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Understanding the Student Perception of the Birth Process

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Understanding the Student Perception of the Birth Process

A Thesis Submitted to
the Faculty of the University of North Georgia
In Partial Fulfillment
Of the Requirements for the Degree
Bachelor of Science in Nursing
With Honors

Macie Maret Richards
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Thesis Committee:

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Thesis Chair

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**Introduction**

Nursing education is designed to prepare students to begin a career in healthcare, but the various methods of educating students can have a sharp impact on the student perception of critical physiologic processes. A majority of the information taught in nursing school requires students to hear the topic explained in a classroom setting and then receive hands on exposure to the subject in the clinical setting in order to gain a complete understanding of the material. The goal of nursing schools is currently to provide students with a variety of teaching styles in order to best prepare them to work in a hospital setting and be able to confidently provide holistic care. One of the focuses of nursing education is a brief introduction into the field of obstetric/maternity nursing. The phenomenon of childbirth is not easy to describe to a student with no knowledge or exposure to the birth process. This research was inspired by a desire to study what the experience of childbirth means to students in a nursing program. Focus will be given on analyzing how the nursing student population interprets and defines the complex process of labor and delivery based on their experiences with the event in their educational career.

**Significance**

Many factors contribute to a student’s unique understanding of the process of labor. A large quantity of research has been done to discover and create new methods of teaching in order to best prepare students to operate with a basic understanding when instructed to care for a laboring woman. Obstetric/Maternity nursing education can be presented in various formats and can make a lasting impression on a student’s perception depending on the type of education used and the individualized learning style of each student (Giarratano, 1997). Personal experience with the birth process and learning opportunities presented in the hospital setting can also affect
how a student views the labor and delivery process (Mercer, Green-Jervis & Brannigan, 2012). Unique lifestyle factors and experience outside of nursing school may also shape a student’s understanding and point of view of labor and delivery (Wesson, 2005). Each of these factors uniquely impact a student’s perspective.

While much research has been done to offer students the most critical information about the labor and delivery process efficiently, little research has been done in order to evaluate the impact that nursing education and clinical experience have on shaping the student’s overall perception of the birth process. This study aims to analyze the student perception of the birth process and how specific components of nursing education contribute to the development of these perspectives.

**Review of Literature**

In order to find articles and studies based on these concepts the database CINAHL was utilized. The keywords Birth AND Nursing Students, Babies are Miracles, Labor AND Nursing Student, Midwife Stories, and Birth Experience AND Stories were searched. Specifically, when searching Labor AND Nursing Student, the Boolean Operator NOT was used to exclude sources that included the phrases “union”, “market”, and “financial.” These searches yielded 275 peer-reviewed articles. Each of these results were screened and 24 articles were selected to be read in their entirety. 11 of the 24 articles, stories and studies were selected to use as resources based on the descriptions that were provided regarding current theories of nursing education and the known influence that various lifestyle factors and birth experiences can have on women. The following section analyzes the main themes found in the literature regarding the subject of the student nurse’s experience in the labor and delivery field.
Variations in Obstetric Nursing Education

Educating nursing students on the nature, sensation, and variations of the labor process can be challenging for nursing programs across the country. Attempting to prepare students to assist laboring women in this unique process is difficult to accomplish using the traditional lecture style of education. Labor pains felt by the mother, interventions commonly used in the hospital setting to ease labor, and variations that can occur between births are nearly impossible to communicate to students who, more often than not, have not witnessed or personally experienced the birth process (Baker, 1990). Many different styles of teaching are used in order to educate students so that they obtain the most preparation possible to care for women in the clinical setting.

One method nursing programs commonly use to expose students to the birth process is clinical rotations, which allow students to observe the labor process firsthand. During clinical rotations students are placed on site at maternity units in hospitals and allowed to participate in the care of laboring mothers from a nurse’s perspective (Cray, 2007). Amy Cray, a nursing student at the University of Nottingham and mother, emphasizes the value of clinical rotations when she reflects after witnessing a Caesarean section style birth and states,

