

Nursing Students Caring for Mothers Who have Perinatal Loss - A Qualitative Study

Clarene Brown-King PhD RN*

*Corresponding Author: Clarene Brown-King, PhD, RN.

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Abstract

Background: Caring for mothers with perinatal loss can be traumatic even for experienced nurses. Nursing students also share in the experience during their clinical rotations; for them, the emotional distress may affect their clinical performance and influence their decision in nursing. While many studies address professional nurses' experiences, there is a paucity of research that address nursing students' experiences during clinical rotations, as they learn to care for patients with perinatal loss.

Purpose: To afford baccalaureate nursing students the opportunity to describe their experiences, ideas, and emotions, while caring for mothers who have perinatal loss; obtain an in-depth understanding of the students' experiences.

Method: Van Manen's hermeneutic phenomenology approach was the underpinning in this study. A purposive sample of nine nursing students from Dade, Broward and Palm Beach counties, Florida, who met the inclusion criteria, participated in one-to-one semi-structured, audio-taped recorded interview.

Results: Major themes of supporting, distancing, learning, suffering; subthemes of relating and hoping emerged.

Conclusion: This study revealed coping strategies, challenges, and consequences that participants faced while they cared for mothers who have perinatal loss, which could have impacted the care they provided. Nevertheless, the students assigned meanings to the experience. Additionally, there is the need for a more active role from clinical faculty, to foster effective coping mechanisms among students, during their clinical rotation.

Keywords: Perinatal Loss; Baccalaureate Student Nurses

Introduction

Giving birth and maintaining the life of a newborn may be the goal of each individual after conception. Unfortunately, some pregnancies result in perinatal loss, which has impacted the lives of countless individuals, and has been a concern to healthcare providers. A significant amount of research has been conducted to investigate the needs of families, as well as the care that is effective to them [16]. However, research about the feelings and experiences of nursing students is limited.

Perinatal loss is described as fetal deaths for 20 weeks gestation through 28 days postpartum [10] and is described as one of the most stressful experiences in life [9]. Unfortunately, perinatal loss will continue to be a concern. Nurses need support, education, and strategies that will enhance appropriate coping mechanisms to effectively provide care for these vulnerable patients [18].

During the late 1940s, the concept of perinatal loss emerged when clinicians and researchers recognized there was a large number of deaths that occurred before and after delivery [14]. Worldwide 6.3 million perinatal deaths have been reported

annually, and among these, fetal deaths or stillbirths account for about half the number of perinatal deaths; it is also reported that 2 million families are affected by perinatal loss, or 33% of the number of pregnancies in the United States each year [25]. However, during 2020, there has been a significant reduction globally of the number of newborn deaths to 2.4 million during their first month of life [25].

The Center for Disease Control report categorized perinatal loss into categories as perinatal one and perinatal two [2]. Perinatal one includes infant deaths under age seven 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 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 report also showed that the number of deaths in the United (US) for perinatal one was 27, 850, and the mortality rate was 6.51 [2]. Perinatal two deaths and mortality rates were 45,013 and 10.49 respectively. During 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 [2]. Unfortunately, perinatal loss will continue to be a concern, therefore, nursing students should be equipped with coping strategies to provide care to their patients.

The nursing curriculum is structured to facilitate the rotation of students to different specialty, such as maternity, where the probability is highest for them to provide care for mothers experiencing perinatal loss. Parental grief and mourning after perinatal loss have been described as complex, complicated, and severe [6].

Nursing students work alongside nurses while they provide continuous patient care to alleviate the emotional, physical, and psychosocial needs that they face. However, the students are sometimes sent to the clinical areas, prior to an in-depth coverage of didactic and simulation. Hence, they are susceptible to experience emotions which may impact their psychological well-being, which may compromise the care they provide to patients, and attribute to their withdrawal from the nursing curriculum.

Nursing students often experience demands that outweigh their stressors, just as nurses do, and many of them ineffectively managed

their stressors [4]. Students reported feelings of discouragement in practice, while they cared for mothers who experienced stillbirth or neonatal death [15]. Despite the impact of this experience among students, this phenomenon has received little attention in literature [1]. Therefore, there is a need for more knowledge in this area, which may afford faculty a better understanding of the students' experience and coping mechanisms while in the clinical setting, promote an awareness of the need for modification while facilitating clinical rotations. Effective coping will not only foster the well-being of nursing students, but it will also promote desirable outcomes for both mothers and their family members.

