

Abstract

Purpose: The purpose of this study was to determine the extent to which labor and delivery nurses used the tenets of Swanson's middle-range theory to care for women whose babies were stillborn.

Study Design and Methods: A secondary analysis of qualitative in-depth interview data from 20 labor and delivery nurses obtained during a recent grounded theory study was conducted using the directed content analysis method. The five caring processes as described in Swanson's theory were used as a priori codes to conduct the analysis.

Results: Nursing care of a woman experiencing a stillbirth included finding a way to connect with her and to understand what she was experiencing (knowing), spending extra time with her (being with), protecting her and preserving her dignity (doing for), providing information and explanations in a clear and methodical manner (enabling), and ensuring that she did not blame herself to facilitate the grieving/healing process (maintaining belief).

Clinical Implications: The caring processes outlined in Swanson's theory of caring provide a valuable guide that can be used when caring for women experiencing stillbirth.

Key words: Grief; Nursing process; Stillbirth.

In 2013, approximately 24,000 stillbirths occurred in the United States (MacDorman & Gregory, 2015), which equates to over 70 stillbirths a day. The American College of Obstetricians and Gynecologists (2009) defines stillbirth as any fetal death occurring during pregnancy at 20 weeks of gestation or later. Stillbirth is a significant life-altering event that may have intense and enduring adverse psychological and emotional sequelae; not only for mothers and families, but also for their care providers (Bruce, 1962; Cacciatore, 2013). Most research about stillbirth addresses it in conjunction with other types of perinatal loss including miscarriage and neonatal loss; however, the stillbirth experience may involve nuances that distinguish it from other types of loss. These nuances may be specific to handling a deceased newborn, caring for a grieving mother while also providing obstetrical care, and simultaneously caring for a mother laboring with a stillbirth and for another laboring with a live birth.

Application of Caring Theory TO NURSING CARE OF WOMEN EXPERIENCING STILLBIRTH

Natasha Nurse-Clarke, PhD, RN, CNS,
Barbara DiCicco-Bloom, PhD, RN, and
Rana Limbo, PhD, RN, CPLC, FAAN

Stillbirth is a significant life-altering event that may have intense and enduring adverse psychological and emotional sequelae for mothers, their families, and their care providers.

Much attention has been given to the experience of stillbirth for mothers and families, but few studies have explored stillbirth from the nurse's perspective. A review of the English-language literature related to the experience of nurses caring for women experiencing a stillbirth yielded minimal results. The OneSearch database was reviewed using the key words *stillbirth*, *stillborn*, *labor and delivery*, *nurse*, and *care*. Searches in other databases, such as the Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, and PsycInfo, did not yield additional studies.

Most retrieved articles discussed stillbirth in association with other perinatal losses or from the perspective of parents experiencing the loss. Only two research articles were found that investigated stillbirth from the perspective of the labor and delivery nurse. Although these two studies were nearly 40 years apart, both found that nurses were uncomfortable with or unprepared for discussion of the more intimate and emotional aspects of their grief. In a study of 62 nurses, Ligeikis-Clayton (2000) explored perceptions of nurses' comfort levels and abilities when providing care. Nurses recognized importance of parent contact with the baby to facilitate the grief process but avoided engaging parents in emotional discussions related to grief. Ligeikis-Clayton found nurses were uncomfortable with more intimate types of contact with the deceased baby such as bathing and preparing them for the morgue.

In an earlier study, Bruce (1962) sought to determine needs of mothers who gave birth to a stillborn baby and how nurses handled their own grief related to this type of loss. Participants included 25 nurses, 25 mothers, and 5 obstetricians. Findings suggested that nurses were uncomfortable providing the emotional support that mothers most needed. Bruce recommended further research on how grief affects maternal and pediatric nurses and how nursing care affects mothers experiencing stillbirth.