“It made me realize, in a way I had not before, that this procedure is a major abdominal surgery. After this experience, I will empathize more easily with mothers who experience the pain of having a baby this way. I also saw how difficult it was for the mother to be unable to hold her newborn while she was being stitched and to have to allow someone else to be the first contact for the baby,” (Cray, 2007).
Witnessing these events gives students the opportunity to visualize the material that they learn in the classroom setting. In hospitals, instructors are able to educate students firsthand and guide them through these new experiences in a step-by-step process to ensure that students understand the pain, nature and feeling of labor (Baker, 1990). Incorporating concepts from classroom instruction into clinical experience capitalizes on the time students spend in the hospital. For example, imagery is an intervention taught to students that can be used in the hospital setting to help patients achieve a greater level of comfort, but nursing instructors also realize the value of this technique in describing the mother’s perspective during labor (Baker, 1990). The process of imagery involves activating the five senses through an in-depth description of a concept in order to gain familiarity and increased understanding of the specific concept (Baker, 1990). Carol Baker (1990) is a primary care nurse at The Birth Place in Mercy Hospital, and she frequently guides nursing students through imagery in order to help them better understand what laboring mothers are experiencing. She compares the rhythmic and unstoppable nature of contractions to powerful waves that come in contact with a small sailboat and asks students to imagine this description (Baker, 1990). Instructors are able to guide students in the hospital setting in order to couple what they are taught in the classroom with what they witness on maternity units in order to provide a more holistic understanding of the birth process. Giving students the opportunity to familiarize themselves with maternity units while studying complementary material in the classroom establishes a basic level of comfort in the hospital setting and incorporates every aspect of their education.

Other nursing programs have recently begun to discover the impact that storytelling can have in raising a student’s awareness to the array of challenges, choices, outcomes, and ethical issues that arise with labor and delivery (Giarratano, 1997). Students can read and analyze the
personal experiences of mothers in order to gain a deeper understanding of the mother’s perspective post-labor. A study by Giarratano (1997) found this to be true by studying nursing students who were given reading assignments from a book containing first-person narratives from mothers describing their birth experience. This study found that students gained a deeper passion for advocating for the patient after reading personal testimonies that demonstrate the complex ethical issues that arise during the labor process. This method of teaching exposes students to possible conflicts that may present during labor and encourages the students to apply their reading to clinical experience in order to develop advocacy skills for patients.

In addition to reading the stories of mothers, maternal education is also benefiting from the implementation of storytelling and reflection by the students regarding their personal encounters with birth during labor and delivery rotations. Leamon, Wilkins, Brown, and Rawnson (2013) conducted a study of the Bournemouth University Midwifery Program to analyze the impact that storytelling has on the understanding and education regarding the birth process for current nurses who are training to become midwives. The curriculum these students progress through during the three-year program is designed to include multiple mandatory sessions where students must share stories of their time in the hospital (Leamon et al., 2013). Leamon et al. (2013) found that one of the largest benefits of this style of education is that it strengthened the listening skills of students, as they were required to not only share their own stories but also listen intently to the emotional and honest accounts of their peers. Having students share their personal testimonies regarding the birth process is beneficial as a method of reflection for the student and as a technique to develop the student’s listening skills that will become valuable in future interactions with laboring mothers (Leamon et al., 2013). Story telling
in maternal nurse education can develop students in a professional and personal manner in order to further prepare them for a future career in the hospital.

A final technique nurse educators are using to prepare students to aid laboring mothers is simulation of the birth process through both the perspective of the mother and the nurse. This is done by implementing life-action exercises of a birth-experience and the inclusion of prenatal birth classes into the nursing program (Kipnis, 2011). Schools are beginning to require students to participate in simulation experiences and prenatal courses as if they are the pregnant mothers. By experiencing these scenarios, students gain a brief understanding of what it feels like to push during labor, and they learn specific techniques to coach laboring mothers (Kipnis, 2011). The students leave the classes equipped with coaching techniques that can be useful during their future careers as nurses, as demonstrated by a nursing student in California who experienced a childbirth class and states, “Attending this prepared childbirth class has taught me how it feels to coach a woman in labor and what it feels like to try and push during labor. I can do this!” (Kipnis, 2011). It is beneficial to include specialized classes and many other educational modalities into the maternal nursing curriculum in order to realistically and holistically prepare students for the uniqueness and excitement of the birth process.

