the participants. Similarly, if patients are not

hopeful, this may compromise the progress of their recovery.

In this current study, the concept of hope was a revolving subtheme during

the interviews. Although hope is a temporary mechanism, it is important in alleviating

stress, thus fostering a sense of well-being. Hope also fosters a feeling of acceptance,

which is necessary for individuals to transform to an optimal level. These research

participants were hopeful for themselves, as well as for the mothers to achieve a speedy

recovery and a successful conception to develop a positive mindset for life after death.

One of the participants was inspired by his preceptor's performance and wished that his

performance in the role of a nurse would mirror the level of his preceptor's performance,

whenever he becomes a nurse. The current trend of perinatal loss was a concern, and the

participant expressed the hope to see future changes, with an attempt to save more unborn

infants. Overall, the focus of hope was evident amongst everyone involved in the

experience.

KT reported:

> For me it was sad and confusing because she was aware that the child had
>
> anencephaly earlier on in the pregnancy, and she opted to carry it to full term,
>
> well, close to full term as possible and then delivered. And with this
>
> understanding that the baby you know prognosis was poor, and it probably
>
> wouldn't live until, a few hours after birth. So I was sad that she had to go
>
> through her pregnancy, nurturing the baby, and then ultimately the baby would
>
> die, and she was prepared for that.

The following poems by Mattie Stephanek and Jane Siberry support the subtheme hoping:

Title: Unknown

Our life is an echo

of our spirit today,

of our essence

as it is

caught between

our yesterday

and our tomorrow.

It is the resounding

reality of who we are,

where we have been,

and where we will be

for eternity.

Mattie J. T. Stepanek (age 11), 2001

Title: Calling all Angels

Calling all angels, calling all angels,

Walk me through this one

don't leave me alone.

Callin' all angels, callin' all angels.

we're tryin', we're hopin'

but we're not sure why

we're hurtin'

we're lovin', we're cryin'

we're calling

'cuz we're not sure how this goes

Jane Siberry, 1993

Hope continues to be a vital component in nurse-patient relationship. Individuals strive to resolve their bereavement, while they become hopeful. Although the participants expressed their feelings of devastation, sadness, frustration, and other impact to their emotions, they remained engaged with their role and sought ways to seek change for the future, in ways that will impact their patients, and the future trend in nursing, to which they assigned purpose and meaning.

Distancing

The impact of perinatal loss has shown to widely affect the research participants as well as the mothers who experienced the loss. Hence, in an effort to alleviate the impact of the experience on their emotions and well-being and promote a sense of identity, they sought ways to distance themselves from the experience, in an attempt to regain equilibrium of their emotional and social well-being. According to Frankl (1965), "In suffering from something we move inwardly away from it, we establish a distance between our personality and this something" (p. 107). Distancing is defined as, "a strategy that includes creating temporal, spatial, and psychological distance between the environment and the listener" (Sigel, 1980, p. 16). To improve well-being and avoid the

emotional experience of the phenomenon, participants became involved in sports, exercise, yoga and defense mechanism to distance themselves from desolated parents.

A study was conducted by Modiba (2008) that explored and described the experience of midwives and doctors when caring for mothers with pregnancy loss. The study consisted of seven doctors and nine midwives. A qualitative, exploratory, descriptive, and contextual approach was followed to achieve the goal of the study. Open coding combined with conceptualization was used to analyze data until saturation occurred. Results revealed social isolation from family and friends, as well as avoiding the mothers. The results showed that the participants mentioned that because of their lack of counseling skills, when they work with these mothers, they do not know what to say. These results seem to be similar to the language expressed by **Bob**. He stated:

> We are not supposed to tell them we are sorry for their loss and all that kind of stuff, my time with her was limited; my reaction to her like, I was trying to avoid going into the room because I am a nursing student, I really didn't know what to tell her; and then being a male nursing student; so my care for her was limited.

Yu and Chan (2009) conducted a qualitative study with the aim to describe Intensive Care Unit (ICU) nurses' response to the death of patients and to explore their perceived factors that influenced the care offered to dying patients. The sample size comprised of 12 participants. Inductive reasoning processes was utilized to interpret and structure the meaning that derived from the data and the themes of emotional reaction, coping with dying, facilitator of care and barriers to care were formulated through data analysis. Under the theme coping with the dying, it was reported that participants

distance themselves from the situation to protect themselves from negative emotions, although they were still committed to patient care.

Another study that revealed the mechanism of distancing was conducted by Montero et al. (2011), to understand the experience of health professionals in situations of perinatal death and grief and to describe their action strategies in the management of perinatal loss. The study consisted of a sample of 19 professionals and used a qualitative approach. Thematic analysis followed the proposal of Taylor and Bogdan. Three essential and interlinked themes of healthcare practice, feelings aroused by perinatal loss, and meaning and beliefs about perinatal loss and grief were identified. Also, the subthemes of education on perinatal grief, knowledge on perinatal grief, emotional strategies, guidelines, sensitization, assertiveness, humanization, and evidenced-based practice were detected. In addition, care practice was the main theme. Although the analysis does not identify the theme distancing, narratives of the participants revealed that they use defense mechanisms like taking distance from desolated parents, in an attempt to protect their own emotional vulnerability.

In this current research study, the narratives of some of the participants' revealed similar responses as seen when **Chance** verbalized:

Um, me personally I was a police officer for 5 years, and I have seen a lot worse than that. I kind, I just detach myself from situation when emotion starts flaring. I have the ability to detach myself. So I was sad and sorrowful for the dad and the mother, but at the end of the day, its, it wasn't anything that I would lose sleep over, or it really didn't faze me.

Paul, on the other hand, utilized sports to achieve a sense of distancing. He expressed,

"Yes, especially working out help take my mind off things. It helped me to be less

depressed and kind of a bit more focused and doing some more reading about it."

In his article, Antonio Sausys (2001) illustrated the use of yoga as a means of distancing

during the time of grief. Sausys described the experience of a participant whose mother

died resulting from stroke. She communicated that she was not mentally prepared at the

time of her mother's death. Therefore, she was in denial, and for 2 1/2 years, she

remained in denial and completely disconnected from her feeling. The author also

reported that that the bereaved became involved with professional yoga. The bereaved

also shared her view that, "From the yogic view, all suffering comes from our attachment

and detachment is a necessary part of releasing the suffering of grief." In this current

research study, **Bob** revealed his knowledge of the use of yoga, as he stated, "Um, being

in nursing school you always will know that watching TV, listening to music or doing

yoga, but I didn't know what to do; I didn't have time to do none of these stuff." The

image of yoga in action and the poem "Remember" illuminates the theme of distancing.

Image taken from Bombayroomyoga.com

Some of the participants utilized sports to distance themselves from the situation of emotional suffering. *Hope and Basketball* is a movie that depicted a struggle between Quincy and his girlfriend Monica, as well as Quincy's father, who was a professional basketball player. There was a struggle among all individuals to maintain a relationship, which resulted in emotional strain of suffering on everyone. Quincy was inspired to become a player for the National Basketball Association. In an attempt to distance himself from the undesirable relationship, he became a professional basketball player. Although this movie does not relate to perinatal loss, the theme of distancing through sports is evident. The involvement of sports as a way of distancing from pain and suffering surfaced in the narratives shared by the participants in this research study. For example, **Bob** expressed:

> I was feeling so stressed doing OB, so the way I looked at everything, I just had to go play basketball and do something, so that I do not think about it; but after a while, I mean I just go to basketball games".

Not only did the participants identify the use of sports as a means of distancing themselves from the emotional impact that they faced while they provided care for the mothers, as a way of coping, but being involved with employment was also observed. **Paul** reported that working more hours at his employment helped him to cope with the experience. He stated: "I was working a lot and that kind of help me to cope." The concept of being involved with employment was addressed in a report by Dyer (2002) that identified ways to cope with loss, grief, death and dying. According to Kirsti's report, "Benefit of returning to work takes the mind off the loss and enables the workers to feel normal for a while."