In a recent study (Nurse, 2018), 20 labor and delivery nurses were asked to describe their experiences in caring for women giving birth to a stillborn baby. Review of the qualitative data revealed nurses engaged in actions that align with the five caring processes that Kristen Swanson (1991) identified in her theory of caring: *maintaining belief*, *doing for*, *enabling*, *knowing*, and *being with*. Application of Swanson's caring theory to the nursing care of women experiencing a stillbirth may provide a much-needed clinical approach with the potential to influence and enhance nursing care at a vulnerable time.



Swanson's Theory of Caring

Swanson's theory of caring was phenomenologically derived through her work with mothers experiencing a miscarriage (Swanson-Kauffman, 1986; Swanson-Kauffman, 1988b), parents and healthcare providers in a neonatal intensive care unit (Swanson, 1990), and socially at-risk mothers (Swanson-Kauffman, 1988a). It has been extensively applied to miscarriage (Adolfsson, 2011; Swanson, 1993; Swanson, 1999; Swanson, Chen, Graham, Wojnar, & Petras, 2009) and, more recently, to perinatal palliative care (Kavanaugh et al., 2015). Swanson's caring theory is a foundational theory for Resolve Through Sharing's perinatal bereavement educational curricula since the mid-1980s (www.resolvethroughsharing.org, n.d.), but its application specifically to stillbirth has not been explored. A stillbirth is a unique loss. Providing care to women experiencing such a loss may involve different processes by the nurse.

Method

Design

A secondary analysis of interview data gathered from 20 labor and delivery nurses in an urban medical center was performed. The interviews were initially conducted for a study that explored the process of providing care to women who had experienced a stillbirth (Nurse, 2018). The purpose of this secondary analysis was to determine the extent to which labor and delivery nurses naturally applied aspects of the five caring processes (Swanson, 1991) to care of a woman experiencing a stillbirth. In preparation for the secondary analysis, the purpose and analytical process of the original study were reviewed to

determine the fit between the primary datasets and the secondary question (Glaser, 1963; Heaton, 2004). Directed content analysis (Hsieh & Shannon, 2005) was used. The five caring processes as described by Swanson functioned as codes to categorize data.

Participants

In the first study, full-time labor and delivery nurses with experience caring for mothers who had a stillbirth were recruited using flyers posted in nursing lounges and email invitations. Interviews were held in a location of the participant's choosing. Interviews were recorded, transcribed verbatim, and analyzed using the constant comparative method of analysis described by Glaser and Strauss (1967). Institutional review board approval was received prior to all interviews. Participants were given details about the study and informed that they could withdraw from the study at any time.

Results

Twenty labor and delivery nurses agreed to be interviewed and were included in the study. Interviews lasted between 45 and 75 minutes. Data about participants' age were collected based on age ranges; 20 to 29 years of age ($n = 4$), 30 to 39 years ($n = 7$), 40 to 49 years ($n = 6$), and >50 years ($n = 3$). Seven participants had <5 years of experience in labor and delivery, 5 to 10 years ($n = 8$), 10 to 20 years ($n = 2$), and >20 years ($n = 3$). Level of education included associate degrees ($n = 3$), bachelor degrees ($n = 10$), and master degrees ($n = 7$). Eight nurses had some type of training or had taken a course on bereavement care; 12 had not. All participants were women.

Application of Swanson's Five Caring Processes

Each of Swanson's five caring processes is highlighted with participant quotations that reflect its use.

Knowing: *I just go in human.*

Knowing focuses on "striving to understand an event as it has meaning in the life of another" (Swanson, 1991, p. 163). Subdimensions of this caring process include avoiding assumptions, centering on the one cared for, assessing thoroughly, seeking cues, and engaging the self (Swanson). Many nurses described various ways of caring for their patient through the process of knowing. One nurse recounted her interaction with a patient whose baby was stillborn:

She just wanted to talk about it. She cried. We did a little hugging. And she was really just happy to talk about it. For me my thing, I just go in human. I just need to know what would work for [the patient] in the interaction. So, I just try to tap into that. And that's just based on a conversation, what [does the patient] need in the interaction? This nurse sought to know what the patient needed. She described a process that she used to understand the patient that centered on communication. She used the strategy of knowing to understand the meaning that the event had for the patient, which could also be

called "joint understanding." Through the patient's descriptions, the nurse learned that the patient wanted to communicate her feelings and emotions related to the pain of her loss. Swanson suggests that focused discussions about a loss with a caring provider may help a woman feel understood and accepted, an essential part of caring.