**Interventions in Birth Education**

The act of giving birth is often considered a natural process of life. In the hospital setting it is often rare to encounter a birth that is entirely natural, because advances in technology and medical knowledge have contributed to the creation of medical interventions. These interventions frequently become the focus of labor (Birkhead, Callister, Fletcher, Holt & Curtis, 2012). Examples of medical interventions commonly used in practice today include bed rest, fetal heart monitoring, induction, amniotomy, anesthesia, Foley catheterization, episiotomy, and
cesarean surgery (Jansen, Gibson, Bowles, and Leach, 2013). These interventions can be lifesaving for mom and baby when used properly to monitor the condition of each patient and/or aid in the labor process. Each of these interventions can also place the mother at risk for complications, such as a urinary tract infection from catheterization or a decreased rate of contractions from an epidural (Jansen et al., 2013). The use of interventions is controversial due to these potential risks, but it is also becoming more common for laboring mothers to receive these forms of medical care as the benefits generally outweigh the risks.

As nursing students are given an introduction to the labor and delivery field, the use of interventions during labor can shape a student’s perception of the birth process. Many nursing programs find it challenging to present students with the opportunity to witness a physiologically natural birth that involves no interventions (Birkhead et al., 2012). Because of this, programs are beginning to transition toward spending more time educating students on the use of the many interventions that can be put in place during the birth process (Birkhead et al., 2012). A study by Birkhead et al. (2012) assessing the difficulty in educating nursing students on low-intervention births was conducted with 150 nursing programs across the United States. The results of the study show that 92% of the educators were aware of the growing trend for laboring mothers to request interventions and 8% of the educators were beginning to place more emphasis on preparing students to use medical interventions. One participant’s reasoning for choosing this focus in teaching was, “that is what the majority of students are experiencing in clinical and in practice and that is what they are expected to know,” (Birkhead et al., 2012). Nursing program education is adapting to the rise of popularity in using medical interventions in birth, and the education students receive regarding the birth process will impact their perception of the process.
This is not an issue to the education of the students as long as the students understand how to correctly and safely use interventions in order to support the labor process as it progresses.

One component decreasing the opportunity for students to witness a birth in the clinical setting is the increasing interest of homebirths with the assistance of midwives. A midwifery model of birth places greater importance on the experience of the mother during birth and less on the medical management (Merg and Carmoney, 2012). In a study conducted by Merg and Carmoney (2012) the experiences of mothers who had given birth in the hospital setting and in their own home were compared. This study found that in the home women were given much greater interaction time with the provider than in the hospital. The extra time was centered on providing the mother with coaching, guidance, and assurance (Merg and Carmoney, 2012). If mothers begin to lose trust in hospitals to provide their desired birth experience, then they may be more likely to choose homebirths, and this will decrease opportunities for students to experience a birth firsthand. Students need to be made aware of this and learn that, for some families, the most important aspect of the birth process is the desired experience of the mother and baby. It is important that students learn that the desires of the family during the labor process must be considered and advocated for when making decisions for patient care.

As new nursing students encounter live birth for the first time, the use of interventions can shape their developing perception of the birth process. Students will have to define for themselves what a natural physiologic birth consists of, how to safely use interventions while avoiding possible complications, and how they will educate mothers regarding the use of these interventions during the stress of labor. Students will need to be reminded that the most important aspects in delivering care and determining methods of care, are the actual wishes of
the mother and family. Specifically, in this field of nursing it is crucial to respect and advocate for the birth experience that the mother wishes to achieve.

**Lasting Impact of Personal Experience**

It is not uncommon for a woman with children to enroll in nursing school with the goal of continuing her education in pursuit of a career in nursing. The experience of a mother during a maternal education course in a nursing program will differ from that of a student with no children. Having personally experienced childbirth, women who experience the combined roles of student nurse and mother may have a very unique perception of the birth process due to the lasting impact that labor and delivery can leave (Kahn, 2013). Childbirth is a life-changing event and the individual experience of a woman giving birth will greatly influence her overall beliefs and values regarding the birth process (Mercer et al., 2012).