A literature review was conducted by Evans (2012), which explored the emotional care for women who experience miscarriage in hospital setting, from the perspective of the nurse and patient. Two recurring themes were identified: The nurses' role in the emotional care of women during miscarriage and the emotional effects experienced by nurses providing care. Findings revealed that some nurses may need to withdraw and distance themselves emotionally from patients so that they are able to practice in a professional manner. This finding supports the narratives shared by some of the participants in the current study, as **Chance** expressed, "Um, me personally I was a police officer for 5 years, and I have seen a lot worse than that; I kind, I just detach myself from situations when emotions starts flaring." Emotional distancing was also evident in **Andrea's** narrative, "I don't know, I kind of ask her questions not about the baby but about how she was; just focusing on her; just avoiding the whole subject of the baby and loss." **Bob** also expressed his desire and importance of distancing, as an approach of counteracting his emotion. This belief is evident in his narrative as he revealed:

> If something like that happen, you might actually want a couple of days to know how you can actually clear your mind and not think about it, and you know deal with the whole thing; if something like that just happen and you go home, and you have exam coming up, it's really tough.

The following poem titled Lost # 1 personifies the feelings of the participants.

Title: Lost #1

The night hasn't come yet

But the light; I barely see them

How did I get here?

In this long dark tunnel

Alone

And it's cold

I found myself

Wrapped with nothing

But misery

Wonder if I would ever be free?

But

Do I want to be free?

I don't know

I don't know what I want

I don't know what I'm searching for

Is it freedom? Is it love?

Are those the solutions

To my problems?

I'm surrounded by darkness

So darkness I became

At first I thought I needed

Just some time alone

But

I came to realise

That I need it way too often

I don't hate everyone

I don't hate this world either

I don't know

I just feel like by distancing myself

Everything feels much better

It's just that

Life is so cruel

One moment, I'm the happiest girl

The next second

I found myself crying to some sad songs

One moment, it was perfect

But you know what they said

Some things are

Just too good to be true

Again, I'm an emotional wreck

It's tiring

I gotta admit that

But if I gave up now

What have I gained?

Nothing, absolutely nothing

I know I have to move on

I know I have to keep moving forward

And I will

But not now

At this crucial moment

I need some time alone

So just let me be

And don't even bother to come search for me

      Author: Miss Emma

The use of prayer was also an approach utilized by the participants to distance themselves from the experience. This strategy is evident in **Paul's** narrative, "And also praying is very, um, is very peaceful, it puts you in touch with higher power, and you get to feel more relaxed and release your stress."

The strategy of distancing as a way of alleviating emotional impact was utilized by many of the participants in this research study. They were faced with challenges that affected their experiences of providing care for mothers with perinatal loss. Yet, these participants were mindful of the strategies that were available to them, to foster a sense of well-being. Hence, distancing was chosen by some of these individuals. Although distancing can negatively impact patients' outcome, the participants found meaning through distancing themselves by becoming involved in yoga, basketball, sports, employment, detachment, and prayer. In addition, they ascribed meaning to the outcome of distancing themselves from the experience.

Learning

Regardless of the impact of the participants' experiences, the participants were resilient, and in contrast, they provided accounts that demonstrated their negative emotion. Overwhelmingly, the research participants expressed in their narratives that

some form of learning was achieved during their experience of the phenomenon of

perinatal loss. Learning is defined as "The method by which we acquire skills,

knowledge, values, attitudes, and emotions" (Lukner & Nadler, 1997, p. xvi). A

hermeneutic approach allows participants to examine the act of sharing narrative. Hence,

during the act of sharing the experience, the focus is captured between the teller and the

listener (Peacock & Holland, 1993). Telling a grief narrative often allows the interviewer

to conceive a new understanding of himself or herself, in an attempt to construct the

puzzle in such a way that life can be reconstructed (Johnston & Scholler-Jaquish, 2007).

As a result, this researcher was able to interpret the narratives to formulate themes.

Conte (2014) conducted a phenomenological study with 11 pediatric oncology

nurses. The purpose of the study was to describe the experience of work-related losses

for pediatric oncology nurses. Colaizzi's method was used to analyze data, and the

thematic analysis revealed the theme new perspective. Within this theme of new

perspective, the participants acknowledged that they acquired new knowledge. The

participants expressed that their experiences with work-related losses changed the way

they viewed life and illness in other areas of their lives. One of the participants also

communicated that because of her work in pediatric oncology, she viewed illness and

death in another way. The participants acquired new knowledge that contributed to their

change in views, which supports the notion that learning was achieved.

In this research study, the narratives of the participants mirrored the findings in

the study conducted by Conte (2014), as reflected in the following narratives: **Dandy's**

stated, "It is not something, you know death is not something that I like but I have come

to realize that is actually a part of life." **KT** voiced:

Initially, I was almost like mortified, traumatized, mainly because the woman

carried for 35 weeks knowing every day that her baby wasn't going to live after

delivery; um, but after speaking to my professors and clinical group, I realized

that, 35 weeks was that baby's life.

The words in this untitled and un-authored poem, reflects the feelings expressed by **KT:**

Untitled

Hurt and pain.

There is much to gain.

Peace and love.

It's all the same.

Confusion and doubt.

We're not without.

We weep, we cry.

We plead, we try.

We laugh, we smile.

Only to be hurt

By one last trial

Life is a lesson.

So learn it well.

Maybe, one day,

You can tell it's tale.

Author: Unknown

A grounded theory study was conducted by Fernstermacher (2011) to build an understanding of the experience of perinatal bereavement with eight non-Hispanic Black adolescent females after perinatal loss. Analysis of the data revealed theoretical category of gaining new perspective. The participants gained new knowledge, which enabled them to have new perspectives on the loss, the bereavement experience, and their future life. They also expressed that, as a result of their new perspective, they now view themselves in a different light, changed by the experience, and they moved forward with a fresh look on life. Therefore, this supports the fact that learning was achieved. The theme of learning exemplified when **Barbara** said:

> Like, this is so uncommon, especially at 38 weeks, the child is term already, how did this happen? And I mean the parents you know, I guess you will never know like what really happen. And that is always going to stay in my mind, because like, I would have liked to know like, what was the cause of the death, why it happened?

The theme of "learning" is embedded in the poem and image below:

A New Perspective

Those little cares that fretted me

I know them yesterday

Among the fields above the sea

Among the winds of play

Among the lowing of the herds

The rustling of the trees

Among the singing of the birds

The humming of the bees

The foolish fears of what may happen

I cast them all away

Among the clover-scented grass

Among the new-mown hay;

Among the husking of the corn

Where drowsy poppies nod

Where all thoughts die and good are born.

Elizabeth Barrett Browning, 1806-1861

Mitchell (2005) described the way student midwives undertaking courses of 3 years and 18 months, in a university in the United Kingdom, are prepared to care for bereaved parents and their evaluation of this preparation. The students' verbal feedback and students' comments in the form of reflective writing formed the basis of the evaluation. Evaluation of the preparation included a focus on the use of support groups and the stillbirth and neonatal death society, as this aspect has received little attention in the literature. Reflective narratives showed that some students felt that one of their biggest challenges was being involved with the death of the baby. The students also had other concerns. Nevertheless, their main concern was not knowing what to do or say to bereaved parents and worries about their own ability to cope with the situation. It was concluded that the students gained much learning from their experience on the specific

day. Some of these findings are reflective of the narratives of the participants in this current study, as **KT** reported:

> Um, I think preparing for labor and delivery and OB (obstetrics) students for the complication before, I don't know. Like the interventions would be, like knowing what the complications or the risks of pregnancy and potential defects. We didn't, I wasn't prepared for it at all.

The knowledge that **Bob** acquired from the experience seemed to promote his confidence and power, for providing care in future, during the bereavement of mothers who experienced perinatal loss. This perception is seen in **Bob's** narrative as he stated:

> Um, this was meaningful because this was; I get to experience something like that in nursing school. Now, even if I were to be an OB (obstetric) nurse, you know, I mean experience something like that to happen in a, you know, you actually, I mean be like the same way the nurse did. So by having the doctor come in speak that way to the mom.

The poem that follows is in alignment with the theme of learning and is reflective of **Bob's** views.

Title: Knowledge is power

Knowledge is an achievement sublime

A learning experience one day at a time

Knowledge is power even if we

choose not to use it, imperatively

From the day we were born

we are blessed with the right

to study our world to give our minds fight

To hunger for more to expand our potential

Knowledge is something truly essential

Answers to questions the mind can impart,

Nurtures the hunger for knowledge to start

the process of learning, the beginning of growth,

a personal quest and a personal oath,

To become the very best one can be.