Objectives and Research Question

To afford baccalaureate nursing students the opportunity to describe their experiences, ideas, while caring for mothers who have perinatal loss and to obtain an in-depth understanding of the practice. The overarching research question that guided this study was, "What is the lived experiences of Baccalaureate nursing students caring for mothers who have perinatal loss?"

Material and Methods

Design

Equator Standards for Reporting Qualitative Research (SRQR) was the guideline for this Manuscript (see supplementary file 1). Literature has shown that "Qualitative research begins with assumptions, a worldview, the possible use of theoretical lens, and the study of research problem inquiring into the meaning that individuals or groups ascribe to a social or human problem" (p. 37) [5]. To explore the full essence of the participants' experiences, van Manen's hermeneutic phenomenology approach was the underpinning of this study. This approach 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 immerse complexity of the lifeworld" [23]. Additionally, the interpretive approach goes beyond description or core concepts and essence, to achieve the meanings that are embedded in life practices, which are not always apparent to participants [12].

Participants

The inclusion criteria were baccalaureate nursing students who were enrolled in a nursing program in Broward, Dade, or

Palm Beach County, and were able to speak the English language fluently. To achieve the true meaning of the students' experiences while they cared for mothers during their loss, it was best to recruit participants who have experienced the phenomenon. This approach can be useful when the researchers intend to interview participants who are experts [17]. Nine baccalaureate nursing students who met the criteria, voluntarily participated in the study. Participants were 23 to 30 years of age; five females and 4 males, who identified themselves as Caucasian, Black of African American, Hispanic American, Black Hispanic. Additionally, there were no withdrawals of participants.

Ethical consideration

This study was conducted in accordance with the Helsinki Declaration. Approval to conduct this study was granted by Barry University's Institutional Review Board (IRB). Risks, benefits, and initiatives to eliminate and minimize ethical issues such as confidentiality were discussed. There were no direct benefits of the study to participants, and minimal or no risks were attributed to the study. Some ethical issues included informed consent procedure, confidentiality of participants, and benefits over risks to research participants [5].

Participants were required to sign informed consent, which was the only document that included their names. All other documents contained a pseudonym as the identifier for each participant, throughout the study and during dissemination of the data. Informed consents and written transcript were stored separately in locked cabinets, which were to the researcher. All audio-taped recordings were destroyed within 90 days after the completion of data collection, and verification of the transcription.

Access and recruitment sample

Upon IRB approval, and permission from the various nursing colleges, recruitment flyers were posted at areas designated by each institution, in addition to making announcements of the study in class session where permitted. Likewise, snowball sampling was another approach for recruitment, to obtain a purposive sample. The flyers contained the purpose of the study, inclusion criteria for participation, email address, and telephone number of the researcher. Once prospective participants contacted the researcher, and indicated their willingness to participate in this

study, arrangements were made to meet with each of them at a mutually agreed time and date, for the first meeting.

Data collection and instrument

During the first meeting with each participant in a naturalistic setting, the researcher did a self-introduction. All disclosures to conducting the study were discussed individually with participants. They were also informed about the approaches to maintain confidentiality, freedom to withdraw from participation at any time without penalty and were given the opportunity to ask questions for clarification of the information that was conveyed to them. Each participant willingly self-assigned a pseudonym for identification, voluntarily signed an Informed Consent, and completed a demographic questionnaire.

One-on-one, semi-structured, face-to-face audio-taped recorded interview with open-ended questions were conducted among nine participants, which did not last for more than one hour.

The first interview question was, "Tell me what it was like for you to care for a mother who has perinatal loss.?" This question was followed by 11 prompts to further probe and explore the participants' experience. Accordingly, "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) [23]. It was through these conversations that the researcher entered the participants' world and became aware of their lived experiences [17].

After the completion of the first interview, the audio-taped data was immediately transcribed, and each participant was invited to return individually for member checking of the transcript within seven days. This second meeting lasted no longer than 30 minutes, which also afforded participants the opportunity to provide additional information. This data collection approach continued until data saturation was achieved. Data saturation "Involves sampling until no new information is obtained and redundancy is achieved" (p. 201) [17].