When describing an interaction with a patient experiencing a stillbirth who had been belligerent and hostile toward the staff, one nurse described how she avoided the assumption that this would be a difficult patient and sought cues on how she could connect with the patient in order to provide better care. The nurse used food as a medium to break the barrier and build rapport. *I'm going to order breakfast for myself. I can get something for you too since you're on a regular diet. And it opened up from there. I'm always looking for some cue where I can get in so I can dismantle whatever wall it is that [the patient] has built up for whatever reason.* Striving to understand an event as it has meaning in the life of another begins with engaging with the patient and finding a way to connect with and understand her.

Being With: *She felt my arm.*

Being with involves being emotionally present to others and includes "simply being there, conveying ongoing availability, and sharing feelings" (Swanson, 1991, p. 163). The idea of being with was clearly portrayed by nurses who described spending extra time with their patients. One nurse stated that she always gave over all of her other patients once a mother having a stillbirth was giving birth up until she was transferred or discharged from the floor. Another nurse described sitting in her patient's room to write notes and eat lunch, just so her patient would not feel alone. *There's been times that I sit in my patient's room and chart. That's not something I have to do, but just to let the patient know that they're not alone. [One] patient felt comfortable with me because we were talking for two days. She said "I don't want to be alone. You're the only one that understands me." So, I just grabbed my paperwork; I brought it to her room. She went to sleep, but she physically wanted me right next to her. So, I had to put the side rail down and sit where she felt my arm. And once she fell asleep I was like, "Okay, I can leave." [but] She woke right up and she said, "I told you not to leave" Even though we didn't say much, but just me being there I know I was a big help to her.* The nurse chose to be with the patient; to sit with her and, at the patient's request, to maintain physical contact with her while she rested. Swanson suggests that the message that is ultimately conveyed through being with is that the other's experience genuinely matters to the carer.

Doing For: *So, I'm trying to hold the baby and give her dignity.*

In Swanson's (1991) theory of caring, the idea of *doing for* focused on protecting and preserving dignity. Doing for involves providing care that is "comforting,



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anticipatory, protective of the other's needs, and performed competently and skillfully" (Swanson, p. 164). One nurse described an incident that exhibited many of these characteristics; specifically, protecting and comforting the patient while also preserving her dignity and that of her baby. In the story she shared, a mother, thinking she had to use the bathroom, ended up birthing her stillborn baby in the toilet. *She delivered in the toilet, so it was very traumatic. I was already in the room, on my hands and knees, in between this woman's legs while she's on the toilet. So, I'm trying to hold the baby and give her dignity. Then about five to six residents came in, plus all the doctors. And then the patient was embarrassed so I told them, you know, "I just need two people." So, I cut the cord as best as I could. I rinsed the baby so that she could hold it and I wrapped it up in the baby blanket. [Then] we named the baby. She held the baby for about an hour and her husband [sitting in a chair by the patient's bed] fell asleep with the baby in his arms. We discussed the importance of a support group and I went over the bereavement packet.* The nurse's care was anticipatory: She predicted what the patient would need by assessing her possible embarrassment when giving birth into a toilet, and she reduced the number of personnel to whom the patient was exposed. The nurse treated the baby with the

respect afforded a person by encouraging the mother to pick a name. She supported the parents as they held the baby and anticipated the information the mother would need after discharge, such as a bereavement support group.

Enabling: I give information in different intervals because it's really hard for them to process things.