For some mothers, labor and delivery can be a complication-free event and represent one of the most incredible days of life. This would place a strong positive outlook on a mother’s perception of birth. Kristen Kahn is a working nurse and mother who gave birth to her daughter while in nursing school, and as Kahn was learning the information regarding the pregnancy process in her classes, she was also experiencing the developments and growth firsthand (Kahn, 2013). Her education was shaping her goals and plans for her delivery, but when she finally went into labor, the reality of the event began to reshape her plans. For example, Kahn states,

“In contrast to my vision that I would be walking the halls of the labor and delivery floor with my husband, gravity working its magic to help my labor progress, I had no drive to get up and walk around, or to bounce on the birthing ball my nurse had rolled into the room,” (Kahn, 2013).
The difficult nature of birth was made known to Kahn in a way that only personal experience could communicate. Eloise Amelia Kahn was later delivered without complication, and the successful nature of her birth experience led Kahn to passionately pursue a career that would grant other women a chance to have this same positive birth experience (Kahn, 2013). All labors are likely to slightly deviate from a mother’s preconceived plan for her birth, but these deviations are insignificant compared to the lasting impact that a complication-free birth can have on a woman’s life. Positive experiences will form a permanent mark on the hearts and minds of mothers related to childbirth, and for mothers in nursing school, this can greatly influence their future beliefs as practicing nurses.

In contrast to the positive impact that an uncomplicated birth can have, a difficult birth experience can leave a much different perception of the birth process. Many complications can occur during pregnancy and labor, and each of these can sharply impact mothers, babies and their families for many years post-pregnancy (Mercer et al., 2012). Mercer et al. (2012) conducted a study that focused on five mothers who reported that they experienced a negative birth and the lasting impact of the event was noted. One of the participants, Katie was forcefully given an episiotomy, and she recalls the event by saying,

“And I remember then starting to cry as I was scared they would hurt me, and I said don’t please. But they said it was best for the baby and better not to tear, and my husband just said to me, go with what they say, they know best. But I was thinking how do they know best about what I want for my body,” (Mercer et al., 2012).

Katie felt as though her voice was not heard during the birth process and that the medical team violated her body. She reflects on the negative impact of the experience by saying,
“My baby’s birth should have been in a calm, safe, protected environment, and instead, it turned into a nightmare scenario. I still think about it now, even 12 years on, I find it hard to watch TV and see someone having a normal birth,” (Mercer et al., 2012).

A second example of negative birth experiences is the impact that a stillbirth can have on a mother. Experiencing the joys of pregnancy and then giving birth to the baby without a heartbeat will have a devastating impact on the mother and a massive impact on her perception of birth (Wesson, 2005). Amy Wesson (2005) demonstrates this traumatic event in the letter she wrote detailing her personal experience giving birth to her stillborn son Luke Wesson. She described the day she received the news of her son by saying, “That night I barely slept, holding my belly, feeling the agony and shock of a nightmare that was true. The little body inside of me that I had felt just days earlier was dead,” (Wesson, 2005). Wesson had previously delivered two healthy daughters, so she knew what to expect when she was prepared to deliver her son the following day. She held her son for one night after the delivery and then spent the following months coping from the loss and trying to learn from the devastation (Wesson, 2005). She writes six weeks after his birth,

“His birth reminded me of the sheer power of the miracle of life and the intensity of my love for my children… This process has also reminded and redefined my role as a mother. It makes me want to smile more, love deeper, take more risks, deepen my friendships, and let go of those little things that don’t really matter,” (Wesson, 2005).

As evidenced by the words of both mothers, their negative birth experiences impacted not only their perception of birth, but also their lives permanently. If a mother who had encountered a similar negative birth experience were to begin receiving her nursing education, the impact of her personal birth history would greatly influence her perception of the birth process.
All of the factors previously mentioned can greatly impact how a student nurse will perceive the labor and delivery process. Each nursing student will likely develop their own unique perception as a result of their education combined with personal encounters with birth in hospital and non-hospital settings. Much research has been done to understand the challenges in obstetric education, the modes of inputting this knowledge to students, and the impact that personal birth experience can have. There is little research that exists to understand the outcome of education and experiences on the student perception of labor and delivery. The remainder of this study seeks to discover and interpret common perceptions of the birth process developed by student nurses as a result of their experience with birth during nursing education.

Methods

This study was inspired by a desire to identify how a student nurse's perception of the birth process changed and was shaped as a result of his or her nursing education. Analysis of the study results will allow researchers to better understand how students interpret a concept as detailed and multidimensional as the delivery of a baby into the world as a result of nursing education.

The sample used for this research was the senior-level nursing cohort of the University of North Georgia. This cohort consists of roughly 50 students who have successfully completed the requirements for the course NURS 3807 (Nursing Care of the Family). Students must have completed the course in order to participate as this course provides the Obstetric/Maternity nursing education and clinical experience needed for data collection.