Data analysis

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 [23]. To be congruent with the hermeneutic phenomenological approach, the following steps were adapted during the data analysis phase. The researcher journaled all emotions, feelings, and thoughts about the phenomenon or the participants to eliminate biases and ensure bracketing. Data analysis for this study begun upon completion and transcription of the first interview away from the interview site, to identify the themes. Van Manen has identified that the three ways to uncover thematic aspects of experiences are holistic, selective, and detailed approach [17]. The complete transcription was read and reread as a whole (holistic), which allowed the researcher to immerse in the data, became familiar with it, and captured 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. The results of the data analysis were assessed to identify implications for nursing science, education, clinical practice, public policy development or expansion, and nursing research.

Results and Discussion

Themes were identified after the application of Max van Manen's thematic analysis approach. Also, connection of the themes and subthemes were identified with Starck's Theory of Meaning. This theory includes focus on patients with different health problems, such as disability and catastrophic, life-changing events, and to assist human beings with coping to their daily stress [20]. The themes were embedded in the rich description of the data. Four major themes: Supporting, distancing, learning, suffering, and subthemes relating, hoping emerged. Although these themes are identified separately, they are intertwined to illuminate the lifeworld of the participants, as they experienced the phenomenon.

Supporting: relating and hoping

Supporting is a phenomenon that is widely used among nurses, while care is provided to patients. Support may be seen as a

negative or positive, which was determined by each participant. Supporting is defined supporting as "Resting assured with the resourcefulness within oneself and experiencing togetherness with others in caring" (pp. 599-600) [22]. Participants revealed that they received support during the experience of the phenomenon, which was transferred to the mothers and their spouses. They described the support as being physically present, revealing the acceptance of their own feelings, as well as showing empathy, and being faith based. Support is evident in the following narratives shared by Bar:

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. I was there for you know for emotional support, and I was holding her hands, I was crying with her.

Andrea also 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".

Another student identified as Bo lady expressed:

Just as a caregiver, um, and 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 an unforgettable experience that I have never been through, dealing with a patient who lost their child, and um, happened to be the first child.

Relating can also be considered as an approach to achieve validation, which is also another way to enhance support. Relating is defined as "Identifying with, feeling for, and connecting with, thus it embraces the communicative and embodied nature of caring" (p.133) [24]. Student PA said:

Yeah, just counseling, speaking with a professor, and the school should have, you know like when something negative happens, they have a way of better managing it. Like how 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 relieve stress and get back to the state that you were before the negative happen.

Another participant Mik, he 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 do what is right and that is what help me contain my composure and be able to walk in there to tell the grieving mother that mom, 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. 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.

Hoping also emerged from the participants' narratives, during the interviews. One-by-one, each participant identified hope in retrospect to their patients and themselves. Hope is described as "The inner strength to achieve future good and to continue caregiving (p. 1) [7]. Another participant Andr 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 or helping them 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 hardship.

Distancing

Participants identified approaches that were either voluntary or involuntary, which allowed them to distance their engagement or involvement from 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" (p. 16) [19]. Participant Chan used distancing as a way of coping resulted from his experience as a police officer. Cha 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 twins 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.

Learning

Learning is another theme emerged from the data, which is defined as "The method by which we acquire skills, knowledge, values, and emotions" (p. xvi.) [13]. The participants profoundly expressed their lack of experience and knowledge in providing care for a mother during her loss. Subsequently, many of the participants acknowledge they acquired new knowledge and applied meaning to their learning, during the experience. Cha acknowledged:

We discussed things of the day in our post conference at the facility with our instructor and 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, and instructor just to kind a analyze your day, and the experience you have and things you could do better, or things you maybe should have done".

Suffering

The participants overwhelmingly described their encounters with attributes that depict suffering.

Suffering is defined as "A subjective experience that is unique to an individual and varies from transitory discomfort to extreme anguish and despair" (pp. 95-96) [21].

Pa 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 finds 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. I would say probably a little bit frustrated because I know she worked 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.

Bo's narrative depicted the negative emotion that he faced:

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 she had to go through giving birth, and then to have a child 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, because I cry like a baby when I get home.

Discussion

Four major themes of supporting, distancing, learning, suffering, and two subthemes of hoping, relating emerged from the participants' narratives, as they described the experience. Although these themes are identified separately, they are intertwined to illuminate the lifeworld of the participants, as they experienced the phenomenon. Interpretation of the data made it evident that all participants encountered challenges and sought support in ways that were meaningful to them. The participants provided support to mothers and their spouses, and some of them reached out to family members as well as their clinical faculty, to enhance their emotional well-being. They also alluded to further attempts in obtaining support relating to their concerns, and they were also hopeful that the desired outcomes would be achieved, not only for themselves but also for their patients. Overwhelming, they identified an array of ways through which they distanced themselves from the experience. They described a feeling of sadness, frustration, and depression. Hence, the themes distancing and suffering surfaced. Additionally, the participants acknowledged their role as caregiver, and although they had inadequate knowledge about providing care for mothers while they experienced perinatal loss, they sought ways that afforded them the opportunity to gain new knowledge not only for themselves but also their patients.