Yes, that is the road I have chosen for me!

It's all up to us ….that desire to learn.

An impression within our hearts, it should burn,

and daily, the blessings upon us will shower

Always hold to the truth,

that knowledge is Power.

Author: Patricia Ann Breeze

Throughout the research study, the participants expressed their lack of knowledge, not knowing what to say or do, which they recognized contributed significantly to the emotion that they faced, as well as their competency to provide patient care to the mother. Subsequently, they were cognizant about the purpose of their roles as nurses; hence, some of the participants sought ways to gain knowledge from their mentors, while others used their initiatives and explored ways that enhanced learning, which they also imparted to their patients. It is evident that although the experience challenged their knowledge and their complex emotion, they found meaning in choosing

an attitude that was in their interest, which enhanced learning. According to Starck (1985), "The third way to find meaning on the path of life purpose is by choosing one's own attitude to whatever life presents." (p. 93)

Suffering

The impact of providing care during perinatal loss is evident among many of the Participants in this research study. Another theme that emerged from the participants' description of their lived experiences was suffering, and the experience of suffering can impact the mind, spirit, and soul of the participants, as well as the mothers who experienced the loss. It is imperative to decrease or eliminate suffering in the clinical setting because this suffering may impact the care that is provided to the patients. Subsequently, Starck (2008) stated, "In a therapeutic relationship, a caring health professional can guide the patient through unavoidable suffering, and this relationship can be a powerful tool for healing" (p. 1). Through the realm of suffering, each individual is assigned meaning. According to Frankl (1998), "The meaning of life varies from person to person and from situation to situation" (p. 3). Overwhelmingly, the participants evaluated their experiences and revealed how they were impacted. The common feeling of sadness, devastation, depression, and the need to cry not only for themselves but also for the mother was commonly recounted by many of the participants, as they identified the antecedent for their emotion. Similarly, suffering was evident, resulting from their feelings of being unprepared, as a result of their lacking knowledge of the phenomenon and how to provide care, as they expressed.

Boyck (1996) also suggested "for patient to benefit optimally and for clinicians to feel confident in their care, the approach to a suffering patient must be preceded by

thoughtful preparation" (p. 61). **Paul's** description in his narrative is a reflection of the narrative revealed in the existing study, as he stated, "Actually, I would say probably depressing, and a little bit overwhelming because and probably a little bit frustrating because I know she worked so hard." **Barbara** expressed:

> It was sad for me, it was sad for not only the nurse who was caring for her, but other nurses on the floor. Um, (long pause, looking in the ceiling) devastating because I felt devastated for myself and the parents, and the family. Um, what I am saying, it is very hard for a parent to go through that.

Colsen (2001) conducted a qualitative study that highlighted the conscious and unconscious experiences of five fathers' experiences with perinatal loss. Thematic analysis was used to assess data. Although the study does not identify the theme of suffering, common aspects of suffering were identified. The study revealed that the emotional sequelae of the loss included shock, numbness, guilt, anger, anxiety, and sadness. Regardless of the impact they felt, their focus was on the well-being of their wives, hid the true feelings about the loss from their wives, and tried to be strong for them. The inherent expression of the fathers' concern for others seemed to be the same attitude mirrored by many of the participants.

Colon (2008) conducted a qualitative phenomenological research study with nine fathers to explore paternal grief experience after stillbirth and miscarriage. The study explored paternal grief experiences following pregnancy loss. van Manen's approach was utilized to analyze data. This study highlighted the initial shock and responses of the fathers, upon receiving the news that their child was deceased. Fathers described their experiences as shocking, surreal, devastating, as well as nightmarish. Similarly, they

identified the negative impact of the experience, on their emotion, and the fathers described their emotions by using such words as sadness, crying, frustration, devastation, disappointment, and arguing with God.

Similar words were also used by the participants in this research study to describe their emotion. **Bog Lady** revealed, "It was alright; I mean the only thing is the emotional part when she was crying she was really sad and that made me sad." **Paul** described: "It was very sad for her because she is married, she had a lot of hopes; she really think that his baby was going to make it, and to find out at the end that it is another miscarriage like the previous ones."

Feelings of sadness were also expressed by **Barbara** when she stated:

> It was sad for me, it was sad for not only the nurse who was caring for her, but also other nurses on the floor; Um, also, for her and her family members, and um, she was the biological mother, but she was the surrogate at the time; so it was also sad for that parent who was adopting the child for themselves.

In addition to the participants' narratives, the words in the following poem, express the feelings described by the fathers in the existing research study.

Title Unknown

Shh, listen don't you hear

I'm crying but they are silent tears

I'm crying on the inside so you can't see

All the pain running through me

I cry for the times I can't

So if you listen you may hear my silent tears.

Author unknown

Lemmer (1988) conducted a descriptive non-experimental design inquiry that explored the experience of stillbirth and neonatal death from the perspective of both mothers and fathers. The sample comprised of 15 women and 13 men who had experienced the death of a baby through third trimester stillbirth or neonatal death. Data were analyzed by thematic approach, and the findings revealed that all parents experienced movement through devastating numbness, intense hurtfulness, and empty sadness before being able to put the experience to rest with peaceful precious memories. The findings in the study conducted by Lemmer (1988) and Colon (2008) support the findings emerged from the interviews of the participants in the current study, as **Paul** described, "It was sad for her because she is married." **Bog Lady** mentioned:

> Well she was crying very emotional because, she lost her son. It was devastating to her to have to go through it. So she was crying and her husband was crying and screaming, and I had to help care for her, and that made me feel really sad to see her go through that.

The following poem, "The Pain Inside" depicts both suffering and hoping.

> If you look at me
>
> you'd never guess
>
> that I was feeling empty
>
> with no hope left
>
> I'm always smiling
>
> and full of good cheer
>
> I'm always ready to listen

With a friendly ear.

unless you look real close

deep into my eyes,

you'd never even notice

the pain I have inside.

Author: Unknown

Puia, Lewis, and Beck (2013), conducted a qualitative study with 91 cases that were extracted from a sample of 464 cases that explored the impact of perinatal loss on obstetric nurses. Six themes emerged, with the final overarching themes that included getting through the shift, symptoms of pain and loss, frustrations with inadequate care, showing genuine care, recovering from traumatic experience, and never forgetting. Although the theme of suffering was not formulated, some of the participants demonstrated feelings of depression and the feelings of wanting to cry. In this research study, the feeling of depression surfaced as described by **Paul**. He verbalized:

I feel depressed, it took me a while to get over it; it was pretty depressing, because this was not her first one; she had two miscarriages already, and then for the third one to be another miscarriage, it was very sad.

Montero et al. (2011) also explored the experiences with perinatal loss from the health care professionals' perspectives. A phenomenological approach was followed, and 19 health care professionals were interviewed at maternal-infant unit of the hospital de Montilla in Cordoba, Spain. The analysis followed the proposal of Taylor and Bogdan, and the three thematic categories identified were healthcare practice, feelings aroused by perinatal loss, meaning, and belief about perinatal loss and grief. The participants

described feelings such as anxiety, helplessness, and frustration.These findings support some of the findings of the current study.

A documentary by Jonas-Simpson (2010) depicted the grief experienced by nurses who cared for bereaved families during perinatal loss. The nurses narrated the impact of the loss, how they coped, and how the experience changed them. This research documentary narrated the nurses' responses to grief and how the experience has helped them to grow. The nurses described that they responded by crying, showing more love for their children, and questioning their faith during their experience. One of the nurses revealed that she lacked the knowledge of knowing what to do or what to say.   The expressions of crying and not knowing what to do were also evident in Bob's narrative as he stated:

> Touching, I mean, I wanted to cry as well; knowing that's what I have never seen,
> I have only seen my aunt get pregnant; I know what she had to go through; so I
> really felt sorry for her; it was really touching and heart breaking.

Bob expressed in his narrative that he too felt like crying. Boyck (1996) suggested "for patient to benefit optimally and for clinicians to feel confident in their care, the approach to a suffering patient must be preceded by thoughtful preparation" (p. 61).

The sentiment embedded in the untitled and un-authored poem depicts hoping through suffering.