A Qualtrics survey was created in order to collect data for the research. The survey included five single response questions and two free response questions (see Appendix A). The research question that the survey questions were inspired by was “What is the student perception
of the birth process as influenced by his/her family nursing education in a BSN nursing program?” The survey was presented in an email that was written by the primary investigator and distributed by a university professor to all of the eligible students after receiving Institutional Review Board approval.

Participant recruitment was difficult in this research study. Each student in the specified cohort was initially given the opportunity to participate voluntarily if they desired to do so. The email that each student received included a description of the study’s purpose, the informed consent form, and a link to access the survey itself. The first distribution of the survey yielded four complete responses, but several of these responses were too brief to be analyzed for this qualitative study, containing only one or two sentences per question. Three additional surveys were started but not completed, and many were left entirely blank. The research team determined that the recruitment process would need to be amended in order to collect sufficient data. An IRB amendment was drafted and approved so that the survey could be distributed a second time to the cohort while offering an incentive to the first four participants to volunteer. The incentive was a twenty dollar Wal-Mart gift card. If students desired to participate they were instructed to respond via email to the primary investigator. Once four participants were obtained, the survey was distributed by the class professor. This yielded a sufficient amount of data and the participants received their compensation via mail after all surveys were completed.

When the survey was designed it was understood that clinical experience and exposure will vary from student to student due to the unpredictable nature of the birth process and limited clinical accessibility. The survey allowed students to clarify if they had personally witnessed and/or given birth in order to understand how this might contribute to a student's perception of the birth process. The participants were then instructed to explain their perception of the birth
process including labor and delivery, followed by a description of any events that greatly contributed to the development of their perception.

An informed consent form was created and attached to every survey. Participants were automatically presented the opportunity to read the informed consent information before accessing the survey questions. The informed consent form was listed on the first page of the survey. Students were informed that there were no foreseeable risks involved by participating in the survey. The students were also informed that their responses would remain anonymous and that no identifying factors would be attached to their individual responses. By choosing to continue to the remainder of the survey and completing the survey, consent was obtained passively.

It was recognized early in the process of creating the survey that many of the students would have previously been under the instruction of several members of the thesis committee. In order to minimize undue influence and coercion, several adjustments and clarifications were made to the survey before it was sent to students. It was clearly stated in the informed consent form that no academic penalties would be given if the student did not complete the survey. It was also clearly stated in the informed consent that no extra credit or academic reward would be given for completing the survey.

If students chose to complete the survey, the completed survey answers were sent anonymously to the researcher through Qualtrics, and later analyzed in a phenomenological qualitative approach. Thematic open-coding was used to identify any themes that arose from the survey responses that could identify how a student’s perception of the birth process formed from nursing school. The researcher read through the data in its entirety multiple times and divided the student responses into individual sentence clusters. A cluster was created if it conveyed a
complete thought when separated from the remainder of the participant's response. Sentence clusters were grouped together if they conveyed similar ideas. Codes were assigned to the different groups of sentences, and these codes described the common idea over each sentence cluster in a group. Each sentence from every participant response was grouped. This was done three complete times until it was noted that similar codes were uncovered consistently from the data. MAXQDA software was used to aid the researcher in analyzing the participant responses in order to group specific responses together that specifically exemplified one or multiple codes. Official themes were assigned to the coded sentence groups. These themes will be described in the following section.

**Analysis**

**Results**

The four voluntary participants from the University of North Georgia BSN Program successfully completed the survey and this yielded the following quantitative data regarding the characteristics of the four participants:

<table>
<thead>
<tr>
<th></th>
<th>Participant 1</th>
<th>Participant 2</th>
<th>Participant 3</th>
<th>Participant 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>Female</td>
<td>Female</td>
<td>Female</td>
<td>Female</td>
</tr>
<tr>
<td><strong># of Children</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Have you witnessed a live birth?</strong></td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td><strong>Have you personally given birth?</strong></td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>
This data shows that all four of the participants were female and none of the participants were mothers. All but one of the participants reported witnessing at least one live birth and this is a noted limitation in the study.

Two free-response questions were then asked of each student and these yielded significant, personalized testimonials and paragraph-style responses from each participant. The responses were analyzed and several underlying themes were consistently noted from each question.