The caring process of *enabling* involves "facilitating the other's passage through life transitions and unfamiliar events" (Swanson, 1991, p. 164). This includes facilitating the other's capacity to grow by using expert knowledge for the betterment of the other (Swanson). These caring acts were demonstrated when nurses kept patients informed and explained what was happening especially important in a situation like stillbirth, which often has no explanation as to cause. One nurse said that she always let her patients know what was going on and what to expect, and shared details about when she was going on break, how long it would be, and who would be there in her absence. Nurses also described being strategic in providing information and explanations so that patients did not feel overwhelmed. *I give information in different intervals because it's really hard for [patients] to process things. I always tell the patient it's not their fault. Things happen and we don't always know why they happen, Then I start by explaining that we're going to be inducing the patient. [I] Ask them if they understand what's going on. Explain the procedures. If they're crying or emotionally unstable at that time I don't start their IV, I give them time to process things. Then slowly I will start their IV. I will start the medication, explain it to them, dim the lights, offer them lots of water or juice or whatever they need, and make sure they always have blankets. Things like that really go a long way.* This description highlights some of the main features of enabling, which include "providing information and explanations as well as providing emotional support" (Swanson, p. 164). Providing information in a step-by-step manner enables patients to exert some control in a situation over which they have very little control (Peters et al., 2014). By keeping them informed and providing information that is easy to understand, nurses were able to provide optimal care.

Nurses enabled mothers by engaging in therapeutic actions to facilitate the grieving process. Nurses accomplished this in a variety of ways, including allowing the parents to hold the baby, taking pictures of the baby, referring to the baby by name, and providing the parents with a memory box that contained memorabilia, such as pictures of the baby, clothing, a locket of hair, and a journal book. One nurse described an instance when she encouraged a mother to call her baby by the name she selected. *Sometimes the parents have names and they tell you the name of the baby, which is good, because I think it helps with the grieving process when they can associate that this was so and so and it helps them grieve. I had one patient who [said], "I was going to call it this," and I said, "Well, that's her name, so let's*

call her that,” Then later on when she spoke, she would say, “Yes, and I looked at so-and-so’s feet,” and she used the name after a while, and I think that helped her a lot.

A comprehensive systematic review performed by the Stillbirth Foundation of Australia and the Joanna Briggs Institute (Peters et al., 2014) highlighted encouraging parents to see and hold their stillborn baby as an important implication for practice. This review suggested that parents who do not see or hold their baby may later regret not doing so. Additional recommendations included collecting and storing tangible items of memorabilia, such as photographs, hand and foot prints, and locks of hair.

Maintaining Belief: It’s not your fault. That is a big, big thing.

The last of Swanson’s caring processes is *maintaining belief*. Maintaining belief involves an enduring faith that the other can “get through an event or transition and face a future with meaning” (Swanson, 1991, p. 165). Examples of maintaining belief were most clearly demonstrated when nurses described their efforts to help the mother avoid self-blame. Mothers who experienced a stillbirth often blamed themselves for the loss. They felt that they did not come to the hospital on time or failed to recognize that something was wrong. Sometimes family members blamed the mother for the loss, compounding the self-blame.

Nurses in this study described the strategies that they used to prevent the mother from engaging in self-blame, such as countering blame that came from family members and reassuring the mother that it was not her fault. These actions closely align with Swanson’s caring process of maintaining belief (1991), in which the nurse attempts to maintain a hope-filled attitude and offers realistic optimism. “You don’t want to make them feel blamed That’s very important. I always say, ‘Mommy, it’s not your fault.’ That is a big, big thing.” Nurses seemed to understand that self-blame can make the process much more difficult for a mother. *Their guilt is going to make the whole process much worse. They won’t cope well. It’s hard enough to cope, but then having the guilt on top of it.*

Parents who experience a stillbirth are at risk for psychosocial effects ranging from grief (Cacciatore, 2013) to posttraumatic stress disorder (Kelley & Trinidad, 2012). Self-blame can significantly contribute to development of extreme psychological distress (Cacciatore, Frøen, & Killian, 2013). Countering self-blame through maintaining belief process can be powerful and essential in helping the patient to have a more positive outlook and to begin to heal.