Title: Unknown

Suffering is the way, suffering is life.

No matter what we do, there is always strife.

Constantly trying to make it go away,

Hoping tomorrow will be a new day.

Only to find that our worst fear is true,

It is here to stay, no matter what we do.

Desperately searching to find a cure,

No longer possessing the strength to endure.

Masking our pain with earthly possessions.

None of them leaving a lasting impression.

Covering the problem right at its root,

Foolishly thinking that we are astute.

No one is impervious to its wrath.

Suffering is inevitable, etched in everyone's path.

Suffering encompasses different effects, and has different meaning to an individual. The act of suffering among all nine participants in this research study clearly revealed their responses to suffering. It was also evident that in the midst of suffering, the participants were still able to find purpose and meaning. They developed attitudes that transformed them beyond their emotion, thus fostering their role to provide care for the mothers. According to Starck (2008), "Attitudinal meaning consists of adopting a positive attitude toward a fate that cannot be changed; we have the freedom to choose how we will react and what stance we will adopt" (p. 2).

Theory of Meaning

According to Frankl (1965), the work that individual's perform does not necessarily relate to his or her occupation; instead, this work is reflective of the area of the individual's unique calling in society, which signifies meaning and value.

Accordingly, individuals continuously decipher meaning of their experiences and

existence, which may result in physical, mental, and spiritual problems or resolution.

This experience is described as the "Will of Meaning" (Smith & Liehr, 2014). Frankl

also stated, "Life holds meaning under any conditions, even the most miserable ones" (p.

12). Meaning is a unique concept and can be discovered only by the individual. There

are three factors that characterize the existence of humans, which are man's spirituality,

freedom, and responsibility (Frankl, 1965). The theory of meaning is significant and

relates to different aspects of the human being, and combines both the scientific as well

as the philosophical approach, to show the uniqueness of individuals.

Concepts of the Theory of Meaning

Starck's theory of meaning was developed with the intent to assist human beings

to cope with their daily catastrophic, life-changing events, while discovering meaning

(Smith & Liehr, 2008). This meaning motivates humans to expand their knowledge,

affirm their beliefs and values, and explore their options, in an attempt to achieve their

life's purpose. Starck's theory of meaning (1985) is comprised of three major concepts,

which are life purpose, freedom to choose, and human suffering. A theory is "a set of

interrelated constructs that present a systematic view of the phenomena by specifying

relations among variables, with the purpose of explaining and predicting a phenomena"

(Starck 1985,p. 72). In accordance to Frankl's perspective, "This meaning is unique and

specific in that it must and can be fulfilled by him alone; only then does it achieve a

significance which will satisfy his own will to meaning" (Frankl, 1984).

Life Purpose

  The concept of life purpose supports the theme of learning. Life purpose is the core concept of the theory of meaning, which is concluded to be the reason for the existence of humans, while answering the question: Who am I? And why am I here? Life purpose is evident when a feeling of satisfaction is achieved and to which human may feel there is a calling to their dedication (Smith & Liehr, 2014). An individual's will to meaning enhances the desire to achieve life purpose. Meaning may be also attributed to behaviors that enhance health and well-being. Subsequently, the caregiver cannot determine how the individual finds meaning.

    A professional caregiver working with a person who has recently suffered a loss

    cannot tell the person how to look for meaning in another dimension of life, but

    the caregiver can help guide the person to find new avenues of meaning through

    shifting views of soma, psyche, and noos (Smith & Lier, 2014, p. 92).

The word "noos" is Greek meaning, "mind." Another way to ascertain meaning through life purpose is the choice of an individual's attitude, such as remaining positive, brave, or optimistic, in spite of the difficulties he or she encountered in life (Smith & Liehr, 2014).

  Many of the participants revealed that they lacked the knowledge to provide appropriate care during the experience of the mother. Although the participants felt sad, depressed, frustrated, and overwhelmed, they regained their sense of purpose of their professional role and explored ways in which learning was acquired to better prepare them for their nursing roles, while maintaining a positive attitude. This attitude allowed them to find meaning to expand their knowledge not only for themselves, but also for their patients. **Pau**l stated, "But also, um, just reading more about miscarriages,

miscarriages treatment options, and other stuff like that, like possible causes, helped."

Frankl postulated that life purpose can be achieved through well-being, to a degree that

the purpose is satisfying, and people will gain meaning if their behavior and activities are

congruent with their valuing and caring. During the interviews, all the participants

identified that their profession, spirituality, and cultural preferences influenced all the

approaches and the strategies that they utilized. The ability of an individual to

accomplish daily routine is an indication that positive outcome is achieved (Neimeyer,

2001). The following narrative by **Mike** seems to resonate with this construct:

> Um, so. Basically my duty is that I was just there to assist the nurse, ah, you
>
> know, to get vitals, was you know the normal expected things for nursing student.
>
> My job here is to help her through it, not to you know add on to the, to the
>
> situation.

The art of Sri Chimmoy captured the concept of life purpose.

> Quote of peace
>
> I did not come into the world
>
> To prove anything
>
> I came into the world
>
> To love everyone
>
> And everything
>
> The sole purpose of my life
>
> Is to go back once more
>
> To my peace-home-heart
>
> Life is given to each human being

For a very special purpose

This secret each human being

Must discover for himself

The glowing purpose of your life

Is to run fast, faster, fastest

Towards the farthest and brightest goal

My whole purpose in life

Is to be of service to mankind

This I can do only

By offering inspiration

If you think that

Life has a higher purpose

Then you are fully ready

For the special life

Excerpt from Everest Aspiration part three by Sri Chimmoy

Freedom to Choose

Another concept is freedom to choose, which is the second concept of the theory of meaning. Starck defined freedom to choose as "The process of selecting among options over which one has control" (Starck as cited in Smith & Liehr, 2014). Frankl (1966) postulated that, "Freedom means freedom in the face of three things: (1) the instincts; (2) inherited disposition; and (3) environment" (p. xviii). Regardless of the circumstances, everyone is free to choose the response to his or her suffering or how to

bear his burden. Accordingly, humans are free to make decisions and take a stand

regardless of what they are faced with, and they are free to accept or reject their instincts.

Hence, individuals are held responsible for their actions. Frankl (1966) postulated that it

is through repetition of the utilization of this freedom, humans developed character.

Freedom to choose includes an attitude that is chosen to adapt to a situation. In

this study, the themes supporting and distancing connect with the construct of freedom to

choose. In light of this perspective, humans are faced with challenges, they ask these

questions: Where are my areas of freedom? Which possible choices do I have? Which

one do I want to actualize? The impact of individuals' emotion potentiates them to

recognize their choices, although certain choices may result in a more desirable and

positive outcome. Similarly, human beings make choices based on the foundation of

their personal or professional values, beliefs, culture, societal influences, as well the

meaning of their choices. If the individual acts according to conscience, then, meaning is

enhanced, whereas ignoring undermines meaning (Das, 1998). Supporting is evident in

Bog Lady's narrative as she expressed how she provided support to the patient during her

loss:

> Yes, she um, then wanted me to pray with her, and I told her she can pray, and I
>
> hold her hands, um, in silence and I did, and she prayed and she felt much better
>
> and of course church members came to the room and sung.

Paul revealed that distancing was his choice to alleviate the impact of the experience,

which was meaningful to him. He stated, "Yes, especially working out help take my mind

off things." According to Starck (1985), "In distancing, a different view of situation

comes to light along with a changed meaning of the situation (cited in Smith & Liehr, 2014).

Bereavement can have a profound impact on the life of an individual. Thus, the nature and conceptualization of the meaning-making is vital to foster an understanding of both the significance of the loss, what the loss entails, which will allow health care practitioners to plan and implement care, in an attempt to facilitate meaning-making among families during bereavement (Cholette, 2012). Nurses are assigned a significant role to be not only a caregiver but also an advocate for the patients. Hence, within this scope of practice, nurses are expected to assist bereaved families in search for meaning, through supporting the process of grieving and coping, when grief is experienced as a result of a loss of a child. Family members are also recognized to be significant in fostering meaning making during bereavement, as well serving as a person's first line of support.