**Theme Descriptions for Question 1**

The participants were first asked to, “Describe your perception and understanding of the birth process, including labor and delivery.” After coding each of the responses from this question, four thematic codes were identified from the data that described the various perceptions of the birth process evidenced by different aspects of the participants’ responses.

**Theme 1 “Delicate Balance” Perception:** This perception shows the participants’ understanding that the birth process can rapidly change from a beautiful act of nature to a dangerous challenge for mom and baby. The participants described the importance of the slight, delicate changes that both bodies must make in order to achieve a successful, complication-free delivery and guarantee the health of each patient.

**Theme 2 “Unique” Perception:** This perception highlights the impact that culture and personal beliefs can have on a labor experience. The responses from participants described how every labor experience is unique due to the values and desires expressed by the mother and her family. Participants also highlighted how the nature of the birth itself can vary between pregnancies. Responses clarified that no two labor experiences are exactly the same, whether this is due to medical/physiological circumstances, cultural preferences, or a combination of both.
Theme 3 “Awe” Perception: Responses that fit within this code included the participants expressing the miraculous and indescribable nature of the birth process. They seem to have been shocked by the reality of seeing this process in a clinical setting in real-time. The participants attempted to put into words their appreciation for the complex and intricate nature of what a mother and a baby experience during the entire labor process. One participant stated,

“The first birth I saw I was overwhelmed and did not truly think about how the body was working to deliver a baby. The more I was exposed I became more and more infatuated with what was going on in the mother's body during this process.”

Theme 4 “Concrete and Physiologic” Perception: This code represents the most reoccurring perception found in the participants’ responses. Each of the four participants described the birth process in a strictly “textbook” form at some point during their response. The participants all used anatomy and physiology to convey what occurs to the human body in order to successfully birth an infant. The descriptions were presented in a step-wise, algorithmic order to show the gradual changes that take place in the body during labor. This component from a student’s response illustrates this code: “In an uncomplicated delivery, the baby cries and the cord is cut, possibly 1-2 minutes after delivery. The placenta is then delivered.”

Theme Descriptions for Question 2

After the responses to the first question were analyzed, the responses to the second question, “Please explain any events or experiences during the duration of the course NURS 3807 (Nursing Care of the Family) that influenced your perception of the birth process,” were then coded. The following codes represent different themes that participants described in order to show how nursing education and clinical experience impacted their understanding of the birth process.
**Theme 1 Education Created Passion:** Several of the participants reported an increased passion for this particular field of nursing after experiencing it through clinical. This clinical rotation pushed the participants to explore the aspects of labor nursing in a real-time setting and presented the students with opportunities to witness events they may have never seen. One participant stated that as a result of her clinical experience, she desired to pursue a career in the Labor and Delivery field of nursing.

**Theme 2 Education Increased Awareness:** In several responses, participants described how the education and experience they received regarding labor and delivery nursing increased their awareness of the complex ethical decisions that arise surrounding some births. They also described how they obtained a better understanding of the impact that complications and high-risk characteristics can have on a delivery. By experiencing these factors first-hand, the participants said it gave them a much more holistic understanding of the outside factors that must be considered when preparing for a delivery. These factors can lead to legal, ethical, mental, and/or physical complications and students were more aware of this reality.

**Theme 3 Education Clarified/Altered Understanding:** The participants described how the clinical experience broadened their understanding of the birth process and the nursing responsibilities that take place during labor. Having the opportunity to study in the classroom and then experience the event in-person enhanced the students’ education. After experiencing at least one day on the labor and delivery unit, each of the participants stated a deeper, clearer understanding of the basic aspects of labor and delivery nursing and the birth process as a whole.

**Discussion**

Using the coding method to identify themes within the participant responses provides valuable insight into the learning experience of student nurses inside and outside of the
classroom. By investigating how students view the labor and delivery process upon receiving education and experience, nurse educators can begin to adapt and transform styles of teaching into more efficient and comprehensive methods. This information may aid instructors in the development of course material in order to better educate students in the future and produce nurses that holistically interpret the birth process. The results of this survey may also provide a deeper understanding of the impact that nurse education has on students.