Conclusion

The purpose of this study was to obtain an in-depth understanding of the lived experience of baccalaureate student nurses caring for mothers who have a perinatal loss. Students are assigned to the clinical setting to augment their knowledge and skills that should promote the well-being of the patient and themselves. Nevertheless, while doing so, this study illuminates the participants' challenges with their experiences. Although Clinical faculty are present in the clinical settings, they need to take an active role to foster effective coping mechanisms among students.

Likewise, students should be afforded adequate time and a medium to express their feelings, to alleviate their emotions. These findings may foster awareness and validate the need to restructure the nursing curriculum accordingly, to better prepare student nurses for their clinical experiences in specialty areas, such as but not limited to Obstetrics. Additionally, the three concepts of Starck's theory were linked to the themes that emerged from this study.

Strength and Limitation

This study contains both strengths and limitations. The strengths of this study are that the sample was diversified, the age group varied, and the gender of the participants was equally represented.

Likewise, the sample size was adequate for a phenomenological study, and Bracketing was done by the researcher. Bracketing is a component of van Manen's philosophy, and if this component is not appropriately addressed, then it may compromise transferability. However, recruitment of participants was limited to South Florida, and participants were primarily English speaking, which could be seen as a limitation.

Recommendation for Future Research

Future research could be conducted, with the inclusion of participants from other states, and primary language other than English.

Relevance to Clinical Practice

This study has provided the readers with the challenges the participants experienced while they provided care to mothers with perinatal loss, and their coping mechanisms. The participants' ability to identify coping mechanisms while providing care may not only promote the well-being of nurses or students, but also advance an environment which enhances the emotional and psychological health of patients and family members, who are experiencing loss. Nurses who are mentors or preceptors should also be mindful of how the students' emotions are impacted, and ways to alleviate these emotions. The participants' ways of coping, ability to transform themselves and provide care for their patients, regardless of these challenges, are paramount. Likewise, clinical faculty should need to be cognizant of these challenges, how it may impact the students' performance, while in the clinical setting,

and advocate for students to be afforded available resources, to discuss their experiences and feelings. Likewise, students should be allowed to freely share their feelings during post conference and discuss ways to alleviate their feelings. Furthermore, "The nurse is obligated to practice in such a way that seeks to avoid harm and to benefit the patient" (p. 181) [3]. Additionally, 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 [3].

Rigor and reflexivity

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 expressed their lived experiences of the phenomenon through stories, and incidents.

Reflexivity is "The process of reflecting critically on the self and of analyzing and noting personal values, that could affect data collection and interpretation" (pp. 71-72) [17]. To ascertain reflexivity, the researcher journaled and reviewed preconceived emotions, and thoughts about the phenomenon and participants, which were eliminated during data analysis. Therefore, the researcher probed deeply and immersed herself into the data and viewed the experience through the lens of the participants.

Implication for nursing education

Nursing is guided by Evidence-based practice. Hence, there is an ongoing need for the advancement of knowledge for clinical application in nursing. Student nurses who are not assisted with coping strategies utilize task-oriented approaches to provide care and distance themselves from them [1]. It is an ethical expectation that nursing students and nurses provide safe and appropriate care. If students are not provided the knowledge or coping mechanisms, then they will not be able to meet their professional expectations, potentiate undesirable emotional and psychological outcomes, and the potential for them to choose alternate career goals, which will impact the current nursing shortage. Importantly, the clinical environment should be structured accordingly to improve the students' performance and facilitate their learning to promote a clinical environment that enhances learning [8]. Therefore, the information disseminated from this study may potentiate a

revision in curricula development, to meet the demands and needs of coping mechanisms for nursing students.

Transferability

Transferability refers to the generalizability of the study. In this study, it was achieved when the researcher documented detailed, clear, thick, and rich data, in the context in which it exists [11]. The researcher was also in communication with the Dissertation chair.

Trustworthiness and credibility

Trustworthiness and Credibility were achieved through member checking, to ensure that the transcript is a true reflection of each participant's experience.

Conflict of Interest

There is no conflict of interest to be declared by the author.

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