The participants' comments echoed that they have made their choices based on their religious faith, experiences, beliefs, and available resources. Similarly, they were cognizant of their role to focus on the care of their patients. According to Frankl (1984), meaning can be achieved when individuals choose their attitude towards their own fate. Hence, meaning may have been achieved through application of their choices to uplift their emotion, instead of suppression, and foster their well-being. Freedom to choose was also evident when Barbara vocalized her choice of the meaningful aspects of the experience. **Barbara** stated:

> You know that way, you know, it was meaningful that, how the mother, the
>
> biological mother cared and how she was expressing her feeling of sadness. It

was meaningful how the nurse, especially the nurse who was taking care of her at

that time, how she cared for her and how supportive she was of the whole

situation and stuff like that. And it was very meaningful in that he offered to hold

the stillborn, um, after he was born (voice lowered and facial expression seemed

sad).

The comments that follow exemplify this concept of freedom to choose. The narratives

of the participants are embedded in the unauthored prayer and psalm that follow:

To be a nurse

To be a nurse is to walk with God,

Along the path that our Master trod;

To soothe the achings of human pain,

To faithfully serve for little gain,

To lovingly do the kindly deed,

A cup of water to one in need,

A tender hand on a fevered brow,

A word of cheer to those living now;

To reach the souls through its body's woe

Oh, this is the way that God would go.

Oh, white-capped nurses with hearts so true,

Our great healer is working through you.

Author: Unknown

How to pray Psalm 23-4

Father in heaven, today I choose

to follow you, knowing that you

make your word a lamp to my

feet and a light upon my path.

I will be bold and not afraid,

knowing that you are always with

me even when it's difficult for me to

see. Thank you for the courage

to keep walking even though the

darkest times. I thank you for your comfort

and presence to guide me into the life of

abundant blessing and victory you have for me.

In Jesus' name. Amen.

How to pray psalm 23-4

Human Suffering

The third concept of meaning is human suffering, which supports the theme suffering. Frankl (1966) annunciated that the life of human beings can be fulfilled through creating and enjoying, as well as suffering. This fulfillment is dependent upon the manner in which individuals incorporate these difficulties in their psyche. Human suffering is defined as, "a subjective experience that is unique to an individual and varies from simple transitory discomfort to extreme anguish and despair" (Starck & McGovern, 1992). Rather than defining human suffering, Frankl (1984) described it as a subjective, all-consuming human experience. He also believed that the deepest possible meaning

that exists is the meaning of suffering. Similarly, he clearly expressed that there is no meaning in suffering, and suffering is perceived as a part of human experience. Frankl (1966) explained that, "Suffering therefore establishes a fruitful, one might say a revolutionary, and tension in that it makes for emotional awareness of what ought not to be" (p. 108).

Individuals are capable of reducing suffering through searching for meaning (Gila, 2010). Frankl (1965) identified three dimensions of meaning as: creativity, experience, and attitude. These can be achieved in life through the creation of something, performing a mission and having a positive experience, such as viewing a sunset and listening to music. Nurses as health care professionals are prone to witnessing human suffering on a daily basis, while providing care to patients, which the participants reported during the interviews. As a result, nurses must endeavor to provide care to those who are suffering, in an attempt to alleviate their suffering. From the participants' narratives, it was evident that they implemented interventions to alleviate the emotions of the mothers as seen in **Bog Lady's** narrative. She stated:

> Yes, she um, then wanted me to pray with her, and I told her she can pray and I hold her hands, um in silence and I did; and she prayed and she felt much better, and of course church members came in the room and sang.

Nevertheless, the meaning and severity of the impact of the suffering can be only determined by each individual. When suffering occurs, individuals try to conceptualize the reason for the suffering, and ask questions such as, Who am I? and Will I have a future, and if so, what kind of future will I have?

Some of the individuals conceptualized their spiritual nature as providing them with a religious dimension, and for others, spirituality does not (Starck, 2008). Subsequently, six of these research participants identified their spirituality as being significant to them during their emotional impact. The metaphor of religion during their adversities was revealed by **Bog Lady**, who expressed:

Ah, well I would tell her that um, if she was a believer; she told me she believes in you know God. And I told her well, you know, just have faith; that you know things happen for a reason, and at the moment you may not see why it happened.

The meaning of the suffering also allowed the participants to label their feelings with such words that described their emotions. **Barbara** narrated:

Um, (appeared sad) obviously. Um, questionable, why did it happen? Um, mystery, because um, we had no idea why it happened. There were no warning signs, nothing. Um (long pause and looking in the ceiling) devastating because I felt devastated for myself and the parents and the family. Um religious because the parents were very religious and there was a religious figure there praying over the child and stuff like that.

Man's search for meaning is the primary motivation in his life (Frankl, 1984, p. 105). Furthermore, according to Starck (2008), "Suffering is a universal experience, yet the search for meaning is an individual's unique suffering is a lonely one." Hence, performing a mission and an attitude are all congruent to Frankl's concept of finding meaning. Brian Pizzalato describes suffering in his poem that follows:

Suffering, whether physical, spiritual or psychological,

 is often an opportunity when many question the existence of God,

or at the very least whom this God is who allows suffering,

in particular the suffering of the innocent.

God, throughout the Old Testament,

helps us to understand what he will fully reveal

in the New Testament regarding suffering.

We now know that God the Father has sent the Son

to give us the Holy Spirit through the sacraments,

one of which is referred to as anointing of the sick.

"Is anyone among you suffering?

He should pray. Is anyone in good spirits?

He should sing praise. Is anyone among you sick?

He should summon the presbyters (priests) of the church,

and they should pray over him and anoint him with oil
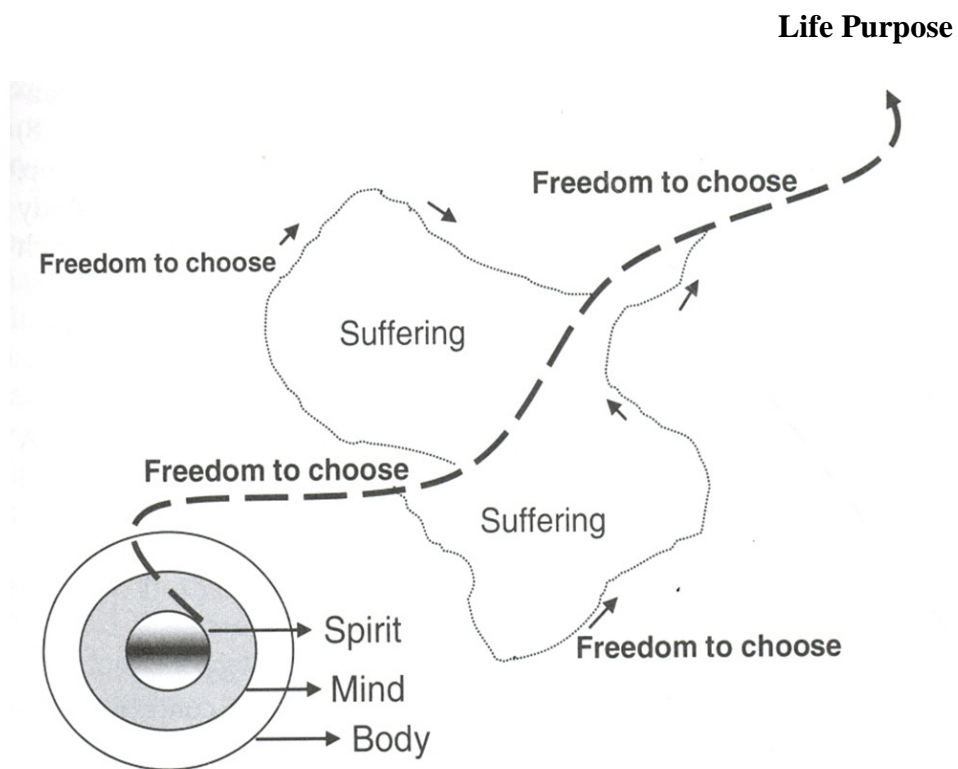
in the name of the Lord…"

By Brian Pizzalato

Life Purpose

Figure 4. Theory of meaning (Starck, 1985).