The results from this study show that students have a basic understanding of the physiologic components behind the birth process after completion of the course. Each of the four participants relied heavily on this knowledge to describe the act of birth and their personal perception. This should be viewed as an educational success for instructors because students could accurately identify the correct anatomy and physiology behind labor and delivery. This is required for future testing and knowledge as a practicing nurse.

While it is an important goal of nursing education to help students correctly interpret the birth process physiologically, students from this research showed that there are other ways to view the birth process that are equally significant. Participants not only demonstrated correct “textbook” knowledge, but they also described a broad appreciation for the unpredictable, ever-changing nature of the birth process itself and a heightened awareness for acknowledging the experience of the mother, baby and family. This ability to view the labor and delivery process as a holistic experience for families will greatly empower nurses to provide effective care for laboring patients.

It is crucial that students are able to care effectively for the physical, mental, cultural, and emotional needs of laboring mothers. Some participants demonstrated the ability to recognize these aspects of the birth process through their description of their perception, but this perception
was not evenly distributed throughout the sample data. The complexity, knowledge base, and passion varied significantly between the four participants. While it is known that not all students in the program will pursue a career in this specific field, it could be interpreted from the variation in data that alterations to the educational experience are needed in order to help students develop a perception that encompasses far more than basic, anatomical thinking of a miraculous and one-of-a-kind process.

It is valuable to note that the students benefited greatly from the styles of teaching and practice they are being presented with at the University of North Georgia. The students were able to describe how the education and examples that were presented in the classroom setting prepared them for the interactions and experiences they received in the clinical setting. This should encourage the faculty of the nursing department to know that the education being provided in this course is preparing students and creating passion in students for the labor and delivery field. Participant B shows the value of implementing various styles of lecture when she recognizes both lecture and clinical as being beneficial; “Our class lectures also worked in as many real-life scenarios to contemplate throughout the course…The clinical rotation helped expand my picture of the birth process and all it entails.”

Limitations

There were several limitations in this study that should be noted in order to improve future research on this topic. One of the most obvious limitations was the difficulty experienced in participant recruitment and the resulting small sample size. A larger sample size would have been beneficial in yielding a more enhanced understanding of the student perception. More participation could have produced different themes not recognized from this data. An alternative approach in participant recruitment may yield more volunteers for future research.
A second limitation of the study was the use of online surveys. While conducting face-to-face interviews may have been a better form of qualitative data collection, this proved incredibly difficult to implement due to the demanding schedules of nursing students. If interviews could have been conducted, a more accurate representation of the student perception of the birth process could have been identified, as the interviewer would have been able to seek clarification on responses and note the participants’ physical demeanor and tone while responding.

The final limitation of this research study was the limited clinical experience of students. All clinical experiences vary as to what each individual student will be offered during their time in the hospital setting, but labor and delivery poses additional challenges due to the unpredictable nature of this field and the birth process. This creates limitations when trying to educate students using real-time examples and demonstrations of such a complex process. This also creates difficulty because as noted, one of the participants was unable to experience a live birth from a nursing position, hindering both her education and her perception.

**Recommendations**

Several recommendations can be made for this specific nursing program and other nursing programs based on the data from this research. Schools should be applauded for their attempts to educate students on a topic that can be so hard to define, and these programs should be encouraged to continue exploring new methods to implement in order to clarify the complexities of birth in order to best prepare students. Based on the results of this study, it can be seen that students are able to successfully describe the body process that occurs during labor and it seems that nursing students are most comfortable with this foundational way of thinking.

In order to better prepare students for nursing in this field and nursing in general, programs should focus on highlighting to students the aspects of labor that are so personal,
meaningful, and sometimes frightening to mothers and their families. Students should be aware of the natural and unpredictable course of the birth process that will permanently change the lives of those involved so that they are prevented from reducing it to a simple step-by-step process. It would seem that the best way to do this is to give students more time in the clinical setting in order to observe the experience of the mother and the baby in a variety of forms. Students with a passion for this field of nursing should be given ample opportunity to observe, learn, and grow in both their knowledge and their passion in order to transition into a nurse that reverently aides in the labor and delivery process when given the chance.

Further research on this topic would be beneficial to nursing education. In order to effectively collect this information, it is recommended that future researchers take into consideration a different approach for data collection. An in-person interview would yield additional data and allow for clarity to be obtained on any vague points. Similar styles of research could be used to understand the impact of nursing education on other perceptions of the student, such as how a student may alter his or her perception of a career in nursing overall as a result of his or her time in pursuit of a nursing degree. Nursing education is designed to create future nursing professionals, and it is important to evaluate the outcome of this career-building educational experience. The style of research used in this study could be implemented to further evaluate how nursing students are transformed by an undergraduate nursing program.