Maintaining belief can also be demonstrated by approaching the patient with conviction and a sustaining faith in their capacity to get through events, to transition, and to face a future with meaning (Swanson, 1991). This was evident through nursing actions such as monitoring the mother’s physical and emotional safety. *I look at the patients and my mindset is more okay, we’re working*

Clinical Implications

- Strive to understand the events surrounding the stillbirth as it has meaning for the mother.
- Be emotionally present when interacting and communicating with the mother.
- Protect and preserve her dignity.
- Provide explanations and information to the mother and her family as available.
- Facilitate the grieving process through therapeutic interventions such as allowing the parents to hold the baby, taking pictures of the baby, and referring to the baby by name.

through it. We’re going to deal with it. We’re going to deal with emotions, as they are now. And then, move forward. You go through your stages, and then, you heal and move on. [It’s] more just speaking with them and seeing where they are, keeping them company. You know there’s nothing you can really say. It’s more like having them express themselves, as opposed to me speaking for them or telling them.

Clinical Implications

Caring is an essential part of nursing. Kristen Swanson’s (1991) theory of caring lends itself closely to the perinatal population. Providing care to a mother experiencing a stillbirth presents many challenges. Swanson’s theory of caring highlights some of the nursing approaches that might be used when caring for a mother whose baby was stillborn. Nurses described the various strategies they used instinctively when caring for women experiencing a stillbirth; many of which exemplified the five caring processes described in Swanson’s theory: knowing, being with, doing for, enabling, and maintaining belief. Our study provides evidence of the power of these five caring processes to enhance the nurse–patient relationship and the bereaved mother’s wellbeing. Providing care to a mother who has experienced a stillbirth requires a multidimensional approach and involves understanding the meaning that the event has for the mother, being emotionally present, protecting and supporting the mother, enabling the patient by keeping her informed, and enhancing her belief that she has the potential to transition and face a meaningful future. Nurses in this study described the important bonds that occurred when a trusting relationship was developed through spending time with the mother, taking the time to connect with her, and providing essential information. Nurses reported encouraging the mother and reassuring her that the loss was not her fault, as well as facilitating the grieving process. These actions have also been described as essential interventions in a compre-

The five caring processes described in Swanson's theory of caring enhance the nurse—patient relationship and the bereaved mother's wellbeing.

hensive systematic review of the experiences of parents experiencing a stillbirth (Peters et al., 2014). The systematic review revealed factors that parents found to be essential in the care they received. Key among these were the need to know what to expect at every stage of the stillbirth experience, effective communication, clear information and shared decision making about and leading up to the process of birth, and seeing or holding their baby after the event (Peters et al.).

Limitations

As this was a secondary analysis, additional in-depth data on themes that resonate with Swanson's theory of caring as they developed were not possible.

Suggestions for Future Research

Future research could use Swanson's (1991) theory to examine behaviors and experiences as they relate to themes integral to the theory. An exploration of cultural considerations in the care of women experiencing a stillbirth is warranted as is the need for and the effects of self-care among nurses who provide care to mothers experiencing a stillbirth. Providing this type of intimate and meaningful care may be a potential source of satisfaction (Bolton, 2000) for the caregiver; however, it is most often described as a source of physical and emotional distress (Limbo & Kobler, 2010). Future research might generate suggestions for how to best manage such tender and often emotionally fraught situations. ❖

Natasha Nurse-Clarke is a Lecturer, Department of Nursing, Herbert H. Lehman College, City University of New York, Bronx, NY. The author can be reached via e-mail at Natasha.nurse@lehman.cuny.edu

Barbara DiCicco-Bloom is an Associate Professor, Department of Nursing, College of Staten Island, City University of New York, New York, NY.

Rana Limbo is Director Emeritus, Resolve Through Sharing, Gunderson Medical Foundation, La Crosse, WI.

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