The theory of meaning has allowed a framework to produce produce a deeper and more realistic understanding of the lived experiences of baccalaureate nursing students caring for mothers with perinatal loss has been afforded by the theory of meaning. The participants' experiences with the researched phenomenon caused emotional suffering to many of them, as well as the mothers, as they related during the interviews. The participants were resilient and recognized their purpose as a caregiver, which motivated their choice to continue providing patient care, as well as seeking support in ways they deemed necessary, to alleviate the emotion of everyone involved with the experience. The participants also identified ways in which they found meaning and were hopeful for future results. The themes that are the underpinning of this phenomenon are supporting,

learning, distancing, and suffering, and the subthemes are hoping and relating. These themes and subthemes illuminate Starck's (1985) theory of meaning.

Significance of the Study

This study's findings have personified the experiences of the impact of perinatal loss for both the participants and the mothers. It has depicted ways in which individuals utilize a negative experience to integrate positive outcomes. This study has also highlighted that although individuals experience a lack of knowledge in their scope of practice, these individuals should not feel helpless or powerless; instead, they should be proactive and seek ways to advance their knowledge for the well-being of themselves and others. This finding is therefore valuable not only to nursing but other disciplines as well. In addition, the study highlights the need for individuals to be vigilant and identify existing policies that do not foster the well-being of individuals and vocalize the need for change.

Significance of the Study to Nursing

This study explored the lived experiences of baccalaureate nursing students caring for mothers with perinatal loss in Dade, Broward, and Palm Beach counties. Literature shows that perinatal loss has been a widespread issue that has impacted not only the individual who experiences the loss, but also health care providers. During the nurse-patient relationship, nursing students work alongside the nurses to address not only the patients' concern but also their own concerns. Nevertheless, there is a dearth of information in the literature that explored the phenomenon of perinatal loss and its impact on baccalaureate nursing students, while they provided care. The participants' role in providing care for these mothers provides an understanding of the challenges and

perspectives of the participants. The emphasis on students being competent to perform their roles is not the only factor that is required for them to effectively manage during their clinical experience. Likewise, the need for nurses to be equipped with appropriate coping interventions is vital. Conducting research on this phenomenon provides valuable information to nursing education, practice, research and health/public policy so that modifications can be made to existing curriculum to foster positive outcomes for nursing students, patients, and even other disciplines that are non-nursing.

Significance of the Study to Nursing Education

The findings in this study specific to nursing education are significant. Although the students reported no challenges in their competency to perform the skills that they were assigned to complete, they overwhelmingly discussed their experiences in utilizing their faith and support for counteracting their emotions. They extensively described the negative emotions that they encountered during the experience. The findings also revealed the need for more involvement and input from the clinical professors, in guiding the students, exploring their feelings, and allowing them to vent. Similarly, the findings described how students found meaning in their experiences. Another consideration is education curriculum that should be structured to not only focus on theory and clinical practice but should also have a plan in place to aid students in alleviating the emotional impact that they face, during their clinical rotation, and not only specific to the experience of providing care after perinatal loss. If students are not equipped mentally and physically, then they are prone to become stressed. This study highlighted the importance of the inexperienced clinical educators to evaluate their knowledge and coping mechanisms.

Currently, there is paucity in research literature that explores the experiences of baccalaureate nursing students while they provide care for mothers with perinatal. The findings disseminated in this research study should be acknowledged and considered for the modification and development of nursing curriculum.

Significance of the Study to Nursing Practice

The findings in this study clearly highlighted the need of the implications for nursing practice. There is no evidence of the kind of interventions and resources that are available and included into practice. The nursing profession relies heavily on evidenced-based practice for implications and research. This study has provided the readers with knowledge on the challenges, specifically the participants' ways of coping, as well as the their ability to transform themselves and provide care for their patients. The importance for nurses to be equipped emotionally and physically cannot be overemphasized. Nurses who are mentors should be also mindful aware of how the students' emotions are impacted and ways to alleviate these emotions. If this challenge is ignored, there is a potential for the compromise of patient care and safety. Cody described that, "The nurse is obligated to practice in such a way that seeks to avoid harm and to benefit the patient" (p. 181). Subsequently, the findings from this research are important to not only nursing students but also to clinical educators to become more cognizant of their roles, and provide more support for the students during the clinical rotation. In addition, clinical professors should also be more vigilant of their roles, seek ways to support and foster the emotional well-being of the students, and provide them with the opportunities to vent and explore their feeling after the experience.

Significance of the Study to Nursing Research

Nursing research is conducted primarily as an attempt to search for and validate existing knowledge about a phenomenon of importance to the nursing profession. Nursing research is also ongoing to replicate the phenomenon with a different population or explore new topics. Nevertheless, have explored this phenomenon among midwifery nursing students abroad, but there has not been any evidence of existing literature that explored the experiences of baccalaureate nursing students caring for mothers with perinatal loss. The foundation of the discipline of nursing is based on research, which identifies implication for practice, to enhance the well-being of patients, nurses, nursing students, and other professionals. This research study contributes to the body of nursing knowledge, and it also provides an insight of areas that for future research.

Significance of the Study to Health/Public Policy

According to Hill and Hupe (2002), "Public policies are those policies developed by governmental bodies and officials" (p. 5). It is very important that nursing students are afforded the knowledge of coping mechanisms during their clinical practice. Results from each research study provide the basis for additional research to be conducted. Subsequently, the results from this study can motivate policy makers to allocate funding to finance nursing research in areas of dire need of knowledge and modification of current policies, as well as provision for counseling. Participants in this research study indicated areas of dire needs for pregnant mothers. One of the participants indicated that there is a need for the separation of mothers who experienced perinatal loss, from those with newborns, during the immediate postpartum period. Also, legislators should

allocate funding to maintain more centers and resources that will promote the importance of prenatal care, as well as ways to foster healthy lifestyle during pregnancy.

Strengths and Limitations

This research study contains both strengths and limitations. The sample was diversified, the age group varied, and the gender of the participants was equally represented. Another strength is evident that sample size meets the criteria for a phenomenological study. According to Creswell's criteria for a phenomenological study, the interview process continued until saturation is achieved. The participants were recruited from geographical areas of all three counties, Dade, Broward, and Palm Beach. Bracketing by the researcher was an ongoing process. As a novice researcher, ongoing contact was made with the dissertation chairperson, in an attempt to seek guidance as appropriate. The descriptions of the participants' experiences of the phenomenon were formulated based on the researcher's perception of the data presented. Hence, it is difficult to for generalizability to be applied to a qualitative study, although it is not the intent for qualitative studies to be generalized.

Recommendations for Future Study

This research study findings will aid in filling a portion of the paucity in nursing knowledge that exists about the experience of baccalaureate nursing students providing care after perinatal loss. As previously stated in Chapter One, there has not been any study identified that was conducted within the United States with this population and phenomenon, and the studies that were conducted outside the United States were limited. In light of this, both positivistic and post-modernistic tradition should be considered for future research. Future research finding may validate the results in this current research

or provide additional knowledge. A larger sample size could be also considered with the inclusion of participants from other counties outside the state of Florida. Future research studies that explore the lived experience of baccalaureate nursing students providing care for mothers after perinatal loss may support the need for modification in curriculum development and the need for a more active role from clinical professors during post conference.

Summary and Conclusions

This chapter described the findings of the inquiry of the phenomenological study that explored the lived experiences of baccalaureate nurses students caring for mothers with perinatal loss in Dade, Broward, and Palm Beach counties. This phenomenon was explored with an attempt to fill a portion of the gap that exists about this phenomenon. Access to facilities was gained without delay from most of the institutions. Recruitment was slow at the beginning of the process. Nevertheless, nine participants willingly shared their experiences, which allowed the researcher to capture the essence of the phenomenon. The researcher is appreciative to the participants for their time and willingness to share their stories, as they relate to their experiences of the phenomenon. A hermeneutic phenomenological approach guided this inquiry, and four major themes of supporting, distancing, learning, and suffering and two subthemes of hoping and relating were identified. The three concepts of Starck's theory were linked to the themes that emerged from the study.

Although the participants experienced challenges with their emotions, they were able to find meaning from the experiences and find ways of coping. This study also highlighted the need for more involvement of clinical professors taking active role in

guiding the students to foster effective coping mechanisms and ensuring that students are better prepared with adequate knowledge to undertake their roles. Nevertheless, the students acknowledge that they have acquired new knowledge during their experience of providing care after perinatal loss.