Conclusion

The overall purpose of this research was to identify how nursing students perceive the process of childbirth as a result of their education in a nursing program. Prior to this study, no research had been done to clarify how such student perceptions is formed by nursing education or what the student perception of the birth process is as a result of their education. Data from this
research answers these gaps with the information that nursing education successfully educates students regarding the physiologic process guiding labor. For some students, this is accompanied by a deep respect and passion for the delicate, natural process experienced by mom and baby, while for others, it remains a stepwise act. Nurse educators can use this data to strengthen the learning experience of student nurses by incorporating greater amounts of clinical exposure with the already impactful classroom instruction. Nursing programs are accomplishing a substantial educational milestone by introducing young students to a life-changing event and producing nurses that can successfully assist in a miracle.
References


Appendix A

A survey was created and distributed via email to collect the necessary data for Phenomenological analysis. Participants were encouraged to freely respond to questions 1 and 2. No word limit was enforced and no time constraints were implemented. Below are the exact questions of the survey that were asked.

Survey 1

Age
Gender
Number of Children
Have you witnessed a live birth?
Have you ever given birth?

1. Describe your perception and understanding of the birth process, including labor and delivery.

2. Please explain any events or experiences during the duration of the course NURS 3708 (Nursing Care of the Family) that influenced your perception of the birth process.
Title of the Study: Understanding the Student Perception of the Birth Process

Researcher: Macie Maret Richards, BSN student, mnmare5931@ung.edu
Advisors: Becky Murck MSN, APRN, FNP-C, Department of Nursing, becky.murck@ung.edu
AND Kasey Jordan MSN, RN, PhD Department of Nursing, kasey.jordan@ung.edu

Introduction:

You are being asked to take part in a research study being conducted by Macie Maret for an Honor’s thesis under the supervision of Becky Murck and Kasey Jordan in the Department of Nursing at the University of North Georgia.

You have been approached to participate because you are a member of the University of North Georgia BSN program that has successfully completed the clinical rotation and course requirements for NURS 3708 (Nursing Care of the Family).

Purpose:
The goal of this project is to assess how a student’s classroom and clinical experience in labor and delivery during nursing school influences his/her perception of the birth process.

Procedures:
The survey will take approximately 10 minutes to complete. During the survey you will be asked questions about your personal perception of the birth process and how it was impacted by your nursing education.

Risks/Benefits:
There are no direct benefits to you from participation, but your willingness to share your knowledge and experiences will contribute to a deeper understanding of how student perceptions are influenced by nursing education and clinical experience.

The risks associated with participation in this study are minimal and are not beyond what would be expected in a typical course in the University of North Georgia BSN program.

Confidentiality:
Your study data will be handled as confidentially as possible. Total confidentiality cannot be guaranteed. If results of this study are published or presented, individual names and other personally identifiable information will not be used.

To minimize the risks to confidentiality, student responses to the survey will be submitted anonymously with no personal identifiers accessible to the researcher or faculty advisors.

Sensitive/Reportable research information:
We will keep your study data as confidential as possible, with the exception of certain information that we must report for legal or ethical reasons, such as child abuse, elder abuse, or intent to hurt yourself or others.
Voluntary Participation:
Your participation in this study is voluntary. Even if you decide to participate, you may withdraw from the study without penalty at any time during or after the study. Course grades and outcomes will not be affected by your choice to participate in this survey. No extra credit will be awarded for completing the survey.

You may have the results of your participation, to the extent that the can be identified, returned to you, removed from the research records or destroyed.

Contacts and Questions:
If you have any questions about this research project feel free to contact Macie Richards at (706) 980-4767 or mnmare5931@ung.edu. You may also contact the faculty advisors Becky Murck at becky.murck@ung.edu or Kasey Jordan at kasey.jordan@ung.edu.

Statement of Consent:
I agree to participate in this study, and to the use of this study as described above. The signature below indicates that you have read the information in this document and have had a chance to ask any questions you have about the study.

Completion and return of the survey implies that you agree to participate and your data may be used in this research.