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Appendix A

IRB LETTER

BARRY
UNIVERSITY

OFFICE OF THE PROVOST
INSTITUTIONAL REVIEW BOARD

Research with Human Subjects
Protocol Review

Date: September 3, 2014

Protocol Number: 140811

Title: The Lived Experience of Baccalaureate Nursing Students Caring
                           for Mothers who have Perinatal Loss

Meeting Date: August 20, 2014

Researcher Name: Ms. Glenna Brown-King
Address: ████████████

Faculty Sponsor: Dr. Claudette Chin - Nursing

Dear Ms. Brown-King:

On behalf of the Barry University Institutional Review Board (IRB), I have verified that
the specific changes requested by the convened IRB on August 20, 2014 have been made.

It is the IRB's judgment that the rights and welfare of the individuals who may be asked
to participate in this study will be respected; that the proposed research, including the
process of obtaining informed consent, will be conducted in a manner consistent with
requirements and that the potential benefits to participants and to others warrant the risks
participants may choose to incur. You may, therefore, proceed with data collection.

As principal investigator of this protocol, it is your responsibility to make sure that this
study is conducted as approved by the IRB. Any modifications to the protocol or consent
form, initiated by you or by the sponsor, will require prior approval, which you may
request by completing a protocol modification form.

It is a condition of this approval that you report promptly to the IRB any serious,
unanticipated adverse events experienced by participants in the course of this research,
whether or not they are directly related to the study protocol. These adverse events
include, but may not be limited to, any experience that is fatal or immediately life-
threatening, is permanently disabling, requires (or prolongs) inpatient hospitalization, or
is a congenital anomaly cancer or overdose.

Appendix B

INFORMED CONSENT FORM

Approved by Barry University IRB:

Date: SEP - 2 2014

Signature: *Anne LBartella, PsyD, JD* APPENDIX B

Institutional Review Board
Protocol Form
July 2014   7

BARRY UNIVERSITY

INDIVIDUAL INFORMED CONSENT FORM

Your participation in a research project is requested. The title of the study is "The Lived Experiences of Baccalaureate Nursing Students Caring for Mothers Who Have Perinatal Loss": A Phenomenological Inquiry. The research study will be conducted by Clarene Brown-King, MSN, RN, a doctoral student in the College of Nursing and Health Sciences at Barry University, who is seeking information that will be useful in the field of Nursing. The purpose of this study is to obtain an in-depth understanding of the lived experiences of Baccalaureate nursing students caring for mothers after perinatal loss. In an attempt to achieve the purpose of this study, you will be asked to do the following:

- Each participant will be required to answer questions on a demographic questionnaire.
- Individual face-to-face semi-structured audio taped interview will be conducted.
- Participants should be enrolled in a nursing program in Dade, Broward or Palm Beach County.
- Participants' participation will be voluntary.
- Participants will be required to meet with this researcher twice. During the first meeting, written informed consent will be obtained, and an interview will be conducted which will not last longer than an hour. A second meeting is required for member checking by this researcher of the transcript, which will not last longer than 30 minutes. Both meetings will be conducted at a location that is mutually agreed upon by the participant and researcher.

Your consent to be a research participant is strictly voluntary and, should you decline to participate or should you chose to drop out at any time during the study, there will be no adverse effects and you will be free to withdraw your participation in the study without prejudice. If you discontinue the interview and withdraw from the research study at any time, your information will not be used and it will be shredded. You will self assign a pseudonym and your confidentiality will be maintained to the extent permitted by law. The signed informed consent will be the only document with your name. The signed informed consents and the collected data will be kept in two separate locked boxes in an office in this researcher's home, and all data will be kept at a minimum of five years, and will be shredded thereafter. Two audiotapes will be utilized during the recorded interview, with the second audio tape recorder being used as a back-up. Both audiotape recorders will be destroyed after verification of the transcript or 90 days after the completion of data collection.

The risks in this study are minimal. You will be offered an AMC movie theater card for a value of $20.00 to keep, at the beginning of the interview at the first meeting.

If you have questions or concerns regarding the study or your participation in the study, you may contact me, Clarene Brown-King at (954) 749-5912, my supervisor, Dr. Claudette R. Chin at (305) 899-4716, or the Institutional Review Board point of contact, Barbara Cook, at (305) 899-3020. If you are satisfied with the information provided and are willing to participate in this research, please signify your consent by signing this consent form.

Voluntary Consent

I acknowledge that I have been informed of the nature and purposes of this study by

Clarene Brown-King and that I have read and understand the information presented above, and that I have received a copy of this form for my records. I give my voluntary consent to participate in this study.

_____   _____
Signature of Participant   *Date*

_____   _____   _____   _____
Researcher   *Date*   *Witness*   *Date*
(Witness signature is required only if research involves pregnant women, children, other vulnerable populations, or if more than minimal risk is present.)

Appendix C

BARRY UNIVERSITY

LETTER OF REQUEST FOR ACCESS

Clarene Brown-King MSN Ed.

First Name >Last Name>Title
Program Director
Baccalaureate Degree Nursing Program
Dear Sir/Madam,

    I am a PhD student at Barry University, College of Nursing and Health Sciences in Miami Shores Florida. I am writing to request your assistance.

    I will be conducting a research study in partial fulfillment of my PhD degree at Barry University. The study is entitled "The Lived Experiences of Baccalaureate Nursing Students Caring for Mothers who have Perinatal Loss." The objective of the study is to afford students the opportunity to describe their experiences, ideas and emotions, while caring for mothers after perinatal loss, with the hope to gain knowledge that identifies effective coping strategies for nursing students and other healthcare providers.

    I am requesting your permission for this researcher to distribute flyers to the nursing students who are currently enrolled in your nursing program and to allow me to post the recruitment flyers in designated areas within the school of nursing. In addition, I am also requesting permission to make an announcement of the proposed study at the beginning of class sessions. The students' participation in this study will be voluntary, the interviews will be tape recorded, transcribed and conducted one-to-one, semi-structured and face-to-face. The location of the interview will be mutually agreed upon by the research participants and the researcher. The participants will self assign pseudonyms that will be used for their identification. They will be given a $20.00 American Movie Cinema (AMC) movie card to keep, at the beginning of the first interview.

    Attached is a copy of the recruitment flyer. This study will be approved by Barry University Institutional Review Board (IRB) in Miami, Florida before data collection process begins. Tentatively, IRB review will be August, 2014, and the recruitment of participants and data collection to begin in September, 2014.

    Thank you for your consideration in granting me access for the recruitment of participants for my proposed study. Please contact me at ▮▮▮▮▮▮▮ or email me at ▮▮▮▮▮▮▮▮.You may also contact my supervisor Dr. Claudette R. Chin at ▮▮▮▮▮▮ or Barbara Cook as IRB contact at ▮▮▮▮▮▮. I await your response at your earliest convenience.

    Sincerely,

    Clarene Brown-King MSN Ed Phd
    Barry University College of Nursing and Health Science

Appendix D

LETTER OF ACCESS

PALM BEACH ATLANTIC
U N I V E R S I T Y

SCHOOL OF NURSING
Joanne Masella, Ed.D., MSN, RN, Dean

November 18, 2014

Dear Miss Brown-King,

This letter serves to approve your request to access faculty and students in the School of Nursing, Undergraduate program at Palm Beach Atlantic University for the purpose of recruiting for your dissertation study titled: The Lived Experiences of Baccalaureate Nursing Students Caring for Mothers who have Perinatal Loss." I wish you all the best with your study. If I can be of further assistance, please let me know.

Kind Regards,

Joanne Masella

FIU | Nicole Wertheim College of Nursing & Health Sciences
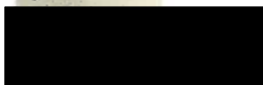FLORIDA INTERNATIONAL UNIVERSITY
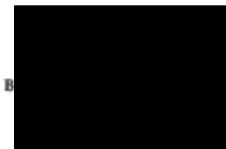
September 5, 2014

Dear Clarene Brown-King:

This is to confirm that you may access our students and faculty to invite them to
participate in your study:
"The lived Experience of Baccalaureate Nursing Students Caring for Mothers Who Have
Perinatal Loss"

Sincerely,

FAU
FLORIDA
ATLANTIC
UNIVERSITY

September 11, 2014

Clarene Brown-King
Candidate, PhD Program
Barry University

Dear Clarene,

You have permission to post recruitment materials in the student lounge to collect data for your doctoral research. Please see Ms. Gina Guarino in Student Services, first floor of the College of Nursing and she will direct you where to go. I wish you success in your study.

Sincerely,

Dr. Nancey E.M. France, RN, PhD

Boca Raton • Dania Beach • Davie • Fort Lauderdale • Harbor Branch • Jupiter • Treasure Coast
An Equal Opportunity/Equal Access Institution

NOVA SOUTHEASTERN UNIVERSITY
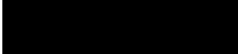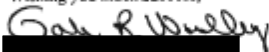Health Professions Division
College of Nursing

October 17, 2014

Dear Ms. Brown-King,

This letter is written to confirm the support of College of Nursing for your study, *"The Lived Experience of Baccalaureate Nursing Students Caring for Mothers with Perinatal Loss"*. The College of Nursing is focused on increasing students' participation in research studies so that they can see the value and purpose of such endeavors. Your study will offer them the opportunity to increase their awareness and experience in understanding the nursing research process.

I will post the flyer on our Entry Level Student Center so that students on of our Miami campus have an opportunity to see it. You also have permission to make announcements in classes if the faculty member of that specific class so approves. Please be sure that you ask their permission before entering any classroom.

Wishing you much success,

Barry University

College of Nursing and Health Sciences

September 29, 2014

Dear Ms. Brown-King,

This letter serves to approve your request to access faculty and students in the Undergraduate Program at Barry University for the purpose of recruiting for your dissertation study titled: The Lived Experiences of Baccalaureate Nursing Students Caring for Mothers who have Perinatal Loss." I wish you the best of luck with your study. If I can be of further assistance please let me know.

Best Regards,

Dr. Colvin

Mary Colvin

UNIVERSITY OF MIAMI
SCHOOL *of* NURSING
& HEALTH STUDIES

█

Clarene Brown-King, MSN, Ed.
P.O. Box 26196, Tamarac, FL 33320

September 17, 2014

Dear Ms. Brown-King,

You have permission to undertake part of your research project, "The Lived Experiences of
Baccalaureate Nursing Students Caring for Mothers who have Perinatal Loss" at the U niversity of Miami
School of Nursing and Health Studies for class NUR 411. Please contact Dr. Kenya Snowden at
███████████████████████████ make arrangements to visit her class for a few minutes to
distribute flyers and make an announcement about your study.

Sincerely,

Dawn Yanniger PhD

█

South University

October 7, 2014

Clarene Brown-King
Barry University

Ms. Brown-King,

South University will be happy to assist you with conducting your research project for Barry University. Your flyers will be posted on our easels. In addition, the baccalaureate nursing students will be sent an email blast with your flyer. If I can be of further assistance, feel free to call me at ███████████.

Sincerely,

Maria-Lorena Santos
Dean of Student Affairs

Appendix E

BARRY UNIVERSITY

RECRUITMENT FLYER

Recruiting Baccalaureate Nursing Students for Research Study

RESEARCH TOPIC: *The Lived Experience Of Baccalaureate Nursing Students Caring For Mothers Who Have Perinatal Loss: A Phenomenological Study*

PURPOSE OF STUDY: To obtain an in-depth understanding of the lived experiences of baccalaureate nursing students caring for mothers after perinatal loss.

INCLUSION CRITERIA for Participation:
- **A Baccalaureate Nursing Student In Dade, Broward or Palm Beach County**
- **Be At Least 18 Years Of Age**
- **Speak and Read English Fluently**
- **Provided Care For A Mother Who Experience Perinatal Loss During Your Clinical Rotation**
- **Willing To Talk About Your Experience**
- You Will Be Included In An Audiotaped One-To-One Face-To-Face Semi-Structured Interview For One Hour To Describe Your Experience.
- You will Be Asked to Attend a Second Meeting for 30 Minutes to Clarify Transcript.
- Your Confidentiality Will Be Maintained Throughout The study. A $20.00 American Movie Cinema Theater Card Will Be Offered For You To Keep In Appreciation.

CONTACT: Clarene Brown-King MSN Ed █████████

INSTITUTIONAL REVIEW BOARD: Barbara Cook █████████

Appendix F

BARRY UNIVERSITY

INTERVIEW QUESTIONS AND PROMPTS

1. What was it like for you to care for a mother who had a perinatal loss?
2. **Prompts:**

   ➢ How long ago did you have this experience?

   ➢ Can you tell me more about your experience?

   ➢ What was meaningful to you during the experience?

   ➢ What were your coping strategies for the experience?

   ➢ Were the coping strategies utilized effective?

   ➢ What factors influenced these coping strategies?

   ➢ Have you discussed your experience with anyone prior to this

      interview?

   ➢ As a student, what interventions would you like to see implemented

      to assist you in alleviating your emotion after the experience?

   ➢ In your previous clinical rotation, have you experienced any death

      or dying?

   ➢ Overall, give me one or two words that you would use to describe

      your feeling about the experience?

   ➢ Is there any other information that you would like to add to this

      Interview?

Appendix G

BARRY UNIVERSITY

DEMOGRAPHIC QUESTIONNAIRE

     In order to conduct an interview with you, the following background information is needed.
Please complete the questionnaire as honestly as possible, if you are willing to participate in the study. If you refrain from answering any of the question(s), feel free to add any information that you deem necessary in conducting at the end of the missed question. In addition, please do not include your name on this form, so that your information will be kept confidential.

1. Year of birth_____
2. Race _____White non-Hispanic
   _____Black or African American
   _____Caucasian
   _____Hispanic
   _____Asian
   _____ Other
3. Gender: Male ___ Female ___
4. Marital status: Single__ Married__ Separated ___ Divorced __ Widowed
5. What is your religious preference? _____
6. Highest level of education completed: BA Degree __ AS Degree__ Other Degree
   BSN Student? Yes__ No__
7. What was your occupation prior to entering nursing school? _____
8. Is this your first experience taking care of a patient who has suffered perinatal loss?_____
9. What was the length of the patient's pregnancy? _____
10. Was the loss stillbirth, miscarriage, neonatal death? _____
11. Did you have any contact with the baby after the death occurred?
12. What ethnic group do you identify yourself with? _____

Appendix H

BARRY UNIVERSITY

INTERVIEW PROTOCOL

1. Researcher will introduce self to research study participants.
2. Participants will be informed about their rights and purpose of the study that informed consent for participation in the study is voluntary, their right to withdraw from participating at any time during the study, individual interviews will be tape recorded and transcribed by the researcher, and the method that will be used to maintain confidentiality. The participants will be free to ask any question that they have for clarification.
3. Participants will complete demographic questionnaire.
4. Participants will ask questions for clarification of instruction provided by the researcher.
5. Participants will voluntarily sign Informed Consent.
6. The participants will self assign a pseudonym.
7. Individual face-to-face semi-structured tape-recorded interview will be conducted.
8. Second meeting for member checking within seven days will be scheduled.
9. Participants will be presented with a $20.00 American Movie Cinema (AMC) movie theater card.

VITA

CLARENE BROWN-KING, MSN, RN

EDUCATION

Barry University School of Nursing

Miami Shores, Florida

PhD Nursing –Candidate

Florida Atlantic University

Boca Raton Campus

Degrees Awards: **Master of Science in Nursing 2007**

Bachelor of Science in Nursing 2002

Broward Community College

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Degree Awarded: **Associate Degree in Nursing 1998**

PROFESSIONAL EXPERIENCE

Nova Southeastern University, Davie Campus, Florida; Adjunct Clinical Faculty

(2008-present)

Barry University, Miami Shores, Florida, Adjunct Clinical Faculty (2009-2013)

Florida Medical Centre, Lauderdale Lakes, Florida. Bedside Nurse, Charge Nurse,

Nurse Preceptor, (1999-2011)

Redi Staff Home Health Agency, Boca Raton (1998-1999)

HONORS AND AWARDS

Cum Laude, Florida Atlantic University (2002)

<u>CERTIFICATIONS</u>

American Heart Association: BLS

Adult Cardiac Life Support (ACLS)

Legal Nurse Consultant